

CALIFORNIA VICTIM COMPENSATION BOARD

REQUEST FOR AUTHORIZATION TO CONCLUDE THE RULEMAKING PROCESS FOR AMENDMENTS TO TITLE 2. ADMINISTRATION DIVISION 2. FINANCIAL OPERATIONS CHAPTER 1. CALIFORNIA VICTIM COMPENSATION BOARD ARTICLE 5.6. INDEMNIFICATION OF VICTIMS OF CRIME SECTIONS 649.26, 649.29.1, and 649.29.2

July 16, 2026

Action Requested

On January 15, 2026, this Board authorized staff to commence the rulemaking process to amend, promulgate, and adopt the regulations located at California Code of Regulations, title 2, sections 649.26, 649.29.1, and 649.29.2. The initial process is now complete, and it is requested that the Board adopt the proposed regulations and authorize staff to conclude the rulemaking process and file the final package with the Office of Administrative Law (OAL).

Background

The California Victim Compensation Board ("CalVCB" or "Board") processes claims for victims who have suffered pecuniary losses as a direct result of a qualifying crime. (Gov. Code, §§ 13955, 13957.) If CalVCB staff determine that a qualifying crime occurred and there are no bars to eligibility, CalVCB can pay certain expenses, as authorized by the Legislature, that are a direct result of the crime on which the application was based. (Gov. Code, § 13957.)

Eligible expenses include medical and dental care, mental health services, income and support loss, funeral and burial expenses, relocation, and residential security, among others enumerated in statute. (Gov. Code, § 13957.) However, CalVCB is a payor of last resort, meaning that CalVCB provides compensation for costs that are not covered by other reimbursement sources, including, but not limited to, private insurance, State Disability Insurance (SDI), Social Security Disability Insurance (SSDI), and civil lawsuits. (Gov. Code, §§ 13951, 13954.)

Conversely, the Board must deny an application for compensation or request for reimbursement of expenses if the applicant fails to demonstrate eligibility for the program or for reimbursement of expenses. When CalVCB staff recommend that an application or a request for reimbursement be denied, applicants have a right to appeal the staff's recommendation. (Cal. Code Regs., tit. 2, § 647.20.) If

an applicant appeals, CalVCB must provide the applicant with a hearing. (Gov. Code, § 13959.)

In 2002, Government Code Section 13957.2(a) was added to statute by S.B. 1423. One of the stated purposes of S.B. 1423 was to extend the provisions authorizing compensation for losses incurred for mental health counseling services.¹ In February of 2003, the Board adopted emergency regulations implementing mental health service limitations to help restore stability to the Restitution Fund. Subsequently, the Board, via the formal rulemaking process, moved to adopt the emergency regulations as formal regulations. The Office of Administrative Law (OAL) added the emergency regulations to the California Code of Regulations (CCR) in 2004 as sections 649.23, 649.24, 649.25, 649.26, and 649.27.²

These regulations included a variety of different restrictions limiting the scope, duration, frequency, and type of services eligible for reimbursement, who was eligible to receive reimbursement, the types of documentation required for reimbursement, and other various policies and procedures necessary for the Board's reimbursement of mental health related services.³

In 2006, CalVCB repealed Cal. Code Regs., tit. 2, sections 649.23 through 649.27 in what is presumed to be an effort to adopt a more flexible approach to managing maximum rates and service limitations, as permitted by Government Code § 13957.2 (a).⁴ The sections were removed from the CCR by the OAL and CalVCB concurrently filed its "Mental Health Guidelines," which included maximum rates and service limitations, along with other various requirements for the reimbursement of mental health services, with the Secretary of State.⁵ Since 2006, CalVCB has remained consistent in its practice of updating and filing new Mental Health Guidelines with the Secretary of State any time the Board approves changes to the maximum rates or service limitations. The most recent version of the Mental Health Guidelines was adopted by the Board at its November 2022 meeting and filed with the Secretary of State in December 2022.

¹ S.B. 1423 Chesbro. Victims of crime: Compensation, 2002 Leg. (2002).

² California Regulatory Notice Register 2004, Volume No. 5-Z, p. 123 (2004).

³ Cal. Code Regs., tit 2, § 649.23, 649.24, 649.25, 649.26, 649.27, and 649.28 (2004).

⁴ January 20, 2006, letter from CalVCB staff counsel Kelly Loyer to OAL staff counsel Kathleen Eddy; see also Government Code, § 13957, subd. (a) (establishing the board's authority to set maximum rates and service limitations for reimbursement of medical and medical-related services and exempting the rates and service limitations from the rulemaking provisions of the Administrative Procedure Act

⁵ California Regulatory Notice Register 2006, Volume No. 5-Z, p. 143-144. (2006).

As the Victim Compensation Program continues to expand, the segregation of the rates and service limitations is advisable and warranted to avoid confusion, ensure transparency to applicants and providers, and allow the full breadth of public participation in the rulemaking process. Accordingly, staff proposed that any service limitations within the existing Mental Health Guidelines that meet the Administrative Procedure Act (APA) definition of a regulation be submitted to the Office of Administrative Law to undergo the formal APA rulemaking process.

On January 15, 2026, the Board approved commencement of the rulemaking process to amend, promulgate, and adopt the proposed regulations located at California Code of Regulations, title 2, sections 649.26, 649.29.1, and 649.29.2. The initial rulemaking package for the proposed regulations was submitted to OAL on January 28, 2026.

On February 5, 2026, the OAL requested non-substantive changes to the language of two statements on the Notice of Proposed Rulemaking Action. The document was revised accordingly and published by OAL on February 13, 2026. Meanwhile notice was sent by mail or email to all interested parties, and the documents were published on the CalVCB website for public comment.

