

TREATMENT PLAN FORM

VCB-71-00001 (Rev. 08/2025)



Treatment Plan Information Sheet

Read the following information carefully prior to completing the Treatment Plan (TP). Failure to entirely complete the forms in a timely manner will result in denial of reimbursement or a repayment to the California Victim Compensation Board (CalVCB) for services previously reimbursed.

General Information

In order for CalVCB to pay for services, the claimant's application must be found eligible. After eligibility has been determined, CalVCB may consider reimbursement for outpatient mental health counseling up to the claimant's session limit, as shown in Table A. Be advised that sessions provided to the claimant by another mental health provider are counted against the number of sessions available under their initial session limit.

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 ([CCR 649.31](#)). **If the claimant is unable to provide an EOB, see Mental Health Billing Intake form for exemptions (<https://victims.ca.gov/forms/mental-health-billing-intake-form/>).**

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

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

CALIFORNIA VICTIM COMPENSATION BOARD

P.O. Box 3036 • Sacramento, CA 95812 • Phone: 800-777-9229 • www.victims.ca.gov

Table A: Mental Health Session Limitations (For all applications regardless of filing date)

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

^a Must have witnessed the crime

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

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

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

* A claimant may reach the mental health monetary benefit limit prior to their initial session limit if they utilize other mental health expenses and/or a derivative victim who is seeing a provider type above an associate level.

Table B: Session Counts by Session Duration

Individual/Family Therapy		Group Therapy	
Session Count	Session Duration	Session Count	Session Duration
½ Session	Less than 45 minutes	½ Session	60 minutes
1 Session	45–74 minutes	1 Session	120 minutes
1½ Sessions	75–104 minutes	1½ Sessions	180 minutes
2 Sessions	105–120 minutes	2 Sessions	240 minutes

CALIFORNIA VICTIM COMPENSATION BOARD

P.O. Box 3036 • Sacramento, CA 95812 • Phone: 800-777-9229 • www.victims.ca.gov

Treatment Plan Requirements

The TP must be completed in its entirety and kept in the claimant's file. It must be submitted to CalVCB prior to the beginning of the fourth session in the following circumstances:

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 of more than 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 under the above circumstance, the bills may be denied until the document is submitted.

Treatment Beyond the Claimant's Initial Session Limit

Should it be deemed that additional treatment is needed beyond the claimant's authorized session limit, an Additional Treatment Plan (ATP) (<https://victims.ca.gov/forms/additional-treatment-plan-form/>) must be submitted and approved by CalVCB.

Submittal of the Completed Treatment Plan

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

CALIFORNIA VICTIM COMPENSATION BOARD

P.O. Box 3036 • Sacramento, CA 95812 • Phone: 800-777-9229 • www.victims.ca.gov

TREATMENT PLAN FORM

VCB-71-00001 (Rev. 08/2025)



Failure to entirely complete this form may result in denial of reimbursement or a repayment to the California Victim Compensation Board (CalVCB) for services previously reimbursed.

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

- The Treatment Plan Information Sheet, (see pages 1-3).
- CalVCB Guidelines for Mental Health and Counseling Expenses (Guidelines), <https://victims.ca.gov/for-service-providers/mental-health-service-providers/session-guidelines/>.
- It explains all the criteria that must be met for allowance of additional sessions: crime circumstance, treatment focus, treatment progress, and to determine whether treatment must benefit the direct victim when the person being treated is not the direct victim. Penal Codes are found within the Guidelines; the codes themselves can be found at:
 - o <https://leginfo.legislature.ca.gov/faces/codes.xhtml>; this website contains all current statutory codes.
 - o CalVCB's Glossary of Penal Code Definitions, <https://victims.ca.gov/forms/penal-codes-definitions>. This document is provided for the purposes of assistance in reviewing the guidelines and completing the Treatment Plan and Additional Treatment Plan.

Before completing this form, note that minors who reside in a home where a crime of child abuse or domestic violence has occurred are considered direct victims.

Section 1 – Claimant and Therapist Information

Application Number: _____ Date the Qualifying Crime Occurred: _____

Claimant/Client Name: _____ Date Treatment Began: _____

Direct Victim Name: _____ Most Recent Date of Treatment: _____

Agency/Organization Name (if applicable): _____

Number of Session Hours Provided: Individual _____ Group _____ Family/Conjoint _____

Treating Therapist Name and License/Certification: _____

Email Address (required for notification): _____

Phone Number: _____

CALIFORNIA VICTIM COMPENSATION BOARD

P.O. Box 3036 • Sacramento, CA 95812 • Phone: 800-777-9229 • www.victims.ca.gov



Section 2 – Case Information

1. Claimant's Relationship to Direct Victim: ☐ Self ☐ Other _____
2. Describe the crime(s) in detail (crime, perpetrator, series of events/one-time incident, etc.) for which you are providing treatment, including relevant details provided to you.
3. If the victimization occurred longer than three years ago, or there was a break in treatment of one year or longer, describe the events, behaviors, or reasons the claimant has sought treatment at this time.

.....

If claimant is a post-crime caretaker, skip to question 6.

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

Principal Diagnosis	Additional Diagnosis

5. Describe the symptoms/behaviors that will be the treatment focus and interventions you will use to treat each symptom/behavior.

