

**California Victim Compensation and Government Claims Board
California Victim Compensation Program (CalVCP)
Proposal to Consider Revisions to the Mental Health Guidelines
Pursuant to the Board's December 16, 2010, Direction
Regarding Additional Treatment Plans**

March 17, 2011

Action Requested

The California Victim Compensation Program and Government Claims Board will consider and determine whether to approve the proposed revisions to the Mental Health Guidelines (guidelines) currently filed with the office of the California Secretary of State.

Previous Actions

At the December 16, 2010, Board meeting, the Board requested staff make recommendations to modify the guidelines to make requests for additional mental health sessions more restrictive.

Recommendations

Staff is proposing amendments to the guidelines to make the approval of Additional Treatment Plans more restrictive; and is proposing additional amendments to the guidelines to address program changes and a redundant criterion. The guidelines with the proposed changes are attached (Attachment A).

Staff recommends that the Board approve the proposed changes as follows:

- I. Amend the guidelines to be more restrictive for the allowance of additional mental health sessions.
- II. Repeal the requirement that the additional mental health sessions for derivative minors of specific crime circumstances be for the benefit of the direct victim.
- III. Add requirements for the filing statuses of Minor Witnesses and Post-Crime Primary Caretakers.
- IV. Amend the guidelines to eliminate a redundant criterion.
- V. Amend the requirement of when Treatment Plans are to be submitted.
- VI. Amend the Treatment Plan and Additional Treatment Plan forms to reflect the proposed changes.

Background

Government Code section 13957(a)(2)(A & B) establishes maximum reimbursement limits for mental health expenses in the amounts of \$10,000 and \$5,000 based on the qualifying claimant's CalVCP filing status.

In January 2003, the Board adopted emergency regulations regarding mental health expenses to remedy fiscal difficulties that were then present and to address utilization and quality of care issues that had been longstanding. The emergency regulations allowed the CalVCP to:

- Establish initial outpatient mental health counseling session limits within the statutory dollar parameters predicated by the claimant's filing status;
- Require specific documentation at various stages of treatment; and
- Set specific criteria for approval of sessions beyond the initial limitations by formalizing criteria to measure levels of impairment, progress, and planning.

The emergency regulations were modified and adopted as final regulations in October 2003 and remained in place until repealed and revised as guidelines in January 2006 to allow the Board greater flexibility in revising the service limitation and rate setting process. The guidelines have remained in place since 2006 with minor revisions in January 2008 to allow the Treatment Plan to remain in the provider's claimant file until requested by CalVCP, and to establish mental health benefits to a minor who witnessed a violent crime.

At the December 16, 2010, Board meeting, staff was directed to review the guidelines for Additional Treatment Plan to ensure that approvals were restricted to the most severe crimes and to help in addressing the current fiscal challenges to the Restitution Fund.

PART I- Amend the Guidelines to Be More Restrictive for the Allowance of Additional Mental Health Sessions

Crime Criteria

Current Provision: Four of the nine crime factors whereby an adult direct victim may be granted additional sessions include that the crime:

- Resulted in substantial impairment of the activities of daily living;
- Resulted in injuries that severely impaired the victim's ability to successfully engage in an occupation;
- Includes a series of acts of significant frequency or duration; or
- Includes a single act which a reasonable person would consider a threat of serious harm to body integrity (Mental Health Guidelines Section IV (b)(1)).

Proposed Revision: The first three factors are recommended for repeal. The fourth factor is recommended for amendment to:

- The qualifying crime constituted a plausible and credible threat of serious harm to body integrity as defined in Penal Code section 243(f)(4) (Mental Health Guidelines Section IV (b)(1)).

The three factors recommended for repeal can be ambiguous and subjective to staff interpretation, resulting in inconsistent application and a broadening of the allowance of additional sessions for claimants who may not otherwise have met the criteria. The amended factor is significant because a victim who received such a threat experiences the trauma and exhibits similar symptoms to that of a victim who received a physical injury; however, the amended version narrows the definition.

Impairment and Treatment Progress

Current Provision: The victim or derivative victim must be suffering substantial impairment of functioning as a direct result of the qualifying crime and show that treatment has progressed as evidenced by the percentage of treatment completed. (Mental Health Guidelines Section IV (b)(3)&(4)).

Proposed Revision: Remove substantial impairment as a means to be granted additional sessions and incorporate impairment with treatment progress. Additionally, amend the treatment progress to include improvement in functioning and intervention scores along with the percentage of completed treatment (Mental Health Guidelines Section IV (b)(3)).

The revision expands the criteria through which progress is measured. The requirement that the victim have substantial impairment while concurrently requiring progression in treatment, which includes improvement in functioning scores, is conflicting in nature.

