

CALIFORNIA VICTIM COMPENSATION BOARD MEETING AGENDA

JANUARY 19, 2023
10:00 a.m.
400 R Street, Room 330
Sacramento, CA 95811

BOARD MEETING MATERIALS

Item 1.	Approval of Minutes Minutes of the November 17, 2022, Board Meeting DRAFT Minutes attached	Action Item
Item 2.	Public Comment on Items Not on the Agenda The Board will receive comments from the public on matters that are not on the agenda. The Board may not discuss or take any action on any item raised during public comment except to decide whether to place the matter on a subsequent agenda. (Gov. Code, § 11125.7.) No materials for this item	
Item 3.	Executive Officer Statement No materials for this item	Information Item
Item 4.	Contract Update Copy of Contract Report attached	Information Item
Item 5.	Approval of the 2023 Rulemaking Calendar Copy attached	Action Item
Item 6.	Proposal to Approve Trauma Recovery Center Grant Award Copy attached	Action Item
Item 7.	Proposed Mental Health Updates - Telehealth Copy attached	Action Item

ITEM 1

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CALIFORNIA VICTIM COMPENSATION BOARD OPEN MEETING MINUTES NOVEMBER 17, 2022, BOARD MEETING

The California Victim Compensation Board (Board) convened its meeting in open session upon the call of the Chair, Gabriel Ravel, General Counsel of the Government Operations Agency, acting for, and in the absence of Amy Tong, Secretary of the Government Operations Agency, at 400 R Street, Room 330, Sacramento, California, on Thursday, November 17, 2022, at 10:01 a.m. Appearing via Zoom was Member Diana Becton, District Attorney, and Member Shawn Silva, Deputy State Controller and Chief Counsel, acting for and in the absence of, Betty T. Yee, Controller.

Executive Officer Lynda Gledhill, and Chief Counsel Kim Gauthier, attended in person at 400 R Street, Sacramento, California. Board Liaison, Andrea Burrell, was also present and recorded the meeting.

Item 1. Approval of the Minutes of the November 17, 2022, Board Meeting

Member Becton moved approval of the Minutes for the September 15, 2022, Board Meeting. The motion was seconded by Member Silva. By unanimous vote, the Board approved the minutes of the September 15, 2022, Board meeting.

Item 2. Public Comment

The Board opened the meeting for public comment and Ms. Burrell reminded everyone that, consistent with the Bagley-Keene Open Meeting Act, items not on the agenda may not be discussed at this time but may be put on a future agenda. (Gov. Code, § 11125.7.)

There was no public comment.

Item 3. Executive Officer Statement

Executive Officer Gledhill updated the Board on several items:

To start, Ms. Gledhill reported that CalVCB is engaged in a project with the California Office of Data and Innovation (ODI). This partnership is designed to assist CalVCB in getting the most out of its \$3 million, three-year outreach campaign.

ODI is undertaking a six-week sprint to:

- Identify if there is a significant gap between the number of victims eligible for compensation and the number who apply to CalVCB;
- Identify why that gap exists, if it does, and where the eligible survivors are and how to best communicate with them to close that gap;
- Establish accurate, reliable methods for identifying and tracking the universe of eligible victims; and

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- Understand victims' experiences with CalVCB and whether they can be improved.

Ms. Gledhill stated CalVCB wants to make sure that the department is reaching all eligible crime victims and getting them to apply for compensation. What CalVCB will learn from this will help guide the work of a vendor the Program will contract with to create the outreach campaign.

Next, Ms. Gledhill noted the importance of improving coordination among state agencies that have contact with victims of crime.

Earlier this year, CalVCB joined with Cal OES and CDCR to launch the California Victim Services State Agency Coordination Council (Council).

More than a dozen different state agencies and departments play some significant role in assisting crime victims, and the idea is to bring everyone together to better understand what each does and how we can better work together to serve victims.

There have been three meetings held to date and flyers were produced listing all state services for victims, which will be posted and shared with all participating entities. At the most recent meeting on October 26, everyone agreed to continue this important effort in 2023.

Ms. Gledhill noted that the discussion held by the Council opened lines of communication that previously did not exist and provided a platform for those offering victim services to share resources, information and ideas. It also allowed everyone involved to consider and discuss the opportunities for working together, engaging in long-term planning, and better helping victims.

Most importantly, the Council's first meetings revealed the great interest and need among state departments and agencies to coordinate their victim service efforts. It showed the enormous opportunity that exists for the state to improve support for, and outreach to, victims.

Future work will include identifying joint initiatives that should be undertaken, ways to maximize resources, how to adapt to the ever-changing victim landscape, and public policy changes to pursue. The Council may also continue to expand its communications about the many ways the state can assist victims.

Ms. Gledhill updated the Board about the revisions to its regulations governing PC 4900 claims in Sections 640 through 646, of Title 2, of the California Code of Regulations, which were adopted by the Board at the September meeting. The regulations are pending final approval by the Office of Administrative Law (OAL), which is expected any day. The new regulations are scheduled to take effect on January 1, 2023.

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Ms. Gledhill concluded by acknowledging CalVCB's staff for their hard work and generosity. During Domestic Violence Awareness Month in October, CalVCB collected toiletry items to provide to victims visiting the Wellspring Women's Center in the Oak Park neighborhood of Sacramento. CalVCB collected more than 100 bags with all the basics, as well as large boxes of other necessities. Wellspring serves nearly 200 women and children each weekday.

Wellspring was very grateful for the donations, and CalVCB, in turn, expressed its gratitude for the vital support they provide victims

Chairperson Ravel thanked Ms. Gledhill for the updates.

Item 4. Legislative Update

The Legislative Update was provided by Deputy Executive Officer of the External Affairs Division, Andrew LaMar.

Mr. LaMar informed the Board that, as of the last Board meeting, there were still a few important bills awaiting the Governor's action.

However, since then, the Governor signed AB 160, a budget trailer bill which will increase compensation for crime victims and broaden their eligibility for CalVCB claims. This bill will not take effect until July 1, 2024, and then only if there is sufficient General Fund money to pay for its ongoing augmentations and actions, and if an appropriation is made to backfill the Restitution Fund to support those actions.

The Governor also signed SB 877 by Senator Eggman, which authorizes CalVCB to reimburse out-of-state mental health providers. This bill will take effect January 1, 2023.

Finally, the Governor vetoed SB 1468 by Senator Glazer. That bill would have deemed any decision by the Board to approve compensation for erroneously convicted offenders to be an official finding of factual innocence, and it would have provided additional non-monetary relief.

Mr. LaMar noted that the Legislature will be sworn in early December and will get started on its next two-year Legislative session, which will begin in January.

Chairperson Ravel thanked Mr. LaMar for the updates.

Item 5. Contract Update

The Contract Update was provided by Executive Officer Lynda Gledhill.

Ms. Gledhill presented for the Board's approval the contract for its bill review service, which includes manual data entry of bills, bill review and adjudication and bill audit services. This

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contract went through a request for proposal process and was awarded to Intelligent Medical Solutions, Inc., in the amount of \$3,026,250 and runs through June 2026.

Also, Ms. Gledhill wanted to make the Board aware of adjustments to two of the contracts in the informational section of the contract report. The last two items were placed on the report before they were finalized and the final amounts for both were lower than what was in the published contract report.

Chairperson Ravel thanked Ms. Gledhill for her updates.

Member Becton moved to approve the Executive Officer's execution of item 1 of the Contract Report – the contract with Intelligent Medical Solutions, Inc. - in the amount of \$3,026,250. The motion was seconded by Member Silva. By a unanimous vote of the Board, the motion passed.

