

MENTAL HEALTH PACKET

**First Judicial District - Colorado
Crime Victim Compensation Board**

Revised 3/16 (changes or additions to previously published policies are italicized and in bold font, or are stricken through)

July, 2015

Dear Mental Health Professional:

Thanks for your interest in, and commitment to, serving crime victims in the First Judicial District.

This packet is provided as a resource for mental health providers working with our district's Crime Victim Compensation program. **It is your responsibility to review the attached policies and procedures before treatment is provided, as not all treatment is covered under this program.**

The following information is covered in this packet:

- An increase in the maximum payments for mental health sessions.
- Increased coverage for in-patient treatment.
- A change in the extension request process.
- Other policy changes.
- Issues to consider before accepting a crime victim as a client.
- Crime Victim Compensation mental health policies and procedures.
- The Crime Victim Compensation claim and billing processes.
- Statutory requirements for claim approval.
- The initial assessment and treatment plan form in the format required by the Crime Victim Compensation Board.
- The form allowing a therapist to request an extension of therapy.
- A list of advocates who provide mental health referrals to crime victims in our district.

Copies of vitas or resumes showing continuing education credits, coursework completion and grades, certificates of attendance at seminars and workshops, and similar documentation will be accepted.

Please note that a treatment plan must be approved by the Board for a primary victim before any payment may be made. Once a treatment plan is approved, any eligible bill which reaches our office by the first of the month is paid by the end of that same month, through the time period approved by the Board.

If you have any questions after reviewing this packet, please call our office at 303-271-6846, and a member of the CVC program will be happy to help you. We look forward to continuing our work together.

Sincerely,

Amy Greer
Crime Victim Compensation Administrator
First Judicial District

Issues to Consider Before Working with a Crime Victim

Mental health treatment for crime victims is an area of specialization within the mental health field, and must be problem/crime specific. It requires particular training and clinical experience. The Crime Victim Compensation Board of the First Judicial District is committed to ensuring that treatment of crime victims is provided by professionals trained and actively practicing in the area of trauma and victimization-related disorders. If you cannot answer “yes” to these questions, please consider referring the victim to a therapist who has experience in this specialized field.

The Crime Victim Compensation Board of the First Judicial District asks you to consider the following before working with a client covered by Crime Victim Compensation:

1. Do I understand and believe that treatment of trauma and victimization-related disorders is a specialized area within the mental health field?
2. Have I been trained in the newest techniques and procedures related to working in the area of trauma and victimization-related disorders? Am I comfortable providing this specific form of therapy?
3. Do I understand the rights and needs of crime victims, the criminal justice system process, and the potential need to coordinate with the various agencies within the criminal justice system?
4. Do I have experience testifying in court on behalf of a crime victim, if the need arises?
5. Can I accept the fee structure set by the Crime Victim Compensation Board to prevent my client from incurring additional costs as a result of their victimization?

Statutory Requirements for a Crime Victim's Eligibility

- Crime must have occurred in either Jefferson or Gilpin County*
- Crime must have occurred after July 1, 1982
- The victim must report the crime to police within 72 hours of occurrence
- The victim must be innocent of wrongdoing or contributory conduct
- The victim must cooperate in the investigation and prosecution of the suspect
- The victim must apply for Crime Victim Compensation within one (1) year of the date of the crime

*Please contact our office if you discover the crime occurred in another jurisdiction. We can direct you to the appropriate Crime Victim Compensation program.

The following exceptions may be made:

Claims involving child victims - Technically, the parent/guardian has one year from the date the crime is reported to law enforcement to apply for Crime Victim Compensation for the child victim. The Board feels strongly that it is in the victim's best interests to apply for this assistance as immediately as possible after the crime is disclosed. However, in the interest of justice, the Board will review any case involving a child victim, regardless of the length of time elapsed since the crime was disclosed, as long as the victim has not reached 28 years of age. The Board will consider each claim on a case-by-case basis.

Claims involving all other victims - The Board recognizes that many times a crime victim is fearful of the perpetrator, or fearful of the consequences such a report may have. The Board will make every effort to provide services, if such circumstances can be verified and the need for services related to the crime is apparent. Again, each claim will be considered on a case by case basis.

IMPORTANT NOTE: Please be aware that one of the funding sources for the Compensation fund is through restitution, which results in the defendant being asked to reimburse the CVC fund for payments made as a result of the crime they committed. Because of potential safety concerns, if you are receiving Compensation funds for a client's treatment, please inform them that if they are in treatment prior to restitution being ordered in the criminal case, restitution may be sought from the defendant for payments made for their treatment.

