



**21ST JUDICIAL DISTRICT
CRIME VICTIM COMPENSATION BOARD**

Victim Compensation Board
Department 5031
P.O. Box 20,000
Grand Junction, Colorado, 81502

Telephone: 970-244-1730
Fax: 970-256-1432
Email: victims.comp@mesacounty.us

MENTAL HEALTH PROVIDER HANDBOOK

updated 03/30/2022

Dear Mental Health Professional:

Thank you for your interest in, and commitment to, serving crime victims in the Twenty-First Judicial District.

This packet is a resource for mental health providers working with our district's Crime Victim Compensation program. **It is your responsibility to review the attached policies and procedures before treatment begins, as not all treatment is covered under this program.**

The following information is covered in this packet:

- Statutory requirements for claim approval
- The Crime Victim Compensation claim and billing process
- Mental Health Policies for the 21st Judicial District
- Payment conditions and fiscal limitations
- Issues to consider before accepting a crime victim as a client

Copies of CV or resumes showing continuing education credits, coursework completion and grades, certificates of attendance at seminars and workshops, and similar documentation will be accepted.

If you have any questions after reviewing this packet, please call our office at 970-244-1730, or email victims.comp@mesacounty.us. We look forward to our work together.

Sincerely,

Jennifer Ballagh, Administrator
Crime Victim Compensation
21st Judicial District

STATUTORY REQUIREMENTS FOR A CRIME VICTIM'S ELIGIBILITY

The Victim Compensation Program operates pursuant to C.R.S. 24-4.1-101 et seq.

- The crime occurred in Mesa County or in another state or country where there is no victim compensation program and the victim is a resident of Mesa County.
- The victimization must have occurred on or after July 1, 1982.
- The law enforcement agency was notified within 72 hours after the crime occurred.
- The crime must be one in which the victim sustains mental or bodily injury, dies, or suffers property damage to locks, windows or doors to residential property as a result of a compensable crime.
- The victims must cooperate with law enforcement officials (e.g. District Attorney, Police, Sheriff, etc.)
- The injury or death of the victim must not have been the result of the victim's own wrongdoing or substantial provocation.

Most of the statutory eligibility requirements can be waived by the Board for good cause or in the interest of justice. If you are working with a victim, please refer them to CVC even if they don't meet all of the conditions above.

GENERAL INFORMATION

- There does not have to be an arrest made for a victim to be eligible for compensation.
- Compensation may be made for medical expenses, mental health counseling, dentures, eyeglasses, hearing aids, or other prosthetic or medical devices, loss of earnings, outpatient care, homemaker or home health services, funeral expenses, and loss of support to dependents.
- Compensation for property damage may be awarded for the cost of replacement or repair to exterior doors, locks or window that are damaged during the commission of a crime.
- By law, victim's must apply for all other available sources of financial assistance or reimbursement, including private insurance, Medicaid and Medicare.
- Claims will be investigated and presented to the Victim Compensation Board. This process may take up to 60 days.
- Total recovery may not exceed the statutory limit of \$30,000.
- Should the claim be denied, the victim has a right to request reconsideration of the Board's decision and have the right to submit new or additional information related to the reason(s) for the Board's denial or reduction of your claim. Victims may arrange for reconsideration by contacting the Victim Compensation program, in writing, within 30 days from the date on which they receive notice of the denial or reduction of the claim. In the event the denial is upheld by the Board, victims have the right to have the Board's decision reviewed in accordance with the Colorado Rules of Civil Procedure within 30 days.

