

**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, July 20, 2023 at 2:00 p.m.** via Google Meet. To join the meeting, please click Video call link:

Meeting ID
meet.google.com/gpt-ghee-oao

Phone Numbers
(US)[+1 929-336-0130](tel:+19293360130)
PIN: 463 970 266#

If you need assistance in accessing the meeting, please contact our office at 520-866-6805. One or more members of the Board may participate in this meeting by telephonic conference call. The Board may go into executive session, which will not be open to the public, to discuss certain matters on any of the following agenda items pursuant to A.R.S. 38-431.03(A) (2).

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:

- I. 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 June 15, 2023 Meeting**
- III. Financial Report- June 2023**

ACCOUNT	BALANCE
RESTITUTION	
INTEREST	
SUBROGATION	
ACJC ALLOCATION	
ARPA FUNDS RECEIVED	
Total compensation funds spent & encumbered to date	
BALANCE OF AJCJ COMPENSATION ALLOCATION	

IV. Previously Approved/Old Case Consent Agenda:

PREVIOUSLY APPROVED CASE CONSENT AGENDA

Meeting Date: July 20, 2023

Case #	DESCRIPTION OF REQUESTED FUNDING:	Payment	Approved	Moved to Discussion Agenda
0130725-2	To claimant for travel to court dates: 6/6/23, 6/7/23, 6/8/23, 6/9/23, 6/12/23, 6/13/23, 6/14/23, 6/15/23, 6/16/23, 6/20/23 & 6/27/23 RT 66 miles * 0.655 = \$43.23 * 11 = \$475.53 Total to Claimant	\$475.53		
0170112-1	To claimant for travel to court date: 6/12/23 RT 40 miles * 0.655 = \$26.20 Total to Claimant	\$26.20		
0168464-6	To claimant for travel to court date: 1/23/23 RT 20 miles * 0.655 = \$13.10 To claimant for travel to court date: 6/5/23, 6/12/23 & 6/22/23 RT 64 miles * 0.655 = \$41.92 * 3 = \$125.76 Total to Claimant	\$138.86		
0168528-1	To claimant for out of pocket mental health expenses service dates: 2/21/23, 3/7/23, 3/21/23, & 4/11/23 @ \$101.36 * 4 = \$405.44 Service date: 4/25/23 @ \$95.88 Service date: 5/9/23 @ \$105.53 Total \$606.85 To claimant for travel expenses to mental health service dates: 2/21/23, 3/7/23, 3/21/23, 4/11/23, 4/25/23, & 5/9/23 RT 32 miles * 0.655 = \$20.96 * 6 = \$125.76 Total to Claimant	\$732.61		
19-2567	To claimant for travel expenses to court on 6/12/23 RT 78.4 miles * 0.655 = \$51.35 Total to Claimant	\$51.35		
19-2570	To claimant for travel expenses to court on 6/12/23 RT 78.4 miles * 0.655 = \$51.35 Total to Claimant	\$51.35		
0161608-2	To claimant for travel expenses to court on 6/21/23 RT 58 miles * 0.655 = \$37.99 Total to Claimant	\$37.99		
0135755-2	To claimant for travel to court date 2/13/23 RT 122 miles * 0.655 = \$79.91 Total to Claimant	\$79.91		
0171702-2	To claimant for mileage to court on 6/26/2023 RT 75 miles * 0.655 = \$98.25 Total to Claimant	\$98.25		
21-2762	To claimant for mileage to court on 6/26/2023 RT 68 miles * 0.655 = \$44.54 Total to Claimant	\$44.54		
0141402-5	To MH provider, Centre for Well Being, for service dates 5/30/23, 6/13/23, 6/27/23 Billed at \$110.00 * 3 = \$330.00 Total to Provider To claimant for mileage to MH appointment dates: 5/30/2023 & 6/13/23 RT 94 miles * 0.655 = \$61.57 * 3 = \$184.71 Total to Claimant	\$330.00 \$184.71		

0141402-4	To MH provider, Centre for Well Being, for service dates: 5/30/23 Billed at \$110.00 Total to Provider	\$110.00		
	To claimant for mileage to MH appointment dates: 5/30/23 RT 94 miles * 0.655 = \$61.57 Total to Claimant	\$61.57		
21-2796	To claimant for remaining funds for total medical disability, per June 15, 2023 Board meeting the remaining \$17,466.51 is to be awarded at the July 20, 2023 meeting. Total to Claimant	\$17,466.51		
0166256-1	To MH provider, Desert Counseling Center, for counseling dates: 6/22/23 @ \$120.00 = \$120.00 Total to Provider	\$120.00		
	To claimant for mileage to counseling date: 6/22/2023 RT 54 miles * 0.665 = \$35.37 Total to Claimant	\$35.37		
0173303-3	To claimant for mileage to court on 1/30/23, 4/24/23, & 6/26/23 RT 120 miles * 0.655 = \$78.60 * 3 = \$235.80 Total to Claimant	\$235.80		
0172030-6	To provider, EMDR Transformations Counseling, for dates of service: 6/20/23 Billing is for \$150.00 per joint session with 0172030-4 and 0172030-6 \$150.00/2= \$75.00 To provider, EMDR Transformations Counseling, for dates of service: 6/7/23 Billing is for \$110.00 for each individual session, \$110.00 * 1 = \$110.00 Total to Provider	\$185.00		
	To claimant for travel to counseling dates of service: 6/7/23: RT 30 miles * 0.655 = \$19.65 Total to Claimant	\$19.65		
0172030-4	To provider, EMDR Transformations Counseling, for dates of service: 6/20/23 Billing is for \$150.00 per joint session with 0172030-4 and 0172030-6 \$150.00/2= \$75.00 Total to Provider	\$75.00		
	To claimant for travel to counseling for dates of service:6/20/23 RT 30 miles * 0.655 = \$19.65 Total to Claimant	\$19.65		
0174443-1	To claimant for mileage to medical appointments: 2/8/23, 4/17/23, 4/25/23 & 6/6/23 RT 104 * 0.655 = \$68.12 * 4 = \$272.48 Total Claimant	\$272.48		
17-2127	To claimant for travel to court date: 7/10/23 RT 134.6 miles * 0.655 = \$88.16 Total to Claimant	\$88.16		
17-2128	To claimant for travel to court date: 7/10/23 RT 134.6 miles * 0.655 = \$88.16 Total to Claimant	\$88.16		