Crime Victim Compensation Process

1. The victim shows the therapist an approval letter from the Crime Victim Compensation Board for an initial three (3) sessions to allow the therapist to write an assessment and treatment plan.

Those sessions must be one on one, and in person. **If your client presents without a letter, please feel free to contact us for claim status.** Treatment plans may be submitted to us before your client receives a letter.

2. The therapist submits an Initial Assessment and Treatment Plan to our office on this program's form, along with a bill for sessions to date (form and procedure are included in this packet).

3. The Board reviews the treatment plan at the next monthly board meeting to set a termination date through which the CVC program will provide payment for weekly sessions.

4. The victim and therapist are sent written notice of the termination date set by the Board.

5. The therapist submits a monthly itemized bill. Eligible bills received in our office by the first of the month are paid by the end of that same month. If a bill is received after the first, payment will not be made until the end of the following month.

6. The Board strongly urges the therapist to accept the compensation payment as payment in full for services rendered. However, if the therapist is not willing to do that, the victim must be told before any services are initiated; payment for the additional fee then becomes negotiable between client and therapist. The victim should be informed s/he has the right to request or seek out a therapist who is willing to work within those restrictions.

7. If the termination date is approaching and additional treatment is required, the Board will consider only one extension of mental health services (form and procedure info is included in this packet).

8. The victim and therapist will be sent written notice of the outcome of the extension hearing, including the new termination date set by the Board, if approved.

Billing Information/Payment Policies

Please note that if these steps are not followed, it will result in a delay of payment.

- A treatment plan must be submitted and approved before payment may be made, including payment for secondary victims.
- Claims are entered under the primary victim's name only, so **please indicate the primary victim's name on each invoice**, including those for secondary victims.
- **Bills for secondary victims must include the secondary victim's date of birth** to ensure eligibility.
- Bills must be itemized; they may be submitted in any format, but **must include a CPT code or an indication of the length and type of each session**.
- Once the treatment plan is approved, **any eligible bill that reaches our office by the first of the month is paid by the end of that same month**. Any bill received in our office after the first day of the month will not be paid until the end of the following month.
- While **the Board does not fund family therapy**, the members recognize the importance of having non-offending parents and/or guardians occasionally join in the *individual* sessions of their minor child. These sessions should not be for the purpose of family therapy, and should not be billed as family therapy. These sessions are for the purpose of supporting the individual child, and should be billed as individual sessions, as long as that is the purpose.
- If you are a provider covered by your client's insurance, Crime Victim Compensation **cannot make payment until an explanation of benefit is received by our office for each date of service**. If your client has been denied in full by the insurance company, only one explanation of benefit showing the denial is needed. The Board has a strict policy that only the amount of the patient's actual out-of-pocket expense, as indicated on the explanation of benefit, will be paid by Crime Victim Compensation, up to the maximum amounts of \$90 per individual session, \$135 per EMDR session, and \$45 per group session. No exceptions will be made to this policy.
- **The Board strongly urges the therapist to accept the compensation payment as payment in full** for services rendered. **However, if the therapist is not willing to do that, the victim must be told before any services are initiated**; payment for the additional fee then becomes a negotiable item between client and therapist. The victim should be informed s/he has the right to request or seek out a therapist who is willing to work within those restrictions.

CVC Program Mental Health Policies

General Information

Crime Victim Compensation funds are limited, and may only be used to help crime victims initiate their recovery from the trauma of the crime. Financial constraints coupled with a significant demand for victim services prevent the fund from being able to provide assistance throughout the entire recovery process.

The Crime Victim Compensation Board must work within the parameters of state law, policy limits, and fiscal constraints, while giving priority to the best interests of the victims. To that end, the Crime Victim Compensation Board sets policies and procedures, and demands certain qualifications of service providers who expect to be paid with Crime Victim Compensation funds, to ensure that the most effective help is given to victims of crime. The Board's policy is to concentrate the majority of funding on the needs of the primary victim; therefore, awards for secondary victims are limited and awarded only under specific circumstances.

Therapist Requirements

The mental health service provider must be a licensed therapist, or supervised directly by a licensed therapist. The service provider should be familiar with crime victim issues and be knowledgeable in the practice of crime/problem specific therapy.