Item 6. Proposed Board Meeting Dates for Calendar Year 2023

The Proposed Board Meeting Dates for Calendar Year 2023 was presented by Executive Officer Lynda Gledhill.

Ms. Gledhill asked the Board to approve the proposed meeting dates for the 2023 calendar year and noted that CalVCB is proposing to continue to meet on the third Thursday of every other month.

Member Silva moved to approve the proposed meeting dates for the next year. The motion was seconded by Member Becton. By a unanimous vote of the Board, the motion passed.

Item 7. Proposal to Approve Trauma Recovery Center Grant Awards

The Proposal to Approve Trauma Recovery Center Grant Awards was presented by Deputy Executive Officer of the External Affairs Division, Andrew LaMar.

Mr. LaMar stated the 2022-23 state budget provided \$23 million in additional funding for Trauma Recovery Centers. That included \$5 million to create a Regional Trauma Recovery Center Pilot Program.

A Trauma Recovery Center (TRC) is an organization that helps victims of violent crimes by providing trauma-informed services that include assertive outreach to underserved populations, comprehensive evidence-based mental health services, and coordinated care tailored to each victim's needs.

CalVCB presently funds 18 TRCs through grants.

The Regional TRC Pilot Program aims to extend TRC services into rural and underserved areas by funding satellite offices to be run by existing TRCs that partner with community

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organizations in those areas. The budget directed that \$2.5 million be used for two such offices in Northern California and \$2.5 million for two in Central California.

Mr. LaMar reported that on September 14, 2022, CalVCB issued a Notice of Funds Available (NOFA) for the two grants. The application deadline was October 28.

CalVCB received only one grant application in total and it was for the Northern California region. That application was evaluated and received a passing score.

The Alameda County Family Justice Center proposes establishing satellite offices in Sonoma and Sacramento counties - neither of which currently has a TRC. They will be located in Santa Rosa and Sacramento.

Staff recommended awarding the Alameda County Family Justice Center a grant for \$2.5 million to establish and run the satellite offices.

Because this proposal covers only the Northern California locations, CalVCB issued a new NOFA, asking for applications to serve the Central California locations. The deadline for submission of applications is December 6.

CalVCB will score the applications received and bring the Board a recommendation for awarding that regional grant at the next Board meeting on January 19.

Member Silva moved to adopt the Proposed Regional Trauma Recovery Center Grant Award. The motion was seconded by Member Becton. By a unanimous vote of the Board, the motion passed.

Item 8. Proposed Mental Health Updates

The Proposed Mental Health Updates was presented by Deputy Executive Officer of the Victim Compensation Program, Vincent Walker.

To start, Mr. Walker stated CalVCB would like to propose an increase in the Mental Health and Counseling Service Maximum Rates and, additionally, updates to the Mental Health Guidelines.

The CalVCB has the authority pursuant to Government Code section 13957.2 to establish maximum rates and service limitations for reimbursement of mental health and counseling services.

Reimbursement of mental health expenses by CalVCB is based on definitions, session limitations, documentation requirements, and other criteria set forth in the Mental Health and Counseling Service Maximum Rates and Service Limitations for Reimbursement, also known as the Mental Health Guidelines.

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CalVCB's mental health provider reimbursement rates have not changed since April 2011. At that time, the rate was reduced by 10% to address restitution fund challenges. Since then, there has been a steady uptick in cost pressures to providers, including inflation, and increased service demands due to the pandemic.

Mr. Walker discussed how CalVCB hosts regularly scheduled mental health forums with advocates and providers to share information, provide updates, and discuss current challenges faced by the provider community. CalVCB consistently receives comments regarding the current rates and the need for increases.

CalVCB's goal with the proposed changes is to address these issues through partnering with the provider community, education, and streamlined processes. In doing so, CalVCB surveyed several sources to obtain current reimbursement rates for mental health treatment. Those sources included Medicare, insurance companies, and other states' victim compensation programs such as Texas, New York, and New Jersey.

CalVCB requested to increase the provider reimbursement rates by 30%, which aligns with Medicare and many other insurance carrier reimbursement rates. These proposed rate increases are anticipated to assist CalVCB in the recruitment and retention of quality mental health providers willing to treat victims throughout the state.

The anticipated increase in reimbursement dollars paid out by CalVCB will be managed through VOCA Fund reimbursements. CalVCB receives compensation dollars as reimbursements to benefits paid. The VOCA compensation formula recently increased the reimbursement rate from 60% to 75%. CalVCB does not expect to ask for additional dollars to support this rate increase. Based on data collected and our current fiscal position, CalVCB proposes the approved rate increase take effect December 15, 2022.

Finally, included in this proposal are additional Updates to the Mental Health Guidelines. The guidelines outline requirements for outpatient mental health treatment for eligible CalVCB claimants. They also provide the details of what services are reimbursable and the process and procedures providers must follow to receive reimbursement. Mr. Walker noted:

- These requirements are consistent with CalVCB's statutory responsibility to ensure bills submitted are crime related. This is currently accomplished by submission of either a Treatment Plan or a Treatment Plan Declaration Page.
- The last time these guidelines were updated and presented to the Board was in January 2017.
- CalVCB is the payor of last resort and must verify all other reimbursement sources have been exhausted and the treatment being provided is a result of a qualifying crime.

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- Over the past year, CalVCB piloted administrative changes to help ensure other reimbursement sources were being properly utilized and the treatment provided was directly related to the crime.

The major changes proposed included: Updates to the Provider requirements; Updates to the forms used when submitting Treatment Plans and Additional Treatment Plans; and, Updates to the Billing and Reimbursement Requirements.

During the past year, CalVCB conducted monthly information and training forums to communicate the changes, answer questions, and assist with completion of the required documents. CalVCB heard from providers that the revised billing and reimbursement requirements were too restrictive and causing delays or denial of payments. CalVCB also heard from claimants about the difficulties of obtaining an Explanation of Benefits or denial letter from their insurance company. In many instances, these insurance companies do not provide this documentation as a practice, causing additional delays in eligibility determination by CalVCB.

Based on the comments received, discussions with providers, and feedback from CalVCB staff, CalVCB proposed the following changes:

1. Update the requirement for session limitations prior to the submittal of the Treatment Plan or the Treatment Plan Declaration Page and instead request the completion of verification of crime relatedness with the first billing statement. CalVCB created the Mental Health Billing Intake Form for submission with the first bill. The bill intake form requires less information from the provider and will increase the speed at which payments are made.
2. To assist with continuity of service and to ensure prompt payment of bills, mental health providers will be required to submit requests for payment within 90 days of providing services.
3. The Mental Health Billing Intake Form will include a section that allows claimants to certify that no other reimbursement source is available, eliminating the need to wait for an Explanation of Benefits or a denial letter.

CalVCB shared these proposed changes with several victim witness advocates and groups representing the provider community and received positive feedback.

Making these updates to CalVCB's Mental Health Guidelines allows CalVCB to address the concerns expressed by providers and applicants, while remaining in compliance with its statutory requirements. Mr. Walker informed the Board that, upon approval, an informational copy of these changes will be filed with the Secretary of State.

