

**11 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, December 21, 2023 at 2:00 p.m.** via Google Meet. To join the meeting, please click [Video call link](#):

Meeting ID
<https://meet.google.com/ypp-fhoa-zjj?hs=122&authuser=0>

Phone Numbers
tel:1-415-763-1987
PIN: 828 141 630#

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 November 16, 2023 Meeting

III. Financial Report- November 2023

ACCOUNT	BALANCE
RESTITUTION	\$95,501.98
INTEREST	\$11,745.92
SUBROGATION	\$47,221.55
ACJC ALLOCATION (\$55,000.00 for administrative costs)	\$29,312.84
ARPA FUNDS RECEIVED	\$269,191.00
Total compensation funds spent & encumbered to date	\$156,751.61
BALANCE OF AJCJ COMPENSATION ALLOCATION	\$112,439.39

IV. Previously Approved/Old Case Consent Agenda:

PREVIOUSLY APPROVED CASE CONSENT AGENDA

Meeting Date: December 21, 2023

Case #	DESCRIPTION OF REQUESTED FUNDING:	Payment	Approved	Moved to Discussion Agenda
0141402-5	<p>To MH provider, Centre for Well Being, for service dates: 11/7/23 & 11/28/23 billed @ \$110.00 each \$110.00 * 2 = \$220.00</p> <p style="text-align: right;">Total to Provider</p> <p>\$220.00</p> <p>To the claimant for mileage to MH appointment dates: 11/7/23 & 11/28/23 RT 94 miles * 0.655 = \$61.57 * 2 = \$123.14</p> <p>Claimant has \$51.93 remaining for travel.</p> <p style="text-align: right;">Total to Claimant</p> <p>\$51.93</p>	\$220.00		
0177322-1	<p>To claimant for work loss dates: 11/19/23- 12/23/23 (6 weeks); medical documentation indicates 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 * 6 = \$3,324.00</p> <p>Program has awarded \$22,216.33. Maximum award is \$25,000.00</p> <p>\$25,000.00 - \$22,216.33 = remaining available award: \$2,783.67</p> <p style="text-align: right;">Total to Claimant</p> <p>\$2,783.67</p>	\$2,783.67		
0135755-2	<p>To claimant for mileage to court dates: 11/7/2023 & 12/12/23 RT 122 miles * 0.655 = \$79.91 * 2 = \$159.82</p> <p style="text-align: right;">Total to Claimant</p> <p>\$159.82</p>	\$159.82		
0170112-1	<p>To claimant for mileage to court dates: 9/22/23 & 11/13/23 RT 42 miles * 0.655 = \$27.51 * 2 = \$55.02</p> <p style="text-align: right;">Total to Claimant</p> <p>\$55.02</p>	\$55.02		
0172030-6	<p>To claimant for out of pocket MH expenses service dates 10/21/22 and 11/4/2022. Billed at \$65.00 each * 2 = \$130.00</p> <p>To claimant for mileage to MH appointments: 10/21/2022 and 11/4/2022 RT 6 miles * 0.655 = \$3.93 * 2 = \$7.86</p> <p style="text-align: right;">Total to Claimant</p> <p>\$137.86</p> <p>To MH provider, Spero Psychiatry and Counseling, for service dates: 11/1/2023 Billing is for \$150.00 per joint session with 0172030-4 and 0172030-6 \$150.00/ 2 = \$75.00</p> <p style="text-align: right;">Total to Provider</p> <p>\$75.00</p>	\$137.86		
0172030-4	<p>To MH provider, Spero Psychiatry and Counseling, for service dates: 11/1/2023 Billing is for \$150.00 per joint session with 0172030-4 and 0172030-6 \$150.00/ 2 = \$75.00</p> <p style="text-align: right;">Total to Provider</p> <p>\$75.00</p> <p>To claimant for mileage to MH appointments: 11/1/2023 RT 30 miles * 0.655 = \$19.65</p> <p style="text-align: right;">Total to Claimant</p> <p>\$19.65</p>	\$75.00		

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

OLD BUSINESS (Cases previously considered):

