

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 June 1, 2024

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/uploads/2021/01/MentalHealthProviderRates.pdf>
- 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

Individual and Family Mental Health Session (In person or Telehealth)	LENGTH OF TIME	SESSION EQUIVALENT
	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

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.

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.

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.

Telehealth

- Telehealth delivers mental health treatment via communication technologies while the patient is at the originating site and the mental health provider is at a distant site. All statutory and regulatory requirements established by the provider's licensing board must be met.
- Mental Health session limits apply to all mental health services, regardless of how they are delivered (in person or telehealth).

Section II. Initial Treatment Session Limits

VICTIM CLASSIFICATION	MENTAL HEALTH SESSION(S) for <u>applications filed and bills submitted prior to June 1, 2024</u>	MENTAL HEALTH SESSION(S) for <u>applications filed and bills submitted on or after June 1, 2024</u>	CASE MANAGEMENT SESSION(S)
Direct Survivor ¹	Up to 40	<u>Up to 60</u>	² Up to 5
Derivative ³ -Adult -Minor -Minor Witness -Primary Caretakers (at time of crime) -Post-Crime Primary Caretakers	Up to 15 Up to 30 Up to 30 Up to 30 Up to 15	<u>Up to 30</u> <u>Up to 50</u> <u>Up to 50</u> <u>Up to 50</u> <u>Up to 30</u>	Up to 5

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 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)

¹ Survivors include parent, sibling, child, spouse, fiancé, grandparent, grandchild or registered domestic partner as defined in Family Code §297.

² These are not counted against the mental health session limits.

³ A derivative victim in more than one category may only use the most favorable category.

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; or
- 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.
 - If the 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.
 - 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 filling 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, 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 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:

- 1) 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:
 - a. Either:
 - i. The qualifying crime resulted in the death of the victim; or
 - ii. 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 -
 - b. 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
 - c. Treatment has progressed, as evidenced by:

- i. Improvement in the Level 1 Cross-Cutting Symptom Measure Scores; and
- ii. 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
- iii. Symptom progress rating score provided by the treating therapist based on the status of claimant's symptoms/behaviors; and
- iv. 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.

2) 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.

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

- i. The qualifying crime resulted in permanent and substantial disfigurement; or
- ii. The qualifying crime resulted in serious bodily injury as defined in Penal Code §243(f)(4); or
- iii. The qualifying crime constituted a plausible and credible threat of serious harm to bodily integrity; or
- iv. The qualifying crime is a sexual assault offense involving conduct described in Penal Code §11165.1(b)(1), (2) or (3); or
- v. 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
- vi. The direct victim initiated mental health treatment within three months of learning that the perpetrator will be, or was, released from custody.
- vii. 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.

- b. Treatment for the derivative victim is necessary for the recovery of the direct victim; and
- c. 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

d. Treatment of the derivative victim has resulted in the direct victim's progress as evidenced by one of the following:

- i. 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
- ii. 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.

3) 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:

a. 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:

- i. Penal Code §11165.1 (b)(1), (2), (3), Penal Code §243(f)(4); or
- ii. 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 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.
5. 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
6. 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 is 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)

Effective Date:

These Mental Health Guidelines are effective for all applications filed and bills submitted on or after June 1, 2024, and supersede any previously approved Mental Health Guidelines adopted by the Board and filed with the Secretary of State.