Additional Sessions for Derivative Victims

Current Provision: For a derivative victim to be granted additional sessions the factors summarized below are required:

- At least one of the crime factor requirements is met; and
- Treatment is necessary for the recovery of the victim; and
- Treatment has progressed as evidenced by the percentage of treatment completed aimed at the remediation of the victim's crime-related impairment (Mental Health Guidelines Section V (b)).

Proposed Revision: Clarifies the requirement that the derivative victim's treatment be linked to the direct victim's alleviation of symptoms (Mental Health Guidelines Section V (b)(3)). A fourth criterion was added to require the derivative victim's treatment be focused on alleviating the direct victim's crime-related symptoms (Mental Health Guidelines Section V (b)(4)).

The allowance of additional sessions for a derivative victim is predicated on a therapeutic link between the derivative victim's treatment and the impact on the direct victim's recovery. This is often misunderstood by service providers when completing the Additional Treatment Plan. The proposed revision strengthens the requirement with a clearer description of how the treatment should be linked and documented.

Increasing Stringency of Review of Subsequent Additional Treatment Plans

Current Provision: Subsequent requests for additional sessions may be granted when the proposed treatment is reasonably likely to successfully overcome the factors that hindered the progress of treatment for the direct or derivative victim (Mental Health Guidelines Section V (d)).

Proposed Revision: Adds language requiring that subsequent requests are stringently reviewed and that treatment must have significantly progressed for all filing statuses: direct victims, derivative victims and minor witnesses (Mental Health Guidelines Section V (d), & VI (d), & VII (b)).

This is intended to ensure that only claimants who are likely to overcome factors impacting progress and are making progress in treatment will be approved for additional mental health sessions. Additionally, the proposed revision raises the bar for approval of additional sessions by stressing that subsequent request(s) will be reviewed at a heightened scrutiny.

Collateral Sessions

Current Provision: Allows up to six collateral sessions for a minor victim as part of the initial session limit (Mental Health Guidelines Section VII).

Proposed Revision: Reduces the amount of collateral sessions allowed within the initial session limit for a minor victim from six to three sessions (Mental Health Guidelines Section II (a)).

Reducing the amount of approved collateral sessions will provide more initial sessions for the minor's individual treatment.

Session Notes

Current Provision: Allows the Board to request submission of any other information required to determine whether the treatment will best aid the claimant and is necessary as a direct result of the qualifying crime (Mental Health Guidelines Section VI (b)).

Proposed Revision: Adds language specifying that the request of information includes legible session notes pursuant to California Code of Regulations §649.7(b)(1) (Mental Health Guidelines Section IV (b)).

Service providers sometimes refuse the request for session notes when information on the Additional Treatment Plan is insufficient in determining if the additional session requirements have been met. The proposed revision strengthens the Board's authority for requesting session notes.

Additional Proposed Changes

In addition to the proposed modifications that make approval of Additional Treatment Plans more restrictive, staff proposes the following:

PART II- Repeal the Requirement That the Additional Mental Health Sessions for Derivative Minors of Specific Crime Circumstances be for the Benefit of the Direct Victim

Additional Sessions for Minor Siblings of Minor Direct Victims of Sexual and Physical Abuse

Current Provision: The treatment must be necessary for the recovery of the direct victim (Mental Health Guidelines Section VII (b)(2)).

Proposed Revision: Allows granting additional mental health sessions for a minor derivative victim who is a sibling of a minor direct victim of sexual or severe physical abuse by a perpetrator residing in the home resulting in the minors' removal from the home. The requirements are:

- Treatment is focused on behaviors or beliefs directly attributable to the qualifying crime; and
- Treatment of the derivative victim has progressed as shown by the percentage treatment complete and improvements in the functioning and intervention scores (Mental Health Guidelines Section VI (c)).

Claimants with this filing status are currently grouped with all derivative victims and require that additional sessions be necessary for the direct victim's recovery. According to the *Standards of Care Mental Health Task Force for Child Crime Victims - Guidelines* (2001 ed.), minor siblings often exhibit emotional responses such as anger, guilt, and fear. The minor may also perceive attention given to the direct victim as favoritism and experience jealousy, or blame the direct victim if the abuse results in family separation. This revision enables a minor sibling who has significant secondary trauma to the direct victim and meets the criteria of the proposed revision to be granted additional sessions for remediation of their own trauma.

PART III- Add Requirements for Minor Witness and Post-Crime Primary Caretakers

Minor Witness

Current Provision: There is no current provision.

Proposed Revision: Adds requirements whereby a minor witness may be granted additional sessions (Mental Health Guidelines Section VII).

On January 1, 2008, Government Code section 13957(a)(2)(B)(iii) was codified establishing a new filing status of “minor witness.” The proposed revision provides the needed guidelines for Additional Treatment Plan determination for this filing status.

