**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 ***VIRTUAL*** meeting open to the public on **Thursday, September 15, 2022 at 2:00 p.m.** via Google Meet. To join the meeting, please click Video call link: <https://meet.google.com/dqj-rejg-wzk> Or dial:

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:

Michael Hing

Barbara Kelly

Ninfa West

Gabriel Rodriguez

**II. Approval of the Minutes from the August 18, 2022 Meeting**

**III. Financial Report- August**

|  |  |
| --- | --- |
| ACCOUNT | BALANCE |
| RESTITUTION | 76,794.85 |
| INTEREST | 8,081.72 |
| SUBROGATION | 47,221.55 |
| ACJC ALLOCATION | 124,810.00 |
| ARPA FUNDS RECEIVED | 46,000.00 |
| Total compensation funds spent & encumbered to date | 26,433.51 |
| **BALANCE OF AJCJ COMPENSATION ALLOCATION** | 133,062.65 |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **V. Previously Approved/Old Case Consent Agenda:**  **PREVIOUSLY APPROVED CASE CONSENT AGENDA** | | | | |
| **Meeting Date: September 15, 2022** | | | | |
|  | | |  |  |
| **Case #** | **DESCRIPTION OF REQUESTED FUNDING:** | **Payment** | **Approved** | **Moved to Discussion**  **Agenda** |
| **18-2403** | To Nevy Health for Chiropractic Services not otherwise paid date of service: 6/2/22- $45.00  **Pay to provider** | **$45.00** |  |  |
| **16-1981** | To claimant for OOP MH expenses not otherwise paid. Dates of service: 3/31/22, 4/14/22, 4/28/22, 5/10/22, 5/26/22 (each billed at $150.00, program pays $110.00)= $550.00  To claimant for MH Travel, date of service: 4/14/22  RT 29.6 \* 0.585 = $ 17.32  To claimant for work loss:  dates for 1 hour: 3/31/22, 4/28/22, 5/10/22, 5/26/22- 4\*52.88=$211.52 Work loss dates for 2 hours: 4/14/22 1\*52.88= $52.88 Total- $264.40  **Total pay to claimant** | 550.00  17.32  264.40  **$831.72** |  |  |
| **19-2567** | To claimant for OOP travel to court dates: 3/14/22 & 8/8/22  RT 78.4\* 0.585= $45.86 \* 2 = $91.72  P**ay to claimant** | **$91.72** |  |  |
| **17-2128** | To claimant for OOP travel to court date: 8/22/22  RT 134.68 \* 0.585 = $78.79  **Pay to claimant** | **$78.79** |  |  |
| **17-2127** | To claimant for OOP travel to court date: 8/22/22  RT 134.68 \* 0.585 = $78.79  **Pay to claimant** | **$78.79** |  |  |
| **0164497-2** | To claimant for OOP travel to court date 8/29/22  RT 113.8 \* 0.585 = $66.57  **Pay to claimant** | **$66.57** |  |  |
| **0164497-3** | To claimant for OOP travel to court date 8/29/22  RT 97.4 \* 0.585 = $56.98  **Pay to claimant** | **$56.98** |  |  |
| **21-2772** | To Anastasia E Mai, LIMHP (provider) for MH service date 6/14/22 and 7/15/22. Billed at $141.31 after insurance discount, program pays $110.00 \* 2 = $220.00  **Pay to provider** | **$220.00** |  |  |
| **21-2784** | To Destiny’s Door Counseling for MH services not otherwise paid. Dates of service: 7/1/22, 7/6/22, 7/13/22, 7/29/22 at $20.00 each  **Pay to Provider**  To claimant for OOP travel to MH services- 7/1/22, 7/6/22, 7/13/22, 7/29/22  RT 88 \* 0.585 \* 4 = $205.92  **Pay to Claimant** | **$80.00**  **$205.92** |  |  |
| **21-2785** | To Destiny’s Door Counseling for MH services not otherwise paid. Dates of service: 7/5/22, 8/2/22, 8/15/22, & 8/29/22 at $20.00 each  **Pay to Provider**  To claimant for OOP travel to MH services- 7/5/22, 8/2/22, 8/15/22, & 8/29/22  RT 88 \* 0.585 \* 4 = $205.92  **Pay to Claimant** | **$80.00**  **$205.92** |  |  |
| **0160288-2** | To MH provider, East Valley Family Therapy for service date:  8/4/22 & 8/18/22@ $80.00 each  **Pay to provider** | **$160.00** |  |  |
| **0160288-1** | To MH provider, East Valley Family Therapy for service date:  8/4/22 & 8/18/22 @ $80.00 each  **Pay to provider** | **$160.00** |  |  |
|  | To claimant for travel to 2 MH appointments on 8/4/22 & 8/14/22  RT 18.6 \* 0.585 = $10.88 \* 2 = $21.76 **Pay to claimant** | **$21.76** |  |  |
| **21-2762** | To MH provider, East Valley Family Therapy for 2 service dates: 8/15/22 & 8/24/22 @ $80.00/visit  **Total to Provider**  To claimant for MH travel 8/15/22 & 8/24/22  RT: 19.4 \* 0.585= $11.35 \* 2 = $22.70  **Total to Claimant** | **$160.00**  **$22.70** |  |  |
|  | | | | |
| **PINAL COUNTY CRIME VICTIM COMPENSATION PROGRAM BOARD ACTION:**  **Motion to Approve: Seconded by:** | | | | |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_September 15, 2022\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_September 15, 2022\_\_  Date  Date | | | | |
|  | | | | |
| **Chairman:**  **\_\_\_\_\_\_Michael Hing\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_9/15//22\_\_\_\_\_\_**  Date | | | | |