The initial public comment period commenced on February 13, 2026, and closed 45 days later, on March 30, 2026. One comment was received. On March 13, 2026, CalVCB received a request for a public hearing. The notice of hearing was published on April 8, 2026. The hearing was conducted on May 7, 2026. Eight members of the public appeared at the hearing via Zoom and two provided written comments during the hearing. No one appeared in person.

After careful consideration of all public comments received, staff determined that no substantial modifications to the proposed regulations are necessary. However, staff did identify and make non-substantial changes to sections 649.26(a)(2), 649.26(c), and 649.26(d). The changes are identified in the final regulation text using a double underline.

To support this requested action item, the following documents are attached: (1) Final Text of Proposed Regulations; (2) Final Statement of Reasons (FSOR), (3) Summary of Comments, and (4) Updated Informative Digest/Policy Statement Overview.

Summary of Proposed Amendments and Modifications

As detailed in the supporting documents, the proposed regulations are a representation of the current Mental Health Guidelines that were previously incrementally vetted with stakeholders over the years, prior to presentation to and adoption by the Board, most recently in November 2022. In sum, these proposed regulations are the result of the careful weighing of alternatives, giving full consideration of all feedback, comments, suggestions and proposals from various parties, stakeholders and experts at the time of their initial drafting and adoption.

Recommendation

It is recommended that the Board adopt the proposed regulations for sections 649.26, 649.29.1, and 649.29.2. It is further recommended that the Board authorize staff to conclude the rulemaking process and file the final package with OAL.

Certification

I certify that at its July 16, 2026, Board Meeting, the California Victim Compensation Board adopted the proposed recommendations.

Andrea Burrell
Board Liaison

FINAL STATEMENT OF REASONS

**TITLE 2. ADMINISTRATION
DIVISION 2. FINANCIAL OPERATIONS
CHAPTER 1. CALIFORNIA VICTIM COMPENSATION BOARD
ARTICLE 5.6. INDEMNIFICATION OF VICTIMS OF CRIME
SECTIONS 649.26, 649.29.1 and 649.29.2**

July 16, 2026



California Victim Compensation Board

BACKGROUND AND SUMMARY

The California Victim Compensation Board ("CalVCB" or "Board") was the first victim compensation program established in the nation and remains one of the largest. To be eligible for victim compensation, a victim or derivative victim must have suffered a pecuniary loss as a direct result of a qualifying crime. (Gov. Code, §§ 13955, 13957.) "Crime" is defined as a crime or public offense that would constitute a misdemeanor or felony offense. (Gov. Code, § 13951, subd. (b).) A crime is considered a "qualifying crime" for purposes of victim compensation from CalVCB if the victim is deceased or sustained physical injury or threat of physical injury as a direct result of the crime. (Gov. Code, § 13955, subd. (f)(1) & (2).) The Board may also find the existence of a qualifying crime based on an emotional injury alone when the crime is among a list of offenses enumerated in Government Code section 13955, subdivision (f)(3).

If CalVCB staff determine that a qualifying crime occurred and there are no bars to eligibility, CalVCB can pay certain expenses, as authorized by the Legislature, that are a direct result of the crime on which the application was based. (Gov. Code, § 13957.) Eligible expenses include medical and dental care, mental health services, income and support loss, funeral and burial expenses, relocation, and residential security, among others enumerated in statute. (Gov. Code, § 13957.) However, CalVCB is a payor of last resort, meaning that the CalVCB provides compensation for costs that are not covered by other reimbursement sources, including, but not limited to, private insurance, State Disability Insurance (SDI), Social Security Disability Insurance (SSDI), and civil lawsuits. (Gov. Code, §§ 13951, 13954.)

Conversely, the Board must deny an application for compensation or request for reimbursement of expenses if the applicant fails to demonstrate eligibility for either the application or the request for reimbursement of expenses. When CalVCB staff recommend that an application or a request for reimbursement be denied, applicants have a right to appeal the staff's recommendation. (Cal. Code Regs., tit. 2, § 647.20.) If an applicant appeals, CalVCB must provide the applicant with a hearing. (Gov. Code, § 13959.)

As the program has been administered, the need for clarification of existing regulations has become evident. In 2002, Government Code Section 13957.2(a) was added to statute by S.B. 1423. One of the stated purposes of S.B. 1423 was to extend the provisions authorizing compensation for losses incurred for mental health counseling services.¹ The expansion of services under S.B. 1423 put a significant strain on the Restitution Fund.² In February of 2003, the Board

¹ S.B. 1423 Chesbro. Victims of crime: Compensation, 2002 Leg. (2002)

² "Budget Paper for Board Discussion and Action", January 10, 2003.

adopted emergency regulations implementing mental health service limitations to help restore stability to the Restitution Fund. Subsequently, the Board, via the formal rulemaking process, moved to adopt the emergency regulations as formal regulations. The Office of Administrative Law (OAL) added the emergency regulations to the California Code of Regulations (CCR) in 2004 as sections 649.23, 649.24, 649.25, 649.26, and 649.27.³

These regulations included a variety of different restrictions limiting the scope, duration, frequency, and type of services eligible for reimbursement, who was eligible to receive reimbursement, the types of documentation required for reimbursement and other various policies and procedures necessary for the Board's reimbursement of mental health related services.⁴

In 2006, CalVCB repealed Cal. Code Regs., tit. 2, sections 649.23 through 649.27 in what is presumed to be an effort to adopt a more flexible approach to managing maximum rates and service limitations, as permitted by Government Code § 13957.2 (a).⁵ The sections were removed from the CCR by the OAL and CalVCB concurrently filed its "Mental Health Guidelines," which included maximum rates and service limitations, along with other various requirements for the reimbursement of mental health services, with the Secretary of State.⁶ Since 2006, CalVCB has remained consistent in its practice of updating and filing new Mental Health Guidelines with the Secretary of State any time the Board approves changes to the maximum rates or service limitations. The most recent version of the Mental Health Guidelines was adopted by the Board at its November 2022 meeting and filed with the Secretary of State in December 2022.

