

Additional Treatment Plan

VCB-71-00002 (Rev. 11/2021)



Please read the following information carefully prior to completing the Additional Treatment Plan (ATP). Failure to entirely complete and submit the form with the previously completed Treatment Plan (TP) in a timely manner will result in denial of reimbursement, or a repayment to the California Victim Compensation Board (CalVCB) for services previously reimbursed.

General Information

After eligibility has been determined, CalVCB may consider reimbursement for outpatient mental health counseling up to the claimant's session limit, as shown in Table A. 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.

The California Victim Compensation Board (CalVCB) is the payor of last resort and can only pay for treatment that is not covered by any other reimbursement source. This applies to all reimbursement sources such as: public and private health insurance (i.e. Medi-Cal, Blue Shield, etc.), civil suits, vehicle insurance, business insurance, home insurance, and/or Workers' Compensation. The insurance provider must be billed prior to submitting expenses to CalVCB for payment. If the expense is not covered, or is only partially covered, submit your billing with a copy of the explanation of benefits. Failure to do so will result in delays in payment. ([CCR 649.31](#))

Statute requires that CalVCB verify that treatment is necessary as a direct result of the crime for which the application was filed. To verify appropriateness of reimbursement, additional information (i.e. session notes or a letter of explanation) may be requested. The requested additional information must be provided at no cost to the claimant, CalVCB, or local Victim/Witness Assistance Centers within ten (10) business days from the date of the request.

Failure to complete the TP, ATP, and/or provide the requested additional information may result in denial of reimbursement or a repayment to CalVCB for services previously reimbursed. CalVCB certifies that there is a signed authorization on file for release of the information requested.

Table A: Mental Health Session Limitations (For applications received on or after 01-24-06)

Session Limitation	Claimant/Client Filing Status
40 Session Hours	<p>Direct Victim: \$10,000 statutory limit</p> <p>Derivative Victim who is a surviving parent, sibling, child, spouse, registered domestic partner, or fiancé (fiancée)^a grandparent/grandchild^b of a victim who becomes deceased due to the crime: \$10,000 statutory limit.^c</p>
30 Session Hours	<p>Derivative Victim who was a minor at the time of the crime:</p> <p>\$5,000 statutory limit^d</p> <p>Derivative Victim who was one of two primary caretakers of a direct victim who was a minor at the time of the crime: \$10,000 statutory limit (to be shared with one other primary caretaker)</p> <p>Minor witness to violent crime (eff. 01-01-09): \$5,000 statutory limit^a</p>
15 Session Hours	<p>Derivative Adult Victim: \$5,000 statutory limit^d</p> <p>Derivative Victim who does not meet any of the benefit limits listed above: \$5,000 statutory limit^d</p> <p>Post-Crime Caretakers (became primary caregiver of minor direct victim after the qualifying crime and did not have a previous filing status relationship to the direct victim): \$5,000 statutory limit</p>

^a Must have witnessed the crime

^b Effective for applications received on or after 1/1/16

^c Effective for applications received on or after 12/1/14

^d Not to exceed the statutory \$3,000 outpatient mental health limit for applications received prior to 1/1/08

Table B: Session Counts by Session Duration

INDIVIDUAL/FAMILY THERAPY

Session Count	Session Duration
½ Session	Less than 45 minutes
1 Session	45–74 minutes
1½ Sessions	75–104 minutes
2 Sessions	105–120 minutes

GROUP THERAPY

Session Count	Session Duration
½ Session	60 minutes
1 Session	120 minutes
1½ Sessions	180 minutes
2 Sessions	240 minutes

Additional Treatment Plan Requirements

Should the claimant require treatment in excess of his or her authorized session limit, an Additional Treatment Plan (ATP) must be submitted with the TP and approved by CalVCB. The ATP must not be completed until the claimant is within eight sessions from reaching his or her authorized session limit. If you are the continuing therapist or a new therapist within the same agency, please include a copy of the initial TP.

Authorized reimbursement beyond the claimant's initial session limit

- If claimant exceeds their authorized session limit, all of dates of service that exceed the authorized session limit will be denied.
- Sessions allowed as a result of the Additional Treatment Plan review can only be reimbursed for dates of service that occur after the review was completed and approved.

