



**GOVERNOR'S OFFICE OF
CRIME PREVENTION, YOUTH,
AND VICTIM SERVICES**

**Criminal Injuries Compensation Board FY 2023
Annual Report**

§ 11-805(a)(8) of the Criminal Procedure Article; MSAR #11640

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Introduction

In accordance with § 11-805(a)(b) of the Md. Criminal Procedure Article, the Criminal Injuries Compensation Board (Board) must submit a report to the Governor, the Executive Director of the Governor's Office of Crime Prevention, Youth, and Victim Services (Office), and the General Assembly by November 1 of each year, as it relates to its activities.

Pursuant to its charge, this *Criminal Injuries Compensation Board FY 2023 Annual Report* includes information regarding the activities of the Board, as well as the financial assistance it provides to crime victims who have suffered compensable injuries or loss in the aftermath of criminal victimization. It also provides a follow-up to several reports, available on the Office's website at <https://goccp.maryland.gov/reports-and-publications/>, that were submitted in prior years.

It is important to note that even though the statute requires the Board to fulfill specific duties to provide financial assistance to crime victims who have suffered compensable injuries or loss in the aftermath of a criminal victimization, the Office's operational staff performs the majority of the duties. For this reason, the *Criminal Injuries Compensation Board FY 2023 Annual Report* references the Office (also listed as agency) more frequently than the Board, given its role. For more information, please refer to the staffing concerns section of this report.

Background

Subject to the authority of the Executive Director of the Office, the Board is charged with the following powers and duties, as required by § 11-805(a) of the Md. Criminal Procedure Article:

1. To establish and maintain an office and to appoint and prescribe the duties of a claims examiner, a secretary, clerks, and any other employees and agents as may be necessary;
2. To adopt regulations to carry out the provisions and purposes of this subtitle, including procedures for the review and evaluation of claims and regulations for the approval of attorneys' fees for representation before the Board or before the court on judicial review;
3. To request from the State's Attorney, the Department of State Police, or county or municipal police departments any investigation and information that will help the Board to determine:
 - a. Whether a crime or a delinquent act was committed or attempted; and
 - b. Whether and to what extent the victim or claimant was responsible for the victim's or claimant's own injury;
4. To hear and determine each claim for an award filed with the Board under this subtitle and to reinvestigate or reopen a case as the Board determines to be necessary;
5. To direct medical examination of victims;

6. To hold hearings, administer oaths, examine any person under oath, and issue subpoenas requiring the attendance and testimony of witnesses or requiring the production of documents of other evidence;
7. To take or cause to be taken affidavits or depositions within or outside the State; and
8. To submit each year to the Governor, to the Executive Director, and to the General Assembly a written report of the activities of the Board.

In 2019, §§ 11-811 and 11-813 of the Md. Criminal Procedure Article, which was established by Chapter 378 (House Bill 968), increased the maximum award allowance cap for certain claims, and altered the time frame in which a claimant must file a claim for compensation. Specifically, the increases were as follows:

- The maximum award cap for funeral expenses from up to \$5,000 to up to \$7,500;
- The maximum award cap for specified psychiatric, psychological, or mental health counseling from up to \$5,000 to up to \$10,000, with the maximum award cap for each claimant increasing from up to \$1,000 to up to \$10,000 and the maximum award cap for each incident increasing from up to \$5,000 to up to \$20,000; and
- The maximum amount of an emergency award cap from up to \$2,000 to up to \$5,000.

In addition, § 11-809 of the Md. Criminal Procedure Article generally requires a claimant to file a claim within three years after the later of: the discovery of the occurrence of the crime or delinquent act or the death of the victim; or the earlier of (1) the date the claimant discovered an attempt to obtain a reversal of a conviction, a sentence, or an adjudication for the crime or delinquent act or (2) the date the claimant, exercising ordinary diligence, should have discovered an attempt to obtain a reversal of a conviction, a sentence, or an adjudication for the crime or delinquent act.

Criminal Injuries Compensation Board

In accordance with § 11-805(a)(8) of the Md. Criminal Procedure Article, this *Criminal Injuries Compensation Board FY 2023 Annual Report* provides information relating to the Board's activities and efforts to provide financial assistance to crime victims who have suffered compensable injuries or loss in the aftermath of a criminal victimization. Through its mission, the Board serves to provide compensation to "victims and survivors of violent crime with offender-based revenues - not tax dollars"¹ - through the Criminal Injuries Compensation Fund (CICF). CICF includes a State special fund appropriation that is composed of fees levied throughout the criminal justice process and a federal match fund appropriation which is also composed of fees levied on offenders in the federal criminal justice system.

¹ The Urban Institute. (2003). [*Crime Victims Compensation in Maryland: Accomplishments and Strategies for the Future*](#).

Administration

Under the authority of the Executive Director of the Office, Board Members are appointed to review disputed claims and to make decisions regarding whether to award or deny a request for compensation. The Board also employs staff to process requests for compensation under the direction of the Office's Director of Victim Compensation and Direct Services. To fulfill its charge under § 11-805(a) of the Md. Criminal Procedure Article, the Board created three units, to include the following positions:

- Leadership Team
 - Director of Victim Compensation and Direct Services²
 - Deputy Director of Victim Compensation
 - Financial Manager
 - Claims Administrator
- Claims Processing and Examination
 - Claims Examiners³
 - Claims Processors
- Victim Services
 - Victim Services Coordinator⁴ (Vacant)
 - Victim Services Intern (Vacant)

Through its mission and goal, the Claims Examination unit strives to provide resources for each eligible crime victim. Resources may include awarding CICF funds to eligible victims or a referral to other resources for those who do not meet the CICF eligibility requirements. In order to provide the most appropriate resource(s) to crime victims, the Claims Examination unit conducts a thorough review of each claim, based on the following process:

- Receive applications for compensation;
- Communicate with the victim and claimant about the claims process;
- Efficiently process the claim for compensation so that the claimant receives the compensation award in the most expedient manner possible;
- Provide referrals to other programs for financial reimbursement if they are found ineligible for compensations through CICF; and
- Process the claim award for payment through the Office.⁵

The Board also enforces its statutory position as 'Payer of Last Resort.' As a result, claimants are asked to provide documentation of denial from other reimbursable sources before the Board

² Due to limited staff, the Leadership Team assists staff in the office.

³ It is important to note that three of the seven positions were vacant in FY 2023.

⁴ During October 2022, this position became vacant as the former incumbent was promoted to the role of Claims Administrator.

⁵ Chapter 11, Acts of 2020 changed the payment process for claim award, from the Governor's Office of Financial Administration to the Governor's Office of Crime Prevention, Youth, and Victim Services.

begins the claims examination process. Additionally, the Board awards claims on a priority basis to individual crime victims, vendors, as well as small businesses.