As the Victim Compensation Program continues to expand, the segregation of the rates and service limitations is advisable and warranted to avoid confusion, ensure transparency to applicants and providers, and allow the full breadth of public participation in the rulemaking process. Accordingly, staff propose that any service limitations within the existing Mental Health Guidelines that meet the Administrative Procedure Act (APA) definition of a regulation be submitted to the Office of Administrative Law to undergo the formal APA rulemaking process. Specifically, it is recommended that the following regulations be revised and/or adopted:

³ California Regulatory Notice Register 2004, Volume No. 5-Z, p. 123. (2004)

⁴ Cal. Code Regs., tit 2, § 649.23, 649.24, 649.25, 649.26, 649.27, and 649.28 (2004)

⁵ January 20, 2006, letter from CalVCB staff counsel Kelly Loyer to OAL staff counsel Kathleen Eddy; see also Government Code, § 13957, subd. (a) (establishing the board's authority to set maximum rates and service limitations for reimbursement of medical and medical-related services and exempting the rates and service limitations from the rulemaking provisions of the Administrative Procedure Act.

⁶ California Regulatory Notice Register 2006, Volume No. 5-Z, p. 143-144. (2006)

Cal. Code Regs., tit. 2, § 649.26 Direct Payments to Providers
Cal. Code Regs., tit. 2, § 649.29.1 Mental Health Benefits
Cal. Code Regs., tit. 2, § 649.29.2 Dire or Exceptional Circumstances and
Specialized Mental Health Services

These proposed revisions are based on the issues that have arisen in implementing the program based on existing regulations/Mental Health Guidelines and are the result of extensive administrative consideration. The Board has determined that the proposed regulatory action is necessary for clarity and transparency, and the efficient and consistent administration of the program.

Each proposed revision is reasonably necessary to carry out the authority conferred by the statutes. Each proposed revision addresses an administrative requirement, condition, or circumstance that arises in connection with an application for victim compensation. The Board has determined that administration of the program in the manner proposed is consistent with, and promotes, the objectives underlying the statutes that guide the program.

On January 15, 2026, the Board approved commencement of the rulemaking process to amend, promulgate, and adopt the proposed regulations located at California Code of Regulations, title 2, sections 649.26, 649.29.1, and 649.29.2. The initial rulemaking package for the proposed regulations was submitted to OAL on January 28, 2026.

On February 5, 2026, the OAL requested non-substantive changes to the language for two statements on the Notice of Proposed Rulemaking Action. The document was revised accordingly and published by OAL on February 13, 2026. Meanwhile notice was sent by mail or email to all interested parties, and the documents were published on the CalVCB website for public comment.

The initial public comment period commenced on February 13, 2026, and closed 45 days later, on March 30, 2026. One comment was received. On March 13, 2026, CalVCB received a request for a public hearing. The notice of hearing was published on April 8, 2026. The hearing was conducted on May 7, 2026. Eight members of the public appeared at the hearing via Zoom and two provided written comments during the hearing. No one appeared in person.

After careful consideration of all public comments received, staff determined that no substantial modifications to the proposed regulations are necessary. However, staff did identify and make non-substantial changes to sections 649.26(a)(2), 649.26(c), 649.26(d), 649.29.1(a), and 649.29.1(c)(10). The changes

are identified in the final regulation text using a double underline and double strikethrough.

**PROPOSED AMENDMENTS AND ADDITIONS TO
ARTICLE 5.6 INDEMNIFICATION OF VICTIMS OF CRIME**

SECTION 649.26

PROBLEM TO BE ADDRESSED

Under Government Code section 13957.7, CalVCB has the authority to directly reimburse medical and mental health providers for services rendered to victims that were necessary as a direct result of a qualifying crime. California Code of Regulations, Title 2, section 649.26 outlines the CalVCB requirements for direct reimbursement to providers, including what is needed to authorize treatment that exceeds CalVCB maximum rates and service limitations. However, the existing regulation does not encompass additional CalVCB requirements for mental health providers that were previously included in the CalVCB Mental Health Guidelines, but not regulations. As such, the regulation must be updated to include the requirements from the Mental Health Guidelines so that the public and service providers will understand what is required of a mental health provider to submit a claim for direct reimbursement.

BENEFITS

The proposed regulation addresses the issue of having requirements for provider reimbursement in Board issued documents that are not reflected in the regulations. It clarifies what is required of providers, specifically mental health providers, when seeking reimbursement for services rendered to a victim. The proposed revisions accurately reflect what CalVCB requires from providers for reimbursement and how claims are processed. The benefit of the proposed regulation is to provide transparency by making processes and procedures clear to the public and by allowing public participation in the development of said processes and procedures. It will also streamline the process of direct reimbursement to mental health providers to ensure prompt payment of covered services.

PURPOSE

Section 649.26, subdivision (a): The purpose of the proposed subdivision is to make clear the information providers are required to submit to the Board before payment may be issued. The subdivision also identifies forms CalVCB will accept to satisfy the information requirements.

Section 649.26, subdivision (c): The purpose of the proposed subdivision is to make clear what is required of a provider when seeking reimbursement for services rendered in excess of the Board maximum rates and service limitations.

Specifically, the purpose of the proposed subdivision is to state that mental health providers must submit the information outlined in §649.29.1 (e)(1)-(13), within 90 days of submitting bills for services that exhaust the victim's previously authorized session limits.

Section 649.26, subdivision (d): The purpose of the proposed subdivision is to make clear what is required of a provider when seeking reimbursement for services rendered in excess of statutory maximums or for inpatient mental health treatment. Specifically, the purpose of the proposed subdivision is to state that mental health providers must submit the information outlined in §649.29.2 (a)(1)-(10), within 90 days of submitting bills for services that exceed statutory maximums or qualify as inpatient treatment.