Mental Health Referrals

Please note that our board feels it is a conflict of interest for Compensation staff to give referrals, so we do not maintain a referral list. Therefore, that responsibility lies with the victim advocates at the police and victim services agencies in our district. The advocates' policy is to provide at least three referrals to each crime victim seeking mental health services through our program. Please see the attached list of contacts in this area if you wish to request to be placed on their referral lists.

In-Patient Treatment

For the first year from the date the crime was reported, payment for short-term in-patient mental health treatment needed as a result of the crime may be considered for payment by the Board. Such payment will be approved as a compensable medical expense by the CVC Board if there is documentation from a medical provider confirming that there is a direct causal relationship between the victim's need for hospitalization and their victimization. Medical treatment needed as a result of mental health-related trauma may also be covered. This award is strictly limited to treatment for crime-related issues, for a total of seven (7) days of in-patient mental health treatment, or up to \$15,000 in out of pocket expenses, whichever limit is reached first. Payment is limited to expenses incurred within one year of the date the crime was reported.

Eligible Services and Fee Structures:

- Three individual, face-to-face sessions to provide an assessment for the primary victim, and to develop a treatment plan.
- \$90 per individual therapy session, or neurofeedback session, one therapeutic contact per calendar week*.
- Individual sessions must be a minimum of 45 minutes.
- \$40 per therapeutic group contact, one therapeutic contact per calendar week*.
- \$135 per EMDR session of not less than 1 ½ hr. duration, one therapeutic contact per calendar week*.

*unless specifically approved by Board on case by case basis

Ineligible Services:

- Treatment after termination date set by Board
- More than one therapeutic session per calendar week (unless prior authorization has been given by the Board)
- Family, couples, or marital counseling
- Individual sessions less than 45 minutes
- Professional consultations
- Missed or cancelled appointments
- Trial attendance
- Telephone contacts or videoconferencing with victims or other service providers, unless approved by the Board prior to such contact
- Report writing
- Recurrent/intermittent therapy, unless deemed appropriate by the Board prior to such treatment
- Victim and perpetrator being treated by the same therapist or at the same practice (Exception: In those situations where a crime victim chooses to be in treatment with the same agency providing treatment to his/her perpetrator, it is the policy of this Board to pay for the victim's treatment only if those services are provided by a different therapist in a separate, safe facility of that agency, permanently designated for non-perpetrator treatment.)

Insurance/Other Collateral Sources:

Crime Victim Compensation is the payor of last resort by law, so all victims covered by Crime Victim Compensation are required to first submit their bills to their insurance company for payment, if they are covered by insurance. However, the Board believes that crime victims frequently may not receive quality, crime victim-specific mental health care through existing insurance or HMO systems. Therefore, in order to provide maximum benefit to the victim and to promote effective use of the fund, the Board waives this requirement for mental health services only. However, if the victim chooses a therapist within their insurance network, bills must first be submitted for insurance payment, by law, and Crime Victim Compensation will pay the balance indicated on the explanation of benefit as the victim's responsibility.

Per Board policy, if you are a provider covered by your client's insurance, Crime Victim Compensation cannot make payment until an explanation of benefit is received by our office for each date of service. If your client has been denied in full by the insurance company, only one explanation of benefit showing the denial is needed. The Board has a strict policy that only the amount that is the patient's actual out-of-pocket expense, as outlined on the explanation of benefit, will be paid by Crime Victim Compensation, up to the maximum amounts of \$90 per individual session, and \$40 per group session. No exceptions will be made to this policy.

Services/Policies for Primary Victims

The following services and policies apply to **primary victims only**:

Medical evaluations/medical management/prescription costs

Therapists may refer their Crime Victim Compensation clients to a medical doctor or psychiatrist for a medical evaluation, if it is deemed necessary. For verification purposes, the therapist should inform our office if a referral is made. This benefit is extended only to primary victims.

Compensation will pay for a total of up to 12 medical evaluation/medical management sessions for the primary victim, to be used at any time through the termination date for therapy set by the Board. If the victim is not covered by insurance, the doctor will be reimbursed at 80% of their customary rate as payment in full.

The Compensation program will also reimburse the victim for the cost of psychotropic medication prescribed as a result of such medical evaluation, through the termination date of therapy set by the Board. The client must submit a copy of the prescription receipt commonly attached to the prescription package by the pharmacy.

Acknowledging that trauma may exacerbate pre-existing mental health conditions, those victims who required psychotropic medication prior to reporting a crime are also eligible for reimbursement for their psychotropic medications, but only from the date the crime was reported, to the therapy termination date set by the Board.

