

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

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

Effective April 1, 2011

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 §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) "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 victim of unlawful sexual intercourse with a minor, as defined in Penal Code §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 §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) 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) Reimbursement of mental health counseling sessions beyond the first five sessions requires the treating therapist to complete a Treatment Plan before the sixth 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 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 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)(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, 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 V, VI or VII are met; or, in the Board's sole discretion, it determines that additional treatment will best aid the victim, 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 V, subsections (b)(3) and (d)(2), Section VI, subsections (a)(3) and (c)(2), and Section VII, 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) 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 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) 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) A minor victim may be reimbursed for additional sessions as specified in subsections (a) and (b) above. In addition, a minor may be reimbursed for additional sessions 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 section 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 subsections (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) 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.
- b) A derivative victim 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) 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 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)(B) 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.
- 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) 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.