**01 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, November 17, 2022 at 2:00 p.m.** via Google Meet. To join the meeting, please click Video call link:

<https://meet.google.com/nnv-xobk-pho?hs=122&authuser=0>

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 October 20, 2022 Meeting**

**III. Financial Report- November 2022**

|  |  |
| --- | --- |
| ACCOUNT | BALANCE |
| RESTITUTION | $78,061.54  |
| INTEREST | $8,308.18  |
| SUBROGATION | $47,221.55  |
| ACJC ALLOCATION ($179,810.00-$55,000.00 admin expenses) | $124,810.00  |
| ARPA FUNDS RECEIVED | $46,000.00  |
| Total compensation funds spent & encumbered to date | $55,800.51  |
| **BALANCE OF AJCJ COMPENSATION ALLOCATION** | $115,009.49  |

|  |
| --- |
| **V. Previously Approved/Old Case Consent Agenda:** **PREVIOUSLY APPROVED CASE CONSENT AGENDA** |
|  **Meeting Date: November 17, 2022** |
|  |  |  |
| **Case #**  | **DESCRIPTION OF REQUESTED FUNDING:** | **Payment** | **Approved** | **Moved to Discussion****Agenda** |
| **0168464-6** | To claimant for OOP travel to court date: 10/17/22RT 20 miles @ $0.585 = $11.70**Total to Claimant** | **$11.70** |  |  |
| **0135755-2** | To claimant for court travel date 10/24/22RT 122 \* 0.585 = $71.37 **Total to Claimant** | **$71.37** |  |  |
| **17-2127** | To claimant for court travel date 10/24/22RT 134.6 \* 0.585 = $78.74**Total to Claimant** | **$78.74** |  |  |
| **21-2762** | To MH provider, Sheli Jensen, for MH service dates: 10/3/22, 10/12/22, 10/19/22, & 10/26/22 at $110.00 each4 \* $110.00 = $440.00**Total to Provider**To claimant for OOP travel to MH services for the 4 dates aboveRT 12 \* 0.585 \* 4 = $28.08**Total to Claimant** | **$440.00****$28.08** |  |  |
| **0163985-1** | To MH provider, Northern Lights Therapy, for dates of service: 10/10/22 at $110.00**Total to Provider**To claimant for travel to MH appointment date: 10/10/22RT 6 miles @ 0.585 = $3.51**Total to Claimant** | **$110.00****$3.51** |  |  |
| **0163985-4** | To MH provider, Northern Lights Therapy, for dates of service: 9/24/22, 10/2/22, 10/14/22, & 10/28/22 at $110.00 each = $440.00**Total to Provider**To claimant for travel to MH appointment dates: 9/24/22, 10/2/22, 10/14/22, & 10/28/22RT 6 miles \* 0.585 = 3.51 \* 4 = $14.04**Total to Claimant** | **$440.00****$14.04** |  |  |
| **20-2695** | To MH provider, Northern Lights Therapy, for dates of service: 10/12/22 & 10/26/22 @ $110.00 each = $220.00**Total to Provider**To claimant for travel to MH appointment dates: 7/20/22, 8/3/22, 8/31/22, 9/28/22, 10/12/22, & 10/26/22RT 6 miles \* 0.585 = 3.51 \*6 = $21.06**Total to Claimant** | **$220.00****$21.06** |  |  |
| **0160288-2** | To MH provider, East Valley Family Therapy for service date: 10/13/22 & 10/27/22 @ $80.00 each = $160.00 **Total to Provider** | **$160.00**  |  |  |
| **0160288-1** | To MH provider, East Valley Family Therapy for service date: 10/13/22 & 10/27/22 @ $80.00 each = $160.00 **Total to Provider** | **$160.00** |  |  |
|  | To claimant for travel to 2 MH appointments on 10/13/22 and 10/27/22RT 18.6 \* 0.585 = $10.88 \* 2 = $21.76  **Total to Claimant** | **$21.76** |  |  |
| **19-2596** | To MH provider, Cranberry, for service date: 8/27/22 @ $80.00 each**Total to Provider** | **$80.00** |  |  |
| **0163028-4** | To claimant for travel expenses to court on: 6/6/22 and 8/15/22RT 90.2 \* 0.585 = $52.77 \* 2 = $105.54 reduced by 50% = $52.77**Total to Claimant** | **$52.77** |  |  |
|   |
| **PINAL COUNTY CRIME VICTIM COMPENSATION PROGRAM BOARD ACTION:****Motion to Approve: Seconded by:** |
|    \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_November 17 2022\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_November 17, 2022\_\_ Date  Date  |
|  |
| **Chairman:****\_\_\_\_\_\_Michael Hing\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_11/17/22\_\_\_\_\_\_** Date  |