EMDR

The program will compensate up to \$135 per EMDR session of no less than 1 ½ hours in duration, which is the equivalent of 1 ½ hours of individual therapy paid at the maximum policy rate of \$90. This policy has been instituted acknowledging that usually fewer overall sessions are required when EMDR is incorporated into the crime victim's treatment. With that in mind, If EMDR treatment exceeds 15 sessions, the Board requires the therapist to submit a written update, explaining the need for the additional sessions, before further payment will be made for EMDR.

Neurofeedback sessions

The Board will approve neurofeedback therapy solely in conjunction with traditional talk therapy. The Board requires that a treatment plan be submitted, as well as itemized bills, and upon approval, payment will be made at the standard rate (\$90 per individual session).

Interpreter/translator services

The Board will approve, on a case by case basis, payment for an interpreter for non- English speaking, deaf or hard of hearing victims, to assist with their mental health treatment. Before payment may be made to the interpreter/translator, a treatment plan from the mental health provider must be approved by the Board, and itemized bills submitted by the provider, to ensure that billing for translating/interpreting services correspond with sessions held with the victim. Payment will not be made for appointments missed by the victim.

Change of therapists

If a Crime Victim Compensation client wants to change therapists part way through the awarded sessions, s/he must notify the current therapist in writing (with a copy to the Board), send a memo to the Board explaining the reason for the change, and arrange for the new therapist to contact or office for instructions on completing the Initial Assessment and Treatment Plan. When this information is reviewed by the Board as a Special Request, written notification of the Board's decision will be sent to the client and their new therapist. Until the Board approves the change, there is no guarantee of payment for any of the sessions with the new therapist.

Sessions for child sexual assault victims

The Board feels strongly that it is in the best interest of the child sexual assault victim, as well as in the best interest of any impending court case, for the child to initially meet individually with the therapist. The Board feels that a group setting in the early stages of treatment may expose a suggestible child victim to disclosures of others for which they have not, at that point, been given the tools with which to appropriately process the information. The Board acknowledges that a group setting at a later stage in treatment may benefit the child sexual assault victim.

Children who are strongly believed to have been victimized due to reported or observed behaviors, but have not made a disclosure, will initially be approved for 12 sessions only. If a disclosure is then made to the therapist and is reported to law enforcement, or the therapist can articulate a strong belief that victimization occurred, the therapist will be approved to submit a treatment plan, and additional sessions will be awarded.

Multi-disciplinary meetings

Upon approval of a victim's treatment plan, the Board will provide compensation to the victim's therapist to represent the victim at up to six (6) multi-disciplinary or multi-treatment team meetings, at a maximum of \$90 per meeting. Payment for these meetings may be in addition to the one mental health session allowed per calendar week.

Court support sessions

The program will allow both primary and secondary victims whose approved mental health therapy has been completed to use up to eight (8) additional sessions with their therapist for court support. The therapist must request the sessions in writing. This applies in cases in which the prosecution of the suspect has been delayed beyond the treatment termination date, or the court case has been re-opened. The additional sessions are to be scheduled expeditiously by the treatment provider. Court support sessions may be requested only once during the initial prosecution of a case.

The Board may also, on a case by case basis, approve up to 12 additional mental health sessions at other significant stages of the judicial process (i.e. appeal, reconsideration of sentencing, release of defendant from DOC, etc.).

Victim-perpetrator (clarification) therapy sessions

The program will compensate for a maximum of six (6) victim-perpetrator (clarification) therapy sessions. These sessions may only be held at the discretion of the victim, and may be scheduled in addition to the one session per calendar week allowed per regular policy. These sessions may also be performed after the set termination date, without requiring a formal request for an extension of therapy. Victim-perpetrator sessions must be facilitated by both the victim's and perpetrator's therapists. However, payment will only be made to the victim's therapist at the program's set rate for individual therapy sessions.

404B witnesses

The Board will review, on a case by case basis, requests for mental health services by individuals who are required to testify as 404B witnesses in cases involving compensable crimes. The Board may award up to 12 counseling sessions which should be used within nine (9) months of the date of approval.

Equine-Assisted Therapy

The Board will approve equine-assisted therapy in lieu of, or in conjunction with, traditional talk therapy, but not in addition to such sessions. The Board requires that a treatment plan be submitted, as well as itemized bills, and upon approval, payment will be made at the standard rate (\$90 per individual session).

