



Mental Health Management for Compensation Programs

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Agenda

- Guiding Rules
- Functions of Mental Health Section
- Provider Relations
- Challenges
- Best Practices



Introductions

WHO? WHERE? WHAT?

Mental Health Payments

Fiscal Year	Payments	% of Total Payments
2015/16	\$20,813,301	40%
2016/17	\$18,927,909	36%
2017/18	\$18,046,842	32%
2018/19	\$18,438,484	30%

Mental Health Payments

FY 2018/19	Minor	Adult
Direct	\$7,432,017	\$7,698,599
Derivative	\$ 808,161	\$2,499,708



Billing Procedures for Providers

- Copy of license
- W-9 Form
- CMS 1500 Form

Why so easy?

Freedom of choice



Increase access



No contract with provider



Expedited Payment Process

- Rules Engine
 - Automated
 - Application & bill data points
 - 60% of bills paid

Governing Rules

Statute

Regulation

Mental Health Guidelines

- Board approves
- Filed with Secretary of State

Statute: Mental Health Benefit Amount

- **\$10,000**

- Direct Victims
- Survivors
- Good Samaritans
- Parent Caretakers

- **\$5,000**

- Derivative Victims
- Minor Witness

Regulations: Who can be paid

Psychiatrist

Psychologist

Psychologist Assistant

Licensed & Associate Clinical Social Worker

Licensed & Associate Marriage and Family
Therapist

CCR 649.29

Mental Health Guidelines

Service Definition

Authorized Services

Session limits

Documentation requirements

Additional session requirements

Allowable Services

Outpatient Therapy

- Individual
- Family
- Group

Case management

Telehealth

Additional Services

- Complementary and alternative treatments for emotional health
- Intensive Outpatient
- Inpatient
- Psychiatric
- Residential



Initial Session Limits

40 Sessions

- Direct victims
- Survivors of deceased victims

30 Sessions

- Minor derivatives
- Minor Witness

15 Sessions

- Adult Derivatives
- Post-crime caretakers

Requests for Additional Sessions

Additional Treatment Plan

- Related to the crime
- Severity of the crime
- Progress of treatment

Reviewed by staff

- Streamline process

Meet MHG requirements



Mental Health Section Responsibilities

- Determination on mental health benefits
- Clinical reviews
- Monitoring CAPs
- Provider Liaison
- Provider Forums
- Provider Evaluation Team

Clinical Reviews



Authority for Oversight

- Government Code: §13957(a)(2)
 - Requires CalVCB verify that mental health treatment is necessary as a direct result of the crime
- Regulation: § 649.28
 - Ensure CalVCB reimbursement is in statutory and regulatory compliance
 - Providers required to make records available up to three years

Selecting Providers for Clinical Review

Fraud Hotline

Provider Evaluation Team

Data Driven

- Large billing
- Billing excessive hours in a day
- Questionable documentation

Review of Documentation

Treatment plans

Session notes

Billing forms

Consent for treatment

Proof of confidentiality discussion

Articles of incorporation

Outcome & Determination



Corrective Actions

- Signed logs for each DOS
- Revise session note templates
- Take eLearning
- Attend Provider Forums

Training and Support for Mental Health Staff

Trauma-informed workshops

Procedural training

Case Study Meetings

Consultation with LCSW

Provider Relations

Staff Liaisons

Provider Ombudsman

Provider Forums

- Billing Procedures
- Documentation
- Q&A

eLearning Course

Eligibility

Benefits

Session limits

Billing
procedures

Evidenced-
based
practice

Clinical
Reviews

Resources

Trauma-
informed care

Overcoming Challenges

Updating policies & forms

Changes in the field

Consistent Determinations

Collaboration

Best Practices

Triage work

Cross functional team

Quality assurance

Forums and eLearning

CalVCB
Online
Access

Application number & status

Bill status

Payment history

Correspondence history

Bill submission

Document upload



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Thank You!



Mental Health Management for Compensation Programs

Handouts & Resources

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- CalVCB Additional Treatment Plan - Pages 21-25
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- Mental Health Benefits Resources - Page 29
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**California Victim Compensation Board
Service Limitations**

**Mental Health and Counseling Expenses
Government Code §13957.2(a)**

Effective January 1, 2017

Reimbursement of outpatient mental health and counseling expenses by the California Victim Compensation Board (Board) is based on the definitions, session limitations, documentation requirements and other criteria guidelines (guidelines) set forth below.

These guidelines are subject to the maximum reimbursement provisions of Government Code §13957 and other statutes governing the administration of the Board codified by Government Code §13900 et seq.

Section I. Session Definitions

- a) An individual mental health counseling session lasting less than 45 minutes is one-half session.
- b) An individual mental health counseling session lasting 45 to 74 minutes is one session.
- c) An individual mental health counseling session lasting 75-104 minutes is one and one-half sessions.
- d) An individual mental health counseling session lasting 105-120 minutes is two sessions.
- e) One group mental health counseling session is the equivalent of one-half of an individual mental health counseling session of the same length.
- f) Case management is a service that assists claimant's access to needed medical, educational, social, prevocational, rehabilitative, or other community services. The service activities may include, but are not limited to, communication, referral and coordination.
- g) Telehealth is delivering mental health treatment via communication technologies while the patient is at the originating site and the mental health provider is at a distant site. Services provided via telehealth modality must meet the statutory and regulatory requirements established by the licensing board overseeing the treating mental health provider.

Section II. Initial Session Limits

- a) Direct Victims: An eligible victim may be reimbursed for up to 40 initial mental health counseling sessions. The Board may reimburse up to 5 case management sessions, which will not be counted as part of the mental health session limit. The Board may reimburse up to five (5) telehealth therapy sessions, which will be counted as part of the mental session limit.