Initial Session Limit Requirements for Post-Crime Caretakers

Current Provision: There is no current provision.

Proposed Revision: Adds a description specifying that the initial session limit is 15 sessions for not more than two post-crime primary caretakers and that treatment must be for the direct victim’s benefit pursuant to Government Code section 13957(a)(2)(B)(i) (Mental Health Guidelines Section I (4)).

The initial session limitation and reimbursement condition for a claimant qualified as post-crime primary caretaker was overlooked in previous revisions. The proposed revision corrects the omission.

Part IV- Amend the Guidelines to Eliminate a Redundant Criterion

Additional Sessions for a Minor Direct Victim Scheduled to Testify

Current Provision: The crime criteria are met when the minor direct victim is scheduled to testify as a witness or is required to be involved with or participate in any criminal or dependency proceeding related to the qualifying crime (Mental Health Guidelines Section IV (c)(5)).

Proposed Revision: Removes this criterion from the minor direct victim section as it is already in the direct victim section, which also applies to the minor direct victim (Mental Health Guidelines Section V (c)(5)). The provision is described in the crime factor requirements applicable for both adult and minor direct victims (Mental Health Guidelines Section V (b)(1)(F)).

Having this provision in the minor direct victim section is redundant.

Part V- Amend the Requirement Regarding When Treatment Plans Are To Be Submitted

Documentation Requirements for Initial Sessions

Current Provision: Requires that the treating therapist complete a Treatment Plan by the end of the claimant’s fifth session and submit the Treatment Plan to the Board upon request (Mental Health Guidelines Section III (a)(2)).

Proposed Revision: Clarifies that the Treatment Plan be must completed before the claimant’s sixth session; and requires submission of the Treatment Plan as follows:

- If the treatment is less than 100% related to the crime; or
- When the Additional Treatment Plan is submitted; or
- If there was a delay or break in treatment of over one year; or
- If the claimant is qualified as a post-crime primary caretaker (Mental Health Guidelines Section III (a)(2) &(3)).

The current provision was intended to establish a definition of timely Treatment Plan completion. However, this definition is often broadly interpreted by the therapist to mean completion of the Treatment Plan any time after the fifth session. As a result, the Treatment Plans are often being completed concurrently with the Additional Treatment Plan, which impairs staff’s ability to measure the progress of treatment. In addition, the revision directs mental health providers to submit the

Treatment Plan in specific circumstances. Treatment Plans indicating less than 100% crime related treatment are currently not received until additional sessions are requested through submission of an Additional Treatment Plan. This has resulted in staff recommending reimbursement of treatment unrelated to the crime, which can cause an overpayment. These revisions clearly define timely completion and appropriate submission of the Treatment Plan.

Part VI- Amend the Treatment Plan and Additional Treatment Plan Forms

The proposed amendments to the guidelines will require amendments to the Treatment Plan and Additional Treatment Plan forms. The forms with the proposed changes are attached (Attachments B and C).

Attachment A

California Victim Compensation and Government Claims Board

Victim Compensation Program Service Limitations Mental Health and Counseling Expenses Government Code section 13957.2 (a)

Effective ~~February 3, 2009~~ April 1, 2011

Text proposed or to be added to the existing guidelines is shown in bold type. Text to be deleted from the existing guidelines is shown in bold strikethrough type.

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

These guidelines are subject to the maximum reimbursement provisions of Government Code ~~section §~~13957 and other statutes governing the administration of the **California** Victim Compensation Program codified at Government Code ~~section §~~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) "Collateral Sessions" are meetings or discussions between the treating therapist and collateral contacts of the persons being treated such as a school counselor or teacher, a religious leader, physician, or other medical provider, or a social worker.

Section II. Initial Session Limits

- a) Direct Victims: Except as noted, an eligible victim may be reimbursed for up to 40 initial mental health counseling sessions. A ~~minor~~ victim of unlawful sexual intercourse with a minor, as defined in Penal Code ~~section §~~261.5 (d), may be reimbursed for up to 30 initial mental health counseling sessions. **The Board may reimburse up to three collateral sessions as part of the initial session limit. The Board may also, in its sole discretion, reimburse additional collateral sessions.**
- b) Derivative Victims/Minor Witnesses: An eligible derivative victim or minor_witness 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.