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

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

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| --- | --- | --- | --- |
| **0135755-2** | To claimant for round trip court travel on dates: 10/9/20, 1/10/22, 1/24/22, 2/7/22, 2/28/22, and 3/28/22 | | |
|  | RT 122 \* 0.585 = $71.37 \* 6 = $428.22 |  |  |
|  | **Total to Claimant** | **$** | **428.22** |
|  |  | | |
| **0135799** | To SW Ambulance of Casa Grande for medical services. They will not negotiate the bill. | | |
|  | Date of Service: 8/12/2020- Billed $1,806.52  **Total due to Provider:** | **$** | **1,806.52** |
|  |  | | |
| **0160173** | To claimant for OOP medical expense to Banner Urgent care. Date of Service: 7/6/2021  Copay of $50.00 | | |
|  | Pay to claimant $50.00 |  |  |
|  |  | | |
|  | To claimant for OOP medical expenses to Ortho AZ for physical therapy copay. | | |
|  | Dates of service: 9/13/21, 9/17/21, 9/20/21, 9/29/21, 10/1/21, 10/8/21, 10/14/21, 10/18/21 at $25 each = $200.00  Pay to claimant $200.00 |  |  |
|  |  | | |
|  | To claimant for OOP medical expenses to Ortho AZ for medical care not otherwise paid | | |
|  | Date of service: 8/19/21 for **$80.01,** 10/13/21 for **$40.00** & 10/18/21 for **$52.49** |  |  |
|  | Pay to claimant $172.50 |  |  |
|  |  |  |  |
|  | To claimant for OOP travel to medical appointments  To physical therapy:  RT 8.6 miles \* 0.585 = $5.03 \* 8 = $ 40.24  To orthopedic:  RT 36.2 miles \* 0.585 = $21.18 \* 2 = $42.36  To Banner Urgent Care:  RT 9.4 miles \* 0.585 = $5.50  Pay to claimant $ 88.10  **Total pay to Claimant:** | **$** | **510.60** |
|  |  |  |  |
| **0167447** | To claimant for OOP work loss not otherwise paid for 4/17/22-6/1/22: |  |  |
|  | Week 4/17-4/23- paid by vacation time- program pays $0  Week 4/24-4/30- 10 hours paid by sick time, 30 hours to be paid by program = **$512.00**  Weeks 5/1-5/7, 5/8-5/14, 5/15-5/21, 5/22-5/28 at 40 hours each. Program pays 512.00 \* 4 = **$2560.00**  Week 5/29-6/1 at 16 hours = **$416.00**  **Total pay to claimant:** | **$** | **3,488.00** |

**VII. NEW BUSINESS:**

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| **0166094** | To Board for determination of general eligibility for compensable crime-related expenses not covered by a collateral source. |
|  |  |
| **0135755-3** | To Board to waive 2 year application criteria and for determination of general eligibility for compensable crime-related expenses not covered by a collateral source. |
|  |  |
| **0170198-1&2** | To Board for determination of general eligibility for compensable crime-related expenses not covered by a collateral source and for payment to claimant for funeral expenses not otherwise paid $4,431.40  **Total to claimant: $4,431.40** |
|  |  |
| **0170446** | To Board for determination of general eligibility for compensable crime-related expenses not covered by a collateral source. |
|  |  |
| **0170826** | To Board for determination of general eligibility for compensable crime-related expenses not covered by a collateral source. |
|  |  |
| **0169682** | To Board for determination of general eligibility for compensable crime-related expenses not covered by a collateral source. |
|  |  |
| **0170042** | To Board for determination of general eligibility for compensable crime-related expenses not covered by a collateral source. |
|  |  |
| **0170848-1&2** | To Board for determination of general eligibility as a derivative victim and claimant for compensable crime-related expenses not covered by a collateral source. |
|  |  |
| **0163162-1, 2, & 3** | To Board for determination of general eligibility for compensable crime-related expenses not covered by a collateral source. |
|  |  |
| **0161134-5&6** | To Board for determination of general eligibility for compensable crime-related expenses not covered by a collateral source. |
|  |  |
| **0141402-3, 4, 5, and 6** | To Board for determination of general eligibility for compensable crime-related expenses not covered by a collateral source. |
|  |  |
| **0170992** | To Board for determination of general eligibility for compensable crime-related expenses not covered by a collateral source. |
|  |  |
| **0163985-3**  **(3 of 4)** | To Board for determination of general eligibility for compensable crime-related expenses not covered by a collateral source. This victim’s application was tabled during at the 3/24/22 meeting due to minor not being mentioned in police report.  **\*\* Ninfa recused due to conflict \*\*** |
|  |  |
| **0163985-4**  **(4 of 4)** | To Board for determination of general eligibility for compensable crime-related expenses not covered by a collateral source. This victim’s application was tabled during at the 3/24/22 meeting due to minor not being mentioned in police report.  **\*\* Ninfa recused due to conflict \*\*** |
| **0171101-1, 2, 3, 4, & 5** | To Board for determination of general eligibility for compensable crime-related expenses not covered by a collateral source. Also for payment **to claimant** for crime scene clean up in the amount of  $2,000.00 per primary victim to equal **$8,000.00**. |
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**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 tentatively scheduled for

**Thursday, October 20, 2022 at 2:00 p.m.** via Google Meet.

**X. Other Business**

* Volunteer Time Sheet (how many days)

**XI. Adjournment**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ motions to adjourn to meeting; seconded by \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ .

The Crime Victim Compensation Program Board Meeting of the Pinal County Attorney’s Office was adjourned at \_\_\_\_\_\_.

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.