NECESSITY

Section 649.26, subdivision (a): The proposed subdivision is necessary to make clear the requirements of providers when seeking reimbursement for services rendered to victims. This provides transparency of Board processes and ensures streamlined practices for timely processing of claims.

Section 649.26, subdivision (c): This proposed subdivision is necessary to make sure the Board has all the information necessary to decide whether it is appropriate to grant reimbursement for additional treatment sessions in excess of the maximum service rates and limitations. It also provides transparency of Board requirements for providers seeking additional reimbursement.

Section 649.26, subdivision (d): This proposed subdivision is necessary to make sure the Board has all the information necessary to decide whether it is appropriate to grant reimbursement for treatment that exceeds statutory maximums or for inpatient treatment. It also provides transparency of Board requirements for providers seeking additional reimbursement.

SECTION 649.29.1

PROBLEM TO BE ADDRESSED

The existing regulations do not include the guidelines used by CalVCB when processing claims for mental health treatment. Previously, these guidelines were promulgated along with the maximum rates and service limitations in a document called the Mental Health Guidelines, but this created issues with transparency regarding CalVCB procedures. This newly proposed provision would codify the existing Mental Health Guidelines.

BENEFIT

The benefit of this proposed new regulation is to make clear to applicants and providers what is required by CalVCB when processing claims for mental health treatment. It will promote transparency, streamline the processing of claims, and allow for the public to participate in the development of said requirements.

PURPOSE

Section 649.29.1, subdivision (a): The purpose of this new subdivision is to define what types of outpatient mental health services may be reimbursed by the Board.

Section 649.29.1, subdivision (b): The purpose of this new subdivision is to clarify what type of information must be submitted to the Board with requests for reimbursement of mental health services.

Section 649.29.1, subdivision (c): The purpose of this new subdivision is to explain providers' obligation to complete a treatment plan at the outset of treating a CalVCB claimant that includes certain information required for the Board to determine if the treatment is necessary as a direct result of a qualifying crime.

Section 649.29.1, subdivision (d): The purpose of this new subdivision is to inform providers of their obligation to keep a treatment plan on file and to outline the circumstances when the treatment plan must be submitted to the Board with requests for reimbursement.

Section 649.29.1, subdivision (e): The purpose of this new subdivision is to inform providers and claimants of their obligation to submit a request for additional treatment when a claimant is eight (8) sessions away from reaching their statutorily authorized session limit. The subdivision explains what information providers or claimants need to submit to the Board, and when it needs to be submitted, before the Board will authorize additional treatment.

Section 649.29.1, subdivision (f): The purpose of this new subdivision is to inform providers and claimants of the circumstances under which they must submit a new treatment plan or request for additional treatment sessions to the Board before reimbursement is made. The circumstances specifically apply to changes in treating providers, their supervisors, or the provider agency or organization.

Section 649.29.1, subdivision (g): The purpose of this new subdivision is to inform providers and claimants of the exception to §649.29.1 (f) and to clarify that changes of providers within the same provider agency or organization do not require the provider to complete a new treatment plan. Further, it clarifies that when a claimant's treating provider changes within the same provider agency or organization, the claimant shall be evaluated from the date they started treating with the provider agency or organization, not the new treating provider. This allows for continuity of assessment of claimant's treatment progress.

NECESSITY

Section 649.29.1, subdivision (a): This proposed subdivision is necessary to inform the public of what type of mental health services will be reimbursed by the Board.

Section 649.29.1, subdivision (b): This proposed subdivision is necessary to inform applicants and providers of the information the Board requires before it reimburses mental health services.

Section 649.29.1, subdivision (c): This proposed subdivision is necessary to inform providers of their obligation to complete a treatment plan at the outset of treating a CalVCB claimant that includes certain information required for the Board to determine if the treatment is necessary as a direct result of a qualifying crime.

Section 649.29.1, subdivision (d): This proposed subdivision is necessary to inform providers of their obligation to keep a treatment plan on file and to inform them of when the treatment plan must be submitted to the Board with requests for reimbursement.

Section 649.29.1, subdivision (e): This proposed subdivision is necessary to inform providers and claimants of their obligation to submit a request for additional treatment, what information providers or claimants need to submit to the Board with their request, and when the request needs to be submitted, before the Board will authorize additional treatment.

Section 649.29.1, subdivision (f): This proposed subdivision is necessary to inform providers and claimants of the circumstances under which they must submit a new treatment plan or request for additional treatment sessions to the Board before reimbursement is made.

Section 649.29.1, subdivision (g): This proposed subdivision is necessary to inform providers and claimants of the exception to §649.29.1 (f) and to clarify that when a claimant's treating provider changes within the same provider agency or organization, the claimant shall be evaluated from the date they started treating with the provider agency or organization, not the new treating provider.

SECTION 649.29.2

PROBLEM TO BE ADDRESSED

The existing regulations do not include guidelines for when CalVCB may authorize treatment that is considered dire or exceptional under Government Code § 13957(a)(2)(C). This newly proposed provision would clarify the circumstances under which the Board may authorize reimbursement for outpatient mental health treatment that exceeds statutory maximums or for inpatient mental health treatment.

BENEFIT

The benefit of this proposed new regulation is to make clear to applicants and providers what is required by CalVCB when processing claims for outpatient mental health treatment that exceeds statutory maximums or requires inpatient care. It will promote transparency, streamline the processing of claims, and allow for the public to participate in the development of said requirements.

PURPOSE

Section 649.29.2, subdivision (a): The purpose of this new subdivision is to clarify what type of information the Board may require when determining whether dire or exceptional circumstances necessitate the authorization of reimbursement for outpatient mental health treatment in excess of statutory maximums or for inpatient mental health treatment.