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Public Comment:

Andrea Canseco, MFT, representing Centro de Desarrollo Familiar (CDF), located in South Los Angeles offered public comment on the updated Mental Health Guidelines. She stated CDF has been providing mental health services using CalVCB funding for the past 40 years. She thanked the Board for having them at the meeting and allowing them to share their concerns. First, she wanted to address what has been going on over the past two years. What is CalVCB's plan to address reimbursements victims and providers were denied due to the October 21 guideline change? Specifically, with regard to getting the forms in before the fourth session, which became nearly impossible when clients were participating in support groups and individual counseling. It gave them one week to get the papers in. They have over 100 clients that have missed out on reimbursements due to this pilot program that they were forced to participate in over the past year plus. The second thing she wanted to address in the proposal was the telehealth policy. The proposal reflects reverting back to pre-pandemic restrictions and restricting Telehealth to five sessions and then having to apply for more. According to the proposal, it states clinicians may be allowed reimbursement, leaving this up to the Board's discretion if they will get paid for Telehealth services beyond the five. Ms. Canseco asked what the timeline will be on getting those forms submitted and approved and when they would be able to submit the forms.

Ms. Canseco continued her discussion regarding Telehealth and noted that the entire mental health industry has changed, even major insurance carriers and hospital systems. Kaiser for example, was doing mostly all Telehealth for their clients and most private practices have gotten rid of their brick-and-mortar locations, switching everything to virtual. About 80% of the services provided by CDF are being offered via Telehealth. CDF provides services to mostly Spanish-speaking communities where having that access to care makes it so much easier for them. This is especially important in their community because 40 to 60% of CDF's clients are vaccinated. South LA was one of the hardest hit regions in the state for COVID deaths, so they are trying to prevent anything like that from happening again. Now, the Board of Behavioral Sciences (BBS) even authorizes supervision done via Telehealth. So going back to the old Telehealth rule would put them in an antiquated pre-pandemic situation. Clients who have chosen the Telehealth modality will be left out, because they are not meeting the client's needs. She stated it harms clinicians who have gotten rid of their brick-and-mortar locations. According to the rule, claimants may not be allowed to more Telehealth due to clinical necessity or because they live in an area with no other resources. What does the Board consider as clinical necessity? They are in Los Angeles, there's plenty of other resources, but it may not be best for the client and that's what they are really looking out for.

Finally, she wanted to address the 90-day timeline. She stated that in theory it looks great; however, where they have had issues is when Victim Witness Programs apply for the client. She noted that they have about seven clients right now waiting for numbers beyond 90 days.

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If they started billing now, how would that work? In Los Angeles County they are required to send Children's Services cases to DCFS, and that takes the application process out of their hands, and they don't know what timeframe DCFS is using to get the paperwork to CalVCB. They have lost funds because of the October rule change because of these delays. She wanted to know what the Board's plan is to help clinicians and agencies in this type of situation. She acknowledged that they have attended the Mental Health Panels and that they have also written letters. They have reached out in every way possible. She concluded by saying she really hoped what she said would be taken into consideration. She thanked the Board for their time.

Chairperson Ravel thanked Ms. Canseco for her comments. He noted there may be some implementation issues and acknowledged there were issues with how this has been processed previously. He encouraged staff to look at these implementation issues and work with the providers and advocated in the community.

Public Comment:

Ann Tran-Lien, the Managing Director of Legal Affairs with the California Association of Marriage and Family Therapists also offered public comment. She indicated that her organization represents over 34,000 Mental Health Providers; many of whom are providers for CalVCB. She thanked the Board and staff for acknowledging the importance of mental health services for victims of crime here in California.

Ms. Tran-Lien stated they sent in a letter expressing concerns that they have been hearing from their member providers regarding the changes that were made to the guidelines in October of last year. They are happy to see that VCB is working to streamline the approval and billing process. Removing the barriers to reimbursement and increasing provider rates will allow for improved access to mental health care services for victims of crime. She agreed with Ms. Canseco that there are still some nuances to be resolved with implementation and administrative. She respectfully requested the Board consider their comments. She acknowledged they are also very supportive of the proposal to allow for services via Telehealth and noted it would continue to improve the access to much needed care. She encouraged the Program to not be as restrictive, or possibly be more lenient, when determining necessity for care via Telehealth. She said they have seen from the beginning of the pandemic and to the present how mental health care delivered via Telehealth has greatly increased and played a big role in helping improve access to care in rural and underserved populations in areas.

Finally, Ms. Tran-Lien asked if there could be FAQs published on CalVCB's website that would allow for mental health providers to gain clarity on various issues that they face. Specifically, challenges in the billing process or denials of claims. She thanked the Board again.

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Chairperson Ravel thanked Ms. Tran-Lien. He stated he thought it was a great idea to post FAQs on the website and directed staff to determine what sort of big issues there are with the billing process. Chair Ravel concluded by stating CalVCB is attempting to make it easier for the providers to submit bills and to get paid for these essential services provided to crime victims.

Member Becton moved to adopt the Proposed 30% increase to the Mental Health Reimbursement rates and to also adopt the proposed changes to the Mental Health Guidelines. The motion was seconded by Member Silva. By a unanimous vote of the Board, the motion passed.

Item 9. PC 4900 Claim No. 16-ECO-10, Michael Ray Hanline

This presentation was given by Chief Counsel, Kim Gauthier. Ms. Gauthier gave a brief summary of the Penal Code section 4900 claim filed by Michael Hanline.

On November 22, 2016, Michael Hanline filed an application as an erroneously convicted felon with the California Victim Compensation Board. Following a lengthy stay in the matter, the claim was supplemented on April 22, 2022. The application is based on a 1980 conviction for murder, which was vacated during state habeas proceedings in November of 2014.

There was no objection filed by the Office of the Attorney General regarding the merits of the claim itself. However, there was argument submitted by the Office of the Attorney General regarding the amount of compensation, which is discussed in the Proposed Decision. The Proposed Decision recommends compensation in the amount of \$1,738,240, which represents \$140 per day for 12,416 days Mr. Hanline was wrongfully imprisoned.

Ms. Gauthier noted that Mr. Hanline was represented today by Alexander Simpson of the California Innocence Project and the Office of the Attorney General was represented by Deputy Attorney General Seth McCutcheon.

Chairperson Ravel asked that counsel for Mr. Hanline address the Board first.

Alexander Simpson apologized for Mr. Hanline not being able to participate because he had had some unexpected health issues come up.

Mr. Simpson continued by stating that Mr. Hanline is happy with the Proposed Decision and asked the Board to adopt the Proposed Decision. He noted this has been a long time coming for Mr. Hanline and November is a very interesting month for him. Three days ago, Mr. Hanline turned 76 years old. On November 28, it will be 44 years since the murder of J.T. McGarry, which is the reason why Mr. Hanline was convicted and detained for 36 years. On November 24, it will be six years since his release. Mr. Simpson stated this award will not go to replace the amount of time that Mr. Hanline has wrongfully served wrongfully, but it will

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address some of the issues he previously discussed. For instance, Mr. Hanline's declining health. He has a number of medical bills that need to be paid, and it will obviously go to his family members and assist in helping him in the future.

Mr. Simpson asked that the Board adopt the Proposed Decision in its entirety.

Chairperson Ravel thanked Mr. Simpson for his comments.

Chairperson Ravel then asked Mr. McCutcheon for his comments on the matter.

Mr. McCutcheon started by pointing out that he was appearing with Deputy Attorney General John Krauss who also appeared via Zoom.

Mr. McCutcheon stated their office was submitting the Proposed Decision.

Chairperson Ravel thanked Mr. McCutcheon for his appearance.

Chairperson Ravel stated that this is an issue of first impression for the Board and noted that in one respect you have a sentence that is being served concurrently and the question is how much to reduce the award based on that other sentence. He noted the way the Hearing Officer calculated the reduction is completely reasonable and that the Hearing Officer did an excellent job at researching and balancing the competing concerns. He went, however, to note that at the same time, it seems inherently speculative to determine how long somebody would have served and when they would have been released on parole, so he posited both to the attorneys for Mr. Hanline and the state, as well as to the Board members, whether that is the right length. He invited comments on this issue.

