



**VICTIM COMPENSATION
PROGRAM**

**Service Limitations for Mental
Health Counseling Services**

DATE: March 21, 2011
TO: Secretary of State
SUBJECT: Service Limitations for Mental Health Counseling Services

The Victim Compensation and Government Claims Board has established service limitations for mental health counseling services. The three-member Board adopted these limitations on March 17, 2011. In accordance with the provisions of Government Code § 13957.2(a), an informational copy is attached and hereby submitted for filing.

Sincerely,

JULIE NAUMAN
Executive Officer

Mental Health Service Rates

Provider Type	License or Certificate	Services	Rates Effective 3/1/06	Rates Effective 4/1/11
Licensed Psychiatrist (MD)	A, C, or G	Individual/Family therapy	\$130/hour	\$117/hour
		Medication management	\$130/hour	\$117/hour
		Group therapy	\$52/hour	\$46.80/hour
PhD Psychologist or Registered Psychologist	PSY	Individual/Family therapy	\$110/hour	\$99/hour
		Group therapy	\$44/hour	\$39.60/hour
Psychology Assistant (must be supervised by a psychiatrist or PhD)	PSB	Individual/Family therapy	Paid at rates allowed for supervising therapist	*\$75/hour
		Group therapy		*\$30/hour
Licensed Clinical Social Worker	LCS	Individual/Family therapy	\$90/hour	\$81/hour
		Group therapy	\$36/hour	\$32.40/hour
ASW (must be supervised by a licensed therapist)	ASW	Individual/Family therapy	Paid at rates allowed for supervising therapist	*\$75/hour
		Group therapy		*\$30/hour
Marriage Family Therapist	MFT	Individual/Family therapy	\$90/hour	\$81/hour
		Group therapy	\$36/hour	\$32.40/hour
MFT Intern (must be supervised by a licensed therapist)	IMF	Individual/Family therapy	Paid at rates allowed for supervising therapist	*\$75/hour
		Group therapy		*\$30/hour
Licensed Professional Clinical Counselor	LPCC	Individual/Family therapy	N/A	\$81/hour
		Group therapy		\$32.40
Licensed Professional Clinical Counselor Intern	LPCCI	Individual/Family therapy	N/A	*\$75/hour
		Group therapy		*\$30/hour
Clinical Nurse Specialist	CNS	Individual/Family therapy	\$90/hour	\$81/hour
		Group therapy	\$36/hour	\$32.40/hour
Psychiatric Mental Health Nurse	PMH	Individual/Family therapy	\$90/hour	\$81/hour
		Group therapy	\$36/hour	\$32.40/hour
Nurse Practitioner/Physician Assistant	NP, PA	Medication management	BRS Rate	Medicare rate
Licensed Physician	A, C, or G	Medication management	BRS Rate	Medicare rate
Peer Counselor	Certified by Rape Crisis Center	Individual therapy, no more than 10 weeks, plus one series of group sessions.	\$15/hour	\$15/hour
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.**

Medical and Medical Related Services

Services	Rates Effective 7-1-04	Rates Effective 4/1/11
Medical Treatment covered by Medicare Rates (Except as noted below)	Medicare rate plus 20 percent	Medicare rate
Medical Treatment Not Covered by Medicare Rates (Except as noted below) (Includes items such as electric wheelchairs and motorized FES ergometers)	75 percent of amount billed	75 percent of amount billed
Dental Treatment	75 percent of amount billed	75 percent of amount billed
Durable Medical Equipment (DME) Except for prosthetics, eyeglasses and foreign bills as noted below	Medicare rate for DME	Medicare rate for DME
Restorative Cosmetic Surgery	100 percent of amount billed	80 percent of amount billed
Prosthetics	100 percent of amount billed	80 percent of amount billed
Hearing aids and eyeglasses	100 percent of amount billed	80 percent of amount billed
Foreign providers without regard to the date of service, and accept bills in formats other than the standardized forms required of U.S. providers	100 percent of amount billed	80 percent of amount billed
Home modification	100 percent of amount billed	100 percent of amount billed
Vehicle purchase, renovating and retrofitting	100 percent of amount billed	Limited to \$30,000
In-Home Supportive Services – Attendant Care	Effective 11-17-08, \$10.40 per hour	\$10.40
Residential security and crime scene clean-up	Limited to \$1000	Limited to \$1,000
Mileage Rate	Effective 4-20-09, Department of Personnel Administration mileage reimbursement rate for non-represented employees - \$.55 cents per mile	Adjustable DPA rate for all State employees, except Bargaining Unit 6
Alternative Treatments – acupuncture, biofeedback, holistic medicine, massage therapy, chiropractic, physical therapy, occupational therapy, other natural healing methods	Acupuncture, biofeedback, holistic medicine, massage therapy – Five combined sessions, maximum of 20 sessions with medical physician’s recommendation	For all service dates on or after 4-1-11, five combined sessions. Maximum of 20 sessions, for any combination of the alternative treatment modalities with medical physician’s recommendation
	Chiropractic – Six months Physical and Occupational Therapies – No limit	