NECESSITY

Section 649.29.2, subdivision (a): This proposed subdivision is necessary to inform claimants and providers of what information they are required to submit to the Board when making a request for reimbursement of outpatient mental treatment in excess of statutory maximums as a result of dire or exceptional circumstances or for inpatient mental health treatment.

SUMMARY OF COMMENTS AND RESPONSES

The Summary of Comments and Responses to Proposed Regulations is incorporated into this Final Statement of Reasons.

LOCAL MANDATE DETERMINATION

The Board has determined that the proposed regulations do not impose any mandate on local agencies or school districts.

TECHNICAL, THEORETICAL, AND/OR EMPIRICAL STUDY, REPORTS, OR DOCUMENTS

The Board did not rely upon any technical, theoretical or empirical studies, reports or documents in proposing the adoption of these regulations. Rather, the Board relied upon the expertise and experience of the CalVCB employees responsible for the administration of the program.

ECONOMIC IMPACT ANALYSIS/ASSESSMENT

The purpose of the proposed regulations is to revise, interpret, and implement the current law governing victim compensation. When an application for compensation is approved, victims can submit bills for reimbursement of losses. Compensation is awarded after the bill is verified. In fiscal year 2024-2025, CalVCB received 34,892 applications and provided \$44.9 million in compensation to victims; in fiscal year 2023-2024, CalVCB received 40,560 applications and provided \$47.36 million in compensation to victims; in fiscal year 2022-2023, CalVCB received 39,003 applications and provided \$46.73 million in compensation to victims; and in fiscal year 2021-2022, CalVCB received 39,015 applications and provided \$40.35 million in compensation to victims. The amount paid in compensation has remained relatively stable over the past four years and CalVCB does not anticipate a significant change in future payouts. Accordingly, the proposed regulations will not directly impact jobs or the wider economy.

The Board has determined that the selected alternative will not affect:

(A) The creation or elimination of jobs within the State of California,

The proposed regulations do not impact jobs because they apply to a limited group of individuals seeking compensation as a result of being victimized during a crime.

(B) The creation of new businesses or the elimination of existing businesses within the State of California, and

The proposed regulations do not impact the creation of new businesses or elimination of existing businesses in California because they apply to a limited group of individuals seeking compensation as a result of being victimized during a crime.

(C) The expansion of businesses currently doing business within the State of California.

The proposed regulations do not impact the expansion of businesses currently doing business within the State of California because they apply to a limited group of individuals seeking compensation as a result of being victimized during a crime.

The benefits of the regulation to the health and welfare of California residents, worker safety, and the state's environment:

The Board has determined that the proposed regulations will benefit the health and welfare of California's residents, specifically for individuals seeking compensation as a result of being victimized during a crime. The proposed regulations are not expected to affect worker safety or the state's environment.

EVIDENCE SUPPORTING FINDING OF NO SIGNIFICANT STATEWIDE ADVERSE ECONOMIC IMPACT DIRECTLY AFFECTING BUSINESS

The Board has no evidence indicating any potential significant adverse impact on business as a result of this proposed action. The Board has determined that the proposed regulations do not affect business because they apply to a limited group of individuals seeking compensation as a result of being victimized during a crime.

REASONABLE ALTERNATIVES TO THE REGULATION AND THE AGENCY'S REASONS FOR REJECTING THOSE ALTERNATIVES

The Board has determined that there are no reasonable alternatives considered by the agency or that have otherwise been identified and brought to the attention of the agency that (i) would be more effective in carrying out the purpose for which the regulation is proposed; (ii) would be as effective and less burdensome to affected private persons than the adopted regulation; or (iii) would be more cost effective to affected private persons and equally effective in implementing the statutory policy or other provision of law.

REASONABLE ALTERNATIVES TO THE PROPOSED REGULATORY ACTION THAT WOULD LESSEN ANY ADVERSE IMPACT ON SMALL BUSINESS

The Board has no evidence indicating any potential adverse impacts to small business are expected as a result of this proposed action. The Board has determined that the proposed regulations do not affect small businesses because they apply to a limited group of individuals seeking compensation as a result of being victimized during a crime.

UPDATED INFORMATIVE DIGEST/POLICY STATEMENT OVERVIEW

The Updated Informative Digest/Policy Statement is incorporated into this Final Statement of Reasons.

CALIFORNIA VICTIM COMPENSATION BOARD

TEXT OF REGULATIONS

PROPOSED AMENDMENTS TO CALIFORNIA CODE OF REGULATIONS

TITLE 2. ADMINISTRATION

DIVISION 2. FINANCIAL OPERATIONS

CHAPTER 1. CALIFORNIA VICTIM COMPENSATION BOARD

ARTICLE 5.6. INDEMNIFICATION OF VICTIMS OF CRIME

SECTIONS 649.26, 649.29.1, and 649.29.2

As Submitted by California Victim Compensation Board on January 15, 2026

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§ 649.26 Direct Payments to Providers

(a) ~~If the VCP~~ When the Board authorizes direct payment to a healthcare provider ~~of VCP services or mental health provider of CalVCB services~~, the ~~VCP Board~~ may require the provider to submit bills using CMS 1450, CMS 1500 or American Dental Association bill forms for verification of services provided. ~~Applicants~~ Claimants are not required to use the above-noted forms to request reimbursement of eligible pecuniary losses that they paid.

(1) Mental health providers must submit the information as detailed in §649.29.1 (b)(1)-(9) either in advance of or along with their first bill or CMS 1500. Sessions may be reimbursed once the required information has been provided to and approved by the Board.

(2) All bills must be submitted to any and all available insurance, benefit programs, or other reimbursement sources prior to being submitted to the Board as CalVCB is the payor of last resort. If an expense is not otherwise covered, or is only partially covered, providers must submit a copy of the Explanation of Benefits (EOB) or other verification from the insurer, benefit program, or other reimbursement source, documenting the denial or partial payment along with the CMS 1500. No payment will be made until all other potential reimbursement sources are exhausted and the necessary information regarding efforts to seek reimbursement from other sources is received.

