**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, January 19, 2022 at 2:00 p.m.** via Google Meet. To join the meeting, please click Video call link:

<https://meet.google.com/wag-ygxs-uog?hs=122&authuser=0>

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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 December 15, 2022 Meeting**

**III. Financial Report- December 2022**

|  |  |
| --- | --- |
| ACCOUNT | BALANCE |
| RESTITUTION | $ |
| INTEREST | $ |
| SUBROGATION | $ |
| 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 | $ |
| **BALANCE OF AJCJ COMPENSATION ALLOCATION** | $ |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **V. Previously Approved/Old Case Consent Agenda:**  **PREVIOUSLY APPROVED CASE CONSENT AGENDA** | | | | |
| **Meeting Date: January 19, 2022** | | | | |
|  | | |  |  |
| **Case #** | **DESCRIPTION OF REQUESTED FUNDING:** | **Payment** | **Approved** | **Moved to Discussion**  **Agenda** |
| **21-2762** | To MH provider, Sheli Jensen, for MH service dates: 12/8/22, 12/15/22, & 12/19/22 at $110.00 each  3 \* $110.00 = $330.00  **Total to Provider**  To claimant for OOP travel to MH services for the 3 dates above  RT 12 \* 0.655 \* 3 = $23.58  **Total to Claimant** | **$330.00**  **$23.58** |  |  |
| **19-2567** | To claimant for OOP travel to court dates: 12/19/22 RT 78.4\* 0.655= $51.35  **Total to Claimant** | **$51.35** |  |  |
| **0172030-4** | To provider, EMDR Transformations Counseling, for dates of service 12/14/22, 12/22/22, and 12/28/22  Billing is for $150.00 per joint session with 0172030-4 and 0172030-6  $150.00/2 = $75.00 \* 3 = $225.00  **Total to Provider** | **$225.00** |  |  |
| **0172030-6** | To provider, EMDR Transformations Counseling, for dates of service 12/14/22, 12/22/22, and 12/28/22  Billing is for $150.00 per joint session with 0172030-4 and 0172030-6  $150.00/2 = $75.00 \* 3 = $225.00  **Total to Provider**  To claimant for OOP travel to MH appointments 12/14/22, 12/22/22, & 12/28/22  RT 30 \* 0.655 = $19.65 \* 3 = $58.95  **Total to Claimant** | **$225.00**  **$58.95** |  |  |
| **20-2695** | To MH provider, Northern Lights Therapy, for date of service: 12/7/22 and 12/21/22 @ $110.00 each \* 2 = $220.00  **Total to Provider**  To claimant for travel to MH appointment dates: 12/7/22 and 12/21/22  RT 6 \* 0.655 = $3.93 \* 2 = $7.86  **Total to Claimant** | **$220.00**  **$7.86** |  |  |
| **0163985-1** | To MH provider, Northern Lights Therapy, for dates of service: 12/8/22, 12/14/22, and 12/21/22 @ $110.00 each  3 \* $110.00 = $330.00  **Total to Provider**  To claimant for travel to MH appointment date: 12/8/22, 12/14/22, and 12/21/22  RT 6 miles @ 0.655 = $3.93 \* 3 = $11.79  **Total to Claimant** | **$330.00**  **$11.79** |  |  |
| **0163985-4** | To claimant for OOP MH expenses for appointment date 9/10/22 At Northern Lights  Provider billed $120.00, programs pays **$110.00**  To claimant for travel to MH appointment date 9/10/22  RT 6 miles @ 0.655 = **$3.93**  **Total to Claimant** | **$113.93** |  |  |
| **0160288-2** | To MH provider, East Valley Family Therapy for service date:  12/8/22 and 12/21/22 @ $80.00 each \* 2 = $160.00  **Total to Provider** | **$160.00** |  |  |
| **0160288-1** | To MH provider, East Valley Family Therapy for service date:  12/8/22 and 12/21/22 @ $80.00 each \* 2 = $160.00  **Total to Provider**  To claimant for OOP travel expenses to MH appointment dates: 12/8/22 and 12/21/22  RT 18.6 \* 0.655 = $12.18 \* 2 = $24.36  **Total to Claimant** | **$160.00**  **$24.36** |  |  |
| **0169682-1** | To MH provider, Somni Wellness Counseling Services for service dates: 11/8/22, 12/15/22, 12/19/22, and 12/22/22 @ $110.00 each \*4 = $440.00  **Total To Provider**  To claimant for OOP travel expenses to MH appointment dates 11/8/22, 12/15/22, 12/19/22, and 12/22/22  RT 30 miles \* 0.655 = $19.65 \* 4 = $78.60  **Total to Claimant** | **$440.00**  **$78.60** |  |  |
| **0135755-2** | To claimant for OOP travel expenses to court date 1/9/23  RT 122 miles \* 0.655 = $79.91  **Total to Claimant** | **$79.91** |  |  |
| **17-2127** | To claimant for OOP travel expenses to court date 1/9/23  RT 134.6 miles \* 0.655 = $88.16  **Total to Claimant** | **$88.16** |  |  |
| **17-2128** | To claimant for OOP travel expenses to court date 1/9/23  RT 134.6 miles \* 0.655 = $88.16  **Total to Claimant** | **$88.16** |  |  |
| **19-2569** | To claimant for OOP travel expenses to court date 12/19/22  RT 66 miles \* 0.655 = $43.23  **Total to Claimant** | **$43.23** |  |  |
| **19-2570** | To claimant for OOP travel expenses to court date 12/19/22  RT 60 miles \* 0.655 = $ 39.30  **Total to Claimant** | **$39.30** |  |  |
|  | | | | |
| **PINAL COUNTY CRIME VICTIM COMPENSATION PROGRAM BOARD ACTION:**  **Motion to Approve: Seconded by:** | | | | |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_January 19, 2023\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_January 19, 2023\_\_  Date  Date | | | | |
|  | | | | |
| **Chairman:**  **\_\_\_\_\_\_Michael Hing\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_1/19/23\_\_\_\_\_\_**  Date | | | | |