Mr. Simpson stated he agreed that it is an issue of first impression. He stated he spoke with Mr. Krauss about what this might mean in terms of the case. As he stated before, Mr. Hanline is 76 years old and he is not interested in an extended kind of process of litigation to find out the exact number, which would delay most if not all of these proceedings, and so they think the Proposed Decision is reasonable in that regard. He stated the calculation is something that they are comfortable with. He did not know how much farther they can go in terms of trying to calculate the exact number without an expert's opinion about how the determinate sentencing laws would have worked in this situation. He stated they would submit on the calculation as determined by the Hearing Officer.

Mr. Krauss then added, from the State's perspective, the state's position in the briefing that was filed that the burden was on Mr. Hanline to show the extent of his injury. Mr. Krauss acknowledged this is a unique issue given the overlap of the sentencing guidelines, the ISL and DSL. The Office of the Attorney General recognized there is a certain amount of speculation that goes into it. He stated that the Hearing Officer's resolution in this case of two

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years made sense to the AG's office as a resolution given that it represents the midterm of the sentence for grand theft. Mr. Krauss believes the parole board under the rules of Title 15 section 2166, would have retroactively calculated Mr. Hanline's parole date on the grand theft at the midterm, so that lines up with what the Hearing Officer recommended. For that reason, the AG's office agreed this was a reasonable resolution.

Chairperson Ravel thanked Mr. Simpson and Mr. Krauss for their comments.

Member Becton stated she understood and shared Chairperson Ravel's concerns, but she thought, based on the comments that were expressed, the recommendation was a reasonable solution for everyone involved.

Chairperson Ravel thanked Member Becton for her perspective.

Member Becton moved to adopt the Hearing Officer's Proposed Decision in the Penal Code section 4900 matter of Michael Ray Hanline. The motion was seconded by Member Silva. The motion was approved by a unanimous vote of the Board and the Proposed Decision was adopted.

Closed Session

The Board adjourned into Closed Session with the Chief Executive Officer and Chief Counsel at 10:43 a.m. pursuant to Government Code section 11126, subdivision (c)(3) to deliberate on proposed decision numbers 1-163 of the Victim Compensation Program.

Open Session

The Board reconvened in Open Session pursuant to Government Code section 11126, subdivision (c)(3) at 10:45 a.m.

Member Silva moved to approve items 1 through 163 of the Victim Compensation Program. Member Becton seconded the motion. The motion was approved by a unanimous vote of the Board and the proposed decisions were adopted.

Adjournment

Member Becton moved adjournment of the November Board meeting. Member Silva seconded the motion. The motion was adopted by a unanimous vote of the Board and the meeting was adjourned at 10:45 a.m.

Next Board Meeting

The next Board meeting is scheduled for Thursday, January 19, 2023.

ITEM 2

PUBLIC COMMENT

The Board will receive comments from the public on matters that are not on the agenda.

The Board may not discuss or take any action on any item raised during public comment expect to decide whether to place the matter on a subsequent agenda.

(Gov. Code, § 11125.7.)

ITEM 3

EXECUTIVE OFFICER'S STATEMENT

ITEM 4

CALIFORNIA VICTIM COMPENSATION BOARD
CONTRACT REPORT
JANUARY 19, 2023

The Board has delegated to the Executive Officer the authority to execute contracts with county victim centers for the verification of victim compensation program applications; contracts with counties for assistance in the effective collection of restitution from offenders; contracts for the review and adjustment of medical bills received by the California Victim Compensation Program; and contracts for the maintenance of the Board’s information technology system.

Further, the Board has delegated to the Executive Officer the authority to execute all other contracts in an amount not to exceed \$200,000. All contracts in excess of \$200,000 require Board approval prior to execution.

For all contracts for which the Executive Officer has delegated authority, the Executive Officer reports to the Board the substance and amount of the contract at the meeting following execution of the contract.

Contractor Name and PO/Contract Number	Contract Amount and Contract Term	Good or Service Provided
Approval		
Currently, there are no contracts requiring approval by the Board.		
Informational		
Vendor Name: Ahead, Inc. PO Number: PO 2831	Amount: \$50,642.34 Term: 12/16/2022-12/15/2023	Renewal of hardware and software support for the storage solution and supporting equipment at the primary and secondary data centers. This will provide reliable storage for mission-critical data. This was procured utilizing the Statewide Contract acquisition method.
Vendor Name: Migration Technologies, Inc. PO Number: PO 2833	Amount: \$73,007.30 Term: 11/17/2022-11/16/2023	The Contractor shall provide a unified service management system for CalVCB through Cherwell licensing and implementation services.

		This was procured through the Competitive Informal acquisition method, utilizing an informal RFQ.
Vendor Name: West Publishing Corporation Contract Number: VC-8008 A3	Amount: \$130,825.01 Term: 1/1/2023-6/30/2023	This is an amendment to the existing contract to add time. The Contractor shall provide WestLaw Subscription for attorneys to conduct legal research to access information necessary to perform work assignments, including case law, statutes and regulations, legislative history and court records. This was procured utilizing the Master Service Agreement acquisition method.

ITEM 5

CALIFORNIA VICTIM COMPENSATION BOARD
REQUEST FOR APPROVAL OF THE 2023 RULEMAKING CALENDAR
JANUARY 19, 2023

Action Requested

Staff propose to submit the attached 2023 Rulemaking Calendar to the Office of Administrative Law.

Background

Government Code section 11017.6 requires every state agency responsible for implementing a statute that requires interpretation pursuant to the Administrative Procedure Act to prepare, by January 30, a rulemaking calendar for that year. The rulemaking calendar must be (1) prepared in accordance with the format specified by the Office of Administrative Law (OAL), (2) approved by the head of the department or, if the rulemaking agency is an entity other than a department, by the officer, board, commission, or other entity which has been delegated the authority to adopt, amend, or repeal regulations, and (3) published in the California Regulatory Notice Register (Notice Register).

The California Victim Compensation Board (CalVCB) is authorized to adopt regulations pursuant to Government Code section 13920.

CalVCB receives and processes claims from victims of crime pursuant to Government Code sections 13950 through 13966 and claims filed by citizens whose direct actions benefit the public pursuant to Government Code sections 13970 through 13974. The regulations governing these claims have not been revised in many years. However, over the past several years, the statutory scheme governing these claims has been revised, making some of the regulations outdated. Moreover, court cases interpreting the applicable law have resulted in policy changes that need to be formalized through the rulemaking process.

This proposed action is the first step in updating the regulations as the OAL requires all state departments, Boards and Commissions to submit a calendar every year identifying rulemaking packages it intends to submit to the OAL for review and approval.

Relevant documents, including draft Proposed Regulations, the Initial Statement of Reasons, as well as the Notice of Rulemaking Action for each regulation package proposed will be submitted to the Board for review and approval at a future Board meeting prior to submission to the OAL.

Recommendation

It is recommended that the Board approve the attached 2023 Rulemaking Calendar and authorize staff to submit the calendar to the Office of Administrative Law for publication in the Notice Register.

Certification

I certify that at its January 19, 2023, Board Meeting, the California Victim Compensation Board approved the 2023 Rulemaking Calendar and authorized staff to submit it to the Office of Administrative Law.