VICTIM COMPENSATION PROCESS

- 1. Victim applies for Crime Victim Compensation and application is reviewed by Crime Victim Compensation Board.** If approved, an initial four (4) sessions are approved. A notification of approval letter is sent to the victim. A letter is also sent to the therapist, if they have been identified on the application.
- 2. The therapist submits an Initial Treatment Plan to our office within 90 days of the authorization. Initial billing statements should be included with the treatment plan.** A treatment plan form has been created, and it's use is required. Payment for services provided will not be made until a treatment plan has been submitted, reviewed, and approved by the Board.
- 3. The Board reviews the treatment plan at the next monthly Board meeting.** A decision letter will be mailed to the victim and therapist within 10 business days of the meeting. The notification letter will contain details about the number of sessions and date ranges for which therapy is authorized.
- 4. The therapist submits a monthly itemized bill.** Eligible bills received in our office by the monthly submission deadline date are reviewed, and paid within 10 business days of the next scheduled monthly Board meeting. If a bill is received after the deadline, it will be processed with the next month's submissions.
- 5. The Board strongly urges the therapist to accept the compensation payment as payment in full for services rendered.** However, if the therapist is not willing to do that, the victim must be told before any services are initiated; payment for the additional fee then becomes negotiable between client and therapist. The victim should be informed s/he has the right to request or seek out a therapist who is willing to work within those restrictions.
- 6. If continued/additional therapy is necessary, the therapist submits an Extension Request Form for Board review 30 days prior to the expiration date listed in the initial notification letter.** A form exists for therapist use and is required. The victim and the therapist will be notified of the Board's decision in writing within 10 business days.
- 7. A mental health therapy claim is closed after the treatment plan is expired, or upon reaching the limit of the CVC Board will reimburse, or notification by therapist that therapy is completed.** Timely submission of extension requests and billings is required to avoid claim closure.

BILLING INFORMATION/ PAYMENT POLICIES

Please note that if these steps are not followed, it may result in a delay of payment.

- Once the Board has approved four (4) initial mental health sessions, the board will not make payment on those sessions if an initial treatment plan is not submitted. Please forward an invoice for those sessions along with the initial treatment plan.
- All victims will have their own claim number. **Please indicate the client's name and claim number on each invoice.**
- Bills must be itemized; they may be submitted in any format, and **should include a CPT code, a description of service and the length of each session.**

- If you are a provider covered by your client’s insurance, Crime Victim Compensation **cannot make payment until an explanation of benefits is received by out office for each date of service.** If your client has been denied in full by the insurance company, only one explanation of benefit showing the denial is needed. The Board has a strict policy that on the amount of the patient’s actual out-of-pocket expense as indicated on the explanation of benefit, will be paid the Crime Victim Compensation, up to the maximum amounts of \$100 per individual and family session, and \$50 per group session.
- **Itemized statements should be submitted no more than 180 days after the date of service.** Statements received with service dates more than 180 days prior will be paid at the Board’s discretion regardless of any previously approved and/or encumbered funds.

CVC PROGRAM MENTAL HEALTH POLICIES

Program policies and procedures are structured by the Board to facilitate payment of mental health therapy that places the highest priority on the best interest of the compensation applicant. Fiscal limitations preclude compensation funds to affect complete trauma recovery.

- **Therapist Requirements**
The CVC Board requires that all treating mental health service providers:
 - Submit an application to the Board to become an approved therapist in this jurisdiction; and
 - Are a licensed therapist with the Department of Regulatory Agencies; or
 - Are supervised by a state licensed mental health provider and be registered with Department of Regulatory Agencies as an unlicensed therapist; or
 - Have a minimum of a master’s degree and be directly supervised by a doctorate or licensed therapist.

The CVC Board requires:

- The doctorate or licensed therapist providing direct supervision must review all Treatment Plans or written requests for medication referrals submitted by the treating therapist.

- **Provider List/Referrals**

Please note that our Board feels it is a conflict of interest for Compensation staff to give referrals, so we do not make referrals. An authorized provider list is maintained, and is distributed to victims at their request.

- **Eligible Services and Fee Structures:**

- **Primary Victims**

An individual against whom a crime was perpetrated or attempted and as a result of the criminal act or attempt, has suffered property damage, economic loss, bodily, or emotional injury or death.

- Contingent upon the submission and approval of an initial Treatment Plan the CVC Board may award up to 36 additional sessions or \$3,600 of mental health therapy.