Non-traditional methods of mental health treatment

The Board will consider, on a case by case basis, approving additional methods of mental health-related treatment, such as model mugging, Outward Bound or self-defense classes, upon receipt of a letter or recommendation from a licensed therapist, or a written request from the victim. This option is extended only to primary victims, and is subject to prior approval by the Board. The Board has placed a limit of \$500 on such an award. Payment will be made upon submission of an itemized bill from the provider, and upon completion of the program.

If a victim is revictimized during treatment

If a victim is active in therapy paid through Crime Victim Compensation and is further victimized by other incidents or persons related to the same crime, upon submission of a written request from the therapist which describes the new trauma, and a completed Therapy Extension Request form, the board will consider additional therapy without a new application. However, it may be determined by staff that submission of a new application, thus opening a new claim, would be more advantageous to the victim, and at that point a new treatment plan would be required. The victim would be allowed to complete therapy under the first claim before payment would be made under the new claim.

Victims who have also been identified as offenders

Board policy states that victims who have been court-ordered to attend offense-specific treatment must complete the court-ordered treatment before payment may be made through Crime Victim Compensation for treatment of issues involving their victimization.

Victimization while in custody or placement

The Board will accept claims for mental health services from crime victims whose victimization occurred while in custody or placement in a correctional facility or group home, or otherwise in custody of the state or county. Arrangements to actually provide the therapy cannot be the responsibility of the Crime Victim Compensation board. Applications for juvenile or child victims should be submitted by their appropriate guardian, caseworker or custodian. Applicants who were victimized while in the custody of a correctional facility are only eligible for payment of mental health sessions held after their release from the facility.

Juvenile Assessment Center clients

The board has agreed to pay for up to two (2) crisis counseling sessions through the Juvenile Assessment Center, for non-offending parents of child victims of incest who come through the Center. The remaining 18 parental figure counseling sessions must be accessed through Ralston House. Applications must be completed at the time of the crisis sessions so that payment can be made to the service provider. Procedures for accessing these sessions will be worked out between the Assessment Center, Ralston House, and the appropriate victim witness specialist.

Time limits for services

It is encouraged that mental health treatment be initiated within six (6) months from the date of the Board's approval. However, the Board will approve mental health sessions initiated up to one year from the date of the initial approval of the claim. Please contact our office if a victim is requesting services outside of that timeframe.

Recurrent therapy

The program will not compensate for recurrent or intermittent therapy sessions. Compensation funds are to be used to initiate the recovery process as soon after the crime as possible, with the full realization that additional therapy may be advisable during the lifetime of the victim, especially at significant stages of development in children. The Board will decide on a case by case basis whether treatment should be considered recurrent or intermittent.

The Board is aware that certain exceptional circumstances may arise that could not have been previously and/or adequately dealt with by the victim (i.e. a trial being continued beyond the period normally allowed for compensation awards, a case going to appeal, etc.). Thus, under these types of exceptional circumstances, and strictly on a case by case basis, the Board will consider approving 12 additional mental health sessions.

Services/Policies for Secondary Victims

The therapist does not submit a treatment plan for a secondary victim, but may, at some point, be asked to provide written verification for purposes of restitution that all treatment is related to the crime.

Please note that secondary victims are not afforded the same benefits as primary victims because funding is limited, and Crime Victim Compensation must focus on the needs of the primary victim. Sessions approved for secondary victims are limited to individual and group counseling, and do not include EMDR or non-traditional mental health treatment. Claims are entered under the primary victim's name only, so please indicate the primary victim's name on each invoice to prevent possible delays in payment.

Following are mental health services and policies regarding secondary victims:

Children of DV victims/Incest siblings/Child witnesses

In cases of domestic violence and incest, all minor children in the family are eligible for 20 mental health sessions each, regardless of whether they witnessed or were present during the actual reported crime. Minor child witnesses of sexual assault are also eligible for 20 sessions of mental health. Such sessions should be used within one (1) year of the date of the award of compensation benefits to the primary victim.

Parental figure counseling

The Board will pay for short-term, limited assistance to those acting in the parental role to child sex assault and child physical abuse victims. This assistance is made available to enable the child victim to receive effective support from his/her non-offending parent(s) or guardians, and, in turn, to dramatically increase the effectiveness of the child's mental health treatment.