Andrea Burrell
Board Liaison

SCHEDULE B

CALIFORNIA VICTIM COMPENSATION BOARD
2023 RULEMAKING CALENDAR
SCHEDULE B: PROPOSED REGULATIONS IMPLEMENTING STATUTES ENACTED
PRIOR TO THE YEAR 2022

Subject: California Victim Compensation Program

California Code of Regulations Title and Sections Affected: Title 2, sections 601-619.7.

Statute(s) Being Implemented: Government Code sections 13900-13966.

Responsible Agency Unit: California Victim Compensation Board, Legal Division.

Contact Person and Phone Number: Kimberly L. Gauthier, Chief Counsel, 916-491-3507.

Projected Notice Publication Date: June 1, 2023.

Projected Public Hearing Date: July 24, 2023.

Projected Adoption by Your Agency Date: September 21, 2023.

Projected to OAL for Review Date: September 25, 2023.

**Report on the Status of all Uncompleted Rulemaking Described on Previous Calendars:
Not Applicable.**

Subject: California Victim Compensation Program

California Code of Regulations Title and Sections Affected: Title 2, sections 647.1-647.38.

Statute(s) Being Implemented: Government Code sections 13900-13966.

Responsible Agency Unit: California Victim Compensation Board, Legal Division.

Contact Person and Phone Number: Kimberly L. Gauthier, Chief Counsel, 916-491-3507.

Projected Notice Publication Date: June 1, 2023.

Projected Public Hearing Date: July 24, 2023.

Projected Adoption by Your Agency Date: September 21, 2023.

Projected to OAL for Review Date: September 25, 2023.

Report on the Status of all Uncompleted Rulemaking Described on Previous Calendars: Not Applicable.

Subject: Indemnification of Citizens Benefiting the Public (Good Samaritans) Program

California Code of Regulations Title and Sections Affected: Title 2, sections 648.1-648.6.

Statute(s) Being Implemented: Government Code sections 13970-13974.

Responsible Agency Unit: California Victim Compensation Board, Legal Division.

Contact Person and Phone Number: Kimberly L. Gauthier, Chief Counsel, 916-491-3507.

Projected Notice Publication Date: June 1, 2023.

Projected Public Hearing Date: July 24, 2023.

Projected Adoption by Your Agency Date: September 21, 2023.

Projected to OAL for Review Date: September 25, 2023.

Report on the Status of all Uncompleted Rulemaking Described on Previous Calendars: Not Applicable.

Subject: California Victim Compensation Program

California Code of Regulations Title and Sections Affected: Title 2, sections 649-649.61.

Statute(s) Being Implemented: Government Code sections 13900-13966.

Responsible Agency Unit: California Victim Compensation Board, Legal Division.

Contact Person and Phone Number: Kimberly L. Gauthier, Chief Counsel, 916-491-3507.

Projected Notice Publication Date: June 1, 2023.

Projected Public Hearing Date: July 24, 2023.

Projected Adoption by Your Agency Date: September 21, 2023.

Projected to OAL for Review Date: September 25, 2023.

**Report on the Status of all Uncompleted Rulemaking Described on Previous Calendars:
Not Applicable.**

ITEM 6

**CALIFORNIA VICTIM COMPENSATION BOARD
PROPOSAL TO APPROVE REGIONAL TRAUMA
RECOVERY CENTER PILOT GRANT AWARD – CENTRAL CALIFORNIA
JANUARY 19, 2023**

Background

Trauma Recovery Centers (TRCs) are organizations that help victims of violent crime by providing trauma-informed services that include assertive outreach to underserved populations, comprehensive evidence-based mental health services, and coordinated care tailored to each victim's needs. TRCs serve victims of all types of violent crime, including those with complex needs, with a multidisciplinary team to promote resiliency and recovery. TRCs also provide training to local law enforcement and other community partners on the identification and effects of violent crime.

Government Code section 13963.1, enacted July 1, 2013, directs the California Victim Compensation Board (CalVCB) to administer a program to evaluate applications for and award grants to TRCs in California to provide services to victims of crime. The statutory requirements provide a clinical model for the TRCs and who they must serve, and direct CalVCB to award the grants through a competitive grant application process. The grants are paid for each year with \$2 million from the State Restitution Fund and a portion of the Safe Neighborhoods and Schools Fund, which is the savings the state realizes annually due to the passage and implementation of Proposition 47. Presently, CalVCB has grant agreements with 18 TRCs across the state.

2022-23 State Budget

On June 30, 2022, Governor Newsom signed into law the 2022-23 state budget package effective July 1, 2022. One bill in the package, AB 178, appropriated \$5,000,000 to establish a Regional TRC Pilot Program to serve rural or underserved areas. Under the program, an existing TRC is to work with local organizations to set up satellite offices that provide TRC services either at the location or via telehealth.

According to the legislation:

- Of the total amount, \$2,500,000 shall be to contract for one TRC to run satellite offices in two Northern California locations for three years.
- Of the total amount, \$2,500,000 shall be to contract for one TRC to run satellite offices in two Central California locations for three years.

On September 14, 2022, CalVCB posted the Notice of Funding Availability (NOFA) for the Regional TRC Pilot Program for both the Northern and Central California locations. On November 17, 2022, the Board approved awarding \$2,500,000 to the Alameda County District Attorney's Office to provide TRC services in the counties of Sacramento and Sonoma. No applications for the Central California locations were received.

On November 7, 2022, CalVCB posted a NOFA for the Regional TRC Pilot Program serving the Central California locations. CalVCB received three applications by the December 6, 2022, deadline. They were:

Central California Regional TRC Applicants	TRC Location	Locations for Satellite Offices
Miracles Counseling Center	Los Angeles County	Fresno County Kern County
Amanecer Community Counseling Service	Los Angeles County	Kern County San Joaquin County
Napa Solano SANE-SART	Solano County	San Joaquin County Stanislaus County

NOFA Application Scoring

In keeping with statute, which requires CalVCB to award TRC grants through a competitive application process, the three grant applications were carefully evaluated and scored. A determination was made as to whether applicants could meet the minimum qualifications, as detailed in the statutory requirements.

Scoring the applications allows for an assessment of the ability to perform statutorily required functions. In addition, the scoring added weight to the understanding of the needs in the geographic area or populations served, ability to remotely serve the greatest number of victims in these geographic locations, and ability to quickly begin services. These criteria accounted for 20 percent of the application score. These considerations were assessed using a point system that provided values consistent with the following level of responses to narrative questions:

- Not Qualified (zero points, disqualified)
- Less Qualified (1-2 points) Responses provide little or no direct experience or understanding of how qualifications have or will be met.
- Qualified (3-6 points) Responses provide direct experience and complete knowledge of how qualifications have or will be met with comprehensive examples.
- Highly Qualified (7-10 points) Responses meet the ‘Qualified’ standard and additionally, provide direct experience and comprehensive examples of qualification and ability to begin providing services within 60 days of receiving award.

The criteria and point values are listed in the NOFA. Applications can receive a maximum of 100 points for a total score. While the lower-scoring applications demonstrated that the applicants could meet the minimum statutory requirements for operating a TRC, they lacked the details, examples, and clarity provided by the highest-scoring application. Total scores ranged from 59 to 83 points.

Summary of Application and Scoring Process

- The Regional TRC Pilot Program NOFA for Central California locations was posted on CalVCB’s website on November 7, 2022.
- The grant application period began November 7, 2022, and ended December 6, 2022, at 2:00 p.m., Pacific Time.
- CalVCB received three applications for this competitive grant program.
- The three applications were evaluated and scored.
- All three met the minimum qualifications for operating a TRC, and Amanecer Community Counseling Service received the highest score.