- Contingent upon the submission and approval of an Extension Request the Board may award an additional 50 sessions or \$5,000.
 - The total amount of mental health therapy to be incurred by the Board for a primary victim, including the four initial assessments is 90 sessions or \$9,000.
 - The CVC Board reserves the right to modify these limits as deemed necessary on a case-by-case basis.
- **Secondary Victims**
A person, usually a relative of the primary victim, who was indirectly involved in the crime, but not listed in the law enforcement report as the actual victim, or any person who assists or attempts to assist a victim.
 - Contingent upon the submission and approval of an initial Treatment Plan the CVC Board may award up to 21 sessions or \$2,100 of mental health therapy.
 - Contingent upon the submission and approval of an Extension Request the Board may award an additional 25 sessions or \$2,500.
 - The total amount of mental health therapy to be incurred by the Board for a secondary victim, including the four initial assessments is 50 sessions or \$5,000.
 - The CVC Board reserves the right to modify these limits as deemed necessary on a case-by-case basis.
- **Individual Therapy**
The Board may approve, when requested as part of a treatment plan, individual therapy. Individual therapy will be paid at a maximum rate of \$100 per hour.
- **Family Sessions**
The Board may approve, when requested as part of a treatment plan, family sessions. Family sessions will be paid at the rate of \$100 per hour for each family member that participated in the family therapy session. The following conditions apply to family sessions:
 1. Therapy must remain crime related and focus on the victims recovery;
 2. Family sessions may include immediate family or guardians;
 3. The Board will not pay for reunification or clarification sessions; and
 4. The Board will not pay for family sessions involving the offender, unless requested in writing by the victim’s therapist and pre-approved by the CVC Board.
- **Group Therapy**
The CVC Board may approve, when requested as part of a treatment plan, group sessions. Group sessions will be paid at the rate of \$50 per hour for the victim’s participation in a group therapy session.

- **Neurofeedback**

The CVC Board may approve neurofeedback therapy at a standard rate of \$80 per individual session. The CVC Board requires that a treatment plan be submitted, as well as itemized bills. The total amount of neurofeedback therapy sessions to be incurred by the CVC Board is 40 or \$3,200.

- **Teletherapy**

Teletherapy may be compensated by the CVC Board. It is the mental health provider's responsibility to ensure that teletherapy technologies are in alignment with HIPPA rules and regulations. All policies and procedures listed under section 15.20 and 15.21 of these policies and procedures will apply to Teletherapy services.

- **Mental Health Medication (\$500 Limit)**

The Board may approve sessions for the purpose of psychotropic medication. The Board will need information in writing from the prescribing physician describing the need for psychotropic medication and how the need for medication relates to the crime. The maximum award for medication management sessions is six months, not to exceed \$500.00 (whichever comes first).

Prescription drugs that are required as part of a claimant's mental health treatment will be considered when it is documented that the prescription is needed as part of the crime-related counseling and is authorized by a physician.

- **Change of Therapist**

If a crime victim compensation client wants to change therapists a new treatment plan will be required. When this is reviewed by the CVC Board, written notification will be sent to the client and therapist of the Board's decision. Until the Board approves the changes, there is no guarantee of payment for any of the sessions with the new therapist.

- **Time Limits For Services**

It is encouraged that mental health treatment be initiated within 90 days from the date of the Board's approval. Board approvals of treatment plans and extension requests are good for 6 months, unless otherwise noted on the award letter.

- **Ineligible Services**

The CVC Board will not consider payment for the following expenses:

- Consultations;
- Case Management;
- Missed appointments;
- Court appearances.;
- Time spent writing reports unrelated to the Crime Victim Compensation Board.
- Therapy involving the perpetrator and/or perpetrator's therapist not requested in writing by the victim's therapist and pre-approved by the CVC Board; and
- Anything not in direct relation to the crime.

- **The Victim Compensation Board shall not consider for payment a claim:**
 - By a therapist or therapist organization where the therapist or therapist organization is under investigation by any governmental agency, including, but not limited to, any law enforcement agency, the District Attorney's Office, the Attorney General's Office, or the Department of Regulatory Agencies, for defrauding a victim compensation program.
 - The Victim Compensation Board shall not consider for payment a claim by a therapist or therapist organization where the therapist or therapist organization has been convicted of a misdemeanor or felony for defrauding a victim compensation program, or has admitted to defrauding a victim compensation program or inaccurate billing, or been convicted of a crime that resulted from fraudulent or inaccurate billing; and
 - By a therapist or therapist organization where the therapist or the therapist organization has admitted or been convicted of crimes committed against clients; and
 - By a therapist that provided victim services to their client in a dual role either through profession or as a volunteer. For example, the Board will not consider payment of counseling sessions by a therapist that also operated as a police officer, law enforcement advocate, non-profit advocate, or forensic interviewer for the same victim. This list is not all inclusive.