The Board has set the following restrictions and limitations on this policy:

- Victims of child sexual assault or child physical abuse resulting in injury must be seventeen (17) years or younger at the time that compensation funds were approved to be eligible for this policy.
- A treatment plan must be submitted for the primary child victim before payment may be made for secondary (parental) counseling sessions, as acknowledgment that the focus should be on the needs of the child.
- Individuals who are eligible for these services must be determined to be “parental figures” by the program's administrative staff or board members.
- Parental figures may receive a maximum of 20 sessions per child victimized, which should be initiated within six months of the approval date, and completed within nine (9) months of the first session of each 20-session unit.
- These sessions should be provided by a mental health professional trained in the field of child sexual assault, or to facilitate groups for the parents of sexually assaulted or physically injured children.

The Board feels that group sessions are the most advantageous form of parental figure assistance, and strongly recommends this form of counseling. However, if it is determined that individual counseling would be more effective, payment will be made through this program for individual sessions.

Please call our office for contact information for active parent groups in our jurisdiction, if needed.

Grief therapy

Twenty-four (24) grief counseling sessions may be awarded to family members and domestic partners of victims who are killed as a result of a compensable crime. The program staff or Board will determine which persons are eligible for this award. The sessions are to be completed within two years of approval.

Witnesses of violent crimes

The Board may also approve, on a case by case basis, mental health services for individuals who have witnessed violent crimes. The award is limited to 20 counseling sessions, and should be used within nine (9) months of the date of approval.

Court support sessions

See “Court Support Sessions” above.

404B witnesses

See “404B witnesses” above.

Provider Under Review

The CVC Board retains the discretion to limit, suspend or deny payment of bills submitted by a provider who is under review by a licensing board, or under investigation by a law enforcement agency. If the provider has been convicted of, or has admitted to, defrauding any Crime Victim Compensation program or committing an unlawful or unethical act that may compromise a crime victim's treatment, the provider is ineligible for payment through Crime Victim Compensation.

Should the CVC Board decide to limit, suspend or deny payment of bills, the following procedures will apply:

1. The CVC Board will notify the provider, in writing, of any change in payment status.
2. The CVC Board will also notify any claimants receiving services from the provider of any change in the payment status.
3. It is the responsibility of the provider who receives such notification from the CVC Board to make arrangements with clients for services provided after the date of notification.
4. It is also the responsibility of the provider to submit written documentation of the final findings and outcome of a licensing review and/or criminal investigation, prior to the CVC Board considering reinstatement of payment to that provider, if applicable.

Referral Contacts

Police Agency/Victim Services List

PLEASE NOTE THAT NO REFERRALS ARE MADE THROUGH THE CRIME VICTIM COMPENSATION PROGRAM.

To request referrals, please call the law enforcement-based Victim Services contacts listed below:

<u>POLICE AGENCY</u>	<u>VICTIM ADVOCATE CONTACT</u>	<u>PHONE NUMBER</u>
Colorado State Patrol	Dolores Poeppel	303-273-1618
Arvada, Edgewater, Golden Wheat Ridge, Mountain View Lakeside, School of Mines	Vista Exline (VOI)	303-202-2196
Jeffco Sheriff's Office	Bernie Costa	303-271-5339
Lakewood	Jackie Granados	303-987-7191
Littleton	Linda Suttle	303-795-3703
Westminster	Drew Hogan	303-430-2400, x4211

Treatment Plan Forms and Procedures

Use of the following forms is required by the Crime Victim Compensation Board in the First Judicial District (Jefferson and Gilpin counties). Please note that the forms differ between districts in Colorado, and use of the wrong form may result in a delay in payment. Please feel free to call our office if you need contact information for a different district.

Initial Assessment and Treatment Plan Form and Procedure

- **The Board requires that the assessment and treatment plan form included in this packet, revised 3/16, be used for all clients going forward, until the form is next revised.**
- **Therapists are encouraged to save a copy of the blank form on their computer.** When using the form, the therapist may adjust margins or field sizes as needed, but may not omit any section of the form.
- **Due to the volume of treatment plans reviewed by the Board each month, they will not accept handwritten treatment plans.**
- **If the suspect in the case has been identified, the Board expects that as much of the information requested in the “Perpetrator Information” section be provided as possible.**
- **The Board warns against use of victim-blaming language on the treatment plan, and asks that safety planning and education be included in appropriate cases.**
- **It is required that the therapist give a projected length of treatment, as well as the specific month and year that treatment is expected to terminate.**
- **Section V, “Financial Information”, must be filled out in its entirety, or no payment can be made, as Crime Victim Compensation is the payor of last resort by law.**
- **If the therapist wants to include additional information, documents can be attached to the treatment plan.**
- **The treatment plan must be signed by the therapist;** if the therapist is not licensed, the supervising therapist must also sign the form. Failure to sign the treatment plan will result in a delay in processing the claim.
- **It is encouraged to obtain the signature of the client; however, it is not required.**