To further ensure the financial well-being of crime victims, the Board provides one-on-one assistance through its Victim Services Coordinator (Coordinator). The Coordinator strives to ensure that crime victims are informed of all of their rights and receive the aid and assistance they are entitled to through the compensation process. To address this, the Coordinator works with the Claims Examination unit to ensure victims are restored financially through CICF or another source of reimbursement, and assists victims during reconsideration hearings. The Coordinator also provides outreach to community and criminal justice-based allied professionals, assists victims and claimants through the compensation appeals process, and provides continuing education on emerging victim-related issues to the Board. Qualifications and Limitations.

- **Eligible Expenses** ([Md. Code Ann., Criminal Procedure § 11-810](#). Conditions for awards on claims.)
 1. Medical/dental expenses related to a physical injury
 2. Psychological injury/mental health/counseling
 3. Loss of earnings which are directly related to the victim's inability to work following the crime or the victim/claimant's principal financial supporter being unable to work
 4. Total/partial, permanent/temporary disability
 5. Funeral related expenses in the case of a homicide
 6. Loss of support or dependency, when a homicide victim (decedent) or an incarcerated individual was providing principal support to the claimant (a surviving spouse or child of a person; or a person who is dependent on another person for principal support)
 7. Bereavement leave
 8. Crime scene cleanup
 9. Other expenses as approved by the Board

- **Eligible Crimes.** Compensable Crime Categories for the Board as outlined by the Office for Victims of Crime (OVC) are:
 1. Arson
 2. Assault (**includes multiple 'assault' types**)
 3. Burglary
 4. Child physical abuse/neglect
 5. Child sexual abuse
 6. DWI/DUI (roadway/waterways)
 7. Homicide
 8. Human trafficking
 9. Kidnapping

10. Other vehicular crimes
 11. Robbery
 12. Sexual assault (**includes ‘rape’ and ‘other than rape’**)
 13. Stalking
 14. Terrorism
- **Eligible Victimization.** Each Compensable Crime Category may be affixed with a specific victimization type:
 1. Bullying
 2. Domestic and family violence
 3. Elder abuse/neglect
 4. Hate crimes
 5. Mass violence
 - **Eligible Claimants** ([Md. Code Ann., Criminal Procedure § 11-808](#). Eligibility for awards.)
 1. Person who suffers physical and/or psychological injury as a result of a crime or delinquent act, or immediate family member who witnesses a felony against the immediate family member;
 2. Surviving spouse or child of a homicide victim in which the homicide victim either resided with the spouse and/or child(ren), or provided support for the spouse and/or child(ren);
 3. Person who assumed responsibility for the funeral expenses of a homicide victim;
 4. Person who was dependent on the homicide victim (decedent) for principal support;
 5. Person who was dependent upon the perpetrator of violence for principal support and the perpetrator is subsequently incarcerated for the crime; and
 6. Person who suffers injury while trying to prevent a crime, apprehend a suspect, or assist law enforcement in the course of law enforcement’s official duties.
 - **Ineligible Claimants** (Those claims denied due to substantive and technical decisions.)

Substantive Denials

- **Contributory Conduct**
 - Contributory conduct is established pursuant to [Md. Code Ann., Criminal Procedure Article § 11-810\(d\)\(1\)\(i\)](#). Contributory conduct refers to claims where the victim’s actions were deemed illegal/improper at the time of the incident, as provided by documents from law enforcement, states attorneys offices, court systems, or any State or federal regulatory authority. This broad category is further defined as follows:

- Those victims were engaging in criminal activity at the time of the incident;
 - Those who provoked or failed to avoid confrontation at the time of the incident; and
 - Those who were committing a criminal act at the time of the incident.
 - Under this subsection, the Board is required to determine whether a victim's conduct contributed to the victim's injury, and if so to reduce or reject the claim. To determine that a victim's conduct contributed to the infliction of his/her injury, the following must be true:
 - The victim was committing a criminal act, or doing something substantially wrong (not just morally wrong or offensive).
 - The victim's conduct was the proximate cause of his/her injury. In order for a victim's action to be the proximate cause of his/her injury, the two must be related closely enough through the chain of causation that the act is considered foreseeable, and the sufficient cause of the harm.
 - There is evidence, not just speculation, that the victim's conduct caused the injury to occur.
 - A finding of contributory misconduct may be based on:
 - Police reports
 - Claimant/victims' statements
 - Interviews with police investigators or related staff
 - In addition, claims examiners may make use of any other source unless specifically prohibited from doing so.
 - Upon determining that the victim's conduct contributed to the injury, the Claims Examiner will:
 - Draft a denial decision, along with corroborating documentation to the Board.
 - Draft a memorandum seeking guidance when a case presents as complex.
 - The Board will decide whether the claim should be denied or reduced.
- **Failure to Cooperate**
 - Failure to cooperate is established pursuant to Md. Code Ann., Criminal Procedure Article § 11-810(a)(1)(iv). Failure to cooperate refers to claims where the victim has failed to cooperate with law enforcement, victim/witness coordinator, or other official required by program, etc. The Board may only make an award if it finds that the victim has cooperated fully with all law enforcement units.

