DENVER CRIME VICTIM COMPENSATION BOARD

POLICIES FOR REMIBURSEMENT – PLEASE READ

The Board requires use of the attached treatment plan form.

When using the form, the therapist may adjust field sizes as needed but **may not omit any questions or section of the form.**

Due to the number of documents reviewed by the Board each month**, incomplete or handwritten treatment plans will not be accepted.**

The treatment plan must be **signed by the therapist, the therapist's supervisor when required, and the client.** If the client is a minor, the treatment plan must be signed by the parent or guardian. **Unsigned treatment plans will be returned and payment will be delayed.**

The Board will only compensate a licensed therapist or a therapist who has a masters degree, or is in a master degree program, in a clinical discipline such as counseling or social work, and is directly supervised by a licensed therapist.

Once the CVC program has received the client's application for Crime Victim Compensation, **three therapy sessions** are pre-approved by CVC Board so the treatment plan can be completed. The three sessions are included as part of the total award.

The Board will approve a maximum of **24 sessions for a primary victim**. If, toward the end of those sessions, **the client and therapist feel it is necessary to request an extension, the therapist can contact Victim Compensation staff for more information.**

The Board determines who is considered a secondary victim. The Board will approve sessions for secondary victims based on variables including, but not limited to; the relationship of the claimant to the primary victim, the nature of the crime and the information provided in police reports and the treatment plan .

The Board will pay for **only one, one hour session of therapy per week** unless other arrangements have been approved by the Board due to specific circumstances.

The Board will not pay for treatment for a child younger than three years old.

The Board will reimburse at a rate not more than $90.00 per individual session and $45.00 per group session. Crime Victim Compensation is, by law, the payer of **last resort so any available insurance must be applied prior** to billing CVC.
The Crime Victim Compensation Program is to be billed as services are provided. **Bills and treatment plans must be submitted by the 23rd of the month** in order to be paid the following month.

If the Crime Victim Compensation Program does not receive a bill for a six-month period, the case will be closed without further notice. Treatment cannot be resumed without contacting the CVC Program.

Limitations

1. The Crime Victim Compensation Program will **only** pay for treatment related to the crime.

2. CVC does not pay for court-ordered treatment or substance abuse treatment.

3. CVC does not pay for the therapist to accompany the client to court or for consultation with employers, schools, Departments of Human Services, or others.

4. The Board does not pay for couples' therapy, reunification or clarification sessions or any sessions that include the perpetrator.

5. The Board will only pay for therapy provided in a professional office; they will not pay for therapy provided in the victim's home.

Please address questions to the Crime Victim Compensation Program at 720-913-9253, or by email at Victimcomp@denverda.org. Thank you.

DENVER CRIME VICTIM COMPENSATION BOARD
COUNSELING PLAN

Please read the following before completing the counseling plan.

Before the Board can review a treatment plan, the victim (client) must submit a completed and signed application for Crime Victim Compensation. A separate treatment plan must be submitted for each individual being treated. Approval of initial sessions or submission of this form does not guarantee payment for continued treatment.

The Board considers crime victim therapy to be an area of specialization within the mental health field. The Board urges therapists to consider whether they have the training and education to provide therapy, accurate information and support to victims of crime.

Hand written treatment plans will not be accepted and will be returned without being reviewed by the Board. (For your convenience, you may reconstruct this document on your computer or email Victimcomp@denverda.org to request an electronic copy of this form.)

Client information:

Client: CVC case #:
Parent/Guardian:
Address: Phone:

Nature of crime: Date of crime:

Therapist information:

Therapist name:
Address:

Telephone #:
Credentials:

License Number: _____
If not licensed, **level and field of education**:_____

If not licensed, **Supervisor's information** is required as follows:
Supervisor's License Number:_____
Supervisor's degree/level of education _____
Hours per month of supervision provided_____
Supervisor's Name: _____

Address: _____

Telephone Number: _____

Name of individual or agency to whom payment should be made.

_____

Handwritten treatment plans will be returned without being reviewed by the Board.

Treatment Planning:

1. Behavioral and emotional symptoms displayed by the crime victim.

2. What are the client's reasons for seeking services?

3. Treatment goals related to the crime and specific to this client.

4. Are there pre-existing issues that will affect treatment?

Treatment modalities:

1. Discuss the specific treatment modalities used to achieve the goals.

2. Describe any issues that may affect the length of treatment or its effectiveness.

3. What other recommendations or treatment referrals might be made (i.e. psychological assessment, group therapy, family therapy, psychiatric evaluation for medication, etc.)?

Estimated length of treatment:

Date client entered therapy:_____ # of sessions to date:_____
Requested # of individual session:_____
Requested # of family sessions:_____
Requested # of group sessions:_____ Anticipate termination date:_____

1. If the treatment needs of this client exceed the limits of the Crime Victim Compensation Program, what is your plan to transition this client to other treatment?

Insurance information:

All bills must be submitted to the victim's **insurance** company or other third party payer prior to being submitted to the Board. The Board will only approve that amount for which the victim is directly responsible.

Does the client have mental health coverage included with insurances?
Yes _____ No_____
Are you a provider for this insurance carrier? Yes _____ No_____
If so, have you billed insurance? Yes _____ No _____
Insurance company name:_____

Insurance coverage: (deductible, percentage, mental health coverage)

Total amount requested: _____

Signatures section

Claimant or parent/ guardian and therapist must sign this form

Submission of the treatment plan **does not guarantee payment.** Victim Compensation does not pay **for missed appointments.**

The Crime Victim Compensation program only pays for treatment related to the crime. CVC does not pay for court-ordered treatment or substance abuse treatment. CVC does not pay for the therapist to accompany the client to court, or for consultation with employers, schools, Departments of Human Services or others. The Board does not pay for couples therapy or therapy that includes the perpetrator. The Board will only pay for therapy provided in a professional office and will not pay for therapy provided in the victim's home.

I hereby attest that the information contained herein is correct to the best of my knowledge and belief, and all treatment for which I am requesting payment through the Crime Victim Compensation Program is related to the criminal incident under which my client's claim was approved.

Therapist's signature:_____ Date: _____

Supervisor's signature, (if applicable):_____ Date: _____

Client/parent or guardian signature _____ Date:_____

For your information, some of our files and criminal justice records may be subpoenaed for court proceedings.

Please return to:

Crime Victim Compensation
201 W. Colfax. Dept. 801
Denver, CO 80202
720-913-9253
720-913-9035 (Fax)
Please send bills to the above address as services are provided.

4/21/16