INITIAL ASSESSMENT AND TREATMENT PLAN

Crime Victim Compensation Board
First Judicial District Attorney's Office
500 Jefferson County Pkwy.
Golden, CO 80401-6020

(303) 271-6846 (phone)
(303) 271-6785 (fax)

(Revised 3/1/16)

This assessment represents an in-depth understanding of the victim and should be completed by the therapist after personally meeting with the victim several times. This plan will provide important information upon which the board members will base decisions concerning compensation funds for this victim. This assessment should include any educational or psycho-educational interventions like safety planning, domestic violence dynamics education, etc.

This plan cannot be handwritten. Please feel free to scan this document for future use. Due to the volume of plans submitted, handwritten or hand printed forms cannot be processed and will be returned without being reviewed, which will delay payment.

Please attach additional information to this form if necessary.

This form does not constitute approval of this claim, and may not be viewed as such. Claim approval will be decided at the next monthly Crime Victim Compensation Board meeting. Therapists may contact our office in confidence for specific victim decisions.

Date:

Therapist Name:

Practice/Agency Name (if applicable):

License #:

Address:

Telephone #:

Fax #:

E-mail Address:

Supervisor:

Supv's. License #:

SECTION I: VICTIM INFORMATION

Victim's name:

Victim's DOB:

Victim's parent/legal guardian:

Telephone #:

Victim's address:

**Police dept. to which crime was reported,
and crime report number, if available:**

Victim's living situation:

Length of time victimization occurred:

Victim's Name:

Date victim entered treatment:

Number of sessions to date:

Was treatment court-ordered?

If yes, explain the circumstances under which the court ordered this treatment:

SECTION II: PERPETRATOR INFORMATION

Perpetrator's name (if identified):

Perpetrator's DOB/age:

Perpetrator's current living situation:

Perpetrator's relationship to victim:

Perpetrator's therapist:

Behaviors involved in the offense:

Legal situation of the perpetrator (court dates, plea bargain, probation requirements, accepting responsibility for crime, denial, etc.):

To what degree will the victim come into contact with the perpetrator (therapeutically, clinically, and/or outside treatment sessions)?:

SECTION III: FAMILY INFORMATION

What is the reaction of the victim's family to the victim, perpetrator, and the crime in general?:

Are other family members involved in treatment related to the present victimization (do not include perpetrator)?:

Which family members?:

What type of treatment?:

Therapist's name:

Victim's Name:

SECTION IV: VICTIM TREATMENT ISSUES

Behavioral and emotional symptoms currently displayed by the victim:

Please list any pre-existing mental health issues exacerbated or discovered due to the crime against the victim:

Diagnosis and GAF:

Treatment modalities presently utilized as well as projected interventions (please note board policies on funding individual and family sessions):

Treatment objectives (specifically related to crime only – please include safety planning and education as appropriate):

- 1.
- 2.
- 3.
- 4.
- 5.

Treatment objectives (unrelated to crime):

- 1.
- 2.
- 3.
- 4.

Victim's Name:

Frequency of therapeutic contacts (please note that board policy allows payment of only one session per calendar week without prior approval):

Projected length of treatment (*required*):

Please specify the anticipated termination date with the victim (month and year required):

SECTION V: FINANCIAL INFORMATION

Prior to submitting a treatment plan, you are required to discuss the victim's insurance coverage. No payment can be made until this section is completed

Is the victim covered by medical insurance?:

If so, please list carrier and mental health benefit plan for victim:

Will you receive payment under this plan?:

SECTION VI: OTHER PERTINENT INFORMATION

This section allows the addition of information not in the Assessment Plan. If more space is needed, attach a separate document to this plan.

I understand that the Crime Victim Compensation fund is by state law a secondary insurance carrier. I have discussed the victim's insurance benefits, and I agree to apply for any insurance benefits for which the victim may be eligible. I also agree to reimburse the compensation program should I receive payment by the victim's insurance company after receiving payment through Crime Victim Compensation for the same services.