- b) Derivative Victims/Minor Witnesses/Good Samaritans: An eligible derivative victim, minor witness or Good Samaritan may be reimbursed under these guidelines for the number of initial sessions set forth in one of the categories that follow. A derivative victim eligible in more than one category may use only the most favorable category. The Board may reimburse up to 5 case management sessions for claimants, which will not be counted as part of the mental health session limit. The Board may reimburse up to five (5) telehealth therapy sessions, which will be counted as part of the mental session limit.
 - 1) An adult derivative victim may receive up to 15 mental health counseling sessions.
 - 2) A minor derivative victim, or minor witness, or Good Samaritan may receive up to 30 mental health counseling sessions.
 - 3) Each derivative victim who is the direct victim's primary caretaker at the time of the crime may receive up to 30 mental health counseling sessions, for up to two primary caretakers.
 - 4) Each derivative victim who is a post-crime primary caretaker may receive up to 15 mental health sessions for up to two post-crime primary caretakers. The initial sessions must be for benefit of the direct victim pursuant to Government Code §13957(a)(2)(B)(i).
 - 5) If the qualifying crime resulted in the death of the victim, a surviving parent, sibling, child, spouse, fiancé, fiancée, grandparent, grandchild, or registered domestic partner as defined in Family Code §297, may receive up to 40 mental health counseling sessions.

Section III. Documentation Requirements for Initial Sessions

- a) Reimbursement of the initial sessions described in Section II is subject to the following documentation requirements:
 - 1) A victim, derivative victim, minor witness or Good Samaritan who is eligible for outpatient mental health counseling expenses may be reimbursed for the service provider's first three mental health

counseling sessions within the session limit without completion of a Treatment Plan.

- 2) Reimbursement of mental health counseling sessions beyond the first three sessions requires the treating therapist to complete a Treatment Plan before the fourth session; and
- 3) The Treatment Plan may be kept in the victim's or derivative victim's file, but must be submitted to the Board in the following circumstances:
 - A) Upon the Board's request; or
 - B) If the treatment is less than 100% related to the qualifying crime; or
 - C) At the time of the Additional Treatment Plan submission; or
 - D) There was a delay in treatment of three years or break in treatment over one year; or
 - E) If the claimant is the post-crime primary caretaker.
- 4) The Treatment Plan shall include the following:
 - A) A description of the crime for which the victim, derivative victim, minor witness, or Good Samaritan is receiving treatment;
 - B) Reason(s) therapeutic intervention is needed if the victimization occurred more than three years ago or there was a break in treatment of more than one year;
 - C) A description of the claimant's diagnosis and specifiers as described in the most recently published version of the *Diagnostic and Statistical Manual of Mental Health Disorders* (DSM) and other conditions that may be the focus of clinical attention;
 - D) A description of presenting symptoms/behaviors and treatment goals;
 - E) Administration of the Level 1 Cross-Cutting Symptom Measure as described in the most recently published version of the DSM;
 - F) A description of the means by which progress will be measured;
 - G) A description of factors that may adversely affect treatment progress;

- H) An explanation of the claimant's involvement with the legal system in regards to the crime and information on the perpetrator's release from custody and/or contact with the claimant, if applicable;
- I) If the claimant is a post-crime caretaker (e.g. foster parent, relative caretaker), a list and description of the therapeutic interventions for the claimant that are aimed at alleviating the direct victim's symptoms; and
- J) A declaration of the percentage of the treatment that is necessary as a direct result of the qualifying crime.

Section IV. Documentation Requirements for Additional Treatment

- a) Requests for reimbursement beyond those described in Section II require submission of an Additional Treatment Plan and approval of additional treatment by the Board. The initial Treatment Plan must be submitted with the Additional Treatment Plan if the service provider is the continuing therapist. The Additional Treatment Plan should not be completed before the claimant is within eight (8) sessions from reaching his or her authorized session limit and must be submitted within 90 days after the date a bill for sessions that exhaust the authorized session limit is received by the Board. If the Additional Treatment Plan and Treatment Plan are not submitted within the 90 day timeframe, bills for all dates of service that exceed the authorized session limit will be returned and will not be considered for payment. However, bills for dates of service provided after the Additional Treatment Plan and Treatment Plan are received may be considered for payment, subject to approval of the Additional Treatment Plan. If there is a change of therapists within the same provider organization, the succeeding therapist is not considered a new provider and must assess the claimant's therapeutic progress since treatment began with the organization.
- 1) The Additional Treatment Plan shall include:
 - A) An update on all information required by Section III, subsection (a)(4); and
 - B) The treating therapist's rating and explanation of the claimant's therapeutic progress in relation to the diagnosis and treatment goals, and other progress measurements identified in the initial Treatment Plan; and
 - C) If the claimant is a derivative victim of a surviving direct victim, a list and description of the therapeutic interventions for the claimant that are aimed at alleviating the direct victim's symptoms.

- b) The Board may require the submission of any other information required to determine whether the treatment will best aid the victim, derivative victim, minor witness, or Good Samaritan and is necessary as a direct result of the qualifying crime including, but not limited to, legible session notes pursuant to California Code of Regulations § 649.7(b)(1).
- c) The Board shall not reimburse additional outpatient mental health counseling sessions unless the requirements of Section V, VI VII, or VIII are met; or, in the Board's sole discretion, it determines that additional treatment will best aid the victim, derivative victim, minor witness, or Good Samaritan and is necessary as a direct result of the qualifying crime.
- d) When evaluating a request for additional sessions, objective assessment measures with demonstrated reliability and validity in peer review literature will be given significant weight.
- e) When evaluating a request for additional treatment, independent corroborative information may be given significant weight.
- f) Notwithstanding Section V, subsections (b)(3) and (d)(2), Section VI, subsections (a)(3) and (c)(2), Section VII, subsections (a)(2) and (b), and Section VIII, subsections (a)(2) and (b), if inadequate progress has been shown in treatment, the Board may, in its sole discretion, authorize additional treatment with a different treatment modality, method, or provider.
- g) Reimbursement made in excess of the limits in Government Code § 13957(a)(2)(A) or (B) must comply with this section and must be based on a finding that dire or exceptional circumstances require more extensive treatment.

