

**California Victim Compensation and Government Claims Board
Victim Compensation Program
Service Limitations**

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

Effective January 1, 2016

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

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

Section I. Session Definitions

- a) An individual mental health counseling session lasting less than 45 minutes is one-half session.
- b) An individual mental health counseling session lasting 45 to 74 minutes is one session.
- c) An individual mental health counseling session lasting 75-104 minutes is one and one-half sessions.
- d) An individual mental health counseling session lasting 105-120 minutes is two sessions.
- e) One group mental health counseling session is the equivalent of one-half of an individual mental health counseling session of the same length.
- f) Case management is a service that assists a direct victim access needed medical, educational, social, prevocational, rehabilitative, or other community services. The service activities may include, but are not limited to, communication, referral and coordination.

Section II. Initial Session Limits

- a) Direct Victims: An eligible victim may be reimbursed for up to 40 initial mental health counseling sessions. The Board may reimburse up to 5

case management sessions, which will not be counted as part of the mental health session limit.

- b) Derivative Victims/Minor Witnesses/Good Samaritans: An eligible derivative victim, minor witness or Good Samaritan may be reimbursed under these guidelines for the number of initial sessions set forth in one of the categories that follow. A derivative victim eligible in more than one category may use only the most favorable category.
- 1) An adult derivative victim may receive up to 15 mental health counseling sessions.
 - 2) A minor derivative victim, or minor witness, or Good Samaritan may receive up to 30 mental health counseling sessions.
 - 3) Each derivative victim who is the direct victim's primary caretaker at the time of the crime may receive up to 30 mental health counseling sessions, for up to two primary caretakers.
 - 4) Each derivative victim who is a post-crime primary caretaker may receive up to 15 mental health sessions for up to two post-crime primary caretakers. The initial sessions must be for benefit of the direct victim pursuant to Government Code §13957(a)(2)(B)(i).
 - 5) If the qualifying crime resulted in the death of the victim, a surviving parent, sibling, child, spouse, fiancé, fiancée, grandparent, grandchild, or registered domestic partner as defined in Family Code §297, may receive up to 40 mental health counseling sessions.

Section III. Documentation Requirements for Initial Sessions

- a) Reimbursement of the initial sessions described in Section II is subject to the following documentation requirements:
- 1) A victim, derivative victim, minor witness or Good Samaritan who is eligible for outpatient mental health counseling expenses may be reimbursed for the service provider's first three mental health counseling sessions within the session limit without completion of a Treatment Plan.
 - 2) Reimbursement of mental health counseling sessions beyond the first three sessions requires the treating therapist to complete a Treatment Plan before the fourth session; and
 - 3) The Treatment Plan may be kept in the victim's or derivative victim's file, but must be submitted to the Board in the following circumstances:
 - A) Upon the Board's request; or

- B) If the treatment is less than 100% related to the qualifying crime; or
 - C) At the time of the Additional Treatment Plan submission; or
 - D) There was a delay in treatment of three years or break in treatment over one year; or
 - E) If the claimant is the post-crime primary caretaker.
- 4) The Treatment Plan shall include the following:
- A) A description of the crime for which the victim, derivative victim, minor witness, or Good Samaritan is receiving treatment;
 - B) Reason(s) therapeutic intervention is needed if the victimization occurred more than three years ago or there was a break in treatment of more than one year;
 - C) A description of the claimant's diagnosis and specifiers as described in the most recently published version of the *Diagnostic and Statistical Manual of Mental Health Disorders* (DSM) and other conditions that may be the focus of clinical attention;
 - D) A description of presenting symptoms/behaviors and treatment goals;
 - E) Administration of the Level 1 Cross-Cutting Symptom Measure as described in the most recently published version of the DSM;
 - F) A description of the means by which progress will be measured;
 - G) A description of factors that may adversely affect treatment progress;
 - H) An explanation of the claimant's involvement with the legal system in regards to the crime and information on the perpetrator's release from custody and/or contact with the claimant, if applicable;
 - I) If the claimant is a post-crime caretaker (e.g. foster parent, relative caretaker), a list and description of the therapeutic interventions for the claimant that are aimed at alleviating the direct victim's symptoms; and
 - J) A declaration of the percentage of the treatment that is necessary as a direct result of the qualifying crime.