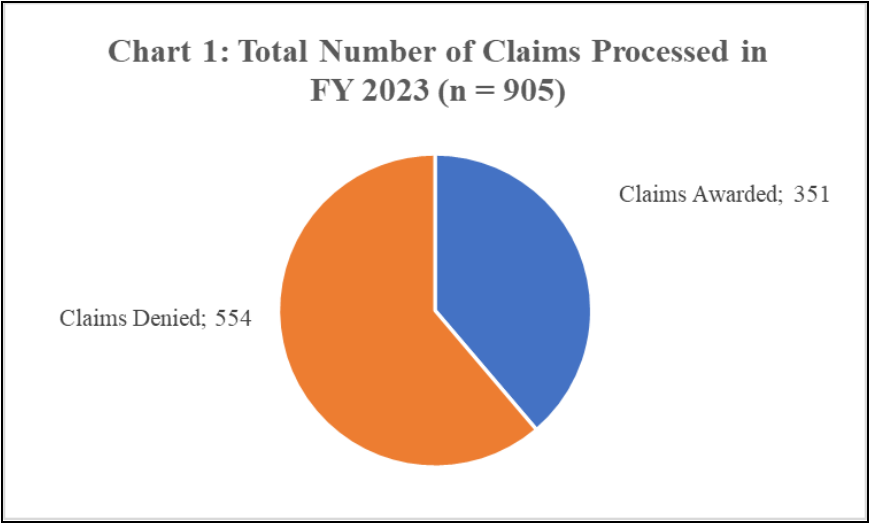
Technical Denials

- Application not filed within time limit

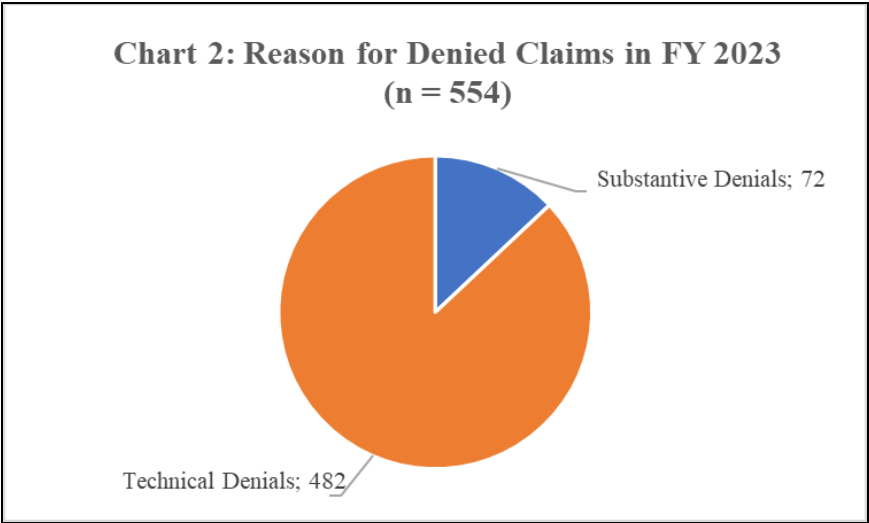
- Filed after deadline
- Failure to report to police
 - Not reported to police
 - Reported to police after deadline
- Incomplete information
 - Failure to provide information (show cause order of dismissal)
 - Unable to contact applicant
- Ineligible crime
 - No crime
 - Request not compensable or allowed by policy
 - Property damage only
 - Accident
- Ineligible application
 - No economic loss/no expenses to consider
 - Expenses not related to victimization
 - Expenses do not meet minimum loss
 - Expenses already reimbursed by insurance, Medicaid, or other collateral source
 - Applicant failed to use collateral payment source
 - Maximum benefit has been paid
 - Incident occurred outside of state/jurisdiction
 - Applicant is not an eligible party
 - Applicant is incarcerated, on probation or parole, or has a prior felony conviction
 - Applicant is deceased
 - Applicant owes restitution or child support
 - Duplicate application
 - Unjust enrichment

Activities of the Board

Between July 1, 2022 and June 30, 2023, the Board received a total of 1,062 applications for new claims. From this total, 85.2% (n = 905) were processed which resulted in 351 awards and 554 denials (*as shown in **Chart 1***). All awarded claims met the statutory and programmatic requirements. For more information, please refer to [Appendix A: Financial Summary](#).

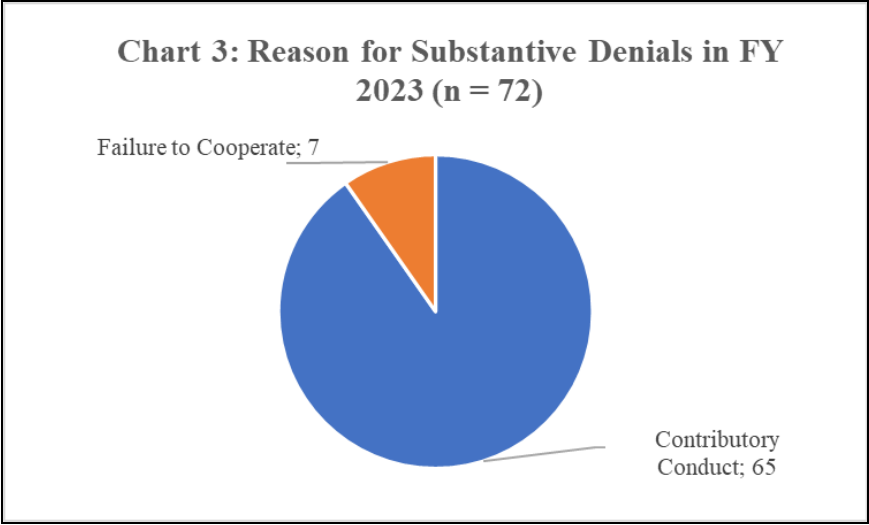


Of the 554 denied claims, 72 consisted of substantive denials and 482 consisted of technical denials (as shown in **Chart 2**). Based on the 72 substantive denials - claims that did not meet the statutory and/or programmatic requirements - 65 resulted from *contributory conduct*⁶ and seven resulted from *failure to cooperate*⁷ (as shown in **Chart 3**).

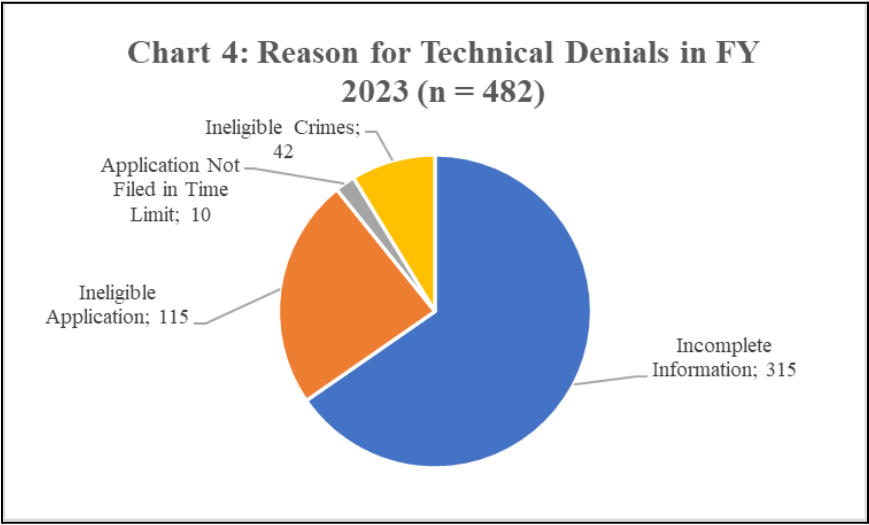


⁶ Contributory conduct refers to claims where the victim’s actions were deemed illegal/improper at the time of the incident, as provided by documents from law enforcement, states attorneys offices, court systems, or any State or federal regulatory authority. This broad category is further defined as follows: (1) those victims were engaging in illegal conduct at the time of the incident; (2) those who provoked or failed to avoid confrontation at the time of the incident; and (3) those who were committing an illegal act at the time of the incident.

⁷ Failure to cooperate refers to claims where the victim failed to cooperate with law enforcement at the time of the incident.