Action Requested

Through this agenda item, staff is recommending and seeking approval to award a Regional TRC Pilot Program grant for \$2,500,000 to the highest-scoring applicant, Amanecer Community Counseling Service.

Applicant	Proposed Award
<p>Amanecer Community Counseling Service (ACCS)</p> <p>The ACCS proposes to operate three satellite operations based in two underserved locations, Stockton in San Joaquin County and Bakersfield in Kern County. The ACCS will collaborate with three hospitals affiliated with CommonSpirit Health, formerly known as Dignity Health, a not-for-profit hospital provider in California at the following locations:</p> <ul style="list-style-type: none"> • St. Joseph’s Medical Center in Stockton • Mercy Hospital Downtown in Bakersfield • Mercy Hospital Southwest in Bakersfield <p>The partnerships will provide services to crime victims in regions not currently served by existing TRCs. The two counties, San Joaquin and Kern, are mostly rural with significant non-English speaking populations, including farm workers and new immigrants, and high rates of poverty and homelessness. According to various reports, Kern and San Joaquin counties have experienced increases in violent crimes and killings since 2020. This is exacerbated by the lagging economic recovery and chronic shortage of mental health and trauma-focused services in these rural areas, especially in languages other than English.</p> <p>The ACCS currently operates the ACCS in Los Angeles County and routinely works with survivors of crime, as well as family members of victims of homicide, sexual and physical assault, domestic violence, and human trafficking. The ACCS has a long working collaboration with CommonSpirit Health and will use its experience with other satellite field offices in South</p>	<p>\$2,500,000 for 30 months</p>

Los Angeles and Compton to serve the communities in Kern and San Joaquin Counties.

Through the existing hospital systems, TRC mental health and case management services will be made available to needy communities within 60 days after the execution of the grant. This proposal will offer on-site and virtual evidence-based and evidence-informed mental health and support services in each location without charge to clients. The grant proposes to serve 1,800 clients and conduct 35 trainings to local organizations and law enforcement over the course of the grant.

ITEM 7

**CALIFORNIA VICTIM COMPENSATION BOARD
PROPOSAL FOR MENTAL HEALTH UPDATES
JANUARY 19, 2023**

Authority

The California Victim Compensation Board (CalVCB) has the authority, pursuant to Government Code section 13957.2, to establish maximum rates and service limitations for reimbursement of mental health and counseling services. Section 13957.2 provides in pertinent part:

- (a) The board may establish maximum rates and services limitations for reimbursement of medical and medical-related services and for mental health and counseling services. The adoption, amendment, and repeal of these service limitations and maximum rates shall not be subject to the rulemaking provision of the Administrative Procedure Act (Chapter 3.5 (commencing with Section 11340) of Part 1). An informational copy of the service limitations and maximum rates shall be filed with the Secretary of State upon adoption by the board.

Reimbursement of mental health expenses by CalVCB is based on the definitions, session limitations, documentation requirements and other criteria set forth in the CalVCB Mental Health Guidelines (Guidelines).

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 in Government Code sections 13900, et seq.

Mental Health Telehealth Requirements

Background

Per the Board of Behavioral Sciences, “telehealth” means the mode of delivering health care services and public health via information and communication technologies to facilitate the diagnosis, consultation, treatment, education, care management, and self-management of a patient’s health care. There are currently no limits established by the various California mental health licensing boards regarding the number of telehealth sessions that may be provided.

Since January 1, 2017, the Guidelines have limited reimbursement of telehealth sessions to five, unless a Telehealth Verification form is submitted and approved. Reasons for the form to be approved are “if the claimant requires telehealth due to clinical necessity or lives in an area where no other clinical resources are available.”

At the onset of the COVID-19 pandemic, internal CalVCB policies changed to accommodate clinical needs. On April 3, 2020, Governor Gavin Newsom issued Executive Order N-43-20 to facilitate and expand the use of telehealth services to ensure that Californians impacted by COVID-19 had access to medical care, and to protect health care workers by reducing unnecessary, in-person medical consultations and treatment.

Consistent with the Governor's Executive Order, CalVCB policy was amended to allow reimbursement of telehealth sessions so long as the remainder of the Guideline requirements were being met. This policy change was effective for telehealth sessions which began on or after March 6, 2020, or those where the fifth telehealth session was conducted on or after March 6, 2020. The Executive Orders will end on February 28, 2023, and active waivers that were issued under the authority will also expire.

Proposed Change

Staff propose removing the telehealth requirements within the Guidelines. This will increase flexibility for providers and claimants, increase access to mental health treatment for claimants, maintain current processes and procedures, and align with California's licensing boards' standards, allowances and requirements.

These proposed changes to the Guidelines are depicted in Attachment A. the deletions to the text are noted in ~~striketrough~~ and the additions are noted in underline.

Action Requested

Staff request the Board approve the deletion of the current telehealth restrictions and adopt the proposed changes to the Mental Health Guidelines as set forth in Attachment A. Upon adoption by the Board, these updates will be submitted to the Secretary of State's office as required by Government Code section 13957.2.

MENTAL HEALTH GUIDELINES - ATTACHMENT A

California Victim Compensation Board

Mental Health and Counseling Service Maximum Rates and Service Limitations for Reimbursement

(Mental Health Guidelines)

Government Code § 13957.2(a)

Effective March 1, 2023 ~~December 15, 2022~~

Authority

The California Victim Compensation Board (CalVCB) has the authority, pursuant to Government Code section 13957.2, to establish maximum rates and service limitations for reimbursement of mental health and counseling services.

Reimbursement of mental health expenses by the California Victim Compensation Board (CalVCB) 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 Board codified in Government Code §§ 13900, et seq.

Penal Codes

CalVCB's Glossary of Penal Code Definitions, <https://victims.ca.gov/forms/penal-codes-definitions> is a document designed to assist in reviewing the Mental Health Guidelines and completing the Treatment Plan (TP) and Additional Treatment Plan (ATP). You may also access the Penal Codes at <https://leginfo.legislature.ca.gov/faces/codes.xhtml>.

Billing of Mental Health Services

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 Worker's 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 (EOB). Failure to do so will result in delays in payment. (Tit. 2, CCR § 649.31)

- Reimbursement rates for licensed or registered mental health providers are listed on the CalVCB website at <https://victims.ca.gov/publications/mental-health-provider-rates-chart/>.
- Reimbursement for mental health treatment (bills) must be submitted on a Centers for Medicare & Medicaid Services (CMS) 1500 form. The CMS 1500 must be completed entirely according to the CalVCB CMS 1500 Instructions form (<https://victims.ca.gov/uploads/2021/01/CMS1500Instructions.pdf>). Each date of service must

be listed individually. If the treating therapist is a registered associate with the Board of Behavioral Sciences or the Board of Psychology, the supervisor must sign the CMS 1500 form.

- Along with the first CMS 1500 form submitted for each claimant, a CalVCB Mental Health Billing Intake Form (<https://victims.ca.gov/forms/mental-health-billing-intake-form/>) must be completed in its entirety and signed by the treating provider. Submission of this form is required before payment can be made.

Bills must be submitted within 90 days of each date of service provided. If multiple dates of service are included in one CMS 1500 form, then it must be submitted within 90 days from the first service date on the bill.

If bills are not submitted within 90 days of each date of service, reimbursement will be denied.

Section I. Individual/Family/Group Psychotherapy and Case Management Services

The below limitations pertain to standard individual/family/group psychotherapy, telehealth, and case management services. Sessions are based on hourly increments per the table below. Session limits are based on hourly increments.