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

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

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| --- | --- | --- | --- |
| **0167447-1** | To claimant for OOP travel expenses to physical therapy for 10 dates of service from 5/4/22 to 7/5/22 and 4 dates of service from 7/11/22 to 8/2/22 | | |
|  | RT 48 miles \* 0.655 = $31.44 \* 14 = $440.16 |  |  |
|  | **Total to Claimant** | **$** | **440.16** |
|  |  | | |
| **0164513-1** | To claimant for OOP medical expenses not otherwise paid for date of service 9/23/21 at Banner Health | | |
|  | Total bill: $5,030.00 less insurance payment of $3,674.58 = $1,355.42 |  |  |
|  | **Total to Claimant** | **$** | **1,355.42** |
|  |  | | |
| **20-2650** | To claimant for OOP medical expenses not otherwise paid for date of service 10/12/22 | | |
|  | at Banner Health: | | |
|  | Original bill: $750.00 less insurance payment of $600.00 = patient responsibility **$150.00** | | |
|  |  | | |
|  | To claimant for OOP medical expenses not otherwise paid for date of service 12/13/22 | | |
|  | at Banner Health: | | |
|  | Banner collected the patient copay of **$175.00** from the claimant. There may be additional | | |
|  | payment once insurance pays and adjustments are made. | | |
|  | **Total to Claimant** | **$** | **325.00** |
|  |  |  |  |
| **0170956-1** | To claimant for work loss week of 8/16-17/22. |  |  |
|  | Victim had 12.25 hours of unpaid time at $22.27/hour = $272.81 |  |  |
|  | **Total to Claimant** | **$** | **272.81** |
|  |  |  |  |
| **0172319-1** | To claimant for work loss weeks of 12/1/22-12/7/22, 12/8/22/12/14/22, 12/19/22-12/25/22, & 12/26/22-1/1/23: |  |  |
|  | What victim would have earned: $1508 less STD $600 = eligible wage loss of $908.00 |  |  |
|  | Max payout for one week is $554.00. $554 \* 4 weeks = **$2,216.00** |  |  |
|  |  |  |  |
|  | To claimant for work loss week of 12/15/22-12/18/22: |  |  |
|  | What victim would have earned: $754.00 less STD $342.84 = eligible wage loss of **$411.16** |  |  |
|  |  |  |  |
|  | To claimant for OOP MH payment for dates 11/30/22 and 12/7/22 @ $20.00 each = **$40.00** |  |  |
|  |  |  |  |
|  | To claimant for travel to MH appointment dates 11/30/22 and 12/7/22  RT 10.4 miles \* 0.655 = $6.81 \* 2 = **$13.62** |  |  |
|  |  |  |  |
|  | **Total to Claimant** | **$** | **2,680.78** |
|  |  |  |  |
| **0166657-1** | To claimant for mileage to attend court on 6/15/22, 7/27/22, 12/7/22, and 1/10/23 |  |  |
|  | RT 102 miles \* 0.655 = $66.81 \* 4 = **$267.24** |  |  |
|  |  |  |  |
|  | Claimant is requesting work loss for 3/3/22-8 hours @ $22.02/ hr = $176.16 and 3/6/22-12 hours @ $22.02/hr =$264.24 = **$440.40**.  Claimant was paid for a total of 49.62 hours @ $22.02/hr = $1,092.63  **There were no unpaid hours** under 40 hours for the week.  Board approves or board denies $440.40 to claimant |  |  |
|  |  |  |  |
|  | Claimant is requesting work loss for 3/7/22- 4 hours @ $22.02/hr = $88.08 and 3/8/22- 8 hours @ $22.02/hr = $176.16 = **$264.24**  Claimant had 7.12 unpaid hours of work that week; however, **she had unused vacation time** in excess of 44 hours and **workman’s compensation was not used** and this was a work place injury. (7.12 \* 22.02 = $156.78)  Board approves or Board denies $264.24 to claimant |  |  |
|  |  |  |  |
|  |  |  |  |
|  | **Total to Claimant** | **$** |  |
|  |  |  |  |

**VII. NEW BUSINESS:**

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| --- | --- |
| **0173449-1 & 2** | To Board for determination of general eligibility for compensable crime-related expenses not covered by a collateral source. |
|  |  |
| **0173959-1 & 2** | To Board for determination of general eligibility for compensable crime-related expenses not covered by a collateral source. |
|  |  |
| **0173535** | To Board for determination of general eligibility for compensable crime-related expenses not covered by a collateral source. |
|  |  |
| **0172628-1** | To Board for determination of general eligibility for compensable crime-related expenses not covered by a collateral source. |
|  |  |
| **0174013-1** | To Board for determination of general eligibility for compensable crime-related expenses not covered by a collateral source. |
|  |  |
| **0170432-1, 2, 3, & 4** | To Board for determination of general eligibility for compensable crime-related expenses not covered by a collateral source. |
|  |  |
| **0173303-3** | To Board for determination of general eligibility for compensable crime-related expenses not covered by a collateral source. |
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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, January 20, 2023 at 2:00 p.m.** via Google Meet.

**X. Other Business**

* Victim 0168977-1 was a victim of homicide in a different county. The encumbered funds for facial surgery in the amount of $9,076.86 are no longer needed and have not been paid out.
* 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.