**AGENDA**

**NOTICE OF PUBLIC MEETING**

**CRIME VICTIM COMPENSATION PROGRAM**

**BOARD MEETING**

**OF THE PINAL COUNTY ATTORNEY’S OFFICE**

**AND AGENDA**

Pursuant to A.R.S. §38-431.02, notice is hereby given to the members of the CRIME VICTIM COMPENSATION PROGRAM BOARD of the Pinal County Attorney’s Office and to the general public that the CRIME VICTIM COMPENSATION PROGRAM BOARD will hold a meeting open to the public on **Tuesday, October 19, 2021 at 2:00 p.m.** via Google Meet. To join the meeting, please click <https://meet.google.com/pwu-jhkr-jft?hs=122&authuser=0> or call + 1 502-513-4234 with PIN: 124 333 638#‬.

Pursuant to the Americans with Disabilities Act (ADA), the Pinal County Attorney’s Office endeavors to ensure the accessibility of its meetings to all persons with disabilities. Persons with a disability may request a reasonable accommodation, such as a sign language interpreter by contacting the Commission office at (520) 866-6805. Requests should be made as early as possible to allow time to arrange the accommodation.

Agenda for the meeting is as follows:

1. **Call to order and Roll Call**

Crime Victim Compensation Board Members:

Dawn Grout

Michael Hing

Barbara Kelly

Ninfa West

Gabriel Rodriguez

**II. Approval of the Minutes from the September 14, 2021 Meeting**

**III. Financial Report**

* Status of accounts

**IV. New Case Consent agenda: None**

**V. Previously Approved/Old Case Consent Agenda**

|  |  |  |  |
| --- | --- | --- | --- |
| **VC-15-1790** | To claimant for out of pocket (oop) MH expenses |  |  |
|  | To claimant for oop 2 MH expenses on 9/3/21 & 9/29/21 at $80.00 each | $ | 160.00 |
|  | To claimant for travel to and from counseling (RT 68.0mi\*$.445)=$30.26\*2 = | $ | 60.52 |
|  |  |  |  |
| **VC-19-2474** | To claimant for out of pocket MH expenses |  |  |
|  | To claimant for oop MH expenses on 8/3/21, 8/10/21 and 9/2/21 at $20.00 each | $ | 60.00 |
|  | To claimant for travel to and from counseling (RT 3.6mi\*$.445)=$1.60\*3 = | $ | 4.80 |
|  |  |  |  |
| **VC-19-2476** | To MH provider for MH expenses and to claimant for travel |  |  |
|  | To MH provider for MH appts- on 6/22/21 and 6/29/21 at $80.00 each | $ | 160.00 |
|  | To claimant for travel to and from counseling (RT 24 mi\* $.445)=$10.68\*2= | $ | 21.36 |
|  |  |  |  |
| **VC-19-2591** | To MH provider for MH expenses |  |  |
|  | To MH provider for MH expenses on 7/15/21 at $60.00, on 7/20/21, 8/17/21 and 8/24/21 at $80.00 each and on 8/3/21 at $40.00 | $ | 340.00 |
|  |  |  |  |
| **VC-19-2592** | To MH provider for MH expenses |  |  |
|  | To MH provider for 8 MH appts on 7/6/21, 7/15/21, 7/21/21, 7/27/21, 8/3/21, 8/10/21 billed at $100.00, (VC pays $80.00), 8/17/21 & 8/24/21 at $80.00 each | $ | 640.00 |
|  |  |  |  |
| **VC-19-2596** | To MH provider for MH expenses |  |  |
|  | To MH provider for 1 MH appt on 9/9/21 billed at $175.00, VC pays at $80.00 | $ | 80.00 |
|  |  |  |  |
| **VC-20-2625** | To claimant for work loss |  |  |
|  | To claimant for work loss for dates 8/12/21-9/8/21= 6 weeks at $183.74\*8= | $ | 1,469.84 |
|  |  |  |  |
| **VC-20-2650** | To claimant for out of pocket medical expenses |  |  |
|  | To claimant for oop medical expenses paid to Superstition Fire and Medical for $230.00 | $ | 230.00 |
|  |  |  |  |
| **VC-20-2681** | To MH provider for MH expenses | | |
|  | To MH provider for 2 MH appts on 7/4/21 and 7/19/21 at $40.00 each & 1 MH apt on 8/5/21 at 60.00 for a total of | $ | 140.00 |
|  |  |  |  |
| **VC-21-2762** | To MH provider for MH expenses |  |  |
|  | To MH provider for MH appts on 9/7/21 and 9/20/21 at $80.00 each | $ | 160.00 |
|  | To claimant for travel to and from 2 MH counseling appts RT 49.8 \* $.445 = $22.16 \*2= | $ | 44.32 |