- **Therapist Under Review**

The CVC Board retains the discretion to limit, suspend, or deny payment of bills submitted by a mental health therapist who is under review by a licensing board or under investigation by a law enforcement agency. Should the CVC Board decide to limit, suspend, or deny payment of bills, the following procedures will apply:

 - The CVC Board will notify the mental health therapist, in writing, of any change in payment status.
 - The CVC Board will also notify any claimants receiving services from the mental health therapist of any change in the CVC payment status.
 - It is the responsibility of the mental health therapist who receives written notification from the CVC Board to make payment arrangements with clients for services provided after the date that the CVC payment status is changed.
 - It is also the responsibility of the mental health therapist to provide the CVC Board with written documentation of the final findings and outcome of licensing review and/or criminal investigation prior to the CVC Board reconsidering reinstatement of payment.

- **Required Forms – Attached to this packet**

The use of the following forms is required. Failure to use the correct forms will result in the rejection of the submitted treatment plan.

- Mental Health Therapy Initial Treatment Plan
- Mental Health Therapy Extension Request

Treatment plan forms can also be found at our website:

<https://da.mesacounty.us/victimwitness-program/forms/>

QUESTIONS:

You may email victims.comp@mesacounty.us or call us at 970-244-1730.



**21ST JUDICIAL DISTRICT
CRIME VICTIM COMPENSATION BOARD**

MENTAL HEALTH THERAPY INITIAL TREATMENT PLAN FORM

Victim Compensation Board
Department 5031
P.O. Box 20,000
Grand Junction, Colorado, 81502
Telephone: 970-244-1730
Fax: 970-256-1432
Email: victims.comp@mesacounty.us

Prior approval for crime related mental health treatment and/or submission of this form does not guarantee payment of additional mental health treatment services. You will be notified in writing of all Board decisions. All treatment costs exceeding the approved amount determined by the Board are the responsibility of the claimant. This form may be emailed to you for convenience.

CLIENT INFORMATION:

Name: _____	DOB: _____
Address: _____	
City/State/Zip: _____	
Client's Parent/Legal Guardian (if under 18): _____	

THERAPIST INFORMATION:

Name: _____	License No. _____
Business Address: _____	
City/State/Zip: _____	
Telephone Number: _____	Fax Number: _____
Email: _____	
Supervisor Name: _____	License No. _____

CLIENT TREATMENT INFORMATION:

Date Treatment Began: _____	Number of Sessions to Date: _____
Date of Crime: _____	Type of Crime: _____
Is the presenting issue related to the crime listed above? <input type="checkbox"/> No <input type="checkbox"/> Yes	
Treatment Modalities to be Used: <input type="checkbox"/> Individual <input type="checkbox"/> Group <input type="checkbox"/> Other: _____	
1. Please describe the behavioral and emotional symptoms currently displayed by the victim:	
2. Please list any pre-existing mental health issues exacerbated or discovered due to the crime against the victim:	
3. List the treatment goals/objectives relative to the victimization (each goal should have an estimated completion date; please include safety planning and education as appropriate.):	
a.	
b.	
c.	

Goals/ Continued from Previous Page:

d.

e.

4. List any treatment goals/objectives unrelated to the victimization (How will preexisting issues be addressed?):

a.

b.

c.

5. Please identify any factors which may impede your treatment during the next six months:

6. Based on the information presently available, what is your rating of this patient's prognosis for resolution of the concerns for which you were consulted?

_____ Excellent _____ Good _____ Fair _____ Poor

7. Projected number of treatment sessions: _____

8. Frequency of therapeutic contacts: _____

9. What is your anticipated date of discharge with this patient? _____

CLIENT INSURANCE INFORMATION:

Does the Victim have insurance? _____ No _____ Yes If 'Yes', will you be accessing the insurance? _____ No _____ Yes

If 'No', why? _____

Company Name: _____

Policy Number: _____ Group Number: _____

I understand that Crime Victim Compensation is, by state law, the payor of last resort, and I further agree to apply for any primary insurance benefits of my client, if eligible. I understand that Crime Victim Compensation can only pay for the client's out of pocket amount as indicated by insurance. I further agree to only bill Crime Victim Compensation for sessions that are part of the above submitted treatment plan. I agree not to bill Crime Victim Compensation for treatment outside of the above treatment plan.