18-2403	To medical provider Nevy Health, for service date 5/15/23 & 5/25/2023 Billed at \$130.00, patient balance due \$45.00 * 2 = \$90.00. Service date 5/19/23 billed at \$191.08, patient balance due \$106.08. <p style="text-align: right;">Pay to Provider</p>	\$196.08		
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PINAL COUNTY CRIME VICTIM COMPENSATION PROGRAM BOARD ACTION:

Motion to Approve:

Seconded by:

_____ July 20, 2023
Date

_____ July 20, 2023
Date

Chairman:

_____ **Michael Hing** _____ **7/20/23**
Date

**V. Cases scheduled for consideration of award (regular discussion agenda):
 OLD BUSINESS (Cases previously considered):**

0175219-1 To claimant for work loss dates: 2/9/23, 2/10/23, & 2/13/23
 Hourly wage \$24.00* 16 hours = \$384.00, less paid time off of 16 hours \$384.00 = \$0.00 payable by program

Claimant requested 2 hours of wage loss for 2/13/23, however according to the employer, there were no unpaid hours under 40 hours for that week.

Total to Claimant \$

To provider, Banner Health, for dates of service 2/8-2/9/23
 Billed at \$12,133.10, less insurance payment \$2,883.35, less HMO adjustments \$7,915.50
 Equals patient responsibility \$1,334.25

Total to Provider \$ 1,334.25

0171702-2 To claimant for work loss dates: 9/27/22-10/1/22 for bereavement/arrangements
 Hourly wage \$14.00 * 20 hours = \$280.00
 There were no collateral sources available (ie: bereavement leave/sick/vacation)

Total to Claimant \$ 280.00

0177322-1 To claimant for travel to medical appointment date of service: 5/9/23
 RT 86 miles * 0.655 = **\$56.33**

To claimant for work loss dates: 6/18/23-7/22/23 (5 weeks); medical documentation indicates that the soonest he may be able to return to work is 2/12/24.
 Hourly wage \$16.25 * 40 hours = \$650.00 per week, program pays maximum \$554.00/week
 \$554.00 * 5 = **\$2,770.00**

Total to Claimant \$ 2,826.33

0177138-1 To claimant for out of pocket funeral expenses at Funeraria Azahares in the amount of **\$1,000.00**

To claimant for out of pocket funeral expenses at Sacred Heart Parish in the amount of **\$300.00**

Total to Claimant \$ 1,300.00

0177138-4 To claimant for work loss from 3/29/23-4/4/23
 Hourly wage \$17.48 * 40 hours = \$699.20; less paid vacation hours (21.5) \$375.82 = eligible wage loss of **\$323.38** for week 1

To claimant for work loss from 4/5/23-5/30/23 (8 weeks)
 Hourly wage \$17.48 * 40 hours = \$699.20; program pays maximum \$554.00 per week
 \$554.00 * 8 weeks = **\$4,432.00**

Total to Claimant \$ 4,755.38

VII. NEW BUSINESS:

0176560-1 To Board for determination of general eligibility for compensable crime-related expenses not covered by a collateral source.

0178456-1 To Board for determination of general eligibility for compensable crime-related expenses not covered by a collateral source.

To Board for determination of general eligibility for compensable crime-related expenses not covered by a collateral source.

0177665-1 & -2 (-2) To claimant for mileage to court hearing dates: 5/26/23 & 6/6/23
RT 54 miles * 0.655 = \$35.37 * 2 = **\$70.74**

(-1) To claimant for out of pocket funeral expenses in the amount of **\$4,876.11**

Pay to Claimant \$4,946.85

0178553-1 To Board for determination of general eligibility for compensable crime-related expenses not covered by a collateral source.

To Board for determination of general eligibility for compensable crime-related expenses not covered by a collateral source.

To medical provider, AMR, for date of service 10/1/22 in the amount of \$2,443.34 (they would not negotiate)

Pay to Provider \$2,443.34

0178573-1 To claimant for out of pocket medical expenses at Rural Metro on date of service 10/1/22 in the amount of **\$600.00**

To claimant for out of pocket medical expenses at Envision Physician Services on date of service 10/1/22 in the amount of **\$226.66**

To claimant for out of pocket dental expenses at Associated Dental Care dates of service 10/17/22 through 5/8/23 in the amount of **\$3,167.20**

To claimant for out of pocket medical expenses at Dignity Health date of service 10/1/2022 in the amount of **\$1,313.00**

Pay to Claimant \$5,306.86

0178291-1 To Board for determination of general eligibility for compensable crime-related expenses not covered by a collateral source

0178827-1 To Board for determination of general eligibility for compensable crime-related expenses not covered by a collateral source.

0178667-1	To Board for determination of general eligibility for compensable crime-related expenses not covered by a collateral source.
0178835-1 & -2	To Board for determination of general eligibility for compensable crime-related expenses not covered by a collateral source.
0178501-1 & -2	To Board for determination of general eligibility for compensable crime-related expenses not covered by a collateral source.
0179181-1	To Board for determination of general eligibility for compensable crime-related 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 tentatively scheduled for **Thursday, September 14, at 2:00 pm** 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.