(b) ~~The VCP Board shall inform the victim or derivative victim claimant of his or her~~ their right to object to direct payments by ~~VCP CalVCB~~ to providers of services in accordance with Government Code section 13957.7(c)(1). In the event that the ~~victim or derivative victim claimant~~ asserts such right the ~~VCP Board~~ may reimburse pecuniary loss to the ~~victim or derivative victim claimant~~ only in amounts equal to sums actually paid out by the ~~victim or derivative victim claimant~~ to the service provider and only upon submission by the ~~victim or derivative victim claimant~~ of evidence of such payments, subject to the rates and limitations set by the Board in accordance with applicable law. Following such an objection, direct payment shall be made to the provider only upon a demonstration of good cause as determined by the board.

(c) For consideration of payment for mental health counseling over the claimant's authorized session limit, ~~mental health providers must submit the VCP Treatment Plan and the VCP Additional Treatment Plan for review and approval within 90 days of the date VCP receives the bill for sessions that exhaust the claimant's authorized session limit.~~ providers must submit the information outlined in §649.29.1 (e)(1)-(13) to the Board for approval before additional sessions may be considered for payment. ~~If the VCP Treatment Plan and VCP Additional~~

~~Treatment Plan are not submitted within the 90-day timeframe, bills for all dates of service that exceed the authorized session limit will be returned and will not be considered for payment. However, bills for dates of service provided after the VCP Treatment Plan and VCP Additional Treatment Plan are received may be considered if the VCP Additional Treatment Plan is approved and the authorized session limit is increased.~~

(1) Providers must submit the information to the Board for review and approval within 90 days of the date the Board receives the bill for sessions that exhaust the claimant's authorized session limit. If the required information is not submitted within the 90-day timeframe, bills for all dates of service that exceed the authorized session limit will be returned and will not be considered for payment. However, bills for dates of service provided after the required information is received may be considered if the additional treatment is approved and the authorized session limit is increased.

(d) Outpatient mental health services that exceed statutory maximums or for inpatient psychiatric, psychological, or other mental health counseling providers must submit the information outlined in §649.29.2 (a)(1)-(12) to the Board for approval before treatment may be considered for payment.

(1) Providers must submit the information to the Board for review and approval within 90 days of the date the Board receives the bill for outpatient mental health services that exceed statutory maximums or for inpatient mental health treatment. If the required information is not submitted within the 90-day timeframe, bills for all dates of service that exceed statutory maximums or for inpatient mental health treatment will be returned and will not be considered for payment. However, bills for dates of service provided after the required information is received may be considered if the dire or exceptional treatment is approved.

Note: Authority cited: Section 13974, Government Code.
Reference: Section 13957.7 Government Code.

§ 649.29.1. Mental Health Benefits

(a) The Board may reimburse a claimant for the expense of outpatient mental health services incurred as the direct result of a qualifying crime in an amount not to exceed the statutory benefit limits set forth in -Government Code §13957(a)(2)(A) and (B) and consistent with Government Code §13959(d). Outpatient mental health services that may be reimbursed include, but are not limited to, the following:

- (1) In person or telehealth individual or family mental health therapy sessions;
- (2) Group therapy;
- (3) A maximum of five (5) hours of case management per claimant, which will not be counted as part of their mental health session limit;
- (4) Medication management;
- (5) Biofeedback therapy, when provided by a mental health provider authorized by the Board of Behavioral Sciences;
- (6) Hypnotherapy, when provided by a mental health provider authorized by the Board of Behavioral Sciences;
- (7) Music therapy, when provided by a mental health provider authorized by the Board of Behavioral Sciences;
- (8) Psychological and Neuropsychological testing;
- (9) Interpreter services received during mental health treatment; and
- (10) Transportation expenses to and from mental health appointments.

(b) Claimants and/or providers must submit the information listed below to the Board with their initial request for reimbursement of mental health services. Sessions may be reimbursed once the required information has been provided to and approved by the Board. The required information includes:

- (1) The claimant's name and CalVCB application number;
- (2) A brief description of the qualifying crime, including the date it occurred and any relevant details such as the suspect's name and relationship to the victim;
- (3) The date treatment began and the date treatment terminated, if applicable;
- (4) A statement that the treatment is or is not necessary as a direct result of the qualifying crime;
- (5) The treating provider's or therapist's name, license number, contact information, and provider agency or organization name;

(6) The supervising provider's name, license number, contact information, and provider agency or organization name, if applicable;

(7) If an EOB or denial is unable to be provided, a statement indicating the reason why including, but not limited to: the network provider is located more than 45 miles from the claimant's residence; the network provider is not able to provide treatment within 45 days of request due to scheduling issues; or the network provider has a limited number of Medi-Cal slots and all Medi-Cal slots have been filled;

(8) A declaration of certification regarding the information in subsections (1) through (7) above, signed under penalty of perjury by the treating provider or therapist;

(9) A declaration of certification regarding the information in subsections (1) through (7) above, signed under penalty of perjury by the supervising provider or therapist, if applicable;

(10) A declaration of certification regarding the information in subsections (1) through (7) above, signed under penalty of perjury by the claimant.