- 1) An adult derivative victim may receive up to 15 mental health counseling sessions.
- 2) A minor derivative victim or minor witness 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, or registered domestic partner as defined in Family Code ~~section~~ §297.5, may receive up to 30 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) **First Five Sessions:** A victim, derivative victim or minor witness who is eligible for outpatient mental health counseling expenses may be reimbursed for the first five mental health counseling sessions without completion of a Treatment Plan.
 - 2) **Treatment Plan:** Reimbursement of mental health counseling sessions beyond the first five sessions requires the treating therapist to complete a Treatment Plan ~~by the end of the fifth before the sixth session;~~ **and The Treatment Plan may be kept in the victim's or derivative victim's file, but must be submitted to the Board upon request and shall include the following:**
 - 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 or break in treatment over one year; or
 - E) If the claimant is the post-crime primary caretaker; and
 - 4) **The Treatment Plan shall include the following:**
 - A) A description of the presenting complaint, symptoms and impairment;

- B) A description of the crime for which the victim, derivative victim or minor witness is receiving treatment;
- C) An evaluation using all of the axes described in the Multiaxial Assessment in the most recently published version of the *Diagnostic and Statistical Manual of Mental Disorders* (DSM);
- D) An evaluation of functioning using each of the following criteria in the DSM: A Global Assessment of Functioning (GAF), Social and Occupational Functioning Assessment Scale (SOFAS) and Global Assessment of Relational Functioning (GARF);
- E) A description of symptoms or behaviors that are the focus of treatment;
- F) A description of the plan of treatment, including a specific description of the method by which the symptoms or behaviors will be treated;
- G) A description of the means by which progress will be measured;
- H) An estimate of the percentage of the treatment that is necessary as a direct result of the qualifying crime; and
- I) Any other information required to determine whether the treatment will best aid the victim, derivative victim or minor witness and is necessary as a direct result of the qualifying crime.

Section VI. 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.)
 - 1) The Additional Treatment Plan shall include:
 - A) An update on all information required by Section III, subsection (a)(~~2~~) (4); and
 - B) A detailed description of the factors supporting the request for reimbursement for additional treatment.
- b) The Board may require the submission of any other information required to determine whether the treatment will best aid the victim, ~~or~~ derivative victim, **or minor witness** 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 ~~IV or V, VI or VII~~ are met; or, in the Board's sole discretion, it determines that additional treatment will best aid the victim, ~~or~~ derivative victim **or minor witness** and is necessary as a direct result of the 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 IV, subsection (b)(4) and Section V, subsection (a)~~ **Section V, subsections (b)(3) and (d)(2), and Section VI, subsections (a)(3) and (c)(2)**, 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 section 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 IV. V. Additional Sessions for Direct Victims

- a) A victim may be reimbursed for additional mental health counseling sessions beyond those described in Section II if an Additional Treatment Plan is submitted and the **circumstances of the application demonstrate the need for** additional treatment meets the criteria listed in subsections (b) and (c) below.
- b) Reimbursement for additional sessions for an adult victim beyond those pursuant to Section II 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 substantial impairment of the victim's activities of daily living; or~~
 - ~~B) A) The qualifying crime resulted in permanent and substantial disfigurement; or~~
 - ~~C) The qualifying crime resulted in injuries that severely impaired the victim's ability to successfully engage in an occupation commensurate with his or her experience, education and training and his or her occupation or activities immediately before the qualifying crime; or~~
 - ~~D) B) The qualifying crime is a sexual assault offense involving conduct described in Penal Code section 11165.1(b)(1), (2) or (3); or~~
 - ~~E) The qualifying crime includes a series of acts of significant frequency or duration; or~~
 - ~~F) C) The qualifying crime includes a single act which a reasonable person would consider to constitute a constituted a plausible and credible threat of serious harm to bodily integrity; or~~
 - ~~G) D) The qualifying crime includes a single act which resulted in serious bodily injury as defined in Penal Code section 243(f)(4); or~~
 - ~~H) 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~~

- 4) 3) The alleged suspect persists in making uninvited and unwelcome contact with the victim that is not authorized by a court; or
 - 5) ~~The victim is scheduled to testify as a witness or is required to be involved with or participate 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 the victim being scheduled to testify or learning that the victim is required to be involved with or participate in the proceeding.~~
- 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 ~~(a)~~ **(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.**

Section VI. Additional Sessions for Derivative Victims

- a) A derivative victim may be reimbursed for additional sessions beyond those identified in Section II if:
- 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) ~~The derivative victim suffers substantial impairment of functioning that is directly attributable to the qualifying crime. Impairment shall be determined by the criteria required by Section III, subsection (a)(2) above and by substantiation submitted to support the request for additional treatment; and~~
 - 4) 3) Treatment has progressed, as evidenced by: ~~the percentage of treatment completed that is aimed at the remediation of the impairment caused by behaviors or beliefs that are directly attributable to the qualifying crime.~~
 - A) The percentage of treatment completed; and
 - B) Improvement in functioning as shown by the impairment scores; and
 - C) Notable and significant improvement in the symptoms, behaviors, or beliefs identified on the Treatment Plan as shown in the intervention scores.