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

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

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| **0168977-1** | To Sonoran Radiology for medical services not otherwise paid date of service: 6/5/22 |
|  | Original balance: $1601.00. Bill reduction of 50% for total to provider of $800.50 |  |  |
|  | **Total to Provider** | **$** | **800.50** |
|  |  |  |  |
|  | Victim has a requested that $15,700.00 be paid to Dr. Roni Prucz for reconstructive craniofacial surgery that is necessary due to the injury he sustained. He has written a letter to the Board and provided an x-ray of the injury. The procedure has not been completed, as the surgeon wants payment upfront.The surgeon’s office has provided a quote of $9,076.86 for the procedure payable to them. The operating room and anesthesia is billed separately. The Board is asked to encumber $9,076.86 to be payable to Phoenix Plastic Surgery upon completion of the procedure.**Total to Encumber for Future Payment to Provider** | **$** | **9,076.86** |
|  |  |
| **0141402-4** | To claimant for OOP travel expenses for Court on 10/20/22 |
|  | Claimant traveled via airline and rental car due to living out of state. They paid for a package deal that included airline, car rental, and hotel for 0141402-4 and 0141402-5. Taxes and fees for car rental were paid separately.Flight, car, and hotel= $ 1605.68/2 = $802.84Taxes and Fees = $73.95/2 = $36.975 (round up to 36.98)$802.84 + $36.98 = $839.82 |  |  |
|  | **Total to Claimant** | **$** | **839.82** |
|  |  |
| **0141402-5** | To claimant for OOP travel expenses for Court on 10/20/22 |
|  | Claimant traveled via airline and rental car due to living out of state. They paid for a package deal that included airline, car rental, and hotel for 0141402-4 and 0141402-5. Taxes for car rental were paid separately.Flight, car, and hotel= $ 1605.68/2 = $802.84Taxes and Fees = $73.95/2 = $36.975 (round down to 36.97)$802.84 + $36.97 = $839.81 |
|  | **Total to Claimant** | **$** | **839.81** |
|  |  |  |  |
| **0163162-1** | To claimant for OOP travel expenses to Court on 10/31/22 |  |  |
|  | RT- 32 miles @ 0.585 = $18.72 |  |  |
|  | **Total to Claimant** | **$** | **18.72** |
|  |  |  |  |
|  |  |  |  |
| **0172030-1** | To claimant for OOP funeral expenses for minor victim in the amount of $1558.41 |  |  |
|  | **Total to Claimant** | **$** | **1558.41** |
|  |  |  |  |
| **0169658-1** | To claimant for OOP medical expenses to Banner Health Care not otherwise paid |  |  |
|  | date of service 7/7/22 for $300.00 |  |  |
|  | **Total to Claimant** | **$** | **300.00** |
|  |  |  |  |
| **0135755-2** | To claimant for work loss: |  |  |
|  | 8/3/20-8/7/20- $196.10, 8/10-8/14/20- $63.60, 8/17/-8/25/20- $233.20, 8/24-8/28/20- $512.00, 9/8-9/11/20- $512.00, 10/12-10/16/20- $169.60, 10/21/20- $42.40, 10/26-10/30/22- $121.90, 11/2/20- $169.60, 11/10/20 & 11/23/20- $159.00, 11/20/20- $63.60 |  |  |
|  | 8/31-9/4/20, 9/14-9/18/20, 9/21-9/25/20, 11/30-12/4/20-- $512.00 each week; 512\*4 = $2048.00 |  |  |
|  | **Total to Claimant** | **$** | **4,291.00** |
|  |  |  |  |
|  |  |  |  |
| **0171702-1** | To claimant for OOP funeral expenses in the amount of $3,275.50 |  |  |
|  |  |  |  |
|  | **Total to Claimant** | **$** | **3,275.50** |
|  |  |  |  |
| **21-2803** | To claimant for OOP medical expenses at Redemption Psychiatry for medical monitoring- dates of service: 9/1/21, 9/28/21, 1/3/22, 3/31/22, 4/7/22 |  |  |
|  | Total bill- $1350.00, Insurance paid- $450.00, Patient Courtesy Discount- $300.00, |  |  |
|  | OOP total- $600.00 |  |  |
|  | **600.00**  |  |  |
|  | To claimant for OOP travel expenses to court: 3/21/22RT 4.2 \* 0.585 = $2.46 |  |  |
|  | **2.46** |  |  |
|  | To claimant for OOP travel expenses to Redemption for medical monitoring services: 9/1/21, 1/31/22, & 4/7/22 |  |  |
|  | RT 92 \* 0.585 = $53.82 \* 3 = $161.46 |  |  |
|  | **161.46** |  |  |
|  |  |  |  |
|  | **Total to Claimant** | **$** | **763.92** |
|  |  |  |  |
| **0161085-1** | Pay to medical provider, Chandler Regional Medical Center for date of service 8/2/22 |  |  |
|  | Total charges were $43,134.00 less insurance payments and adjustments $39,670.68 = $3,463.32 |  |  |
|  | **Total to Provider** | **$** | **3,463.32** |
|  |  |  |  |
| **17-2118** | Pay to medical provider, Ear Nose and Throat Plastic Surgery Center, |  |  |
|  | for hearing exam and hearing aids. Total amount: $2715.37, victim paid $1050.00 out of pocket. Total to provider- $1665.37 |  |  |
|  | **Total to Provider** | **$** | **1,665.37** |
|  |  |  |  |
|  | Pay to claimant for OOP medical expenses for hearing exam and hearing aids. |  |  |
|  | Total amount: $2715.37, victim paid OOP $1050.00 |  |  |
|  | **Total to Claimant** | **$** | **1,050.00** |
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**VII. NEW BUSINESS:**