Section V. Additional Sessions for Direct Victims

- a) Reimbursement for additional mental health counseling sessions for a victim beyond those identified in Section II may be approved if an Additional Treatment Plan is submitted and the circumstances of the application that demonstrate the need for additional treatment meets the criteria listed in subsections (b) and (c) below.
- b) Additional sessions for an adult victim may be approved if all of the following criteria are met:
 - 1) At least one of the following factors is present:
 - A) The qualifying crime resulted in permanent and substantial disfigurement; or

- B) The qualifying crime is a sexual assault offense involving conduct described in Penal Code §11165.1(b)(1), (2) or (3); or
 - C) The qualifying crime constituted a plausible and credible threat of serious harm to bodily integrity; or
 - D) The qualifying crime resulted in serious bodily injury as defined in Penal Code § 243(f)(4); or
 - E) The victim is scheduled to testify as a witness in any criminal or dependency proceeding related to the qualifying crime. To be reimbursed, the mental health counseling must be initiated within three months of being scheduled to testify; or
 - F) The perpetrator is released from custody. To be reimbursed, the mental health counseling must be initiated within three months of learning that the perpetrator will be, or was, released from custody.
- 2) The treatment must be focused on symptoms, behaviors, or beliefs that are directly attributable to the qualifying crime and could reasonably be remediated by the proposed treatment.
- 3) The treatment has progressed, as evidenced by:
- A) Improvement in the Level 1 Cross-Cutting Symptom Measure Scores; and
 - B) The treating therapist's rating and explanation of the claimant's therapeutic progress in relation to the diagnosis and treatment goals and other progress measurements identified in the initial Treatment Plan; and
 - C) Intervention ratings provided by the treating therapist based on the status of claimant's symptoms/behaviors; and
 - D) The treating therapist's percentage estimation of overall treatment that has been completed to meeting the claimant's treatment goal(s) in relation to the qualifying crime.
- c) Additional sessions for a minor victim may be approved as specified in subsections (a) and (b) above, or if the requirements of subsections (b)(2) and (b)(3) are met and any of the following factors are present:
- 1) The qualifying crime is a sexual assault offense involving conduct described in Penal Code §11165.1(a), (b)(4) or (b)(5) and at least one of the following applies:

- A) The perpetrator of the qualifying crime was a person in a position of trust or authority with the victim, including, but not limited to a parent, teacher, or religious leader; or
 - B) The victim was removed from the home as a result of the qualifying crime and is still out of the home at the time of treatment; or
 - C) The victim's parent minimizes the significance of the qualifying crime, blames the victim for the qualifying crime, fails to acknowledge that the suspect committed the qualifying crime, or does not believe the qualifying crime occurred; or
 - D) Another minor in the victim's immediate family was also a victim of the same qualifying crime of sexual abuse committed by the same perpetrator; or
- 2) The victim reaches a developmental stage or a stage of cognitive development that results in impairment as a direct result of the qualifying crime; or
 - 3) The alleged suspect persists in making uninvited and unwelcome contact with the victim that is not authorized by a court.
- d) If the Board previously approved reimbursement for additional sessions under subsection (a), any subsequent requests are stringently reviewed and may be reimbursed only if both of the following requirements are met:
 - 1) The requirements of subsection (b) or (c) above are met; and
 - 2) The Board determines that the proposed treatment is reasonably likely to successfully overcome the factors that hindered the progress of treatment and treatment has significantly progressed.
 - e) Additional mental health sessions via telehealth modality beyond the initial limit of five (5) sessions may be allowed if the claimant requires telehealth due to clinical necessity or lives in an area where no other clinical resources are available.

Section VI. Additional Sessions for Derivative Victims

- a) Reimbursement for additional mental health counseling sessions for a derivative victim beyond those identified in Section II may be approved if an Additional Treatment Plan is submitted and the circumstances of the application that demonstrate the need for additional treatment meets the criteria listed below:

- 1) Either:
 - A) The qualifying crime resulted in the death of the victim; or
 - B) The derivative victim is scheduled to testify as a witness in any criminal proceeding related to the qualifying crime. To be reimbursed, the mental health counseling must be initiated within three months of being informed that the derivative victim is scheduled to testify; and
 - 2) The treatment is focused on behaviors or beliefs that are directly attributable to the qualifying crime and could reasonably be remediated by the proposed treatment; and
 - 3) Treatment has progressed, as evidenced by:
 - A) Improvement in the Level 1 Cross-Cutting Symptom Measure Scores; and
 - B) The treating therapist's rating and explanation of the claimant's therapeutic progress in relation to the diagnosis and treatment goals, and other progress measurements identified in the initial Treatment Plan; and
 - C) Intervention ratings provided by the treating therapist based on the status of claimant's symptoms/behaviors; and
 - D) The treating therapist's percentage estimation of overall treatment that has been completed to meeting the claimant's treatment goal(s) in relation to the qualifying crime.
- b) Reimbursement for additional mental health counseling sessions beyond those identified in Section II may be approved for a derivative victim if an Additional Treatment Plan is submitted and the circumstances of the application that demonstrate the need for additional treatment meets the criteria listed below:
- 1) The factors listed in Section V, subsection (b)(1) or (c)(1) are met; and
 - 2) Treatment for the derivative victim is necessary for the recovery of the direct victim; and
 - 3) Treatment for the derivative victim is focused on the victim's behaviors or beliefs that are directly attributable to the qualifying crime and could reasonably be remediated by the proposed treatment; and