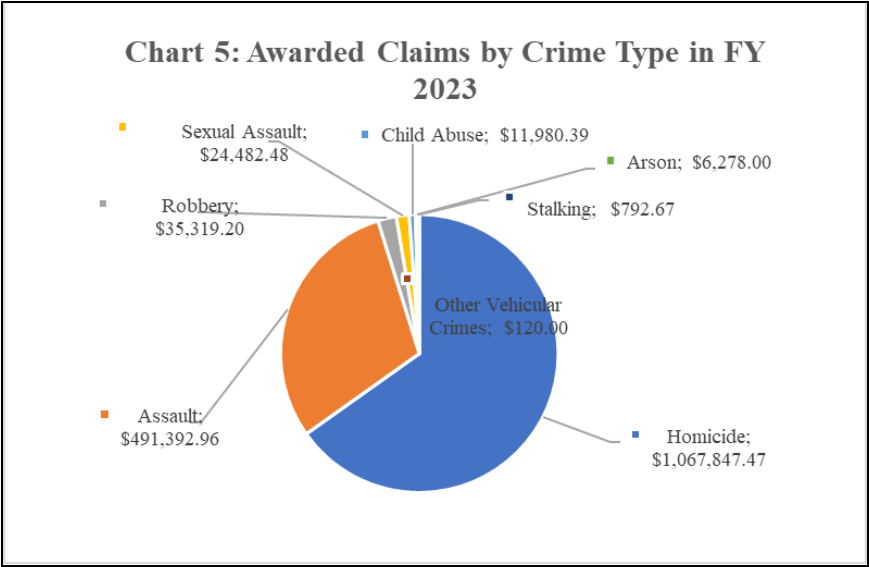
Of the 482 technical denials,⁸ 315 resulted from incomplete information, 115 resulted from an ineligible application, 42 resulted from ineligible crimes, and 10 resulted from an application that was not filed within the time limit (*as shown in Chart 4*).



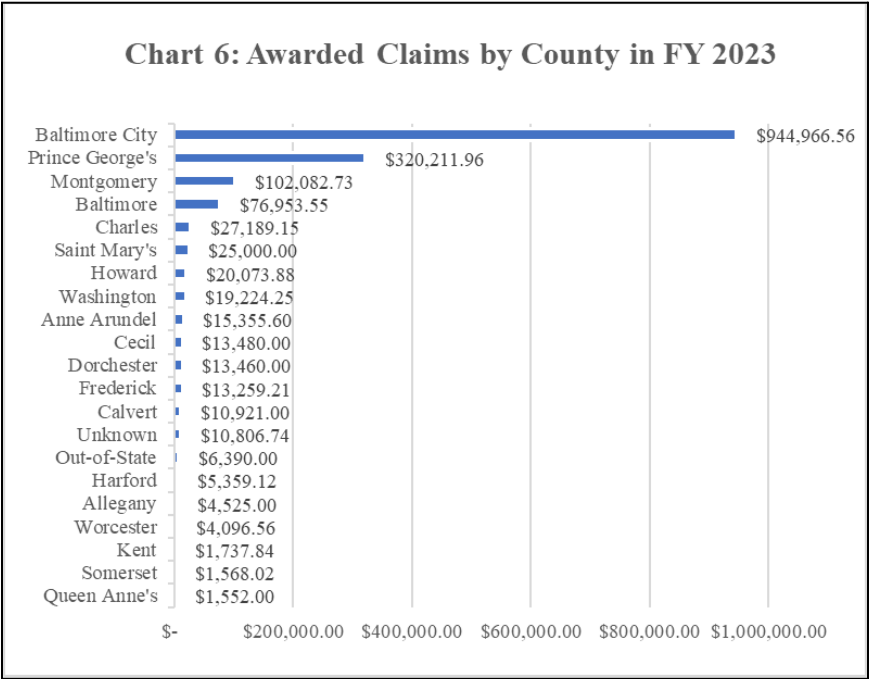
Financial Assistance to Crime Victims

As illustrated in **Chart 5**, the majority of claims paid by crime category consisted of homicide, followed by assault, robbery, sexual assault, child abuse, arson, stalking, and other vehicular crimes.

⁸ Technical denials are federally defined as denials yet programmatically defined as incomplete or ineligible claims deemed as denial due to incomplete information or ineligible applications. In short, the claim would never be viable and could not be deemed an award. Please refer to [Appendix A: Financial Summary](#) to view this broad category which encompasses a number of subcategories.



Of the \$1,638,213.18 in paid claims, 57.7% were paid to Baltimore City, followed by 19.6% to Prince George’s County (as shown in **Chart 6**). For more information, please refer to [Appendix B: County Compensation Report](#).



Agency Operations

Claims Processing

The following information includes the claims process, from the initial application process to the claim payment status.

How Applications are Received

- Claims are submitted to the Board in the following ways:
 - Email to the dedicated agency email: cicb.info@maryland.gov
 - U.S. Postal Service mail service
 - In-person delivery by a crime victim/claimant or stakeholder

Initial Steps

The initial steps in claim processing include the following:

- The front end or initial staff are ***Claims Processors***. They complete the initial phase of the claims progression through the agency.
- The *front end or initial process* consists of the following:
 - All applications must be triaged for sufficiency, date stamped, and scanned with any accompanying documents into the agency's database. ***Please note that this can range from a few pages to several hundred pages. This can generally be attributed to large volumes of medical, counseling, lost wages, disability or loss of support documentation, or an extensive police report involving numerous parties.***
 - The Claims Processors send the following documents to each claimant, advocate, attorney, law enforcement, and any other legal party prior to the claim being assigned to an examiner:
 - Introduction letter (claim number, assigned Claims Examiner and their contact information, agency's telephone number, agency's email address, and Victim Services Coordinator's contact information)
 - Police report request or other corroborating law enforcement report
 - Missing information letter requesting information that is missing or incorrect regarding the technical elements of the claim (missing demographic information, lack of signatures, no crime information, no reimbursement category indicated, etc.)
 - Debt cessation letter which is sent to applicants to be used to present to all creditors detailing that it is illegal to threaten or harass a victim for payment or pursue any legal action against the victim pursuant to Criminal Procedure Article § 11-809(c) to include a separate page with the statute as proof.
 - After the documents have been scanned into the database, they are electronically attached to the application, physical claim folders are created, and workloads are assigned to a Claims Examiner.
- The Claims Processor also completes '*back end*' or '*final stages*' of the claims process which includes emailing and mailing the official decision and collecting all W-9s for Award status claimants and all vendors paid by the Office. ***Please note that this is an***

arduous process due to a high number of claimants that change addresses without notifying the agency. Additionally, medical providers have numerous subsidiaries and each one can have a different Employer Identification Number, making it necessary for the Claims Processor to track down the correct number which is required by the State of Maryland's Comptroller's Office. The Claims Processors could potentially be re-routed numerous times prior to locating the correct provider. In addition, the time waiting for a representative to answer can take up to an hour per call depending on whether the information is stored on-site or outsourced to a third party. The payment of the claim cannot be completed without the correct W-9 per the State of Maryland's Comptroller Office's requirements.

- The Claims Processors also answer the telephones for all incoming calls and must initiate and return telephone calls from claimants, advocates, attorneys, law enforcement, and other stakeholders.
- After the initial intake process, the claim is assigned to the Claims Examiner to perform the next phase of claim processing. *Please note that the Claims Processors continue to receive documents throughout the life of the claim and must complete this process not only on new claims but existing ones as well. This can encompass a few pages to hundreds of pages depending on the type of claim.*

Face-to-Face Interactions

Between July 1, 2022 and June 30, 2023, the agency served **337 walk-in victims**, claimants, and stakeholders which consisted of 119 completing applications and 218 individuals delivering or completing additional documents or needing other related assistance. **The agency provides in-person services to victims, claimants, stakeholders, and the public every Tuesday and Thursday, from 10:00 a.m. to 3:00 p.m. The Office is closed to the public on Wednesdays to conduct hearings and address vital administrative functions.** This service is provided to assist with application completion, documentation submission, and the collection of brochures by victim services entities, attorneys, and other stakeholders to assist claimants. Office staff assist with walk-ins which may take anywhere from 15 minutes to more than two hours. This huge span of time depends on (1) complexity of the claim, (2) number of claimants/victims that require assistance, (3) literacy level of the claimant, (4) if the individual speaks English as a second language, and (5) emotional outpouring regarding the crime and the circumstances surrounding it.

