

Compensation Guide for Eligibility Determination and Expense Policies

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Approved at the January 25, 2024, Commission Meeting: _____

Expenses Paid for Primary and Secondary Claims

[Revised 7/1/2019] When compensation applications are submitted, regardless of who the claimant is, the first one received/submitted will always be the primary compensation application in CCVC. Any subsequent compensation applications submitted are to be entered as secondary applications. If any secondary application has eligible expenses, you are to notify the payee and the claimant of the primary compensation application of what will be processed for payment.

Section §31-22-9. Award of reparation. The commission may order payment of reparation for: expenses actually and reasonably incurred as a result of the victim's injury or death; loss to the victim of earning power as a result of total or partial incapacity; C. any other pecuniary loss directly resulting from the victim's injury or death which the commission determines to be reasonable and proper; and D. any expenses incurred for rehabilitation services provided to a victim of child abuse or neglect, including child sexual abuse, but awards made pursuant to this subsection shall be made directly to the provider of the rehabilitation services for payment of those services. History: Laws 1981, ch. 325, § 9; 1989, ch. 246, § 5.

Section §31-22-13. Terms of order. Any order for the payment of reparation under the Crime Victims Reparation Act may be made on such terms as the commission deems appropriate. The order may provide for apportionment of reparation or for the holding of reparation or any part thereof in trust and for the payment of reparation in a lump sum or in periodic installments. All such orders shall contain words clearly informing the claimant that all awards and orders for reparation under the Crime Victims Reparation Act are subject to the making of an appropriation by the legislature to pay the claim. History: Laws 1981, ch. 325, § 13.

[Memorandum Dated 7/16/2015] Payments to providers will be considered at 100% if the payment is for co-payments and deductibles only. This is in addition to provider payments that have applied self-pay discounts. If the discount applied is more than 35%, the remaining balance can be considered in full. All other provider payments will remain the same. If there is no collateral source/insurance and the provider does not adjust or apply a self-pay discount, then we will continue to process the payment at 65%.

Compensation Application Eligibility Determination

If the compensation application has a detailed Licensed Provider Verification Form an eligibility determination can be made and submitted for quality assurance. However, if you cannot decide on eligibility, you may need additional source documentation such as a detailed supplemental Licensed Provider Verification Form, Sexual Assault Nurse Exam (SANE) chart record, medical records, etc.

If you cannot decide on eligibility with records obtained, please bring it before the compensation staff meeting for a discussion.

All efforts to obtain supporting documentation are to be documented in the claim case comments. For example, if a claim was discussed in a compensation staff meeting, a summary of the discussion and determination must be entered into the claim case comments.

If there are any questions, please discuss them with a supervisor or management.

Medical Expense Policy

These are expenses such as billings from hospitals, physicians, radiologists, surgeons, etc. When reviewing these expenses, it is essential to remember that an itemized bill or ledger is required. This will provide a detail of services to determine if all charges are related to the victimization. The itemized bill or ledger will also provide information as to what portion, if any, has been covered by the patient's health insurance, payments by any other collateral sources, and payments made by the responsible party on the bill.

Along with the itemized bill or ledger, medical records for each service date will be required. These records will help determine if the expense is related to the victimization and may also provide information on determining any possible contributory issues that may need to be presented to the Commission for eligibility determination of the application.

Refer to Memorandum dated 7/16/2015 for payment processing on page 2.

Counseling Expense Policy

[Memorandum Dated 11/1/2015] All payments for counseling services will be considered at 100%.

If counseling is being sought or is taking place for purposes related to the victimization, a treatment plan will be needed for each patient. The treatment plan will provide necessary information about the patient's history and counseling goals. Also, there is an initial thirty (30) sessions per person limit for counseling.

Any requests for additional therapy sessions require an updated treatment plan after every 30 sessions paid. If 90 sessions are provided to the client, approval by the Commission is required (a detailed treatment plan identifying past, present, and future treatment goals are required).

For homicide cases, in the event of contributory denials or reductions, a restricted approval for counseling only may be considered for a total of \$10,000.00 max per person.