Section IV. Documentation Requirements for Additional Treatment

- a) Requests for reimbursement beyond those described in Section II require submission of an Additional Treatment Plan and approval of additional treatment by the Board. The initial Treatment Plan must be submitted with the Additional Treatment Plan if the service provider is the continuing therapist. The Additional Treatment Plan should not be completed before the claimant is within eight (8) sessions from reaching his or her authorized session limit and must be submitted within 90 days after the date a bill for sessions that exhaust the authorized session limit is received by the Board. If the Additional Treatment Plan and Treatment Plan are not submitted within the 90 day timeframe, bills for all dates of service that exceed the authorized session limit will be returned and will not be considered for payment. However, bills for dates of service provided after the Additional Treatment Plan and Treatment Plan are received may be considered for payment, subject to approval of the Additional Treatment Plan. If there is a change of therapists within the same provider organization, the succeeding therapist is not considered a new provider and must assess the claimant's therapeutic progress since treatment began with the organization.
 - 1) The Additional Treatment Plan shall include:
 - A) An update on all information required by Section III, subsection (a)(4); and
 - B) The treating therapist's rating and explanation of the claimant's therapeutic progress in relation to the diagnosis and treatment goals, and other progress measurements identified in the initial Treatment Plan; and
 - C) If the claimant is a derivative victim of a surviving direct victim, a list and description of the therapeutic interventions for the claimant that are aimed at alleviating the direct victim's symptoms.
 - b) The Board may require the submission of any other information required to determine whether the treatment will best aid the victim, derivative victim, minor witness, or Good Samaritan and is necessary as a direct result of the qualifying crime including, but not limited to, legible session notes pursuant to California Code of Regulations § 649.7(b)(1).
 - c) The Board shall not reimburse additional outpatient mental health counseling sessions unless the requirements of Section V, VI VII, or VIII are met; or, in the Board's sole discretion, it determines that additional treatment will best aid the victim, derivative victim, minor witness, or Good Samaritan and is necessary as a direct result of the qualifying crime.

- d) When evaluating a request for additional sessions, objective assessment measures with demonstrated reliability and validity in peer review literature will be given significant weight.
- e) When evaluating a request for additional treatment, independent corroborative information may be given significant weight.
- f) Notwithstanding Section V, subsections (b)(3) and (d)(2), Section VI, subsections (a)(3) and (c)(2), Section VII, subsections (a)(2) and (b), and Section VIII, subsections (a)(2) and (b), if inadequate progress has been shown in treatment, the Board may, in its sole discretion, authorize additional treatment with a different treatment modality, method, or provider.
- g) Reimbursement made in excess of the limits in Government Code § 13957(a)(2)(A) or (B) must comply with this section and must be based on a finding that dire or exceptional circumstances require more extensive treatment.

Section V. Additional Sessions for Direct Victims

- a) Reimbursement for additional mental health counseling sessions for a victim beyond those identified in Section II may be approved if an Additional Treatment Plan is submitted and the circumstances of the application that demonstrate the need for additional treatment meets the criteria listed in subsections (b) and (c) below.
- b) Additional sessions for an adult victim may be approved if all of the following criteria are met:
 - 1) At least one of the following factors is present:
 - A) The qualifying crime resulted in permanent and substantial disfigurement; or
 - B) The qualifying crime is a sexual assault offense involving conduct described in Penal Code §11165.1(b)(1), (2) or (3); or
 - C) The qualifying crime constituted a plausible and credible threat of serious harm to bodily integrity; or
 - D) The qualifying crime resulted in serious bodily injury as defined in Penal Code § 243(f)(4); or
 - E) The victim is scheduled to testify as a witness in any criminal or dependency proceeding related to the qualifying crime. To be

reimbursed, the mental health counseling must be initiated within three months of being scheduled to testify; or