Correspondence and Communication

The *Claims Processors* are responsible for responding to emails from victims, claimants, stakeholders, and the public. Through its dedicated email address, cicb.info@maryland.gov, the agency responded to over **4,000 emails** in FY 2023, which consisted of approximately 80 emails per week. It is important to note that this total does not include emails directed to staff through individual state-designated emails.

The *Claims Processors* respond to telephone calls from victims, claimants, stakeholders, and the public on weekdays, with the exception of Wednesday. Although responses only occur four days per week, the agency received **nearly 8,000 telephone calls** in FY 2023. It is important to note that this total includes incoming telephone calls, outgoing telephone calls, and returned telephone calls left on the agency's voicemail system. Furthermore, this total does not include telephone calls directed to staff through individual telephone lines.

Claims Examination Process

Claims Examiners (now known as Victim Compensation Analysts)

- The heart of the claim is examined and assessed by the *Claims Examiner*. They gather all relevant information and provide an official recommendation to the five-member Governor-Appointed Board for their review and the rendering of a decision.
- After receiving the assigned claim from the claims processor, the Claims Examiner reviews the application and any accompanying information submitted to the agency to ascertain where to begin, based on the information provided by both the claimant and related stakeholders.
- If the application and accompanying documents are sufficient, the Claims Examiner will generally only need law enforcement or other corroborating agency documentation to complete the claims review and examination process and send it to the Board. *This is extremely rare*. Generally, the Claims Examiner will need additional information to complete the claims process.
- If additional information is needed, the Claims Examiner will send a missing information letter to the claimant and any listed parties (advocate, attorney, personal representative etc.). The letter will explain exactly what is needed to complete the claim. If the claimant has any questions or needs additional clarification, the Claims Examiner's contact information, as well as the agency's contact information is provided in the correspondence.
- One of the most important parts of the Claims Examiner's job is to verify all bills before making a recommendation to the Board to pay the bill(s). Each bill submitted must be verified and some claims have a substantial number of bills, generally pertaining to medical, counseling, lawyer fees, or employment-related due to extended time missed from work. ***Please note that some bills may have been paid or reduced at the time of the claim's completion, thus Claims Examiners must ensure that Bill Verification is performed as close in timing to the submission of a Decision sent to the Board. The agency must verify to confirm that there are no overpayments or underpayments of claims. This can be an extremely arduous task depending on how many documents are provided to the agency.***
- As the claim progresses, if necessary, the Claims Examiner will send another missing information letter requesting documents. ***Please note that while the agency's statute mandates two written attempts to secure documentation to process a claim, the Claims***

Examiner will generally exceed this. The agency encourages the use of email and will email claimants and stakeholders with both the written letters, as well as emails in the interim to ensure that every effort has been made to secure the required documents to process the claim.

- The results yielded as a result of sending out the missing information letter include:
 - No response at all
 - No response due to undeliverable mail (claimant has moved or incorrect mailing address)
 - No response due to claimant being incarcerated
 - Response but incorrect documentation submitted
 - Response but partial documentation submitted
 - Response with correct documentation submitted

If the claimant does not produce the documentation or provide a plausible explanation of why they are unable to do so, the Claims Examiner drafts a **Show Cause Order (SCO) (COMAR 12.01.01.05)**. The SCO is the agency's official administrative closure. This document outlines in detail all efforts made to gather the required documentation. The claimant has 15 days to respond and remit the requested documentation or demonstrate cause to keep the claim open based on an inability to produce the documents based on circumstances beyond their control. After 15 days, if they are unable to do so, the agency closes the claim. If the claimant responds to the SCO after the claim is closed, they may petition the Board to reopen the claim for good cause.

- If the Board deems the claim did not meet the threshold, based on information gathered and interpreted by the Claims Examiner, they will render a decision of denial. A claim will be placed in this category based on any of the aforementioned denial reasons (substantive or technical). *Please note that the Board will ask clarifying questions or request that the claimant be heard PRIOR to rendering a denial decision when they deem it necessary. This is done to ensure that every effort has been made to award the claim if possible. It is also done to provide another perspective to the adjudication process.*
- The claimant is mailed (emailed as well if there is a viable email address) a copy of the interim denial decision.
- If the claimant accepts the denial decision rendered by the Board, they will receive a final decision 15 days after the interim denial decision.
- There is no further action required on the claim. It is officially completed and awaiting the final stages.
- If the claimant does not accept the denial decision, they will have 15 days to request a reconsideration hearing, in writing. The Claims Administrator will record the request, confirm with the claimant that the request has been received, and place the claimant on the list to be contacted for a reconsideration hearing.

- The Claims Administrator will contact the claimant and all parties involved (attorneys, advocates, law enforcement, related parties, or any other relevant parties) when scheduling the reconsideration hearing.
- After the reconsideration hearing, the Board will immediately deliberate. Sometimes the Board can render a decision immediately, other times they will request additional information to gain a clearer understanding of the nuances of the claim.
- If the Board needs additional information, a letter will be sent to all parties and there is a 30 day timeframe to remit new documentation. The claimant can request additional time if the documents cannot be collected within the allotted time.
- If the Board deliberates and has an immediate response, this decision will be mailed out to the claimant.
- If the Board decides that the original denial decision stands, the claimant will be mailed (emailed as well if there is a viable email) a final denial decision.
- If the Board decides to overturn the original denial decision, the claimant will be notified via mail (emailed as well if there is a viable email address) that their claim will now be awarded and will now follow the progression as a claim that has been awarded through normal progression.
- If the claimant is not satisfied with the final decision, they have 30 days from the date of the final decision to file an appeal with the circuit court within the county in which they reside.
- The circuit court may reverse the agency's decision, uphold the agency's decision, or remand it to the agency to address any concerns or clarify any issue (s) the court may have. If the decision is remanded to the agency, it must be addressed by the Board and remitted to the circuit court for a final ruling.

Claim Awards

The claim will be **awarded**, if it meets all of the elements of the requested claim category. **The Claim is sent to the Board for review:**

- If the Board deems that the claim has met all of the elements required for the benefit(s) sought by the claimant, the claim will be awarded.
- Once the Board awards the claim, the claimant will be sent an interim award letter of the decision outlining next steps.
- If the claimant is in agreement with the interim award decision, no further action is needed. A final decision will be issued after 15 days.
- If the claimant disagrees with the interim award decision, they have the right to petition for a reconsideration hearing (see Appeals Process Under Denial Decisions).
- During the interim award decision stage, the Claims Processors will contact the claimant and request a W-9 (IRS tax form) so that the claimant's award may be processed by the State of Maryland Comptroller's Office.