Dental Expense Policy

Dental records and an itemized billing or ledger statement will be required if dental trauma has occurred. A letter from the dentist may also be required if the dental records do not show a clear correlation between the trauma and the dental treatment. In some instances, an estimate of treatment cost and a treatment plan is required for review. In this case, the treatment plan may be reviewed to determine if the cost estimate is eligible for approval. If eligible, a pre-approval letter will be provided on agency letterhead approving treatment for a specific amount and needs to be signed by the Agency Director or Bureau Chief. In addition, dental injuries must be documented in the crime description field of CCVC.

Refer to Memorandum dated 7/16/2015 for payment processing on page 1.

Funeral/Burial Expense Policy

This expense has a maximum limit of \$6,000.00 Expenses that are covered under the funeral limit may include expenses from funeral homes, flowers, food, head stones, funeral plots, obituaries, etc.

Refer to travel expense policy for determining eligibility of travel expenses related to the funeral.

[Revised 9/26/2019] Policy will consider these types of expenses when reviewing funeral/burial expenses on eligible victim compensation applications with CVRC.

10.40.2.10 (E.) Limitations: The Commission may award reparation for funeral related expenses occasioned by an act or omission which includes a crime enumerated in Section 31-22-8A NMSA 1978.

Awards for funeral expenses shall not exceed six thousand dollars (\$6,000.00). Items not to be included for reimbursement are: food, clothing, items of value such as jewelry, saddles, etc. At the board's discretion, a restricted item may be waived.

Pursuant to Funeral/Burial Expenses Policy approved by Commission on 9/26/2019, there are items listed as ineligible unless “*at the board's discretion*” they have waived the restriction.

- Jewelry will remain an ineligible expense
- Food - \$1,000.00 limit
- Clothing for deceased - \$500.00 limit

All other expense types associated with funeral/burial, which were not listed above, must be discussed with the Compensation Bureau Chief/Agency Director and may require approval by the Commission or Commission Chair.

Medicine Man Policy

This expense has a maximum limit of \$3,000.00. If a Medicine Man is used for ceremonies, CVRC created form for Medicine Man/Native Healthcare Services will need to be completed by the Medicine Man directly. Expenses covered under this limit will be services provided by the Medicine Man and supplies used or purchased for the ceremony.

Eyeglasses Policy

The maximum limit for eyeglasses **or contact lenses** is \$350.00. Any payment or reimbursement for damaged or lost eyeglasses will need to be verified. This information should be accessed in the police reports or medical records. If no information is available that supports or confirms that the victim's corrective lenses (eyeglasses or contact lenses) were damaged/lost at the time of the incident, a letter from the optometrist or the victim/claimant will be required. The letter must demonstrate that the eyeglasses **or contact lenses** are damaged/lost due to the incident.

Travel/Airfare/Lodging/Meals Policy

These expenses will be assessed for medical appointments, counseling appointments, funeral arrangements, and court hearings. When determining travel expenses, supporting documentation is required.

Possible Travel Expenses: If travel is more than 50 miles one-way we can consider lodging, per diem at state rate – hotel or meals (visit: <https://www.dps.nm.gov/gsa-travel-mileage-rates>), rental car costs (to include actual fuel purchases with receipt), mileage at \$0.20 per mile if using a personal vehicle or no receipt available. When a claimant/victim can provide receipts or supporting documentation, the agency will reimburse in “actuals.” However, if the claimant/victim cannot provide receipts, the agency will reimburse the state per diem rate. When available, mileage must be calculated from one physical address (ex. Victims home address) to another physical address (ex. Counselor office). When an address is unavailable, a city or town can be used as one point.

It is essential to ensure the receipts have dates that coincide with the purpose of travel, and the purchase of alcohol is strictly prohibited and will not be reimbursed.

Section 10.40.2.10(O): The commission board may consider travel expenses related to the identification of the deceased victim by an individual who has assumed responsibility for making arrangements for the deceased.

Section 10.40.2.10 (M): Gas expenses to transport the victim to a health provider may be considered if the travel is over thirty miles one way from the victim's residence. This travel shall be verified by the

health providers billing and reports for the travel requested. The gas will be reimbursed at the rate of twenty cents per mile.