- 4) Treatment of the derivative victim has resulted in the victim's progress as evidenced by one of the following:
 - A) The Additional Treatment Plan for the victim exhibits improvement in the symptoms, behaviors, or beliefs as shown by improvement in the Level 1 Cross-Cutting Symptom Measure and the progress rating by the treating therapist in relation to the claimant's treatment for the diagnosis and goals, and other progress measurements identified in the Treatment Plan; or
 - B) The Additional Treatment Plan for the derivative victim demonstrates improvement in the victim's symptoms, behaviors, or beliefs attributable to the derivative victim's treatment.
- c) Reimbursement for additional mental health counseling sessions beyond those identified in Section II may be approved for the benefit of the derivative victim who does not meet the criteria of subsection (a) if an Additional Treatment Plan is submitted and the circumstances of the application that demonstrate the need for additional treatment meets the criteria listed below:
 - 1) The derivative victim is a parent caretaker, step-parent, or sibling of a minor victim of sexual or severe physical abuse specified by Section V, subsection (b)(1)(B), (b)(1)(D), or (c)(1); and
 - 2) Treatment for the derivative victim is focused on behaviors or beliefs that are directly attributable to the qualifying crime and could reasonably be remediated by the proposed treatment; and
 - 3) The treatment has progressed, as evidenced by:
 - A) Improvement in the Level 1 Cross-Cutting Symptom Measure Scores; and
 - B) The treating therapist's rating and explanation of the claimant's therapeutic progress in relation to the diagnosis and treatment goals, and other progress measurements identified in the initial Treatment Plan; and
 - C) Intervention ratings provided by the treating therapist based on the status of claimant's symptoms/behaviors; and
 - D) The treating therapist's percentage estimation of overall treatment that has been completed to meeting the claimant's treatment goal(s) in relation to the qualifying crime.
- d) If the Board previously approved reimbursement for additional sessions under subsection (a), (b), or (c) any subsequent requests are stringently

reviewed and may be reimbursed only if the Board determines that the proposed treatment is reasonably likely to successfully overcome the factors that hindered the progress of treatment and treatment has significantly progressed.

- e) Additional mental health sessions via telehealth modality beyond the initial limit of five (5) sessions may be allowed if the claimant requires telehealth due to clinical necessity or lives in an area where no other clinical resources are available.

Section VII. Additional Sessions for a Minor Witness

- a) Reimbursement for additional mental health counseling sessions for a minor witness beyond those identified in Section II may be approved if an Additional Treatment Plan is submitted and the circumstances of the application that demonstrate the need for additional treatment meets the criteria listed below:
 - 1) The treatment for the minor witness is focused on behaviors or beliefs that are directly attributable to the qualifying crime and could reasonably be remediated by the proposed treatment; and
 - 2) The treatment has progressed, as evidenced by:
 - A) Improvement in the Level 1 Cross-Cutting Symptom Measure Scores; and
 - B) The treating therapist's rating and explanation of the claimant's therapeutic progress in relation to the diagnosis and treatment goals, and other progress measurements identified in the initial Treatment Plan; and
 - C) Intervention ratings provided by the treating therapist based on the status of claimant's symptoms/behaviors; and
 - D) The treating therapist's percentage estimation of overall treatment that has been completed to meeting the claimant's treatment goal(s) in relation to the qualifying crime.
 - 3) The minor witness is scheduled to testify as a witness in any criminal or dependency proceeding related to the qualifying crime. To be reimbursed, the mental health counseling must be initiated within three months of being scheduled to testify.
- b) If the Board previously approved reimbursement for additional sessions under subsection (a), any subsequent requests are stringently reviewed and may be reimbursed only if the Board determines that the proposed treatment is reasonably likely to successfully overcome the factors that

hindered the progress of treatment and treatment has significantly progressed.

- c) Additional mental health sessions via telehealth modality beyond the initial limit of five (5) sessions may be allowed if the claimant requires telehealth due to clinical necessity or lives in an area where no other clinical resources are available.

Section VIII. Additional Sessions for a Good Samaritan

- a) Reimbursement for additional mental health counseling sessions for a Good Samaritan beyond those identified in Section II may be approved if an Additional Treatment Plan is submitted and the circumstances of the application that demonstrate the need for additional treatment meets the criteria listed below:
 - 1) The treatment for the Good Samaritan is focused on behaviors or beliefs that are directly attributable to the qualifying event and could reasonably be remediated by the proposed treatment; and
 - 2) The treatment has progressed, as evidenced by:
 - A) Improvement in the Level 1 Cross-Cutting Symptom Measure Scores; and
 - B) The treating therapist's rating and explanation of the claimant's therapeutic progress in relation to the diagnosis and treatment goals, and other progress measurements identified in the initial Treatment Plan; and
 - C) Intervention ratings provided by the treating therapist based on the status of claimant's symptoms/behaviors; and
 - D) The treating therapist's percentage estimation of overall treatment that has been completed to meeting the claimant's treatment goal(s) in relation to the qualifying crime.
 - 3) The Good Samaritan is scheduled to testify as a witness in any criminal or dependency proceeding related to the qualifying event. To be reimbursed, the mental health counseling must be initiated within three months of being scheduled to testify.
- b) If the Board previously approved reimbursement for additional sessions under subsection (a), any subsequent requests are stringently reviewed and may be reimbursed only if the Board determines that the proposed treatment is reasonably likely to successfully overcome the factors that hindered the progress of treatment and treatment has significantly progressed.