- After 15 days, the claim enters a final award status.
- Payment authorization documents are generated by the Financial Manager and the claim is audited for financial sufficiency.
- Once approved the awarded claim is submitted to the Office's Fiscal Division for final agency processing.
- The Office's Fiscal Division will send the final documentation to the General Accounting Division of the Comptroller's Office where a check is processed and mailed to the victim.

Supplemental Claims

In FY 2023, the Board received **80 supplemental claims**. Unlike most claims, supplemental claims - claims awarded to crime victims who were previously compensated by the agency - do not have a time limit. As long as the claimant submits appropriate documentation pertaining to the nexus between the incident and documentation submitted for reimbursement, the claim may be compensated.

Reconsideration Hearings

At the request of claimants who do not agree with the decision rendered by the Board, the five-member Governor-appointed Board adjudicates claims through reconsideration hearings. Following this process, and if a claimant does not agree with the reconsideration decision, they may file a claim with the circuit court of the county in which they reside. In FY 2023, the Board adjudicated **39 claims** through Reconsideration hearings.

Circuit Court Hearings

If a claimant disagrees with the results of the adjudication process after being heard in a reconsideration hearing by the five-member Governor-Appointed Board, they have the right to appeal in the circuit court of the county in which they reside to achieve a final resolution. The Claims Administrator and an assigned Claims Examiner is responsible for compiling the complete file for the assigned attorney from the Attorney General's office, the circuit court, victim/claimant's attorney, and victim/claimant if requested. In FY 2023, the Board compiled information to complete the files for **8 circuit court hearings**.

Pre-Consideration Hearings (NEW)

Effective October 1, 2023, the agency will hold hearings pertaining to any potential substantive denial claim to clearly ascertain all pertinent facts prior to rendering any denial decision. The agency will make every effort to award a claim where possible. As a result, all claims involving *contributory or illegal conduct* will fall into this category to ensure claimants have the opportunity to be heard before a decision is rendered.

To provide a clear picture of a standard claim progression, please refer to the following case study.

STANDARD CASE EXAMPLE

- In this case, this victim's death was ruled a *homicide* as per the Death Certificate. The claimant was seeking the following benefits: **funeral/burial, bereavement leave, counseling, loss of support and crime scene clean up.**
- After receiving the application, the Claim Processor entered the application into the agency's database, along with accompanying documentation.
- The **Claims Processor** sent out the following letters to the claimant to start the claims process;
 - Introduction Letter: Letter assigning a claim number, the assigned claims. This includes the Claims Examiner's contact information, the agency's telephone number, the agency's email address, the victim service's coordinator's contact information, and insight that the Claims Examiner will follow-up if any additional information is needed.
 - Debt Cessation Letter: Letter sent to applicant to present to all creditors detailing that it is illegal to threaten or harass a victim for payment or pursue any legal action against the victim pursuant to [Md. Ann. Code, Criminal Procedure Article Section 11-809 \(c\)](#) to include a separate page with the statute as proof.
 - Request for Police Report:- Letter requesting a copy of the police report as mandated by [Md. Ann. Code, Criminal Procedure Article Section 11-807](#). **This was not possible due to the application not listing the police complaint number or other identifying police information.**
- **Potential barriers within this initial claims process:**
 - The application was missing pertinent demographic information, employment dates missed were not listed on the application, police complaint number/report number was missing, and the claimant did not sign the application.
 - Additionally, the application was filed by the victim's sister, who is not entitled to be the claimant. All reimbursable expenses were paid by the victim's mother. ***Please Note that the claimant is the individual who has been directly impacted by the crime and has reimbursable expenses. For example, social workers, victim advocates, agency staff, attorneys, or other stakeholders cannot complete applications in lieu of the claimant. They may assist them, but not act in their stead. This happens frequently and the agency has to request that the actual claimant complete a new application certifying that these are their words and statements attributed to them. This can add significant delay in the claim processing time.***
- The claim is now distributed to the **Claims Examiner**.

- Based on the compensation benefit categories listed above, the Claims Examiner mailed out an initial missing information letter requesting the following documents:
 - Required Funeral Related Documents
 - Funeral contract with the bill and receipt(s)
 - Cemetery contract with the bill and receipt(s)
 - Life Insurance Declaration Page (showing how much life insurance the claimant purchased for the victim. The agency has a \$25,000.00 maximum allowable in life insurance proceeds per [Md. Ann. Code, Criminal Procedure Section 11-811\(c\)\(3\)](#))
 - Death certificate as proof that the crime was ruled as a homicide
 - Any listing of charitable donations/go fund me/any other crowdfunding sources used to pay for the funeral or burial related expenses as per [Md. Ann. Code, Criminal Procedure Code Ann. § 11-811\(c\)\(2\)](#)
 - Required Bereavement Leave Documents
 - Paystubs for the 30 days prior to the injury
 - Employer's contact information
 - Employer questionnaire confirming dates and time off from work
 - Required Counseling Documents
 - Treatment plan from certified counseling provider
 - Itemized bill and receipts from the counselor
 - Required Loss of Support Documents Needed (*Proof of Residency and Support of Minor Child (ren)*)
 - Birth certificate of child (ren) related to the victim
 - *Proof of Residency* related to the victim (*at least two of the following*)
 1. Utility bill issued within the past 60 days
 2. Telephone bill
 3. Unexpired lease with the name of the victim as a lessee or permitted resident
 4. Unexpired sub-lease accompanied by the original unexpired lease
 5. State of Maryland property tax bill issued within the past 12 months
 6. Home security system bill issued within the last 60 days
 7. Unexpired homeowner's or renter's insurance policy
 8. Official mail issued within the last 60 days from any government agency
 9. Bank statement issued within the last 60 days
 10. Credit card statement issued within the last 60 days
 11. Student loan statement issued within the last 60 days
 12. Deed or settlement agreement
 13. Investment account statement issued within the last 60 days

14. Medical bills issued within the last 60 days

- *Proof of Financial Support (At least 1 of the Following)*

1. Unexpired lease or rental agreement with the name of the victim as the lessee or permitted resident
2. Tax return document of the victim or claimant denoting address of the dependents or dependents listed at another address
3. Child support legal documentation
4. Social security determination letter

- Crime Scene Clean Up

- Cleaning and Repair Bill and Receipt (s)

- **Potential barriers within this claims examination process:**

- Funeral contract with multiple payers must be sorted out to ascertain exactly who paid and how much was paid. ***Please note that crime victims are often upset when they are not reimbursed their full amount. If there are other payers, the claim must be prorated so that each party can receive a portion of the amount that they paid.***
- Receipts are illegible, incomplete, or unclear regarding who the receipt belongs to. Please note that the agency receives receipts with no business heading and simply stating “family” or “cash” in the payment line. This makes it difficult to confirm if the claimant is the actual or only payor.
- Difficulty in the verification of funeral or cemetery bills due to poor record keeping of funeral vendors.
- Ascertaining if there was life insurance. This is further complicated when claimants refuse to send the declaration page outlining who owns the policy and the amount of the policy. Please note that this is done to ensure that reimbursement is applicable and if the claimant is the party that owns the policy.
- Vendors not accepting the agency’s right to receive information to process the claim.
- Pending or inconclusive death certificates. The agency must wait on the medical examiner’s office to make an official ruling.
- Crowdfunding (Charitable contributions not paid for by the claimant therefore not reimbursable. The difficulty in ascertaining the owner and purpose of the crowdfunding source.)
- Bereavement (A major issue is getting employers to complete the employment questionnaire. Many employers misunderstand and feel that this is prelude to a potential lawsuit by the claimant. While other companies have large decentralized Human Resource divisions, it is hard to secure the requested information.)
- Counseling (Obtaining a treatment plan is critical to linking the treatment to the incident in question.)