I hereby attest that the information contained herein is correct to the best of my knowledge and belief, and all treatment for which I am requesting payment through the Crime Victim Compensation Program is related to the criminal incident under which my client's claim was approved. I authorize the review of my session notes by the Crime Victim Compensation board and/or their designee(s) for purposes of auditing, if so requested.

Provider Signature

Date

Read and Approved
Signature: Licensed Supervisor

Date

Client/Guardian Signature

Date

Therapy Extension Request Form and Procedure

- **Only one extension of therapy will be granted.** No exceptions will be made to this policy.
- If the client requires treatment past the initial termination date set by the Board (based on the initial assessment and treatment plan), the therapist must fill out and submit the Therapy Extension Request form. **The form should be submitted prior to the initial termination date so the therapist can continue receiving payment without delay.**
- The Board **requires that the assessment and treatment plan form included in this packet, revised 7/1/15, be used** for all clients going forward, until the form is next revised.
- Therapists are encouraged to **save a copy of the blank form on their computer.** When using the form, the therapist may adjust margins or field sizes as needed, but may not omit any section of the form.
- Due to the volume of documents reviewed by the Board each month, they **will not accept handwritten forms.**
- Upon receipt of the Therapy Extension Request form by our office, **a staff person will contact the therapist to schedule a mandatory 15-minute meeting with the Board** at the next possible monthly board meeting. Unless the therapist lives outside of the Denver metro area, the therapist is required to attend the meeting, or their request for an extension will be denied. On a very strictly limited basis, and with prior board approval, the therapist may meet with the Board by teleconferencing.

If a therapist who has previously met with the Board requests an extension of six months or less, the therapist is not required to meet with the Board; a paper review will be done. If the therapist has not previously met with the Board, they are still required to meet with them the first time an extension is requested, regardless of the length of the extension.

It may be of note that extension requests are very rarely denied if good cause for continued treatment is shown, and at times the Board finds during their discussion with the therapist that sessions in addition to what have been requested might be appropriate.

- **The therapist meets with the Board, if required (see above).** The victim is encouraged to attend, but is not required to do so.
- The Board makes a decision on the additional time period for which CVC will pay for treatment. **A letter will be sent to both the therapist and the victim within a week of the board meeting, informing them of the Board's decision** and including the new termination date.
- **The therapist continues submitting monthly billing.**

THERAPY EXTENSION REQUEST

Crime Victim Compensation Board
First Judicial District Attorney's Office
500 Jefferson County Pkwy.
Golden CO 80401-6020

(303) 271-6846 (phone)
(303) 271-6785 (fax)

Revised 5/1/15

*This form is to be used only after the sessions approved under the initial assessment and treatment plan near termination. All Therapy Extension Requests must be returned to the Crime Victim Compensation program **30 days PRIOR** to the initial projected termination date. You will be contacted after our office receives this request, to set an appointment time for you to meet with the Board. This meeting is mandatory for the therapist; the victim's attendance is encouraged, but not required (please see mental health policy document for exceptions).*

This request cannot be handwritten. Please feel free to scan this document for future use. Due to the volume of plans submitted, handwritten or hand printed forms cannot be processed and will be returned without being reviewed. Please attach additional information to this form if necessary.

Date:
Therapist:
Phone #:
License #:
Supervisor:
Supv's. License #:

Victim's name:

Victim's DOB:

Victim's parent/legal guardian:

Victim's age when crime occurred:

Length of time victimization occurred:

Current behaviors and/or issues being addressed in treatment:

Relationship of the perpetrator to the victim:

Current involvement between the perpetrator and victim:

Date victim entered treatment:

Has victim's insurance status changed since initial treatment plan?:

If yes, how?:

Victim's Name:

Treatment modalities utilized:

Number of treatment sessions to date (required):

Progress related to initial assessment objectives (use objectives from initial treatment plan):

- 1.
- 2.
- 3.

List changes in treatment plan and/or approach:

How do the changes in the treatment plan relate to the crime?:

Initial termination date set by Board:

New termination date:

Reasons for additional treatment request:

Treatment modalities to be utilized:

To provide other pertinent information, please feel free to add an additional page

I hereby attest that the information contained herein is correct to the best of my knowledge and belief, and all treatment for which I am requesting payment through the Crime Victim Compensation Program is related to the criminal incident under which my client's claim was approved. I authorize the review of my session notes by the Crime Victim Compensation board and/or their designee(s) for purposes of auditing, if so requested.

Provider Signature

Date

Read and Approved
Signature: Licensed Supervisor

Date

Client/Guardian Signature

Date