- c) Additional mental health sessions via telehealth modality beyond the initial limit of five (5) sessions may be allowed if the claimant requires telehealth due to clinical necessity or lives in an area where no other clinical resources are available.

Treatment Plan/Additional Treatment Plan Information Sheet

Please read the following information carefully prior to completing the Treatment Plan (TP) or Additional Treatment Plan (ATP). Failure to entirely complete the forms timely and legibly may result in denial of reimbursement or a repayment to the California Victim Compensation Board (CalVCB) for services previously reimbursed.

General Information

In order for CalVCB to pay for services, the claimant's application must be found eligible. After eligibility has been determined, CalVCB may consider reimbursement for outpatient mental health counseling up to the claimant's session limit, as shown in Table A.

Statute requires that CalVCB verify that treatment is necessary as a direct result of the crime for which the application was filed. To verify appropriateness of reimbursement, additional information (i.e. session notes or a letter of explanation) may be requested.

Additionally, the requested additional information must be provided at no cost to the claimant, CalVCB, or local Victim/Witness Assistance Centers within ten (10) business days from the date of the request. Failure to complete the Treatment Plan and/or provide the requested additional information may result in denial of reimbursement or a repayment to CalVCB for services previously reimbursed. CalVCB certifies that there is a signed authorization on file for release of the information requested.

Table A: Mental Health Session Limitations

(For applications received on or after 01-24-06)

Session Limitation	Claimant/Client Filing Status
40 Session Hours	Direct Victim: \$10,000 statutory limit Derivative Victim who is a surviving parent, sibling, child, spouse, registered domestic partner, or fiancé (fiancée) ^a grandparent/grandchild ^b of a victim who becomes deceased due to the crime: \$10,000 statutory limit. ^c
30 Session Hours	Derivative Victim who was a minor at the time of the crime: \$5,000 statutory limit ^d Derivative Victim who was one of two primary caretakers of a direct victim who was a minor at the time of the crime: \$10,000 statutory limit (to be shared with one other primary caretaker) Minor witness to violent crime (eff. 01-01-09): \$5,000 statutory limit ^a Good Samaritan (as defined by Government Code, section 13970): \$10,000 statutory limit ^c
15 Session Hours	Derivative Adult Victim: \$5,000 statutory limit ^d Derivative Victim who does not meet any of the benefit limits listed above: \$5,000 statutory limit ^d Post-Crime Caretakers (became primary caregiver of minor direct victim after the qualifying crime and did not have a previous filing status relationship to the direct victim): \$5,000 statutory limit

^a Must have witnessed the crime

^b Effective for applications received on or after 1/1/16

^c Effective for applications received on or after 12/1/14

^d Not to exceed the statutory \$3,000 outpatient mental health limit for applications received prior to 1/1/08

Table B: Session Counts by Session Duration

Individual/Family Therapy

Session Count	Session Duration
½ Session	Less than 45 minutes
1 Session	45–74 minutes
1½ Sessions	75–104 minutes
2 Sessions	105–120 minutes

Group Therapy

Session Count	Session Duration
½ Session	60 minutes
1 Session	120 minutes
1½ Sessions	180 minutes
2 Sessions	240 minutes

Submittal of the Completed Treatment Plan

The Treatment Plan must be completed in its entirety before the completion of the fourth session and kept in the claimant’s file. It must be submitted to CalVCB in the following circumstances:

- There has been a three year delay in treatment from the date or disclosure of the qualifying crime.
- There has been a break in mental health treatment of one year or longer.
- Treatment beyond the claimant’s third session is less than 100 percent related to the qualifying crime.
- Upon submission of an Additional Treatment Plan.
- A Restitution Hearing against the offender has been ordered.
- The claimant is a post-crime caretaker.
- Upon request of CalVCB.

Submittal of the Completed Additional Treatment Plan

Should the claimant require treatment in excess of his or her authorized session limit, an Additional Treatment Plan (ATP) must be submitted with the TP and approved by CalVCB. Please submit the ATP if the claimant is within **eight (8) sessions**, or has reached the mental health benefit limitations and additional treatment is necessary as a direct result of the crime for which CalVCB application was filed. If you are the continuing therapist, please include a copy of your initial TP. CalVCB is unable to authorize and reimburse additional sessions until the ATP is reviewed and approved.

The ATP **must** be submitted within 90 days after the date a bill for sessions that exceed the authorized session limit is received by CalVCB. If the ATP and TP are not submitted within the 90 day timeframe, bills for all dates of service that exceed the authorized session limit will be returned and will not be considered for payment. However, bills for dates of service provided after the ATP and TP are received may be considered for payment, subject to approval of the ATP (California Code of Regulations, section 649.26(c)).

Please be advised that sessions provided to the claimant by another mental health provider are counted against the amount of sessions available under his or her initial session limit.

Please return complete forms by mail or fax:

California Victim Compensation Board (CalVCB)
P.O. Box 942003
Sacramento, CA 94204-2003
Fax: (866) 902-8669

You may contact Customer Service Section for session count/limit verification or questions at (800) 777-9229.