- Claims Examiners experience obstacles when attempting to source critical documentation from federal and state entities, thereby increasing the claim processing time (e.g., Social Security Administration, Internal Revenue Service, Maryland Automobile Insurance Fund, Workers Compensation, Veteran Administration).

RESULT

- **After nine months the claim was Awarded. The claimant submitted requested documents, but it took well over eight months to do so. The claim was sent to the Board two weeks after all documents were submitted by the claimant.**

Resource Needs

There is a dire need for additional resources to ensure that all crime victims will continue to be served in the most efficient and effective manner (*as described in greater detail below*).

Budgetary Concerns

The federal Victims of Crime Act (VOCA) Compensation Allocation decreased since 2018 (*as illustrated below*).

Award Year	Award Amount
FY 2023	\$1,081,000
FY 2022	\$1,257,000
FY 2021	\$1,617,000
FY 2020	\$1,075,000
FY 2019	\$1,088,000
FY 2018	\$1,462,000

The State Court Costs Collections, which consist of designated special funds, also decreased.

Budget Shortfall Causations

1. Decrease in the federal and State allocations for the past four years.
2. Loss of revenue from a previously assigned traffic camera.
3. Decriminalization of marijuana resulting in significantly less prosecutions, thereby decreasing the collection of court fines and fees. This funding has been diverted to aid in providing services and treatment in the substance abuse arena.

Budget Shortfall Adverse Impacts

1. During the course of the year, funds are depleted and the agency is no longer able to provide compensation for eligible crime victims.

2. Dire understaffing makes it difficult to serve crime victims statewide efficiently and effectively.
3. Lack of funding has limited the Board's ability to purchase technology that would simplify and expedite claims processing that directly impacts crime victims.

Technology Upgrades

To serve crime victims more efficiently and effectively, the agency needs upgrades to its current database:

1. The current system is not web-based and requires staff to remote into their desktop, which is oftentimes unreliable and does not work.
2. The current system's capabilities does not allow for victims/claimants to submit applications, provide additional paperwork requested electronically, or check their claim status remotely.

Office Space

In the anticipation of hiring additional staff to serve crime victims more efficiently and effectively, the office space must be expanded to cover staff, Board members adjudicating claims, and space to meet with stakeholders and crime victims as it pertains to their claims. In the current location, the agency shares a suite with the Department of Public Safety's Inmate Grievance Office. There are only a few available offices which will be utilized once the agency fills its outstanding vacancies and its proposed positions. As the agency is the sole direct services component of the Office, it is imperative that a victim centered space for victims, claimants, and stakeholders be established to ensure that privacy, dignity, and respect are maintained for the citizens of Maryland. Currently, these direct-contact victim functions may only be conducted by temporarily displacing a staff member-from their office during the session with the claimant/victim/family/stakeholder.

Staffing Needs

In FY 2023, agency claims processing and victim services staff consisted of five Claims Examiners, two Claims Processors, and a vacancy for the Victim Services Outreach Coordinator position. In order to process claims in the most effective and efficient manner, the agency must increase the number of Claims Examiners, Claims Processors, Victim Outreach Coordinators, and newly created Bill Verification staff. Although the agency continues to prioritize processing claims quickly, there are challenges that hinder efforts to recruit viable candidates, based on the following reasons:

- Low job classifications which translate to low salaries.
- Lack of a full-time, full benefit status for some positions. The positions are contractual and do not provide the same benefits as a permanent full-time employee.

The lack of sufficient staff consequently produces adverse results for existing staff, to include:

- Burnout and vicarious trauma of staff due to the high volume of assigned claims.
- Time needed to train new staff.

Appendices

The timeframe for this *Criminal Injuries Compensation Board FY 2023 Annual Report* is consistent with the State's fiscal year, which begins on July 1 and ends on June 30 of the following year. The timeframe for State recipients of the Victims of Crime Act (VOCA) Victims Compensation Grant Program is based on the federal fiscal year, which begins on October 1 and ends on September 30 of the following year. Because of this, State recipients of such federal funds were required to submit an annual performance report to the Office for Victims of Crime by December 30 of the same year to comply with its requirements. Beginning in 2024, State recipients of the VOCA Compensation Grant Program will receive funding based on the State's fiscal year.

Appendix A: Financial Summary

The financial summary below identifies all claims, both awarded and denied, in FY 2023.⁹

U.S. Department of Justice Office of Justice Programs Office for Victims of Crime Washington, D.C. 20531		VICTIMS OF CRIME ACT VICTIM COMPENSATION GRANT PROGRAM Criminal Injuries Compensation Board	
REPORT TIMEFRAME			
July 1, 2022 through June 30, 2023			
STATES RECEIVING VOCA CRIME VICTIM COMPENSATION GRANT FUNDS ARE REQUIRED TO SUBMIT AN ANNUAL PERFORMANCE REPORT. THE REPORT COVERS THE FEDERAL FISCAL YEAR ENDING SEPTEMBER 30 AND IS DUE TO OVC BY DECEMBER 30 OF THE SAME YEAR.			
Section I	1. STATE:	Criminal Injuries Compensation Board	
	2. CONTACT NAME:	_____	
Section II	CLAIMS DATA		
	1. NUMBER OF NEW CLAIMS RECEIVED DURING REPORTING PERIOD		1,062
	2. NUMBER OF CLAIMS APPROVED AS ELIGIBLE		351
	a. Number of State Residents	350	
	b. Number of Non-Residents	1	
	c. Number approved for victims 17 and under	23	
	d. Number approved for victims 18-64	313	
	e. Number approved for victims 65 and older	8	
	3. NUMBER OF CLAIMS DENIED AS INELIGIBLE OR CLOSED		554
	Application not filed within time limit		10
	Filed after deadline	10	
	Contributory Misconduct		65
	Applicant is the offender	0	
	Provoked/failed to avoid confrontation	31	
	Victim committed illegal act	34	
	Failure to cooperate		7
	Failure to cooperate with law enforcement unit	7	
	Failure to Report to Police		0
	Not reported to police	0	
	Reported to police after deadline	0	
	Incomplete Information		315
	Unable to contact applicant	0	
	Failure to provide information (Show Cause Order)	315	
	Ineligible Application		115
	Expenses do not meet minimum loss	0	
	Applicant is deceased	0	
	Applicant failed to use collateral payment source	0	
	Applicant is incarcerated, on probation, or parole	0	
	Applicant is not an eligible party	2	
	Applicant owes restitution or child support	0	
	Expenses already reimbursed by insurance	0	
	Expenses not related to victimization	0	
	Incident occurred outside of state/jurisdiction	0	
	Maximum benefit has been paid	0	
	No economic loss/no expenses to consider	113	
	Unjust enrichment	0	
	Duplicate application	0	
	Ineligible Crime		42
	Crime not substantiated	0	
	No crime	42	
	Property damage only	0	
	Request not compensable or allowed by policy	0	
	Accident	0	
	Other		0
	Other	0	
	4. NUMBER OF FORENSIC SEXUAL ASSAULT EXAMINATION CLAIMS RECEIVED DURING THE REPORT PERIOD, IF SUCH CLAIMS ARE HANDLED THROUGH SEPARATE CLAIMS		0