Submittal of the Completed Treatment Plan/Additional Treatment Plan

- For fastest service, upload document through your 'CalVCB Online' account: <https://online.victims.ca.gov/Home/ProviderInfo>
- Otherwise, you may send via Fax: (866) 902-8669 or postal mail: CalVCB, P.O. Box 942003, Sacramento, CA 94204-2003
- For further assistance or how to create a 'CalVCB Online' account, please contact Customer Service at (800) 777-9229.

To request reimbursement of treatment beyond the claimant's initial session limit, this form must be submitted and approved. Failure to entirely complete this form may result in denial of further reimbursement or a repayment to the California Victim Compensation Board (CalVCB) for services previously reimbursed.

To reduce errors and delays, prior to submitting this form refer to policies found in the following:

- The Treatment Plan/Additional Treatment Plan Information Sheet (see pages 1-3)
- CalVCB Guidelines for Mental Health and Counseling Expenses (Guidelines), <https://victims.ca.gov/for-service-providers/mental-health-service-providers/guidelines-for-mental-health-and-counseling-expenses/>. It explains the criteria that must be met for allowance of additional sessions: crime circumstance, treatment focus, treatment progress, and to determine whether treatment must benefit the direct victim. Penal Codes are found within the guidelines; the codes themselves can be found at:

— <https://leginfo.legislature.ca.gov/faces/codes.xhtml>; this website contains all current statutory codes.

— CalVCB's Glossary of Penal Code Definitions, <https://victims.ca.gov/uploads/2021/08/VBC-71-NONNUMBER-Penal-Code-Definitions-Revised-08-06-2021.pdf>; this document is provided for the purposes of assistance in reviewing the Mental Health Guidelines and completing the Treatment Plan and Additional Treatment Plan.

Before completing this form, please note the following clarifications:

- If treatment transitions from one treating therapist to another within an organization, it is not considered anew therapist. In such cases, the current treating therapist must complete the form taking into account all treatment provided within the organization.
- Minors who reside in a home where a crime of child abuse or domestic violence has occurred are considered direct victims.

Application Number _____ Date the Qualifying Crime Occurred _____

Claimant/Client Name _____ Date Treatment Began _____

Direct Victim Name _____ Most Recent Date of Treatment _____

Agency/Organization (if applicable) _____ Number of Session Hours Provided _____

_____ Individual _____ Group _____ Family/Conjoint

Treating Therapist Name and Licensure _____

Email Address (Required for notification) _____ Phone Number _____

Section 2 – Case Information

1. Claimant’s Relationship to Direct Victim: Self _____ Other _____

2. Please describe the crime(s) in detail (crime, perpetrator, series of events/one-time incident, etc.) for which you are providing treatment including relevant details provided to you.

If the claimant is a Derivative Victim, please skip to Question 4.

3. If the claimant is a Direct Adult or Minor Victim, please indicate the circumstances of the claimant:

If the claimant is an adult direct victim and does not meet one of the below listed circumstances, then the claimant DOES NOT qualify for additional sessions as stated in the Guidelines and additional treatment CANNOT be authorized.

_____ The qualifying crime resulted in permanent and substantial disfigurement.

_____ The qualifying crime resulted in serious bodily injury as defined in [Penal Code § 243\(f\)\(4\)](#).

_____ The qualifying crime constituted a plausible and credible threat of serious harm to bodily integrity.

_____ The qualifying crime is a sexual assault offense involving conduct described in [Penal Code § 11165.1\(b\)\(1\),\(2\) or \(3\)](#).

_____ The victim initiated mental health treatment within three months of being scheduled to testify in a criminal or dependency proceeding related to the qualifying crime.

Month _____ Year _____

_____ The victim initiated mental health treatment within three months of learning that the perpetrator will be, or was, released from custody.

Month _____ Year _____

If the claimant is a minor direct victim and does not meet any of the above requirements, one of the following crime or legal circumstances must exist to be eligible for consideration of additional sessions otherwise additional treatment *CANNOT* be authorized:

_____ Treatment is for a minor victim, in which 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:

- _____ 1. 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
- _____ 2. The victim was removed from the home as a result of the qualifying crime; or
- _____ 3. 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
- _____ 4. 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.