Treatment Plan

As a condition for reimbursement, this treatment plan must be completed in its entirety before the completion of the fourth session. Failure to entirely complete this form legibly may result in denial of further reimbursement or a repayment to the California Victim Compensation Board (CalVCB) for services previously reimbursed. **CalVCB recommends that therapists review the Treatment Plan/Additional Treatment Plan Information Sheet prior to completing this form.**

Return this form to: CalVCB, P.O. Box 942003, Sacramento, CA 94204-2003

Application Number

Date the Qualifying Crime Occurred

Claimant/Client Name

Date Treatment Began

Direct Victim Name

Most Recent Date of Treatment

Agency/Organization (if applicable)

Number of Sessions Provided

Individual

Group

Family/Conjoint

Treating Therapist Name and Licensure:

Email Address (required for notification):

Telephone Number:

1. Claimant's Relationship to Direct Victim: Self Other (please specify)

2. Please describe the crime(s) for which you are providing treatment including relevant details provided to you.

3. If the victimization occurred longer than three years ago or there was a break in treatment of one year or longer, describe the events, behaviors or reasons the claimant has sought treatment at this time.

If claimant is a post-crime caretaker, skip to question 13 on page 3.

4. Please indicate the DSM 5 code of the claimant's diagnosis and specifiers, and other conditions that may be the focus of clinical attention. If the criteria for a diagnosis are not present, please provide the Z-Code (i.e. V-Code in previous DSM versions).

Principal Diagnosis:

Additional Diagnoses:

5. Please describe the symptoms/behaviors that will be the treatment focus and interventions you will use to treat each symptom/behavior.

Symptoms/Behaviors	Intervention

6. Level 1 Cross-Cutting Symptom Measure (Please refer to pages 734-741 of the DSM 5)

Adults

Domain	Highest Score	Domain	Highest Score
I.		VII.	
II.		VIII.	
III.		IX.	
IV.		X.	
V.		XI.	
VI.		XII.	
		XIII.	

Children

Domain	Highest Score	Domain	Highest Score
I.		VII.	
II.		VIII.	
III.		IX.	
IV.		X.	
V.		XI.	
VI.		XII.	

*Did not complete CCSM because claimant is:

Non-English speaking
 Less than 6 years of age
 Developmentally disabled
 Treatment terminated

Other

7. Please identify any standardized tests you will use to measure treatment progress (e.g. PTSD Checklist, Child Behavioral Checklist, Youth Self Report, Beck Depression Scale, WHODAS, etc.)

8. **For adults:** Please describe any factors you believe may adversely affect treatment progress. Consider factors such as inadequate housing, employment, physical health, transportation, child care and social network.

9. **For children:** Please describe any factors you believe may adversely affect treatment progress. Consider such factors as educational or developmental delays, living circumstances, inadequate caretakers and peer support network.

10. Do you expect the claimant to have further proceedings with the legal system in regards to the qualifying crime?

Yes If yes, please explain.

No

11. Was the perpetrator of the crime released from custody?

Yes — Please provide the date the perpetrator was released from custody: Month Year

No N/A

12. Do you expect the claimant will be subject to uninvited or unwelcome contact with the alleged suspect that is not court authorized?

Yes If yes, please explain.

No

13. If the claimant is a post-crime caretaker (i.e., foster parent, relative caretaker), please list and describe the interventions aimed at alleviating the direct victim's symptoms.

Direct Victim's Symptoms/Behaviors	Interventions for the Post-Crime Caretaker

14. Has the claimant terminated treatment (i.e. claimant not returning for treatment at this time)?

Yes Date of Termination

No

Declaration Page

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If the victim's offender is convicted, CalVCB will request the criminal court to order the offender to pay restitution to reimburse CalVCB for any expense CalVCB has paid for this crime. As a treating therapist you may be required to testify in a restitution hearing that the mental health counseling services you provided were necessary as a direct result of the crime at the percentage indicated below. Please Note: CalVCB can only pay for the percentage of treatment that is necessary as a direct result of the crime for which the application was filed.

In your opinion, what percentage of your treatment is necessary as a direct result of the qualifying crime?

100% 75% 50% Other

I declare under penalty of perjury under the laws of the State of California (Penal Code sections 72, 118, and 129) that: (1) I have read all of the questions contained on this form and, to the best of my information and belief, all my answers are true, correct and complete; and (2) all treatment submitted for reimbursement by CalVCB or pursuant to this form was necessary at the percentage noted above and as a direct result of the crime described above.

I understand that mental health counseling must be approved in advance, and that if treatment is provided without the required approval, CalVCB may not reimburse those expenses.

This document will not be reviewed without the required signature(s) and date(s) below.

Treating Therapist

Name (please print clearly)

License Number

Signature

Date

If Treating Therapist Requires Supervision

Supervising therapist's name (please print clearly)

License Number

Signature

Date

Additional Treatment Plan

Application Number

Date the Qualifying Crime Occurred

Claimant/Client Name

Date Treatment Began

Direct Victim Name

Most Recent Date of Treatment

Agency/Organization (if applicable)

Number of Sessions Provided

Individual

Group

Family/Conjoint

Treating Therapist Name and Licensure:

Email Address (required for notification):

Telephone Number:

1. Claimant's Relationship to Direct Victim:

 Self Other

(please specify)

2. Please describe the crime(s) in detail (crime, perpetrator, series of events/one-time incident, etc) for which you are providing treatment including relevant details provided to you.

3. If the victimization occurred longer than three years ago or there was a break in treatment of one year or longer, describe the events, behaviors or reasons the claimant has sought treatment at this time.

4. If the claimant is a derivative victim of a surviving direct victim, please list and describe the interventions for the claimant that are aimed at alleviating the direct victim's symptoms.

Direct Victim's Symptoms/Behaviors

Interventions for the Derivative Victim

5. Please indicate the DSM 5 code of the claimant's diagnosis and specifiers, and other conditions that may be the focus of clinical attention. If the criteria for a diagnosis are not present, please provide the Z-Code (i.e. V-Code in previous DSM versions).