0175219-1	To claimant for mileage to court dates: 4/13/23, 8/31/23, 9/25/23 & 10/23/23 RT 62 * 0.655 = \$40.61* 4= \$162.44	Total to Claimant \$ 162.44
21-2836	To claimant for out of pocket funeral expenses from Casa Grande/Mountain View Cemetery Billed \$5,602.00 victim paid \$1,520.00 out of pocket The program can only pay a maximum of \$10,000.00 in funeral expenses. Board approved prior funeral expenses of \$9,195.76. Leaving \$804.24 as the maximum possible award.	Total to Claimant \$ 804.24
0138800-1	To claimant for work loss 9/1/2022- 4/20/2023 (33 weeks); Mental health documentation indicates that there is no estimated return to work date. Hourly wage \$28.62 * 20 hours = \$572.40 per week, program can only pay a maximum \$554.00/ week * 33 weeks = \$18,282.00 The program can only award a maximum of \$25,000.00. The program has awarded the maximum award for mental health \$5,000.00 and \$2,000.00 for travel. Leaving \$18,000.00 as the maximum possible award.	Total to Claimant \$ 18,000.00
0176347-1	To claimant for MH appointment date: 5/12/2023. Billed at \$200.00 - \$141.00 insurance payment = \$59.00 To claimant for travel to MH appointment date: 5/12/2023 RT 12 miles * 0.655 = \$7.86 To claimant for out of pocket medical cost at Simon Med Imaging for \$203.51 To claimant for travel to medical appointment dates: 3/27/23, 3/31/23 & 5/25/23 RT 20 miles *0.655 = \$13.10 * 3 = \$39.30 To claimant for out of pocket medical expenses at Walmart Pharmacy for \$24.14	Total to Claimant \$ 333.81
0170432-1	To claimant for out of pocket eye glasses at Nationwide Vision for \$331.74	Total to Claimant \$ 331.74
0178501-1	To medical provider, Banner Health, date of service 4/20/2023 Billed \$111.00 - \$33.30 adjustment = \$77.70	Total to Claimant \$ 77.70

0181543-1 To medical provider, H and R accounts, date of service 3/30/23-3/31/23
 Billed \$2,378.00 - \$1,978.00 adjustments and insurance payment = \$400.00

Total to Provider \$ 400.00

0173232-1 To claimant for out of pocket medical expenses at Maricopa Sun Life Family Health Center
 Appointment dates: 10/18/2022, 10/26/2022, 11/8/2022 and 11/23/2022
 Billed \$245.00 on 10/18/22 and \$160.00 on 10/26/22, 11/8/22 and 11/23/22
 $\$160.00 * 3 = \$480.00 + \$245.00 = \mathbf{\$725.00}$

To claimant for mileage to medical appointment dates: 10/18/22, 10/26/22, 11/8/22 & 11/23/22
 RT 4 miles * 0.655 = \$2.62 * 4 = **\$10.48**

To claimant for out of pocket medical expenses at Arizona Diagnostic Radiology Group
 Appointment dates: 10/22/22, 11/10/22 and 11/22
 Billed \$88.00 + \$254.00 + \$554.00 = **\$896.00**

To claimant for mileage to medical appointment dates: 10/20/22, 11/10/23 and 11/22
 RT 2 miles * 0.655 = \$1.31 * 3 = **\$3.93**

To claimant for out of pocket medical expenses at Simon Med Imaging
 Appointment date 11/2/2022
 Billed **\$78.95**

Total to Claimant \$ 1,714.36

VII. NEW BUSINESS:

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

0181675-1, -2, -3, -4, & -5 (-1) To claimant for out of pocket Funeral expenses at Queen of Heaven Cemetery in the amount of \$10,600.00
 The program can pay a maximum of \$10,000.00 in funeral expenses.

Total to Claimant \$10,000.00

0180261-1 To Board for determination of general eligibility for compensable crime-related expenses not covered by a collateral source.

0182353-1 & -2 To Board for determination of general eligibility for compensable crime-related expenses not covered by a collateral source.

0182614-1 & -2	<p>To Board for determination of general eligibility for compensable crime-related expenses not covered by a collateral source.</p> <p>(-1) To claimant for out of pocket funeral expenses at Cole & Maude Gardens Chapel in the amount of \$13,400.57.</p> <p>The program can pay a maximum of \$10,000.00 in funeral expenses.</p> <p style="text-align: right;">Total to Claimant \$10,000.00</p>
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0175022-1	To Board for determination of general eligibility for compensable crime-related expenses not covered by a collateral source.
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0177751-1	To Board for determination of general eligibility for compensable crime-related expenses not covered by a collateral source.
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0139291-1 & -2	<p>To the Board for determination of a good cause exception to the two year application timeline.</p> <p>To Board for determination of general eligibility for compensable crime-related expenses not covered by a collateral source.</p>
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0183183-1 & -2	<p>To the Board for a good cause exception to the 72 hour timeframe to report to the police.</p> <p>To Board for determination of general eligibility for compensable crime-related expenses not covered by a collateral source.</p>
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VIII. Rehearing Requests

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IX. 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.

X. Date-Time-Location of Next Meeting

The next proposed Crime Victim Compensation Program Board meeting is tentatively scheduled for **Thursday, January 18, 2024 at 2:00 pm** via Google Meet.

XI. Other Business

- Volunteer Time Sheet (how many days)

XII. 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.