Section 10.40.2.10 (N): Gas expenses to transport the victim to a law enforcement agency for the purpose of official business relating to the incident for which the application is filed may be considered. The distance traveled shall be more than thirty miles one way from the victim's residence and the gas will be reimbursed at the rate of twenty cents per mile.

Section 10.40.2.10 (Q): If a victim is transported to a medical facility due to the severity of the victim's injuries, gas expenses may be considered for reimbursement at the rate of twenty cents per mile for relatives, a member of the victim's family relationship group, or a dependent of the victim. Lodging and meal expenses for these individuals may also be considered at the reimbursement rate consistent with DFA (visit: <https://www.dps.nm.gov/gsa-travel-mileage-rates>), rules in effect at the time of the travel. A car rental at a reasonable rate may also be considered for reimbursement. These expenses shall only be considered while the victim is at a medical facility and the distance must be more than fifty miles one way from the victim's residence.

[Memorandum Dated 12/12/2014] If a victim is renting a vehicle to participate/engage in/required to attend an event that is directly related to the incident, we will consider the gasoline expense for the vehicle rental if it is **reasonable**.

Section §31-22-3 (E): "family relationship group" means any person related to another person within the fourth degree of consanguinity or affinity (1st degree parent-child, 2nd degree sibling, 3rd degree uncle/aunt with a niece/nephew, 4th degree first cousins)

Loss of Wages (LOW) Policy

Loss of wages may be considered up to fourteen (14) calendar days after the date of the incident without documentation from a licensed medical/mental health provider. If loss of wages is requested for time beyond the initial fourteen days, a letter or note from a licensed medical/mental health provider will be required explaining the purpose of additional time lost from employment and a release date that the employee may return to work. In some instances, although it will need to be assessed by management, if the victim's injuries seem to make sense that they would be unable to return to their type of employment, then additional days for lost wages may be considered.

An employment verification form (template in CCVC) will be provided to the employee's employer when determining loss of wages. Therefore, it is essential to ensure that the employee reports their wages for tax purposes. If the employee's employer does not cooperate in completing the employer verification form, below are examples of supporting documentation for loss of wages.

- Prior pay stubs
- Tax documents, for example:
 - W-2 forms from the employer
 - Recent tax returns from the IRS (the year prior and year of the date of incident)
 - 1099 forms (e.g., for independent contractors or gig workers)
 - Schedule C (e.g., for sole proprietorships)
- CVRC employment verification form to be completed by the employer
- Documentation of social security payments (collateral source)
- Pending contracts that were not completed or fulfilled due to injury or death
- Unemployment Benefit Stubs (collateral source)
- Disability Benefit stubs or Award Letters (collateral source)

- Court-ordered support, such as child support

[Revised via Email 4/15/2016] If a compensation application is being requested for lost wages, supporting documentation (employer verification, paystubs, W-2s, etc.) must be obtained. If the documentation cannot be provided, we may not consider lost wages/loss of wages.

[Revised 7/1/2019] During the first fourteen calendar days after the date of incident, we will **not** consider accrued leave (annual/sick/paid time off [PTO]) as a collateral source. After the first fourteen calendar days, accrued leave is considered as a collateral source. Loss of wages will be calculated at 92.35% (100% - 7.65% Social Security/Medicare) of the gross amount earned.

We will always consider non-accrued leave (bereavement/donated/administrative) as a collateral source. In addition, commission, tips, overtime, and cash wages are not eligible for reimbursement.

Relatives, as defined in Section NMSA 1978 §31-22-3 (H), of a homicide victim **are eligible** for loss of wages for a recovery period of up to fourteen calendar days following the date of incident, but **not** travel costs, unless approved by a supervisor under Section NMSA 1978 §31-22-9 (C). *see travel policy

The Commission may consider special circumstances when payment of loss of wages will be in the best interest of the victim and/or claimant.

In section NMSA 1978 §31-22-3 (H) “relative” means a person’s spouse, parent, grandparent, stepfather, stepmother, child, grandchild, brother, sister, half-brother, half-sister, or a spouse’s parents, (not boyfriend/girlfriend/friend).

Always ask the victim/claimant for permission to send the verification form to an employer.