Principal Diagnosis

Additional Diagnoses

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6a. If you are the continuing therapist, please rate the status of the claimant's symptoms and resulting behaviors as shown on your Treatment Plan in relation to the completion of the listed treatment goals on a scale from 1 to 10, with 1 representing the lowest score and 10 the highest. If the symptoms/behaviors have remained the same or worsened, please provide a brief explanation on an attachment sheet.

Worsened		Remained the Same			Improved			Almost Complete	Completed
1	2	3	4	5	6	7	8	9	10

Symptom/Behaviors

Rating Score

Note: If there is a change of therapists within the same provider organization, the succeeding therapist is not considered a new therapist for this claimant and must assess the claimant's therapeutic progress since treatment began with the organization.

6b. If you are a new therapist (or continuing therapist treating additional symptoms/behaviors) please describe what symptoms/behaviors will be or have been the treatment focus and what you hope to achieve upon completion of treatment. Please indicate any Evidence-based Practice (EBP) you expect to incorporate into your treatment.

Symptom/Behaviors

Intervention

7. Level 1 Cross-Cutting Symptom Measure (Please refer to pages 734-741 of the DSM 5)*

Adults		Children	
Domain	Highest Score	Domain	Highest Score
I.		VII.	
II.		VIII.	
III.		IX.	
IV.		X.	
V.		XI.	
VI.		XII.	
		XIII.	

*Did not complete CCSM because claimant is:

Non-English speaking
 Less than 6 years of age
 Developmentally disabled
 Treatment terminated
 Other

8. For continuing therapists only (over 15 sessions provided): Please rate this claimant’s therapeutic progress with respect to the methodology and measurement/assessment tools that you identified in your previous treatment plan.

Please explain your ratings.

9a. For adults: Please describe any factors you believe may adversely affect treatment progress. Consider factors such as inadequate housing, employment, physical health, transportation, child care and social network.

9b. **For children:** Please describe any factors you believe may adversely affect treatment progress. Consider such factors as educational or developmental delays, living circumstances, inadequate caretakers and peer support network.

10. As the treating therapist, what is your estimation of treatment that has been completed? Please indicate how many additional sessions are needed to terminate treatment.

% completed additional sessions needed to terminate treatment

11. Do you expect the claimant to have further proceedings with the legal system in regards to the qualifying crime?

Yes If yes, please explain.

No

12. Was the perpetrator of the crime released from custody?

Yes — Please provide the date the perpetrator was released from custody: Month

Year

No N/A

13. Do you expect the claimant will be subject to uninvited or unwelcome contact with the alleged suspect that is not court authorized?

Yes If yes, please explain.

No

14. Has the claimant terminated treatment (i.e. claimant not returning for treatment at this time)?

Yes Date of Termination

No

Declaration Page

Application Number

Claimant Name

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If the victim's offender is convicted, CalVCB will request the criminal court to order the offender to pay restitution to reimburse CalVCB for any expense CalVCB has paid for this crime. As a treating therapist you may be required to testify in a restitution hearing that the mental health counseling services you provided were necessary as a direct result of the crime at the percentage indicated below. Please Note: CalVCB can only pay for the percentage of treatment that is necessary as a direct result of the crime for which the application was filed.

In your opinion, what percentage of your treatment is necessary as a direct result of the qualifying crime?

50% 75% 100% Other

I declare under penalty of perjury under the laws of the State of California (Penal Code sections 72, 118, and 129) that: (1) I have read all of the questions contained on this form and, to the best of my information and belief, all my answers are true, correct and complete; and (2) all treatment submitted for reimbursement by CalVCB or pursuant to this form was necessary at the percentage noted above and as a direct result of the crime described above.

I understand that mental health counseling must be approved in advance, and that if treatment is provided without the required approval, CalVCB may not reimburse those expenses.

This document will not be reviewed without the required signature(s) and date(s) below.

Treating Therapist

Name (please print clearly)

License Number

Signature

Date

If Treating Therapist Requires Supervision

Supervising therapist's name (please print clearly)

License Number

Signature

Date

Please return complete forms by mail or fax:

California Victim Compensation Board (CalVCB)
P.O. Box 942003
Sacramento, CA 94204-2003
Fax: (866) 902-8669

You may contact Customer Service Section for session count/limit verification or questions at (800) 777-9229.

Clinical Review Data Points

	CATEGORY	EXPLANATION	RESPONSE
Claimant Information			
	Claimant's Name	First and Last	
	Application Number	CalVCB Identification number	
	Age	Use Claimant's current age	
	Provider	Agency name	
	CalVCB Analyst Conducting Review	See drop down list	Drop down (List of Analysts)
1	Consent for Treatment		Yes or No
2	Authorization to Release Information		Yes or No
3	Proof of Discussion of Confidentiality		Yes or No
4	Location of Treatment		Drop down (Office/Field/Both)
5	For minors, does the claimant live with parents?	Refer to time of treatment	Drop down (Yes/No/Unknown/ N/A)

Current Therapist			
6a	Were there multiple therapists?	Refer to session notes	Yes or No
6b	License Type	Obtain from Session Note Can also get from the TP/ATP/Bill	Drop down (See Providers Licensing)
6c	License No		
6d	License Exp. Date		

Supervising Therapist (required for Associates)			
7a	License Type	Obtain from Session Note Can also get from the TP/ATP/Bill	Drop down (See Providers Licensing)
7b	License No		
7c	License Exp. Date		