(c) Providers must complete a treatment plan at the beginning of treatment that includes the information listed below to document the treatment is necessary as a direct result of a qualifying crime. Treatment plans must include:

(1) The claimant's name and CalVCB application number;

(2) A brief description of the qualifying crime, including the date it occurred and any relevant details such as the suspect's name and relationship to the victim;

(3) A statement estimating the percentage of treatment needed as a direct result of the qualifying crime;

(4) If there was a delay in treatment of three years or longer, a description of the events, behaviors, or reasons the claimant waited to seek treatment;

(5) If there was a break in treatment over one year, a description of the events, behaviors, or reasons the claimant paused treatment;

(6) If the claimant was below age four when treatment began, explain what behaviors or symptomologies are being treated and how they are a result of the qualifying crime;

(7) For post-crime primary caretakers, a statement as to whether the treatment is necessary for treatment of the minor direct victim;

(8) The date treatment began, the most recent date of treatment, the date that treatment completed (if applicable), and the number of session hours provided and types of sessions provided;

(9) The treating therapist's name, license number, contact information, and provider agency or organization name, if applicable;

(10) The supervising therapist's name, license number, contact information, and provider agency or organization name, if applicable; ~~and~~

(11) A declaration of certification regarding the information in subsections (1) through (10) above, signed under penalty of perjury by the treating provider or therapist; and

(12) A declaration of certification regarding the information in subsections (1) through (10) above, signed under penalty of perjury by the supervising provider or therapist, if applicable.

(d) Treatment plans must be kept in the claimant's file, except for the following circumstances when it must be submitted to the Board with the first request for reimbursement:

(1) Upon the Board's request; or

(2) If treatment is less than 100 percent a direct result of the qualifying crime; or

(3) There was a delay in treatment of three years; or

(4) There was a break in treatment over one year; or

(5) If the claimant was below age four when treatment began; or

(6) If the treatment is for a post-crime primary caretaker.

(e) Requests for additional mental health treatment sessions beyond the approved session limit must be submitted to the Board when the claimant is eight (8) sessions away from reaching their authorized session limit. The request must include the information listed below and be approved by the Board before additional sessions may be considered for payment. Requests for additional treatment must include:

(1) The claimant's name and CalVCB application number;

(2) A brief description of the crime for which mental health sessions are being provided, including the date the crime occurred and any relevant details provided by the claimant;

(3) The date treatment began, the most recent date of treatment, and the date treatment terminated, if applicable;

(4) The number of session hours provided for individual, group, and family/conjoint therapy, if applicable;

(5) The treating therapist's name, license number, contact information, and providing agency or organization name, if applicable;

(6) The supervising therapist's name, license number, contact information, and providing agency or organization name, if applicable;

(7) An explanation why treatment could not be completed within the authorized session limits and why additional sessions are required to complete treatment;

(8) A percentage estimate as to how far along the claimant is towards meeting and completing treatment goals and an estimate as to how many additional sessions are needed to complete treatment;

(9) A statement that the claimant has or has not made progress since treatment began or since the last request for additional treatment was made. If no progress has been made, a statement explaining why and how additional treatment will overcome any hindering factors of progress and what those factors are;

(10) A description of the type of specialized or inpatient services requested (e.g. Inpatient Psychiatric Hospitalization Day Treatment/Partial Hospitalization, Residential Treatment Center, Intensive Outpatient Program, etc.), if applicable;

(11) A description of the dire or exceptional circumstances that require more extensive treatment and an explanation as to why treatment could not be completed thus far and why additional sessions are required to complete treatment, if applicable;

(12) A declaration of certification regarding the information in subsections (1) through (9) above, signed under penalty of perjury by the treating provider or therapist; and

(13) A declaration of certification regarding the information in subsections (1) through (11) above, signed under penalty of perjury by the supervising provider or therapist, if applicable.

(f) A new treatment plan and request for additional treatment sessions, if applicable, must be submitted to the Board before reimbursement for treatment will be made when:

(1) The claimant's treating therapist, who requires licensed supervision, changes provider agencies or organizations;

(2) The claimant's treating therapist and provider agency or organization changes; or

(3) The claimant pauses treatment for one year or longer and then resumes treatment with the same provider.

(g) If a claimant changes therapists within the same provider agency or organization, a new treatment plan is not required. In this case, the succeeding therapist is not

considered a new provider and must continue to assess the claimant's progress since treatment began with the provider agency or organization.

Note: Authority cited: Sections 13957 and 13959 Government Code.

Reference: Sections 13920, 13957, 13957.2, and 13957.7, Government Code.

§ 649.29.2 Dire or Exceptional Circumstances and Specialized Mental Health Services

(a) The Board may reimburse a claimant for outpatient mental health services that exceed statutory maximums or for inpatient psychiatric, psychological, or other mental health counseling if it is determined that dire or exceptional circumstances require additional treatment. When requesting treatment in excess of statutory maximums, the claimant's mental health provider must provide the Board with the information listed as detailed in §649.29.1 (e)(1)-(13) before treatment may be approved.

Reference: Section 13957.7 Government Code.

TITLE 2. ADMINISTRATION
DIVISION 2. FINANCIAL OPERATIONS
CHAPTER 1. CALIFORNIA VICTIM COMPENSATION BOARD
ARTICLE 5.6. INDEMNIFICATION OF VICTIMS OF CRIME
SECTIONS 649.26, 649.29.1 and 649.29.2

Updated Information Digest and Policy

The California Victim Compensation Board ("CalVCB" or "Board") was the first victim compensation program established in the nation and remains one of the largest. To be eligible for victim compensation, a victim or derivative victim must have suffered a pecuniary loss as a direct result of a qualifying crime. (Gov. Code, §§ 13955, 13957.) "Crime" is defined as a crime or public offense that would constitute a misdemeanor or felony offense. (Gov. Code, § 13951, subd. (b).) A crime is considered to be a "qualifying crime" for purposes of victim compensation from CalVCB if the victim is deceased or sustained physical injury or threat of physical injury as a direct result of the crime. (Gov. Code, § 13955, subd. (f)(1) & (2).) The Board may also find the existence of a qualifying crime based on an emotional injury alone when the crime is among a list of offenses enumerated in Government Code section 13955, subdivision (f)(3).