- b) A derivative victim ~~may also be reimbursed for additional sessions beyond those identified in Section II if:~~ who does not meet the criteria of subsection (a) or (c) may be reimbursed for additional sessions beyond those identified in Section II if:
- 1) ~~One of the~~ The factors listed in Section ~~IV~~ V, subsection (b)(1) or (c)(1) ~~is present~~ are met; and
 - 2) ~~The~~ Treatment for the derivative victim is necessary for the recovery of the 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
 - 3) ~~The treatment has progressed, as evidenced by the percentage of treatment completed that is aimed at the remediation of the victim's impairment caused by behaviors or beliefs that are directly attributable to the qualifying crime.~~
 - 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 in the intervention scores that is aimed at the remediation of the impairment caused by behaviors or beliefs that are directly attributable to the qualifying crime and percentage of treatment completed; 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) The derivative victim is a minor who is a sibling of a minor victim of sexual or severe physical abuse specified by Section V, subsections (b)(1)(A) or (b)(1)(D), or Section V, subsection (c)(1) perpetrated by someone residing with the victim and derivative victim resulting in the removal of the minors' from the home; and
- 1) 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
 - 2) The treatment has progressed, as evidenced by:
 - A) The percentage of treatment completed; and
 - B) Improvement in functioning as shown by the impairment scores; and
 - C) Notable and significant improvement in the symptoms, behaviors, or beliefs identified on the Treatment Plan as shown in the intervention scores.
- ~~c) If the Board previously approved reimbursement for additional sessions under subsection (a), any subsequent request may be reimbursed only if both of the following requirements are met:~~
- 1) ~~The requirements of subsection (a) 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.~~
- 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 both of the following requirements are met: 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.
- ~~1) The requirements of subsection (b) above are met; 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) The victim suffers substantial impairment of functioning that is directly attributable to the qualifying crime; and~~
- ~~4) The Board determines that the proposed treatment is reasonably likely to successfully overcome the factors that hindered the progress of treatment.~~

Section VI. 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.)~~
- ~~1) The Additional Treatment Plan shall include:~~
- ~~A) An update on all information required by Section III, subsection (a)(2); and~~
- ~~B) A detailed description of the factors supporting the request for reimbursement for additional treatment.~~
- ~~b) The Board may require the submission of any other information required to determine whether the treatment will best aid the victim or derivative victim and is necessary as a direct result of the qualifying crime.~~
- ~~c) The Board shall not reimburse additional outpatient mental health counseling sessions unless the requirements of Section IV or V are met; or, in the Board's sole discretion, it determines that additional treatment will best aid the victim or derivative victim and is necessary as a direct result of the 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 IV, subsection (b)(4) and Section V, subsection (a), 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 section 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 VII. Collateral Sessions

~~The Board may reimburse up to three collateral sessions for adult victims and up to six collateral sessions for minor victims as part of the initial sessions limits described in Sections II and III. The Board may also in its sole discretion reimburse additional collateral sessions pursuant to Sections IV and V.~~

Section VII. Additional Sessions for a Minor Witness

- a) A minor witness may be reimbursed for additional sessions beyond those identified in Section II if:
 - 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) The percentage of treatment completed; and
 - B) Improvement in functioning as shown by the impairment scores; and
 - C) Notable and significant improvement in the symptoms, behaviors, or beliefs identified on the Treatment Plan as shown in the intervention scores; or
 - 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 both of 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.



Treatment Plan (Form) (Confidential)

State of California
Treatment Plan
 VCGCB-VOC-6015 (Revised 4-1-11)

**California Victim Compensation and
 Government Claims Board**
 (www.vcgcb.ca.gov)

Return form to:

CalVCP
P.O. Box 942003
Sacramento, CA 94204-2003

Application Number:	Date Form Sent:
Claimant Name:	
Provider Name:	
Date That Crime Occurred:	

In order for the Victim Compensation Program (CalVCP) to pay for services, the claimant's application must be found eligible. After eligibility has been determined, the CalVCP may consider reimbursement for outpatient mental health treatment up to the claimant's session limit, as shown in the chart on page 2. As a condition for reimbursement, this Treatment Plan is to be **completed in its entirety before completion of the sixth session**. You may use additional pages if necessary.

Statute requires that the CalVCP verify that treatment is necessary as a direct result of the crime for which the application was filed. (*Additional information, which **may include session notes**, may be needed to verify the appropriateness of reimbursement.*) Failure to complete this form and/or provide session notes upon request may result in a denial of further payment or a repayment to the CalVCP for services previously reimbursed.