_____ The minor victim reaches a developmental stage or a stage of cognitive development that results in impairment as a direct result of the qualifying crime.

_____ The perpetrator persists in making uninvited and unwelcome contact with the minor victim that is not authorized by a court.

If the Claimant is a Minor Witness, the following must be met otherwise additional treatment *CANNOT* be authorized:

_____ The claimant initiated mental health treatment within three months of being scheduled to testify as a witness in any criminal or dependency proceeding related to the qualifying crime.

4. If the claimant is a Derivative Victim and one of the following factors are present, treatment may be focused on the claimant's own symptoms and behaviors. Please mark all that apply:

- _____ A. The qualifying crime resulted in the death of the victim; or
- _____ B. The derivative victim, excluding new caretakers of a minor victim after the qualifying crime (Post-Crime Caretaker), initiated mental health treatment within three months of being scheduled to testify in a criminal or dependency proceeding related to the qualifying crime. Please denote the date of the criminal or dependency proceeding was scheduled:

Month _____ Year _____

_____ C. The derivative victim is a Primary Caretaker, such as a parent caretaker or step-parent at the time of the qualifying crime, or sibling of a minor victim of sexual or severe physical abuse; one of the following factors exist apply:

- _____ 1. The qualifying crime involved an offense under [Penal Code § 11165.1 \(b\)\(1\), \(2\), or \(3\)](#), or [Penal Code § 243\(f\)\(4\)](#); or
- _____ 2. The qualifying crime included either [Penal Code § 11165.1 \(a\), \(b\)\(4\), or \(5\)](#), and one of the following factors apply (check as applicable):
 - _____ 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
 - _____ b. The minor victim was removed from the home as a result of the qualifying crime
 - _____ c. The minor 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
 - _____ d. Another minor in the minor victim's immediate family was also a victim of the same qualifying crime of sexual abuse committed by the same perpetrator.

5. If the claimant is a Derivative Victim and one of the following factors are present, treatment must be focused toward alleviating the direct victim's symptoms and behaviors. Please mark all that apply:

Check all factors that apply for the direct victim of the qualifying crime:

- A. The qualifying crime resulted in permanent and substantial disfigurement.
- B. The qualifying crime resulted in serious bodily injury as defined in [Penal Code § 243\(f\)\(4\)](#).
- C. The qualifying crime constituted a plausible and credible threat of serious harm to bodily integrity.
- D. The qualifying crime is a sexual assault offense involving conduct described in [Penal Code § 11165.1\(b\)\(1\), \(2\) or \(3\)](#).
- E. The direct victim initiated mental health treatment within three months of being scheduled to testify in a criminal or dependency proceeding related to the qualifying crime.
- F. The direct victim initiated mental health treatment within three months of learning that the perpetrator will be, or was, released from custody.
- G. The qualifying crime included either [Penal Code § 11165.1 \(a\), \(b\)\(4\), or \(5\)](#), [Penal Code § 243\(f\)\(4\)](#) and one of the following factors apply (check as applicable):
 - 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
 - b. The minor victim was removed from the home as a result of the qualifying crime
 - c. The minor 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
 - d. Another minor in the minor victim's immediate family was also a victim of the same qualifying crime of sexual abuse committed by the same perpetrator.

If no factor in Question 4 was selected and one or more factors(s) within Question 5 were selected, please report both the symptoms/behaviors held by the direct victim and the corresponding interventions for the derivative that are to alleviate the listed symptoms and behaviors. Treatment must be focused toward alleviating the direct victim's symptoms.

Direct Victim's Symptoms/Behaviors	Interventions for the Derivative Victim

6. Please indicate the DSM 5 code of the claimant's diagnosis and specifiers, and other conditions that maybe the focus of clinical attention. If the criteria for a diagnosis are not present, please provide the Z-Code (i.e. V-Code in previous DSM versions).