If CalVCB staff determine that a qualifying crime occurred and there are no bars to eligibility, CalVCB can pay certain expenses, as authorized by the Legislature, that are a direct result of the crime on which the application was based. (Gov. Code, § 13957.) Eligible expenses include medical and dental care, mental health services, income and support loss, funeral and burial expenses, relocation, and residential security, among others enumerated in statute. (Gov. Code, § 13957.) However, CalVCB is a payor of last resort, meaning that CalVCB provides compensation for costs that are not covered by other reimbursement sources, including, but not limited to, private insurance, State Disability Insurance (SDI), Social Security Disability Insurance (SSDI), and civil lawsuits. (Gov. Code, §§ 13951, 13954.)

Conversely, the Board must deny an application for compensation if the applicant fails to demonstrate eligibility as a victim of a qualifying crime. Likewise, the Board must deny a request for reimbursement if the applicant fails to demonstrate eligibility for compensation of an expense. When CalVCB staff recommend that an application or a request for reimbursement be denied, applicants have a right to appeal the staff's recommendation. (Cal. Code Regs., tit. 2, § 647.20.) If an applicant appeals, CalVCB must provide the applicant with a hearing. (Gov. Code, § 13959.)

As the program has been administered, the need for clarification of existing regulations has become evident. In 2002, Government Code Section 13957.2(a)

was added to statute by S.B. 1423. One of the stated purposes of S.B. 1423 was to extend the provisions authorizing compensation for losses incurred for mental health counseling services.¹ The expansion of services under S.B. 1423 put a significant strain on the Restitution Fund.² In February of 2003, the Board adopted emergency regulations implementing mental health service limitations to help restore stability to the Restitution Fund. Subsequently, the Board, via the formal rulemaking process, moved to adopt the emergency regulations as formal regulations. The Office of Administrative Law (OAL) added the emergency regulations to the California Code of Regulations (CCR) in 2004 as sections 649.23, 649.24, 649.25, 649.26, and 649.27.³

These regulations included a variety of different restrictions limiting the scope, duration, frequency, and type of services eligible for reimbursement, who was eligible to receive reimbursement, the types of documentation required for reimbursement and other various policies and procedures necessary for the Board's reimbursement of mental health related services.⁴

In 2006, CalVCB repealed Cal. Code Regs., tit. 2, sections 649.23 through 649.27 in what is presumed to be an effort to adopt a more flexible approach to managing maximum rates and service limitations, as permitted by Government Code § 13957.2 (a).⁵ The sections were removed from the CCR by the OAL and CalVCB concurrently filed its "Mental Health Guidelines," which included maximum rates and service limitations, along with other various requirements for the reimbursement of mental health services, with the Secretary of State.⁶ Since 2006, CalVCB has remained consistent in its practice of updating and filing new Mental Health Guidelines with the Secretary of State any time the Board approves changes to the maximum rates or service limitations. The most recent version of the Mental Health Guidelines was adopted by the Board at its November 2022 meeting and filed with the Secretary of State in December 2022.

As the Victim Compensation Program continues to expand, the segregation of the rates and service limitations is advisable and warranted to avoid confusion, ensure transparency to applicants and providers, and allow the full breadth of

¹ S.B. 1423 Chesbro. Victims of crime: Compensation, 2002 Leg. (2002)

² "Budget Paper for Board Discussion and Action", January 10, 2003.

³ California Regulatory Notice Register 2004, Volume No. 5-Z, p. 123. (2004)

⁴ Cal. Code Regs., tit 2, § 649.23, 649.24, 649.25, 649.26, 649.27, and 649.28 (2004)

⁵ January 20, 2006, letter from CalVCB staff counsel Kelly Loyer to OAL staff counsel Kathleen Eddy; see also Government Code, § 13957, subd. (a) (establishing the board's authority to set maximum rates and service limitations for reimbursement of medical and medical-related services and exempting the rates and service limitations from the rulemaking provisions of the Administrative Procedure Act.

⁶ California Regulatory Notice Register 2006, Volume No. 5-Z, p. 143-144. (2006)

public participation in the rulemaking process. Accordingly, staff propose that any service limitations within the existing Mental Health Guidelines that meet the Administrative Procedure Act (APA) definition of a regulation be submitted to the Office of Administrative Law to undergo the formal APA rulemaking process.

These proposed revisions are based on the issues that have arisen in implementing the program based on existing regulations/Mental Health Guidelines and are the result of extensive administrative consideration. The Board has determined that the proposed regulatory action is necessary for clarity and transparency, and the efficient and consistent administration of the program.

The proposed amendments to the following regulations clarify the existing requirements for reimbursement of mental health providers, as previously outlined in the Mental Health Guidelines:

Cal. Code Regs., tit. 2, § 649.26 Direct Payments to Providers

The proposed following regulations clarify the existing requirements for reimbursement of mental health treatment:

Cal. Code Regs., tit. 2, § 649.29.1 Mental Health Benefits

Cal. Code Regs., tit. 2, § 649.29.2 Dire or Exceptional Circumstances

The proposed amendments to Title 2, sections 649.26, 649.29.1, and 649.29.2 were included in CalVCB's Notice of Proposed Rulemaking Action, which was published by the Office of Administrative Law (OAL) on February 13, 2026 (OAL Notice File # Z-2026-0128-03). The ensuing 45-day comment period concluded on March 30, 2026. CalVCB received few comments, and a public hearing was held on May 7, 2026. After careful consideration of all public comments received, staff determined that no substantial modifications to the proposed regulations are necessary. However, staff did identify and make non-substantial changes to sections 649.26(a)(2), 649.26(c), 649.26(d), 649.29.1(a), and 649.29.1(c)(10).

There were no changes to the immediately preceding law or regulations directly related to this proposed rulemaking action or in its effect. Overall, the proposed regulations, as modified, comply with the current law governing victim claims under Government Code sections 13950, et seq. and are not inconsistent with any other state or federal provision of law.