Symptoms/Behaviors	Interventions

CALIFORNIA VICTIM COMPENSATION BOARD

P.O. Box 3036 • Sacramento, CA 95812 • Phone: 800-777-9229 • www.victims.ca.gov

6. Level 1 Cross-Cutting Symptom Measure (Refer to pages 734-741 of the DSM 5). **Ensure that scores provided for each domain are not being added together and that only the highest score (a number between 0-4) is recorded.**

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

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

*Did not complete CCSM because claimant is:

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

7. Identify any standardized tests you will use to measure treatment progress (e.g. PTSD Checklist, Child Behavioral Checklist, Youth Self-Report, Beck Depression Scale, WHODAS, etc.). Should an ATP be submitted in the future, the same standardized test must be repeated for treatment progress assessment.

8. If the claimant is a post-crime caretaker (i.e., foster parent, relative caretaker), list and describe the interventions aimed at alleviating the direct victim's symptoms.

Direct Victim's Symptoms/Behaviors	Interventions for the Post-Crime Caretaker

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

☐ Yes Date of Termination: _____ ☐ No

CALIFORNIA VICTIM COMPENSATION BOARD

P.O. Box 3036 • Sacramento, CA 95812 • Phone: 800-777-9229 • www.victims.ca.gov

SECTION 3 – Treatment Plan Declaration Page

Application Number: _____ Claimant Name: _____

THE DECLARATION PAGE MUST BE SUBMITTED BEFORE THE BEGINNING OF THE FOURTH SESSION HOUR

The claimant is: ☐ Direct Victim ☐ Derivative Victim ☐ Post-Crime Caretaker (*Submit entire Treatment Plan*)

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

☐ 100% ☐ 75% ☐ 50% ☐ Other: _____ %

If treatment is less than 100% related to the crime, describe in a percentage the other focus of treatment (*if additional space is needed, add attachment*).

If the victim's offender is convicted, CalVCB will request the criminal court to order the offender to pay restitution to reimburse CalVCB for any expense CalVCB has paid for this crime. As a treating therapist, you may be required to testify in a restitution hearing that the mental health counseling services you provided were necessary as a direct result of the crime at the percentage indicated above.

IMPORTANT: THIS DOCUMENT WILL NOT BE ACCEPTED WITHOUT THE REQUIRED SIGNATURE(S) AND DATE(S) BELOW.

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

By signing below, I declare and certify under penalty of perjury under the laws of the State of California (Penal Code sections 72, 118, and 129) that: (1) I have read all of the questions contained on this form and, to the best of my information and belief, all my answers are true, correct and complete; and (2) all treatment submitted for reimbursement by CalVCB or pursuant to this form was necessary at the percentage noted above and as a direct result of the crime described above; and (3) all applicable reimbursement sources have been billed prior to submitting expenses to CalVCB for payment.

Treating Therapist:

Name: _____ License/Certificate Type and Number: _____

Signature: _____ Date: _____

If Treating Therapist Requires Supervision:

Name: _____ License/Certificate Type and Number: _____

Signature: _____ Date: _____

For fastest service, upload document through your CalVCB Online account:

<https://online.victims.ca.gov/Home/ProviderInfo>. Otherwise, you may send via fax: 866-902-8669 or postal mail: CalVCB, P.O. Box 942003, Sacramento, CA 94204-2003. For further assistance or how to create a CalVCB Online account, contact customer service at 800-777-9229.

CALIFORNIA VICTIM COMPENSATION BOARD

P.O. Box 3036 • Sacramento, CA 95812 • Phone: 800-777-9229 • www.victims.ca.gov

Privacy Notice on Collection

1. CalVCB collects this information based on California Government Code sections 13952 et seq. and 13954.
2. All information collected from this site is subject to, but not limited to, the Information Practices Act.
3. This information is collected for the purpose of determining eligibility for compensation.
4. CalVCB may disclose your personal information to another requestor, only if required to do so by law or in good faith that such action is necessary to:
 - a. Conform to the edicts of the law or comply with legal process served on CalVCB or the site;
 - b. Protect and defend the rights or property of CalVCB; and,
 - c. Act under exigent circumstances to protect the personal safety of users of CalVCB, or the public.
5. Individuals are to provide only the information requested.
6. The information provided is mandatory.
7. The consequences of not providing the requested information could result in the denial of your application.
8. You have the right to access the records containing the personal information that you provided.
9. The information collected is used by the California Victim Compensation Board.
10. Any questions regarding the information collected, write to the following address: P.O. Box 48, Sacramento, CA 95812, email info@victims.ca.gov, call 800-777-9229, or contact the CalVCB Privacy Coordinator at InfoSecurityandPrivacy@victims.ca.gov.
11. For additional information regarding privacy, see CalVCB's Privacy Notice. See <https://victims.ca.gov/privacy/>.
12. For information regarding consumer information on security, visit <https://oag.ca.gov/privacy/online-privacy>.

CALIFORNIA VICTIM COMPENSATION BOARD

P.O. Box 3036 • Sacramento, CA 95812 • Phone: 800-777-9229 • www.victims.ca.gov