Session Lengths and Equivalencies

	Length of Time	Session Equivalent
Individual and Family Mental Health Session (In person or Telehealth)	Less than 45 minutes	.50
	45 to 74 minutes	1.0
	75 to 104 minutes	1.5
	105 to 120 minutes	2.0
One Group Mental Health Session		One half of an individual session of the same length ¹
Case Management Services Sessions²	15 minutes	.25
	30 minutes	.50
	45 minutes	.75
	60 minutes	1.0

¹ Group mental health sessions should be billed based on the length of time for the services. Similarly, group mental health sessions should represent the amount of time provided in hourly units on treatment plan forms.

² Case management is defined as a service that assists a direct victim with accessing needed medical, educational, social, prevocational, rehabilitative, or other community services. The service activities may include, but are not limited to, communication, referral and coordination.

Case Management

- CalVCB may reimburse up to five case management session hours for claimants, which will not be counted as part of the mental health session limit.

Telehealth

- Telehealth is delivering mental health treatment via communication technologies while the patient is at the originating site and the mental health provider is at a distant site. ~~Services provided via telehealth modality must meet the All statutory and regulatory requirements established by the provider's licensing board overseeing the treating mental health provider must be met.~~
- Mental Health session limits apply to all mental health services, regardless of how they are delivered (in person or telehealth).
- ~~CalVCB may reimburse up to five telehealth therapy session hours, which will be counted as part of the mental session limit.~~
- ~~Additional mental health sessions via telehealth modality beyond the initial limit of five session hours may be allowed if the claimant requires telehealth due to clinical necessity or lives in an area where no other clinical resources are available. Authorization for provision of more than five telehealth sessions requires that the Telehealth Therapy Verification form be submitted and approved.~~

Section II. Initial Treatment Session Limits

Victim Classification	Mental Health Session(s)	Case Management Session(s)
Direct Survivor ³	Up to 40	Up to 5 ⁴
Derivative⁵		
-Adult	Up to 15	
-Minor	Up to 30	Up to 5 ⁴
-Minor Witness	Up to 30	
-Primary Caretakers (at time of crime)	Up to 30	
-Post-Crime Primary Caretakers	Up to 15	

Primary Caretakers (at the time of crime) apply to those caring for minor direct victims. This classification is only eligible to recover up to \$10,000 as a shared payment between up to two Primary Caretakers.

Post-Crime Primary Caretakers apply to those who began caring for a minor direct victim after the crime. This classification is only eligible for treatment that benefits the direct minor victim and shall

³ Survivors include parent, sibling, child, spouse, fiancé, grandparent, grandchild or registered domestic partner as defined in Family Code § 297.

⁴ These are not counted against the mental health session limits.

⁵ A derivative victim in more than one category may only use the most favorable category.

not exceed \$5,000. (Government Code § 13957(a)(2)(B))

Section III. Documentation Requirements for Initial Sessions

When a claimant begins treatment, the following documents must be completed by the mental health provider:

- 1) Mental Health Billing Intake Form
- 2) Treatment Plan (TP)

The Treatment Plan (TP) must be completed in its entirety and kept in the claimant's file except for the following circumstances when it must be submitted to CalVCB prior to the beginning of the fourth session:

- 1) Upon CalVCB's request;
- 2) If the treatment is less than 100% related to the qualifying crime;
- 3) There was a delay in treatment of three years or break in treatment over one year;
- 4) If the treatment is for a post-crime primary caretaker;
- 5) If the claimant was three years old or younger when treatment began.

If the TP is not submitted to CalVCB for the above circumstances, the bills may be denied until the document is submitted.

TP Requirements

- 1) A description of the crime for which mental health sessions are being provided.
- 2) 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.
- 3) The 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.
- 4) A description of presenting symptoms, behaviors and beliefs that are the focus of treatment.
- 5) The Level 1 Cross-Cutting Symptom Measure results as described in the most recently published version of the DSM, as clinically indicated. The exceptions for completion are:
 - a. Claimant is non-English speaking
 - b. Claimant is less than six years of age
 - c. Claimant is developmentally disabled
 - d. Treatment is terminated
 - e. Explanations provided in the "Other" box will be considered on a case-by-case basis
- 6) A description of the means by which progress will be measured.
- 7) For a Post-Crime Primary Caretaker, a list and description of the therapeutic interventions that are necessary for the treatment of the direct minor victim.

- 8) A declaration signed under penalty of perjury of the percentage of the treatment that is necessary as a direct result of the qualifying crime.

Mental Health Billing Intake Form Requirements

The Mental Health Billing Intake Form that is required to be submitted with the first billing, shall include all of the following:

- 1) Claimant Name
- 2) Crime Date
- 3) Type of crime with a brief description
- 4) The date the treatment began
- 5) The date the treatment will end, if applicable
- 6) If treatment is necessary as a direct result of the crime (a requirement of Government Code section 13957(a)(2))
- 7) If insurance or Medi-Cal cannot be billed, applicants are asked for the reason. If any of the reasons are selected, the applicant may be provided an exemption
- 8) Provider Organization Name
- 9) Treating Provider Name
- 10) Supervising Provider Name (if applicable)
- 11) Email address of Provider
- 12) Phone number of Provider
- 13) Provider License Number
- 14) Supervising Provider License Number (if applicable)
- 15) Provider Declaration Certification, signed under penalty of perjury
- 16) Claimant Declaration Certification, signed under penalty of perjury

Section IV. Additional Treatment Beyond Initial Session Limits

Reimbursement for additional mental health sessions for a victim beyond the initial session limit may be approved if an Additional Treatment Plan (ATP) and TP are submitted and the documentation meets the criteria listed below.

The ATP should be completed when the claimant is eight (8) sessions from reaching their authorized session limit. The complete ATP must be submitted within 90 days after the date a bill for sessions that exhaust the authorized session limit is submitted to CalVCB. If the completed ATP and TP 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.

Bills for dates of service provided after the ATP and TP are submitted, but before the ATP is approved, may be considered for payment subject to approval of the ATP.

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.

ATP Requirements

- 1) A description of the crime for which mental health sessions is being provided.
- 2) 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.
- 3) The 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.
- 4) For a Post-Crime Caretaker, a list and description of the therapeutic interventions that are necessary for the treatment of the direct minor victim.
- 5) A description of the current symptoms, behaviors and beliefs that are the focus of continued treatment.
- 6) The treating therapist's rating of the therapeutic progress in relation to the diagnosis and treatment goals and other progress measurements identified in the initial TP and ATP.
- 7) The Level 1 Cross-Cutting Symptom Measure results as described in the most recently published version of the DSM, as clinically indicated. Acceptable reasons for results of this measurement to not be reported, include:
 - Claimant is non-English speaking
 - Claimant is less than six years of age
 - Claimant is developmentally disabled
 - Treatment is terminated
 - Explanations provided in the "Other" box will be considered in a case-by-case basis
- 8) A description of the means by which progress will continue to be measured.
- 9) A description of factors that may adversely affect treatment progress.
- 10) An explanation of the claimant's involvement with the legal system concerning criminal or dependency hearings resulting from the qualifying crime, if applicable.
- 11) An explanation of the claimant learning of the perpetrator's release from custody, if applicable.
- 12) If a direct minor victim, reporting if the perpetrator has made unwelcome and unauthorized contact with the claimant, if applicable.
- 13) A declaration signed under penalty of perjury of the percentage of the treatment that is necessary as a direct result of the qualifying crime.

Additional Treatment Criteria

CalVCB may require the submission of additional information needed 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 Title 2, California Code of Regulations § 649.7(b)(1).