**VI. Cases scheduled for consideration of award (regular discussion agenda):**

**OLD BUSINESS (Cases previously considered):**

|  |  |  |  |
| --- | --- | --- | --- |
|  |  | | |
| **VC-18-2834** | To claimant for out of pocket mileage to/from court hearings (36 trips) | | |
|  | To claimant for mileage to/from court hearings RT 80 mil \* $.445 = $35.60 \*36 = | $ | 1,424.00 |
|  |  |  |  |
| **VC-21-2794** | To claimant for out of pocket wage loss expenses not covered by a collateral source | | |
|  | To claimant for work loss 12 weeks 4/08/2021--7/01/2021 | $ | 5,832.00 |
|  |  |  |  |
| **VC-21-2806** | To claimant for out of pocket medical expenses not covered by a collateral source. | | |
|  | Brain & Spin center | $ | 117.74 |
|  | Valleywise Health | $ | 1,806.16 |
|  | Air Evac Services (already paid) | $ | 1,246.68 |
|  | To medical provider for medical expenses not covered by a collateral source. | | |
|  | Air Evac Services (remaining amount) | $ | 1,246.62 |
|  |  |  |  |
| **VC-21-2816** | To claimant for out of pocket wage loss expenses not covered by a collateral source | | |
|  | To claimant for work loss 29 weeks 3/23/2021--10/15/2021 $486.00\* 29= | $ | 14,094.00 |
|  |  |  |  |
| **VC-21-2818** | To MH Provider for MH expenses not covered by a collateral source. | | |
|  | To MH provider for 3 MH appts on 8/10/21, 9/3/21 & 10/8/21 at $80.00 each | $ | 240.00 |
|  |  |  |  |
| **VC-21-2819** | To MH Provider for MH expenses not covered by a collateral source. | | |
|  | To MH provider for 1 MH apt on 10/6/21 at $80.00 | $ | 80.00 |
|  |  |  |  |
| **VC-21-2820** | To MH Provider for MH expenses not covered by a collateral source. | | |
|  | To MH provider for 1 MH apt on 10/6/21 at $80.00 | $ | 80.00 |
|  |  |  |  |
| **VC-21-2838** | To claimant for out of pocket wage loss expenses not covered by a collateral source | | |
|  | $12.15 \* 12 hrs= $198.00 | $ | 198.00 |
|  |  |  |  |
| **0137655-1** | To medical provider for medical expenses not covered by a collateral source. | | |
|  | To Banner Ironwood Medical Center | $ | 928.02 |

**VII. NEW BUSINESS:**

|  |  |
| --- | --- |
| **0161608-1 & 2**  **(1 & 2 of 4)** | To Board for determination of general eligibility for compensable expenses not covered by a collateral source. |
|  | To Funeral Home for out of pocket funeral expenses not covered by a collateral source |
|  | To Heritage Funeral Home $ 8,435.94 |
|  |  |
| **0161608-3**  **(3 of 4)** | To Board for determination of general eligibility for compensable expenses not covered by a collateral source. |
|  |  |
| **0161608-4**  **(4 of 4)** | To Board for determination of general eligibility for compensable expenses not covered by a collateral source. |
|  |  |
| **0134328-1** | To Board for determination of general eligibility for compensable expenses not covered by a collateral source. |
|  |  |
| **0161882-1** | To Board for determination of general eligibility for compensable expenses not covered by a collateral source. |
|  |  |
| **0141402-1 & 2** | To Board for determination of general eligibility for compensable expenses not covered by a collateral source. |
|  |  |
| **0161884-1** | To Board for determination of general eligibility for compensable expenses not covered by a collateral source. |
|  |  |
| **0162119-1** | To Board for determination of general eligibility for compensable expenses not covered by a collateral source. |
|  |  |
| **0139948-1** | To Board for determination of general eligibility for compensable expenses not covered by a collateral source. |
|  |  |
| **0138324-2804 (related to 21-2803 already been approved)** | To Board for determination of general eligibility for compensable expenses not covered by a collateral source.  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Determination of work loss 12.15/hr \*8hr = $97.20 \* 41 days = **$3,985.20** |
|  |  |
| **0132423-2660 (related to 21-2803 already been approved)** | To Board for determination of general eligibility for compensable expenses not covered by a collateral source. |

**VIII. Call to the Public**

Those wishing to address the Compensation Board need not request permission in advance. Action taken as a result of public comment will be limited to directing Board members to study the matter or rescheduling the matter for further consideration and decision at a later date.

**IX. Date-Time-Location of Next Meeting**

The next proposed Crime Victim Compensation Program Board meeting is scheduled for **Tuesday, November 16, 2021 at 2:00 p.m.** via Google Meet.

**X. Other Business**

* Volunteer Time Sheet( how many days)
* Amending mileage amount from $.445 to current rate

**XI. Adjournment**

A copy of the agenda background material provided to Compensation Board members is available for public inspection at the Pinal County Attorney’s Office, 45 N. Pinal Street, Florence, AZ, 85132

(520) 866-6805. This document is available in alternative formats by contacting the Pinal County Attorney’s Office