IRS Revenue Ruling 74-74 page 30 (middle section under heading Welfare and Other Public Assistance Benefits) : <http://www.irs.gov/pub/irs-pdf/p525.pdf> : “Payments from a state fund for the victims of crime shouldn't be included in the victims' incomes if they're in the nature of welfare payments.”

Loss of Support (LOS) Policy

[Revised 7/1/2019] Section §31-22-3 (D): “dependents” means those relatives of the deceased or disabled victim who are more than **50%** dependent upon the victim’s income at the time of his death or disability.

If both parents were working up to \$3,000.00 limit, then cases can be reassessed in increments of \$3,000.00 thereafter.

Section §31-22-9 (C): “The Commission may order payment of reparation for: any other pecuniary loss directly resulting from the victim’s injury or death which the commission determines to be reasonable and proper;”

Pecuniary – relating to or consisting of money

Example: Married victim of domestic violence, husband wage earner - tax returns show yearly income of \$30,000 for husband/father, there are four children, not all his biological children, but he was supporting them. To determine the loss of support, divide \$30,000 by 6 (total number of people supported by wages) = \$5,000/person/yr. Support for victim/mom + 4 children x \$5,000 = \$25,000 support/year divided by 12 months = \$2,083.33/mo. \$25,000 divided by 365 days = \$68.49/day. Since we are working with \$3,000 increments, \$3,000 divided by \$68.49/day = 43.02 days of loss of support.

Count 43 days from the incident date to come up with a new date for review of the possible next \$3,000.

Collateral sources will be considered: Temporary Assistance for Needy Families (TANF), Food Stamps, Survivor Benefits, Child Support.

Relocation and Rental Assistance Program (RRAP) Policy

To qualify for relocation and rental assistance (RRAP), the individual must be a victim of sexual assault, domestic violence, human trafficking, or homicide with safety concerns. In addition, the relocation has to be based on reasonable fear/safety related to the victimization.

[Revised 1/1/2023] The victim should have some idea of how they will sustain the rent after NMCVRC assistance has ended; however, this is not a requirement when considering approval/payment. For victims moving out of state, they may not have a plan. If a victim does not have a plan, discuss the situation with a supervisor **before** informing the victim that they are approved for RRAP.

Relocation has a \$1,750.00 limit, and rent has a \$1,750.00 limit or the first three (3) months (whichever occurs first). Therefore, relocation and rental assistance is a once-in-a-lifetime expense. Examples of relocation expenses may include security/utility deposits, application fees, rent or lease termination fees, temporary shelter, storage fees, moving costs.

Security cameras may be considered under the \$1,750.00 relocation limit. However, if relocation funds have been exhausted, security cameras cannot be considered outside the \$1,750.00 relocation limit. Security cameras may only be considered up to the \$500.00 limit under relocation. See security camera policy for additional information.

[Memorandum Dated 12/19/2019] Termination fees for leases/rent is now an approved expense for victims/claimants who are eligible for relocation and rent under victim compensation or VOCA Emergency Funds. If termination fees will be considered under victim compensation, the expense will be deducted from the \$1,500.00 relocation limit. This needs to be discussed and understood by the victim/claimant. All supporting documentation (lease showing fee/receipt/etc.) is required to be obtained prior to approval.

If a victim cannot afford to get reimbursed after they relocate, funds may be expedited by a non-profit agency that is approved to administer VOCA Emergency Funds (see approved list and contact information on CVRC website). A completed W9 and any other supporting documentation for the expedited request, such as the lease agreement, itemized billing statements, etc. is required in order to expedite payment. The RRAP certification worksheet (located on CVRC website) is also required to be completed. The administering agency will invoice CVRC after funds have been expedited and the State Investigator is required to immediately process the invoice under the compensation application. Expedited requests should only be used in emergency situations, internal approval is required, and all necessary parties must be notified.

If using a non-profit agency's credit card to rent a vehicle or "U-Haul" type vehicle/trailer, full insurance costs is required in rental agreement. This total cost will be deducted from the relocation limit amount of \$1,500.00.

If another adult resident is listed on the lease, funds may be pro-rated to only include the victim.