CalVCB shall not reimburse additional outpatient mental health counseling sessions unless the below requirements for the claimant's applicable filing classification are met; or in the CalVCB'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.

When evaluating a request for additional sessions, objective assessment measures with demonstrated reliability and validity in peer review literature will be given significant weight.

When evaluating a request for additional treatment, independent corroborative information may be given significant weight.

If additional sessions are needed to address treatment goals:

- Submit a new, complete, signed and certified ATP.
- Submit the ATP within eight sessions of reaching the Mental Health Session limit.
- Certification by the treating therapist of treatment progress that has been made.
 - o If treating therapist is unable to certify progress of previous treatment, the treating therapist must certify that hindering factors can be overcome.
- For subsequent requests for additional sessions, certification by the treating therapist on the continuing progress.
 - o If the treating therapist is unable to certify that treatment progress has been made, the therapist must certify that hindering factors will be successfully overcome with additional sessions.

CalVCB may not allow additional sessions if one of the following applies:

- The treating therapist indicates that hindering factors can't be overcome with additional sessions.
- Treating therapist certifies that progress has been made but accompanying documentation does not support that certification.

In such cases, an Independent Mental Health Examination may be required.

If inadequate progress has been determined against the below requirements for the claimant's applicable filing classification, CalVCB may, in its sole discretion, authorize additional treatment with a different treatment modality, method, or provider.

Additional sessions beyond the claimant's applicable initial session limit may be approved providing specified criteria are met for the following claimant classifications:

Section V. Additional Sessions

Direct Victims

- 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 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. To be reimbursed, the mental health counseling must be initiated within three months of being scheduled to testify; or
 - f) The victim initiated mental health treatment within three months of learning that perpetrator will be, or was, 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 results, as clinically indicated; 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) Symptom progress rating score provided by the treating therapist based on the status of claimant's symptoms/behaviors; and
 - d) The treating therapist's percentage estimation of overall treatment that has been completed to meeting the claimant's treatment goal(s) in relation to the qualifying crime.

Minor Direct Victim

Additional sessions for a minor victim may be approved if the above "Direct Victim" section criteria are met. Otherwise, a minor victim can be authorized additional sessions if the following criteria are successfully met.

1) One of the following circumstances are present:

- a) 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.
- b) 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
- c) The alleged suspect persists in making uninvited and unwelcome contact with the victim that is not authorized by a court.

2) The treatment is focused on symptoms, behaviors, or beliefs that are directly attributable to the qualifying crime and could be remediated by the proposed treatment.

3) The treatment has progressed, as evidenced by:

- a) Symptom progress rating score provided by the treating therapist based on the status of claimant's symptoms/behaviors; and
- b) Improvement in the Level 1 Cross-Cutting Symptom Measure results, as clinically indicated; and
- c) The treating therapist's rating of the therapeutic progress in relation to the diagnosis and treatment goals and other progress measurements identified in the initial TP; and
- d) The treating therapist's percentage estimation of overall treatment that has been completed to meeting the claimant's treatment goal(s) in relation to the qualifying crime.

Derivative Victims

Derivative claimants may qualify for additional sessions (dependent on approval) under one of the three below subsections:

- A) Reimbursement for additional mental health counseling sessions for a derivative victim beyond the initial session limit 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, excluding Post-Crime Caretakers (new caretakers of a minor victim after the qualifying crime), initiated mental health treatment within three months of being scheduled to testify in a criminal dependency proceeding related to the qualifying crime; 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 Scores; 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) Symptom progress rating score provided by the treating therapist based on the status of claimant's symptoms/behaviors; and
- d) The treating therapist's percentage estimation of overall treatment that has been completed to meeting the claimant's treatment goal(s) in relation to the qualifying crime.

B) Reimbursement for additional mental health counseling sessions for a derivative victim beyond the initial session limit 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:

Please note: This is the only subsection that a Post-Crime Caretaker (a new caretaker of a minor victim after the qualifying crime) may be eligible for additional sessions.

1. One of the following direct victim factors are present:

- a. The qualifying crime resulted in permanent and substantial disfigurement; or
- b. The qualifying crime resulted in serious bodily injury as defined in Penal Code § 243(f)(4); or
- c. The qualifying crime constituted a plausible and credible threat of serious harm to bodily integrity; or
- d. The qualifying crime is a sexual assault offense involving conduct described in Penal Code § 11165.1(b)(1), (2) or (3); or
- 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; or

- f. The direct victim initiated mental health treatment within three months of learning that the perpetrator will be, or was, released from custody.
- g. Penal Code § 11165.1(a), (b)(4), or (b)(5), Penal Code § 243(f)(4); 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 minor 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
 3. 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; or
 4. 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.

2) Treatment for the derivative victim is necessary for the recovery of the direct victim;
and

3) Treatment for the derivative victim is focused on the direct 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 direct victim's progress as evidenced by one of the following:

- a) The Additional Treatment Plan for the direct 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 direct victim's symptoms, behaviors, or beliefs attributable to the derivative victim's treatment.

C) Reimbursement for additional mental health counseling sessions for a derivative victim, excluding Post-Crime Caretakers (new caretakers of a minor victim after the qualifying crime), beyond the initial session limit may be 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 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 specified within either subsection A or B below:

- a) Penal Code § 11165.1(b)(1), (2), (3), Penal Code § 243(f)(4); or
- b) Penal Code § 11165.1(a), (b)(4), or (b)(5); and at least one of the following applies:
 - 2) 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
 - 3) The minor 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
 - 4) 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; or
 - 5) 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.
 - 6) 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
 - 7) The treatment has progressed, as evidenced by:
 - a) Improvement in the Level 1 Cross-Cutting Symptom Measure Scores; 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) Symptom progress rating scores provided by the treating therapist based on the status of claimant's symptoms/behaviors; and
 - d) The treating therapist's percentage estimation of overall treatment that has been completed to meeting the claimant's treatment goal(s) in relation to the qualifying crime.

Minor Witness

Reimbursement for additional mental health counseling sessions for a minor witness beyond the initial session may be approved if an Additional Treatment Plan is submitted and the documentation meets all the criteria listed below:

- 1) The treatment is focused on behaviors or beliefs that are directly attributable to the qualifying crime; and
- 2) The treatment has progressed, as evidenced by:
 - a) Improvement in the Level 1 Cross-Cutting Symptom Measure results, as clinically indicated; and
 - b) The treating therapist's rating 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) Symptom progress rating score provided by the treating therapist based on the status of claimant's symptoms/behaviors; and
 - d) The treating therapist's percentage estimation of overall treatment that has been completed to meeting the claimant's treatment goal(s) in relation to the qualifying crime.
- 3) The minor witness initiated mental health treatment within three months of being scheduled to testify as a witness in criminal or dependency proceeding related to the qualifying crime.

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 Scores; 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) Intervention ratings provided by the treating therapist based on the status of claimant's symptoms/behaviors; and
 - d) The treating therapist's percentage estimation of overall treatment that has been completed to meeting the claimant's treatment goal(s) in relation to the qualifying crime.
- 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.

C) Additional mental health sessions via telehealth modality beyond the initial limit of five (5)

sessions may be allowed if the claimant requires telehealth due to clinical necessity or lives in an area where no other clinical resources are available.

Dire or Exceptional Circumstances:

Additional sessions beyond the claimant's maximum monetary statutory limit for mental health expenses [specified in Government Code § 13957(a)(2)(A) or (B)] may be approved if it is determined that dire or exceptional circumstances that require more extensive treatment is met per Government Code § 13957(a)(2)(C).