The information contained herein is correct to the best of my knowledge, information and belief. I understand and agree to the following: I am a licensed therapist, or under the supervision of, who has experience working with trauma victims.

I will accept the **Board's** hourly reimbursement of **\$100** for individual and family therapy and **\$50** for group therapy as payment in full; and, I will request any necessary extension 30 days prior to the termination date of any award made.

I swear and affirm under the penalty of perjury that the statements herein are true and correct to the best of my knowledge and belief.

Therapist Signature

Date

Therapist Supervisor Signature

Date

Client/Guardian Signature

Date

Once the Board has made an approval you will be notified in writing. The Board processes and issues payments only once a month, therefore payment could take up to 30 days after receiving an itemized bill/invoice.



**21ST JUDICIAL DISTRICT
CRIME VICTIM COMPENSATION BOARD**

MENTAL HEALTH THERAPY EXTENSION REQUEST FORM

Victim Compensation Board
Department 5031
P.O. Box 20,000
Grand Junction, Colorado, 81502
Telephone: 970-244-1730
Fax: 970-256-1432
Email: victims.comp@mesacounty.us

This form is to be used only after the sessions approved under the initial assessment and treatment plan near termination. All Therapy Extension Requests must be returned to the Crime Victim Compensation program **30 days PRIOR** to the initial projected termination date.

Prior approval for crime related mental health treatment and/or submission of this form does not guarantee payment of additional mental health treatment services. You will be notified in writing of all Board decisions. All treatment costs exceeding the approved amount determined by the Board are the responsibility of the claimant. This form may be emailed to you for convenience.

CLIENT INFORMATION:

Name: _____	DOB: _____
Address: _____	
City/State/Zip: _____	
Client's Parent/Legal Guardian (if under 18): _____	

THERAPIST INFORMATION:

Name: _____	License No. _____
Business Address: _____	
City/State/Zip: _____	
Telephone Number: _____	Fax Number: _____
Email: _____	
Supervisor Name: _____	License No. _____

CLIENT TREATMENT INFORMATION:

Date Treatment Began: _____	Number of Sessions to Date: _____
Date of Crime: _____	Type of Crime: _____
Is the presenting issue related to the crime listed above? <input type="checkbox"/> No <input type="checkbox"/> Yes	
Treatment Modalities to be Used: <input type="checkbox"/> Individual <input type="checkbox"/> Group <input type="checkbox"/> Other: _____	
1. Describe the progress related to the initial treatment plan's goals/objectives (use objectives from initial treatment plan):	
a.	
b.	
c.	
d.	
e.	

2. Please describe the behavioral and emotional symptoms currently displayed by the victim:

3. Please list any new or changes to treatment goals/objectives:

4. How do the changes in the treatment plan relate to the crime?

5. Number of additional sessions requested: _____

6. Frequency of therapeutic contacts: _____

7. New date of discharge with this patient: _____

CLIENT INSURANCE INFORMATION:

Has the Victim's insurance status changed since the initial treatment plan? _____ No _____ Yes

If 'Yes', how? _____

Company Name: _____

Policy Number: _____ Group Number: _____

I understand that Crime Victim Compensation is, by state law, the payor of last resort, and I further agree to apply for any primary insurance benefits of my client, if eligible. I understand that Crime Victim Compensation can only pay for the client's out of pocket amount as indicated by insurance. I further agree to only bill Crime Victim Compensation for sessions that are part of the above submitted treatment plan. I agree not to bill Crime Victim Compensation for treatment outside of the above treatment plan.

The information contained herein is correct to the best of my knowledge, information and belief. I understand and agree to the following:
I am a licensed therapist, or under the supervision of, who has experience working with trauma victims.

I will accept the **Board's** hourly reimbursement of **\$100** for individual and family therapy and **\$50** for group therapy as payment in full; and, I will request any necessary extension 30 days prior to the termination date of any award made.

I swear and affirm under the penalty of perjury that the statements herein are true and correct to the best of my knowledge and belief.

Therapist Signature

Date

Therapist Supervisor Signature

Date

Client/Guardian Signature

Date

Once the Board has made an approval you will be notified in writing. The Board processes and issues payments only once a month, therefore payment could take up to 30 days after receiving an itemized bill/invoice.