Principal Diagnosis _____

Additional Diagnosis _____

7. If you are a new therapist or continuing therapist treating new symptoms/behaviors please describe what symptoms/behaviors will be or have been the treatment focus and what you hope to achieve upon completion of treatment. Please indicate any Evidence-based Practice (EBP) you expect to incorporate into your treatment.

Symptoms/Behaviors	Interventions

The following questions assess treatment progress.

8. If you are the continuing therapist, please rate the status of the claimant's symptoms and resulting behaviors as shown on your Treatment Plan in relation to the completion of the listed treatment goals on a scale from 1 to 10, with 1 representing the lowest score and 10 the highest.

Worsened		Remained the Same			Improved		Almost Complete		Completed
1	2	3	4	5	6	7	8	9	10

Symptoms/Behaviors	Rating Score

9. Level 1 Cross-Cutting Symptom Measure (Please refer to pages 734-741 of the DSM 5). Please ensure that scores provided for each domain are not being added together and that only the highest score (a number between 1-4) is recorded.

ADULTS

Domain	Highest Score	Domain	Highest Score
I.		VIII.	
II.		IX.	
III.		X.	
IV.		XI.	
V.		XII.	
VI.		XIII.	
VII.			

CHILDREN

Domain	Highest Score
I.	VII.
II.	VIII.
III.	IX.
IV.	X.
V.	XI.
VI.	XII.

*Did not complete CCSM because claimant is:

_____ Non-English speaking _____ Less than 6 years of age _____ Developmentally disabled _____ No longer in treatment

Other: _____

10. For continuing therapists only: Has the claimant made progress based on standardized tests (e.g. PTSD Checklist, Child Behavioral Checklist, Youth Self Report, Beck Depression Scale, WHODAS, etc.) that you identified in your previous Treatment Plan (Question 7).

_____ Yes _____ No _____ N/A (if other standardized tests are not used)

11. Please estimate how far along in percentage terms is the claimant toward meeting and completing treatment goals. Also, indicate how many additional sessions are needed to terminate treatment.

% Completed _____ Additional sessions needed to complete treatment _____

12. If symptom ratings (Questions 8 through 11) are essentially the same or have worsened as compared to the last TP or ATP submitted for the claimant, will additional treatment successfully overcome hindering factors of progress?

_____ Yes _____ No _____ N/A (Symptom rating and measurements show progress)

Please note:

- If the response is 'No', the claimant may not be granted additional sessions.
- Guidelines state that second and subsequent requests require treating therapist certification that hindering factors have been overcome.

13. Based on the Mental Health Guidelines, do you certify that the following requirements are met?

Check all boxes that are met.

_____ Crime or legal circumstances (Questions 3 through 5).

_____ Treatment for benefit of the direct victim (Questions 4 through 5), if applicable.

_____ Treatment progress measurements (Questions 8 through 11).

_____ If treatment has not progressed, it is addressed above (Question 12).

14. Has the claimant terminated treatment (i.e. claimant not returning for treatment at this time)?

_____ Yes Date of Termination: _____

_____ No

Application Number: _____

Claimant Name: _____

The percentage of treatment that is necessary as a direct result of the crime:

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

If treatment is less than 100% related to the crime, please describe what the other percentage of treatment is focused on.
(if additional space is needed, add attachment)

If the victim's offender is convicted, CalVCB will request the criminal court to order the offender to pay restitution to reimburse CalVCB for any expense CalVCB has paid for this crime. As a treating therapist you may be required 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 above.

Important: This document will not be accepted without the required signature(s) and date(s) below.

I have read the CalVCB Mental Health Guidelines and I have filled out the Treatment Plan completely. I acknowledge that CalVCB is the payor of last resort and can only pay for treatment that is not covered by any other reimbursement source.

By signing below, I declare and certify 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 CalVCB or pursuant to this form was necessary at the percentage noted above and as a direct result of the crime described above; and (3) all applicable reimbursement sources have been billed prior to submitting expenses to CalVCB for payment.

Treating Therapist

Name: _____ License Type & No. _____

Signature: _____ Date: _____

If Treating Therapist Requires Supervision:

Name: _____ License Type & No. _____

Signature: _____ Date: _____

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