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. You may contact customer service for session count/limit verification (800-777-9229)

Submittal of completed Treatment Plan is only required under the following circumstances:

- There has been over a one year delay in treatment from the date of the qualifying crime;
- There has been a break in mental health treatment of one year or longer;
- A restitution hearing against the offender has been ordered;
- Upon receipt of a completed Additional Treatment Plan (see pages 2 and 4 for additional information);
- Treatment beyond the victim's 5th session is not 100 percent related to the qualifying crime;
- Derivative victim is a post-crime caretaker;
- Upon general request of the CalVCP.

As required by law, the information requested must be documented and kept on file and upon request, be submitted to the CalVCP within ten (10) business days and must be provided at no cost to the claimant, the CalVCP, or local Victim/Witness Assistance Centers. The CalVCP certifies that there is a signed authorization on file for the release of the information requested.

Session Calculations (Individual/Family Therapy)

½ Session =	Less than 45 minutes
1 Session =	45 to 74 minutes
1 ½ Sessions =	75 to 104 minutes
2 Sessions =	105 to 120 minutes

Session Calculations (Group Therapy)

½ Session =	0-60 minutes
1 Session =	61-120 minutes
1 ½ Sessions =	121-180 minutes
2 Sessions =	181-240 minutes

Mental Health Session Limitations
(For applications received on/after 01-24-06)

Session Limitation	Claimant/Patient Filing Status
40 Sessions	Direct Victim
30 Sessions	<ul style="list-style-type: none"> * Direct Victim of Unlawful Sexual Intercourse (Penal Code, section 261.5(d)) Derivative Victim who is a surviving parent, sibling, child, spouse, registered domestic partner, or ** fiancé (fiancée) of a victim who becomes deceased as a result of the crime * Derivative Victim who was a minor at the time of the crime Derivative Victim who was one of two primary caretakers of a direct victim who was a minor at the time of the crime ** Minor Witness to a violent crime (eff. 01-01-09) Statutory limit of \$5,000.00)
15 Sessions	<ul style="list-style-type: none"> * Derivative Adult Victim Post-Crime Caretakers (became primary caretaker of minor direct victim after the qualifying crime and did not have a previous relationship to the direct victim) Statutory limit of \$5,000.00. * A derivative victim who does not meet any of the benefit limits listed above

* Not to exceed the statutory \$3,000 outpatient mental health limit for applications received prior to 01-01-08

** Must have witnessed the crime

Note: If victim is within (8) sessions from reaching their current session limit, the submittal of an Additional Treatment Plan will be required for the approval of additional sessions. (see page 4)

Please complete all questions unless otherwise specified.

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

2. Please describe the details of the crime for which you are providing treatment.

3. If this victimization was not within the last year, or if there has been a break in treatment of over one year or longer, please describe the event(s) that brought the claimant into treatment at this time and describe how the event(s) are related to the qualifying crime.

IF CLAIMANT IS A POST-CRIME CARETAKER, SKIP TO QUESTION NUMBER 8

4. Please evaluate this victim with respect to the criteria in the current **Diagnostic and Statistical Manual of Mental Disorders (DSM)**. Please complete this section as fully and accurately as possible, and evaluate on all 5 axes.

Axis I: _____ Axis II: _____

Axis III: _____ Axis IV: _____

Axis V: (Global Assessment of Functioning Score): _____

5. **If this claimant is six years of age or older**, please evaluate him or her on the Social and Occupational Functioning Assessment (SOFA) scale that is discussed in the current DSM. (Note: Rate the relational unit in which he or she resided at the time of this report.) Score: _____. N/A - Claimant is under 6 years of age.

6. Please evaluate the claimant on the Global Assessment of Relational Functioning (GARF) scale that is discussed in the current DSM. (Note: Rate the relational unit in which this claimant resided at the time of this report.) Score: _____.

7. Please describe any factor(s) not already noted which you believe may have a significant impact on the course of your treatment of this claimant:

8. TREATMENT PLAN

Please list the symptoms/behaviors that will be the focus of your treatment and the interventions you plan to use to address each symptom/behavior. If the claimant is a **post-crime caretaker** please describe the direct victim's symptoms and the interventions to be used with the post-crime caretaker that will be aimed at alleviating the direct victim's symptoms.

Symptom/Behavior: _____ Intervention: _____

Symptom/Behavior: _____ Intervention: _____

Symptoms/Behavior: _____ Intervention: _____

9. How will progress be measured?

10. Has this treatment plan been discussed with and consented to by the claimant or the victim's caretaker?

Yes No

DECLARATION

CLIENT NAME: _____

APPLICATION NUMBER: _____

If the claimant's offender is convicted, the CalVCP will request the criminal court to order the offender to pay restitution to reimburse the CalVCP for any expenses the Victim Compensation Program has paid for this crime. As a treating therapist you must be prepared 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: The CalVCP can only pay for the percentage of treatment that is necessary as a direct result of the crime for which the application was filed.