⁹ Claims paid by crime category are unique (i.e. Payment Statistics by Crime Category), whereas claims paid by service (i.e. Expenses Paid by Service) can include payments into multiple service types per claim (i.e., a single claim carrying Mental Health, Funeral/Burial, and Crime Scene Clean-up benefits).

U.S. Department of Justice Office of Justice Programs Office for Victims of Crime Washington, D.C. 20531	VICTIMS OF CRIME ACT VICTIM COMPENSATION GRANT PROGRAM Criminal Injuries Compensation Board
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REPORT TIMEFRAME
 July 1, 2022 through June 30, 2023

STATES RECEIVING VOCA CRIME VICTIMS COMPENSATION GRANT FUNDS ARE REQUIRED TO SUBMIT AN ANNUAL PERFORMANCE REPORT. THE REPORT COVERS THE FEDERAL FISCAL YEAR ENDING SEPTEMBER 30 AND IS DUE TO OVC BY DECEMBER 31 OF THE SAME YEAR.

PAYMENT STATISTICS BY CRIME CATEGORY:			
	TYPE OF CRIME	a. NUMBER OF CLAIMS PAID DURING REPORTING PERIOD (Includes Column b)	b. NUMBER OF DOMESTIC VIOLENCE RELATED CLAIMS PAID DURING REPORTING PERIOD
Section III	1. ASSAULT	80	0
	2. HOMICIDE	218	0
	3. SEXUAL ASSAULT	10	0
	4. CHILD ABUSE (including sexual physical abuse)	4	
	5. DWI/DUI	0	
	6. OTHER VEHICULAR CRIMES	1	
	7. STALKING	1	0
	8. ROBBERY	7	0
	9. TERRORISM	0	
	10. KIDNAPPING	0	0
	11. ARSON	1	0
	12. OTHER	0	0
	13. TOTAL:	322	0

INDICATE TOTAL EXPENSES PAID BY SERVICE:			
		Clms	Prnts
Section IV	1. MEDICAL/DENTAL (Except Mental Health)	66	125
	2. MENTAL HEALTH (Include Mental Health Related Medications)	10	14
	3. ECONOMIC SUPPORT (Lost Wages, Loss of Support)	39	42
	4. FUNERAL/BURIAL (Include all Funeral Related Expenses)	212	227
	5. CRIME SCENE CLEAN-UP	4	4
	6. FORENSIC SEXUAL ASSAULT EXAMS	0	0
	7. OTHER (Please specify types of expenses and amounts paid)	27	27
	8. TOTAL:	358	439

Appendix B: County Compensation Report

The report below identifies the number of claims, payments, and the total amount paid for each county in FY 2023.

Criminal Injuries Compensation Board				
County Compensation Report				
All Payments (positive or negative) with Paid Date between 07/01/2022 - 06/30/2023				
County	No. Claims	No. Pmts	Total Paid	
Allegany	1	1	\$4,525.00	
Anne Arundel	8	12	\$15,355.60	
Baltimore	14	21	\$76,953.55	
Baltimore City	191	238	\$955,773.30	
Calvert	3	3	\$10,921.00	
Cecil	3	3	\$13,480.00	
Charles	6	7	\$27,189.15	
Dorchester	3	4	\$13,460.00	
Frederick	5	17	\$13,259.21	
Harford	2	2	\$5,359.12	
Howard	3	5	\$20,073.88	
Kent	1	2	\$1,737.84	
Montgomery	14	24	\$102,082.73	
Out-of-State	1	2	\$6,390.00	
Prince George's	58	88	\$320,211.96	
Queen Anne's	1	1	\$1,552.00	
Saint Mary's	1	1	\$25,000.00	
Somerset	1	2	\$1,568.02	
Washington	4	4	\$19,224.25	
Worcester	2	2	\$4,096.56	
	Totals	322	439	\$1,638,213.18

The chart below identifies all claims received in FY 2023, based on the type of submission (e.g., walk-ins, etc.).¹⁰ It is important to note that of the 337 walk-in victims, claimants, and stakeholders who were served during the reporting period, only new walk-in applications (n = 119) are reflected in the chart. For this reason, the remaining 218 walk-ins who received additional documents or other related assistance are not captured in the chart below.

Criminal Injuries Compensation Board					
Claims Received By County Report					
Includes all claims received between 07/01/2022 - 06/30/2023					
County	% of Total	# Claims	Standard	Walk-in	Electronic
<None Selected>	1.9%	21	9	4	8
Allegany	0.3%	3	2	0	1
Anne Arundel	4.5%	49	30	1	18
Baltimore	6.4%	69	32	12	25
Baltimore City	48.6%	524	266	92	166
Calvert	0.5%	5	3	0	2
Caroline	0.2%	2	1	0	1
Carroll	0.2%	2	2	0	0
Cecil	1.0%	11	6	0	5
Charles	1.3%	14	7	0	7
Dorchester	1.1%	12	4	0	8
Frederick	1.5%	16	8	0	8
Garrett	0.1%	1	0	0	1
Harford	1.4%	15	13	0	2
Howard	2.0%	22	10	0	12
Kent	0.1%	1	1	0	0
Montgomery	5.3%	57	27	3	27
Prince George's	19.2%	207	106	6	95
Queen Anne's	0.2%	2	1	0	1
Saint Mary's	0.2%	2	0	0	2
Somerset	0.4%	4	0	0	4
Talbot	0.6%	7	6	0	1
Washington	1.1%	12	7	0	5
Wicomico	0.6%	6	2	1	3
Worcester	1.4%	15	8	0	7
Total	100.0%	1,079	551	119	409
			51.1%	11.0%	37.9%

¹⁰ It is important to note that this report runs the location of the Victim/Claimant Residence, not the Crime County Location. Due to unknown Victim/Claimant address in FY 2023, 21 claims were not specified, and therefore listed as none selected.