- F) The perpetrator is released from custody. To be reimbursed, the mental health counseling must be initiated within three months of learning that the perpetrator will be, or was, released from custody.
- 2) The treatment must be focused on symptoms, behaviors, or beliefs that are directly attributable to the qualifying crime and could reasonably be remediated by the proposed treatment.
 - 3) The treatment has progressed, as evidenced by:
 - A) Improvement in the Level 1 Cross-Cutting Symptom Measure; and
 - B) The treating therapist's rating and explanation of the claimant's therapeutic progress in relation to the diagnosis and treatment goals and other progress measurements identified in the initial Treatment Plan.
- c) Additional sessions for a minor victim may be approved as specified in subsections (a) and (b) above, or if the requirements of subsections (b)(2) and (b)(3) are met and any of the following factors are present:
 - 1) The qualifying crime is a sexual assault offense involving conduct described in Penal Code §11165.1(a), (b)(4) or (b)(5) and at least one of the following applies:
 - A) The perpetrator of the qualifying crime was a person in a position of trust or authority with the victim, including, but not limited to a parent, teacher, or religious leader; or
 - B) The victim was removed from the home as a result of the qualifying crime and is still out of the home at the time of treatment; or
 - C) The victim's parent minimizes the significance of the qualifying crime, blames the victim for the qualifying crime, fails to acknowledge that the suspect committed the qualifying crime, or does not believe the qualifying crime occurred; or
 - D) Another minor in the victim's immediate family was also a victim of the same qualifying crime of sexual abuse committed by the same perpetrator; or
 - 2) The victim reaches a developmental stage or a stage of cognitive development that results in impairment as a direct result of the qualifying crime; or

- 3) The alleged suspect persists in making uninvited and unwelcome contact with the victim that is not authorized by a court.
- d) If the Board previously approved reimbursement for additional sessions under subsection (a), any subsequent requests are stringently reviewed and may be reimbursed only if both of the following requirements are met:
 - 1) The requirements of subsection (b) or (c) above are met; and
 - 2) The Board determines that the proposed treatment is reasonably likely to successfully overcome the factors that hindered the progress of treatment and treatment has significantly progressed.

Section VI. Additional Sessions for Derivative Victims

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

application that demonstrate the need for additional treatment meets the criteria listed below:

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

goals, and other progress measurements identified in the initial Treatment Plan.

- d) If the Board previously approved reimbursement for additional sessions under subsection (a), (b), or (c) any subsequent requests are stringently reviewed and may be reimbursed only if the Board determines that the proposed treatment is reasonably likely to successfully overcome the factors that hindered the progress of treatment and treatment has significantly progressed.

Section VII. Additional Sessions for a Minor Witness

- a) Reimbursement for additional mental health counseling sessions for a minor witness beyond those identified in Section II may be approved if an Additional Treatment Plan is submitted and the circumstances of the application that demonstrate the need for additional treatment meets the criteria listed below:
 - 1) The treatment for the minor witness is focused on behaviors or beliefs that are directly attributable to the qualifying crime and could reasonably be remediated by the proposed treatment; and
 - 2) The treatment has progressed, as evidenced by:
 - A) Improvement in the Level 1 Cross-Cutting Symptom Measure; and
 - B) The treating therapist's rating and explanation of the claimant's therapeutic progress in relation to the diagnosis and treatment goals, and other progress measurements identified in the initial Treatment Plan; 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 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 VIII. Additional Sessions for a Good Samaritan

- a) Reimbursement for additional mental health counseling sessions for a Good Samaritan beyond those identified in Section II may be approved if

an Additional Treatment Plan is submitted and the circumstances of the application that demonstrate the need for additional treatment meets the criteria listed below:

- 1) The treatment for the Good Samaritan is focused on behaviors or beliefs that are directly attributable to the qualifying event and could reasonably be remediated by the proposed treatment; and
 - 2) The treatment has progressed, as evidenced by:
 - A) Improvement in the Level 1 Cross-Cutting Symptom Measure; and
 - B) The treating therapist's rating and explanation of the claimant's therapeutic progress in relation to the diagnosis and treatment goals, and other progress measurements identified in the initial Treatment Plan; or
 - 3) The Good Samaritan is scheduled to testify as a witness in any criminal or dependency proceeding related to the qualifying event. To be reimbursed, the mental health counseling must be initiated within three months of being scheduled to testify.
- b) If the Board previously approved reimbursement for additional sessions under subsection (a), any subsequent requests are stringently reviewed and may be reimbursed only if the Board determines that the proposed treatment is reasonably likely to successfully overcome the factors that hindered the progress of treatment and treatment has significantly progressed.

Mental Health Service Rates

Provider Type	License or Certificate	Services	Rates Effective 4/1/11
Licensed Psychiatrist (MD)	A, C, or G	Individual/Family therapy Medication Management Case Management Group Therapy	\$117/hour \$117/hour **\$75/hour \$46.80/hour
PhD Psychologist or Registered Psychologist	PSY	Individual/Family therapy Case Management Group Therapy	\$99/hour **\$75/hour \$39.60/hour
Psychology Assistant (must be supervised by a psychiatrist or PhD)	PSB	Individual/Family therapy Case Management Group Therapy	*\$75/hour **\$75/hour *\$30/hour
Licensed Clinical Social Worker	LCS	Individual/Family therapy Case Management Group Therapy	\$81/hour **\$75/hour \$32.40/hour
ASW (must be supervised by a licensed therapist)	ASW	Individual/Family therapy Case Management Group Therapy	*\$75/hour **\$75/hour *\$30/hour
Marriage Family Therapist	MFT	Individual/Family therapy Case Management Group Therapy	\$81/hour **\$75/hour \$32.40/hour
MFT Intern (must be supervised by a licensed therapist)	IMF	Individual/Family therapy Case Management Group Therapy	*\$75/hour **\$75/hour *\$30/hour
Licensed Professional Clinical Counselor	LPCC	Individual/Family therapy Case Management Group Therapy	\$81/hour **\$75/hour \$32.40

Licensed Professional Clinical Counselor Intern	LPCCI	Individual/Family therapy	*\$75/hour
		Case Management	**\$75/hour
		Group Therapy	*\$30/hour
Clinical Nurse Specialist	CNS	Individual/Family therapy	\$81/hour
		Case Management	**\$75/hour
		Group Therapy	\$32.40/hour
Psychiatric Mental Health Nurse	PMH	Individual/Family therapy	\$81/hour
		Case Management	**\$75/hour
		Group Therapy	\$32.40/hour
Nurse Practitioner/Physician Assistant	NP, PA	Medication Management	Medicare Rate
Licensed Physician	A, C, or G	Medication Management	Medicare Rate
Peer Counselor	Certified by Rape Crisis Center	Individual therapy, no more than 10 weeks, plus one series of group sessions.	\$15/hour
Violence Peer Counselor	Certified by Service Organization for Victims of Violent Crime	Individual Therapy, 10 sessions	\$15/hour – Effective 1-1-15 through 12-31-16
Out-of-State Provider	Varies per state	May provide services appropriate to licensure. Subject to MHS review.	Paid at rate for comparable licensure in California
Out-of-Country Provider	Varies	Subject to MHS review.	Paid at rate for comparable licensure in California

***Board approval December 16, 2010, implemented effective January 1, 2011.**

****Board approval December 10, 2015, implemented effective January 1, 2016. Case management is limited to five sessions for direct victims.**