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

- * 50 % 100 % Other: _____%
- * 75 %

* The Cal VCP will allow the first initial 5 sessions at 100%. If it is your professional opinion that subsequent treatment is not 100% related to the qualifying crime, the Treatment Plan **must be submitted to the CalVCP for review upon completion of the claimant's fifth session.**

Reimbursement beyond a claimant's session limits requires the treating therapist to complete and submit an **Additional Treatment Plan**. **Additional payments will not be authorized for sessions beyond the victim's limit until both a completed Treatment Plan and Additional Treatment Plan have been submitted to and approved by the CalVCP.**

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 the CalVCP or pursuant to this form was necessary at the percentage noted above and as a direct result of the crime described above. I further understand that if I have provided any information that is false, intentionally incomplete or misleading, I may be found liable under *Government Code section 12650* for filing a false claim with the State of California and/or guilty of a misdemeanor or felony, punishable by six months or more in the county jail, up to four years in state prison, and/or fines up to ten thousand dollars (\$10,000).

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

IMPORTANT – You MUST Provide The Required Signature(s) Below

Treating Therapist:

Name: _____ License No: _____
(Please Print Clearly)

Signature: _____ Date: _____

Provider/Organization (if applicable) _____

If Treating Therapist is a Registered Intern:

Supervising Therapist's Name: _____ License No: _____

(Please Print Clearly)

Signature: _____ Date: _____

Tax Identification Number of person or organization in whose name payment is to be made:

For the CalVCP to contact you, please enter your email address and telephone number below:

E mail Address: _____

Telephone Number: _____

Additional Treatment Plan (Form)

(Confidential)

<p><i>State of California</i> Additional Treatment Plan VCGCB-VOC-6025 (Revised 4-1-11)</p>

<p>California Victim Compensation and Government Claims Board (Cal VCP) (www.vcgcb.ca.gov)</p>
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<p>Return Form To:</p> <p>CalVCP P.O. Box 942003</p> <p>Sacramento, CA 94204-2003</p>

Application Number:	Date Form Sent:
Claimant Name:	
Date That Crime Occurred:	

Please submit this form if your client is within **eight (8)** sessions, or has reached the mental health benefit limitations noted below and additional treatment is necessary as a direct result of the crime for which the California Victim Compensation Program (CalVCP) application was filed. If you are the continuing therapist, please include a copy of your initial **Treatment Plan**, (to be completed before client's sixth (6) session.) **The CalVCP is unable to authorize and reimburse additional sessions until the Additional Treatment Plan is reviewed and approved.** Further information, such as **session notes** or objective assessments of impairment, may be needed to evaluate this request for additional treatment. You will be notified by mail of the result of the review.

As required by law, the information requested must be returned to the CalVCP within ten (10) business days from the date of the cover letter and must be provided at no cost to the claimant, the CalVCP, or local Victim/Witness Assistance Centers. The CalVCP certifies that there is a signed authorization on file for the release of the information requested. Please answer questions fully and complete the signature page at the end of the document. You may use additional pages if necessary.

Note: Additional sessions awarded to an **adult derivative victim**, except for when the direct victim is deceased due to the crime, must be for the **benefit of the direct victim**.

Mental Health Session Limitations
 (For applications received on/after 01-24-06)

Session Limitation	Victim/Patient Filing Status
40 Session Hours	Direct Victim
30 Session Hours	* Direct Victim of Unlawful Sexual Intercourse (<i>Penal Code, section 261.5(d)</i>) Derivative Victim who is a surviving parent, sibling, child, spouse, registered domestic partner, or **fiancé (fiancée) of a victim who becomes deceased due to the crime * Derivative Victim who was a minor at the time of the crime Derivative Victim who was one of two primary caretakers of a direct victim who was a minor at the time of the crime ** Minor witness to violent crimes (eff. 01-01-09) statutory limit of \$ 5,000.00
15 Session Hours	* Derivative Adult Victim * A Derivative Victim who does not meet any of the benefit limits listed above Post-Crime Caretakers (became primary caregiver of minor direct victim after the qualifying crime and did not have a previous relationship to the direct victim) Statutory limit of \$5,000.00.

* Not to exceed the statutory \$3,000 outpatient mental health limit for applications received prior to 01-01-08
 ** Must have witnessed the crime

Session Calculations (Individual/Family Therapy)

½ Session =	Less than 45 minutes
1 Session =	45 to 74 minutes
1 ½ Sessions =	75 to 104 minutes
2 Sessions =	105 to 120 minutes

Session Calculations (Group Therapy)

½ Session =	0-60 minutes
1 Session =	61-120 minutes
1 ½ Sessions =	121-180 minutes
2 Sessions =	181-240 minutes

Please complete all questions unless otherwise specified.