Alternative Medicine Policy

[Revised 7/1/2019] When considering expenses for Alternative Medicine, (chiropractic/massage/acupuncture/hypnotherapy/etc.) there is a limit of \$3,000.00. Staff are required to obtain a recommendation from a licensed medical provider or licensed mental health therapist and treatment plan information from the licensed individual providing the alternative treatment. Any costs exceeding the \$3,000.00 limit will need to be discussed with and approved by Bureau Chief or Agency Director.

Childcare Policy

[Revised 7/1/2019] Childcare expenses can be considered for all enumerated crimes. There is a limit of \$3,000.00 or 6 months, whichever occurs first.

Childcare is a once in a lifetime expense.

Security Device Policy

[Revised 7/1/2019] The purchase and installation of security camera(s) equipment is an eligible expense. Maintenance agreements are not an allowable expense. There is a \$500.00 limit for security cameras. Security device(s) includes replacement of door locks for the health and safety of the victim, door locks not to exceed \$500.00. The security device(s) expense not to exceed \$500.00. Only family violence, sexual assault, human trafficking, and survivors of homicide are eligible for this expense.

Security cameras may be considered in lieu of relocation and rental assistance (RRAP). Security cameras are eligible in place of relocation and rental assistance (RRAP). If CVRC is assisting a victim with RRAP, security cameras may only be considered under the \$1,750.00 relocation limit. Security cameras may only be considered up to \$500.00 under relocation. See RRAP policy for additional information.

Crime Scene Cleanup Policy

[Revised 7/1/2019] There is no monetary limit for crime scene cleanup. Homeowner's/renter's insurance must be exhausted before we can consider payment. Deductibles are reimbursable expenses. If collateral sources are not readily available, payments made directly to the providers will be at 65%.

Replacement Services Policy

[Revised 7/1/2019] If items (such as a cell phone) are confiscated by law enforcement and held as evidence, the replacement of the item is eligible for reimbursement at equal cost. Supporting documentation may be requested to confirm the loss. A supervisor must approve all replacement services.

Medication Management Policy

Medication management expenses may be coded as a medical expense when entering payments in CCVC.

Example: victim receiving counseling or psychiatric services, by a licensed medical or mental health provider, in order to determine correct prescription medication(s).

Medicinal Marijuana Policy

[Revised 7/1/2019] The Bureau Chief/Director must approve any requests for medicinal marijuana and, if approved, shall only be reimbursed up to \$3,000.00.

Required documents in order for this type of expense to be considered:

- A letter of recommendation from a licensed medical/mental health provider
- Department of Health issued medicinal marijuana license
- Itemized/dated receipts

Service Animals Policy

As defined by and in compliance with 28 CFR part 35.104, Service Animals may be considered for aiding disabilities that occur as a direct result of the criminal incident upon which a claim is based.

- The animal is a dog.
- The victim has a mental health or physical disability directly resulting from the criminal incident upon which the claim is based.
- The victim is actively engaged in mental health services provided by a licensed mental health practitioner providing services outlined in an approved CVRC Mental Health Treatment Plan form.
- The qualifying mental health or medical practitioner has provided in writing:
 1. The animal is necessary to the practitioner's approved course of treatment.
 2. The specific benefit(s) the animal provides to the course of treatment and the specific mental health or physical conditions or aspects the animal intends to assist or mitigate.
 3. Clearly defined or distinguished mitigating benefits the animal is intended to provide the victim beyond those of household pets or family companion-type animals.
- Only the reasonable cost of acquiring the animal may be covered. No coverage will be provided for food, vet care, supplies, or any other expenses related to the care or future care of the animal.

Boarding/Kenneling Policy

Victim(s)/claimant(s)' pet(s) may be considered if the expense is reasonable whereas the victim(s)/claimant(s)' were participating/engaged in/required to attend an event, court hearing, trial or medical appointment or procedure as a direct result of the incident. If the victim/claimant is in a shelter, boarding and kenneling expenses will be considered. Also, if a victim/claimant is displaced and unable to care for the pet, boarding and kenneling expenses will be considered.

Towing/Impound Fees Policy

Towing and impound fees, associated with the victimization may be considered for payment or reimbursement up to a max of \$500.00.