Treatment Plan:			
8a	Has a treatment Plan been submitted?	If No – Section below will shadow out	Drop down (Yes or No)
8b	What percentage of the treatment is crime related as indicated by the provider?	Treatment Plan, Page 4 Top of Declaration Page Percentage box that provider marked	Number required
8c	Are the TP and goals crime-attributable?	Analyst Determination: Compare TP Question #2 with #5 (for Direct or Derivative Victims) or #13 (for post-crime caretakers) Also refer to the crime description in Cares on Application Summary page listed under Eligibility Determination	Yes or No
8d	Is the Treatment Plan complete?	Missing date or stamped signatures are acceptable as complete	Yes or No
8e	Was the treatment plan completed prior to the 4 th session?	Compare the date on the Declaration Page of the Treatment Plan with the bills paid (Look for the 4 th session [after 2015] or 6 th session [before 2015])	Yes or No

8f	Is there a treating therapist signature?	Declaration Page – Page 4 Bottom of the page Stamped signatures are acceptable	Yes or No
8g	If the treating therapist is an Associate, is there a supervisor’s signature? (if applicable)	Answer only if the treating therapist is an Associate Stamped signatures are acceptable	Yes or No or N/A
8h	Do the symptoms in the session notes match the symptoms in the treatment plan?	Compare session notes with the Treatment Plan Question #5 or #13	Yes or No
8i	Do the interventions on the session notes match the interventions on the treatment plan?	Compare session notes with the Treatment Plan Question #5 or #13	Yes or No
8j	Comments & Explanation	Refer items number for comments	

Additional Treatment Plan:

9a	Has an additional treatment plan been submitted?	If No box is selected: the section below will shadow out	Yes or No
9b	Has the Additional Treatment Plan been approved?	Refer to the last ATP submitted	Yes or No or N/A
9c	What percentage of the treatment is crime related, as indicated by the provider?	Additional Treatment Plan, Page 5 Top of Declaration Page	Number Required
9d	Are the ATP goals crime attributable?	Analyst Determination: Compare ATP Question #2 with #6a/6b Refer to crime description in Cares on Application Summary Page If No creates an Overpayment – QA with Manager	Yes or No
9f	Is there a treating therapist signature?	Declaration Page – Page 5 Bottom of the page Stamped signatures are acceptable	Yes or No
9g	If the treating therapist is an Associate, is there a supervisor’s signature? (if applicable)	Answer only if the treating therapist is an Associate. Stamped signatures are acceptable	Yes or No or N/A
9h	Do the symptoms in the session notes match the symptoms on the ATP?	Compare session notes with Additional Treatment Plan, questions #4 (for surviving derivative victim of a surviving direct), #6a/6b	Yes or No
9i	Do the interventions in session notes match those on the Additional Treatment Plan?	Compare session notes with Additional Treatment Plan, questions #4 (for surviving derivative victim of a surviving direct), #6a/6b	Yes or No
9j	Comments & Explanation	Refer items number for comments	

Session Notes:

10	Is progress measured in the session notes, as indicated on the TP and ATP?	Analyst Determination: Refer to TP question #7 ATP, question 6a & 8 Refer to Assessment Measures that may be in the file	Drop down Yes/No/No Session Note/No TP/ No ATP/ No TP or ATP/ N/A
11	Has treatment progressed, based on session notes, impairment scores or other indicators?	Analyst Determination:	Yes or No
11a	If treatment has not progressed, has the therapist listed any factors that may have hindered treatment progress?	Treatment Plan: Refer to questions #8 (Adult) / #9 (Child); and #10, #11 & #12. Additional Treatment Plan: Refer to questions #9a (Adults) /9b (Child); and #10, #11,# 12.	

12	Based on the session notes, treatment described in the notes are crime attributable?	Analyst Determination: Compare TP Question #2 Refer to crime description in Cares on Application Summary Page	Yes or No
13	Based on the session notes, does this treatment appear to best aid the person seeking compensation?	Analyst Determination: See Explanation	Yes or No
14	Overall, are the session notes legible?		Yes or No
15	Is the therapist listed on the session note?		Yes or No
16	Does the therapist on the session note match the therapist on the bill?	Compare therapist's license type on session note and bill paid in Cares	Yes or No
17	Overall, do the session notes adequately describe the symptoms being treated, interventions and outcomes of interventions?	Analyst Determination: Compare session notes with TP/ATP symptoms and interventions	Yes or No
18	Comments & Explanation	Refer items number for comments	

Overpayments:			
19a	Is there an overpayment?		Yes or No
19b	Overpayment Total	Transfer from overpayment spreadsheet	
19c	Reason for Overpayment	Reasons from the overpayment spreadsheet	Check all that apply
20	General Comments	Refer items number for comments	

Mental Health Benefits Resources

CalVCB Website

- Guidelines for Mental Health Counseling Expenses
<https://victims.ca.gov/providers/mhguidelines.aspx>
- CalVCB Treatment Plan
<https://victims.ca.gov/docs/forms/victims/treatmentplans/CalVCPTreatmentPlan.pdf?9-1-17>
- CalVCB Additional Treatment Plan
<https://victims.ca.gov/docs/forms/victims/treatmentplans/CalVCBAdditionalTreatmentPlan.pdf?2018-03-22>
- Mental Health Provider Information
<https://victims.ca.gov/providers/mental.aspx>
- Mental Health Provider Forums
<https://victims.ca.gov/providers/forum.aspx>
- CalVCB eLearning Courses
<https://victims.ca.gov/training/>

Other Resources

- Washington State's Victim Compensation Program: Mental Health Fee Schedule and Billing Guidelines
<https://www.lni.wa.gov/forms/pdf/F800-105-000.pdf>
- SAMHSA's Concept of Trauma and Guidance for a Trauma-Informed Approach
<https://store.samhsa.gov/shin/content/SMA14-4884/SMA14-4884.pdf>