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

2. Name of Treating Therapist: _____
 Provider/Organization (if applicable) _____

3. What is your present understanding of the details of the crime for which you are providing treatment?

4. If this victimization was not within the last year, or if there has been a break in treatment of one year or longer, please describe the event(s) that brought the claimant into treatment at this time and describe how the event(s) are related to the qualifying crime.

5. Please evaluate this claimant with respect to the criteria in the current Diagnostic and Statistical Manual of Mental Disorders (DSM). Please complete this section as fully and accurately as possible, and evaluate on all 5 axes.

Axis I: _____ Axis II: _____

Axis III: _____ Axis IV: _____

Axis V (GAF): _____ SOFA: _____ N/A-Client is under 6 years of age GARF: _____

6. If you are the continuing therapist, and the current impairment scores are lower than the scores on your previous Treatment Plan(s), please explain. N/A - New Therapist (under 15 sessions provided)

7. Please describe any factor(s) not already noted which you believe may have a significant impact on the course of your treatment of this claimant:

8a. If you are the **continuing therapist**, please rate the status of the claimant's symptoms/behaviors, as shown on your Treatment Plan, on a scale from 1 to 9, with 1 representing the lowest score and 9 the highest.

Worsened			Remained Relatively the Same			Improved		
1	2	3	4	5	6	7	8	9

Symptom/Behavior:	Rating:
Symptom/Behavior:	Rating:
Symptom/Behavior:	Rating:

8b. If you are a **new therapist, (or continuing therapist treating additional symptoms/behaviors)** what symptoms/behaviors will be or have been the focus of your treatment?

Symptom/Behavior:	Intervention:
Symptom/Behavior:	Intervention
Symptom/Behavior:	Intervention

8c. If your client is a **derivative victim**, what symptoms/behaviors of the **direct victim** will be the focus of this claimant's treatment, and what interventions with the derivative victim will be aimed at the recovery of the direct victim?

Symptom/Behavior:	Intervention:
Symptom/Behavior:	Intervention
Symptom/Behavior:	Intervention

Is the direct victim currently in treatment? Yes No Unknown

9. Will family/conjoint sessions be used during treatment? No Yes

10. How will progress be measured? Please specify the tests you expect to use:

11a. Date your treatment began: _____ Most recent date of treatment: _____

Number of sessions completed: Individual _____ Family: _____

Group: _____ Conjoint: _____

Has treatment terminated (Claimant will not be returning for future sessions) Yes No

Date of termination _____

11b. If you are seeking compensation for previously billed dates of service only, please list the dates of service for which you are seeking reimbursement. _____

12. Did, or will, this claimant testify in any criminal or dependency proceeding related to the qualifying crime?

Yes – If “yes,” please provide the date of the court proceeding: _____ / _____
(Month) (Year)

No

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

Yes – If “yes,” please provide the date the perpetrator was released from custody: _____ / _____
(Month) (Year)

No

N/A

14. If you are a continuing therapist, please indicate the overall percentage of treatment completed in relation to the qualifying crime _____ % N/A New Therapist

15. If this claimant is a minor, is there a primary caretaker(s) involved in the treatment? Yes No Not a minor

If yes, please explain the nature and extent of involvement:

16. Has this treatment plan been discussed with and consented to by the claimant or the claimant’s caretaker?

Yes No

DECLARATION

CLIENT NAME: _____

APPLICATION NUMBER: _____

If the victim's offender is convicted, the CalVCP will request the criminal court to order the offender to pay restitution to reimburse the CalVCP for any expenses the Victim Compensation Program has paid for this crime. As a treating therapist you must be prepared 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: *The CalVCP can only pay for the percentage of treatment that is necessary as a direct result of the crime for which the application was filed.*

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

- 50 % 100 % Other: _____%
- 75 %

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 the CalVCP or pursuant to this form was necessary at the percentage noted above and as a direct result of the crime described above. I further understand that if I have provided any information that is false, intentionally incomplete or misleading, I may be found liable under *Government Code section 12650* for filing a false claim with the State of California and/or guilty of a misdemeanor or felony, punishable by six months or more in the county jail, up to four years in state prison, and/or fines up to ten thousand dollars (\$10,000).

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

IMPORTANT – You MUST Provide The Required Signature(s) Below

Treating Therapist:

Name: _____ License No. _____
(Please Print Clearly)

Signature: _____ Date: _____

If Treating Therapist is a Registered Intern:

Supervising Therapist's Name: _____ License No. _____
(Please Print Clearly)

Signature: _____ Date: _____

Tax Identification Number of person or organization in whose name payment is to be made:

Please enter your contact information below, as this is how your office will be notified of treatment authorization;

E mail Address: _____

Telephone Number: _____