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| **0172319-1**  | To Board for determination of general eligibility for compensable crime-related expenses not covered by a collateral source. |
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| **0172467-1**  | To Board for determination of general eligibility for compensable crime-related expenses not covered by a collateral source. |
|  |  |
|  **0172477-1 & 2** | To Board for determination of general eligibility for compensable crime-related expenses not covered by a collateral source. |
|  |  |
|  **0170504-1** | To Board for determination of general eligibility for compensable crime-related expenses not covered by a collateral source. |
|  |  |
| **0170124-1**  | To Board for determination of general eligibility for compensable crime-related expenses not covered by a collateral source. |
|  |  |
| **0167848-1**  | To Board for determination of general eligibility for compensable crime-related expenses not covered by a collateral source. |
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| **0171876-1**  | To Board for determination of general eligibility for compensable crime-related expenses not covered by a collateral source.*\*tabled from the October 20, 2022 meeting\** |
|  |  |
| **0170956-1 & 2**  | To Board for determination of general eligibility for compensable crime-related expenses not covered by a collateral source. |
|  |  |
| **0171769-3 & 4**  | To Board for determination of general eligibility for compensable crime-related expenses not covered by a collateral source. |
|  |  |
| **0172471-1**  | To Board for determination of general eligibility for compensable crime-related expenses not covered by a collateral source. |
|  |  |
| **0172588-1**  | To Board for determination of general eligibility for compensable crime-related expenses not covered by a collateral source. |
|  |  |
| **0170577-1 & 2**  | To Board for determination of general eligibility for compensable crime-related expenses not covered by a collateral source. |
|  |  |
| **0170940-1** | To Board for determination of general eligibility for compensable crime-related expenses not covered by a collateral source.Pay to claimant OOP travel expense for court attendance on 11/14/22RT 68 miles \* 0.585 = $39.78**Pay to claimant $39.78** |
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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, December 15, 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.