**Crime Victim Compensation Board**

**Seventeenth Judicial District**

**Adams - Broomfield**

**Mental Health Provider Guide**

The Crime Victim Compensation (CVC) program of Adams and Broomfield County (17th Judicial District) strives to lessen the emotional and financial impact victims of certain crimes endure after the commission of an unlawful act.

CVC operates in accordance with the Crime Victim Compensation statute, C.R.S. 24-4.1-101 et seq., Standards promulgated by the Division of Criminal Justice and our own jurisdictional Bylaws and Policies.

The CVC Board believes that professional mental health services are a funding priority and dedicate nearly 30% of their annual budget to providing mental health services to victims of crime. To ensure that qualified, caring and victim centered professionals provide quality services, the Board has created mental health policies and guidelines.

This packet is provided as a resource for mental health providers working with the 17th JD Crime Victim Compensation Program. It is your responsibility to review the attached *Mental Health Provider Guidelines* to help orient you with the 17th JD CVC program policies before treatment is provided, as not all treatment providers will qualify for payment through this program and not all treatment is covered under this program.

Once you have reviewed the guidelines, please complete the *Mental Health Treatment Provider Questionnaire*. The Questionnaire and required attachments must be submitted to [vcomp@da17.state.co.us](mailto:vcomp@da17.state.co.us). The questionnaire must be received by the CVC program and approved before payment may be issued for services rendered. Once approved, the information contained in the questionnaire will be added to a referral list that may be utilized by victim advocate agencies throughout the 17th Judicial District.

If you have any questions after reviewing this packet, please contact the 17th JD CVC Program by email at [vcomp@da17.state.co.us](mailto:vcomp@da17.state.co.us) or by telephone at: 303-865-5690.

The 17th Judicial District Crime Victim Compensation (CVC) Board has adopted the following policies, specific to the compensation for mental health treatment of crime victims. With changing needs and trends within the mental health therapy field, some information has or will change and may be amended. Provider Guidelines are reviewed annually and updated if necessary.

*Please note that an application for Crime Victim Compensation funds does NOT guarantee payment of any claim.*

Statutory Requirements for a Crime Victim’s Eligibility

* Crime must have occurred in either Adams or Broomfield County.
* Crime must have occurred after July 1, 1982.
* The victim must report the crime to police within 72 hours of the occurrence.
* The victim must be innocent of wrongdoing or contributory conduct.
* The victim must cooperate in the investigation and prosecution of the suspect.
* The victim must apply for Crime Victim Compensation within one (1) year of the date of the crime.

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

**Crime related assistance offered by Crime Victim Compensation**

The Board may consider assistance for **primary victims** (the person against whom a compensable crime was committed) and **secondary victims** (an immediate relative, domestic partner or guardian of a primary victim, witness to the crime, or any person who attempts to assist a primary victim during the commission of a crime).

* Mental Health therapy related to the crime.
* Medical / Dental care
* Lost Wages
* Repair or replacement of doors, locks, windows damaged during the crime.
* Funeral expenses
* Loss of Support

\*This list is not all inclusive.

**Victim/Claimant Approval Process**

1. The victim submits a CVC application to the Board. The Board reviews the applicants request at a regularly scheduled Board meeting. This can take 30-60 days for the Board to review a request. The CVC Board does not approve emergency sessions.
2. If approved, the victim/claimant will receive a letter or email authorizing three initial mental health assessment sessions in order for the therapist to meet the client and develop a treatment plan. This letter contains a claim number that the victim must share with the mental health provider for treatment plan submission. Therapy beyond the first 3 assessment sessions is contingent upon the submission and approval of a Mental Health Treatment Plan.
   1. The therapist may, at their own risk and according to their own office policy, see a client before sessions have been approved. The Board recognizes that it may be beneficial for victims to start therapy as soon as possible; therefore, the Board will consider payment for sessions incurred prior to their initial approval. However, the Board is not financially responsible for any sessions incurred prior to Board review and approval.
3. The Mental Health provider submits a Treatment plan to our office on this office’s standardized Mental Health Treatment Plan form, which can be found and downloaded from the “Service Providers” section on our website: [www.crimevictimcompensation.org](http://www.crimevictimcompensation.org)
   1. Each victim requires a separate treatment plan. Please include the victim’s claim number on the treatment plan. The claim number can be found on the CVC approval letter that the victim should provide to you.
   2. Handwritten treatment plans and treatment plans submitted on anything other than the most current 17th JD Mental Health Treatment Plan form will be returned without Board review for resubmission.
   3. Treatment Plans must be completed in full and must contain the victim/claimant claim number for Board review.
4. The CVC Board reviews the Treatment Plan at the next regularly scheduled Board meeting and a decision letter will be mailed or emailed to the victim/claimant and mental health provider within 10 business days of their decision.
5. The mental health provider submits a monthly itemized bill. Eligible bills received in our office by the first day of the month are paid in the next payment cycle. Bills received after the first day of the month will be paid in the following payment cycle. Please review the *Invoices and Billing* information below for detailed information.

**Therapist qualifications**

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

To be eligible for payment through this program the mental health therapist must:

* Have a basic knowledge of crime victimization issues and the criminal justice system; and
* Be a licensed therapist or hold a minimum of a master’s degree and be directly supervised by a licensed therapist.
* Submit the Mental Health Therapist Questionnaire along with a copy of their license, or a copy of their supervisor’s license to the CVC program at [vcomp@da17.state.co.us](mailto:vcomp@da17.state.co.us)

**Fiscal Limits**

Approvals, awards and denials may be contingent upon fiscal limitations, proximity of relation to a primary victim, age of applicant, or type of crime. CVC funds are limited and may only be used to help crime victims initial their recovery from the trauma of the crime. Financial constraints coupled with the significant demand for victim services prevent the fund from being able to aid throughout the entire recovery process. \*Funding limits are subject to change at any time based on availability of compensation funds.

As of March 1, 2023 funding limits, for crime related therapy, are set at:

* The Board will pay up to $140.00 per individual session. Individual sessions must be a minimum of 45 minutes in duration.
* The Board will pay up to $70.00 per therapeutic group or family session. Group/Family sessions must be a minimum of 45 minutes in duration. The Board will not pay for clarification sessions or any sessions that include the perpetrator or perpetrator’s therapist.

As of March 1, 2023 award will be made in the following increments and maximum award limit with appropriate documentation.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | 1. Assessments | 1. Treatment plan | 1. Treatment plan Extension | Total Possible Award |
| Primary Victim | $420.00 | Up to $3080.00 | Up to $3080.00 | $6580.00 |
| Secondary Victim | $420.00 | Up to $3080.00 | Up to $1540.00 | $5040.00 |
| 11 NDS | $1540.00 |  |  | $1540.00 |

**Time Limits**

* Assessments are encumbered for 6 months. Assessments will expire after 6 months of the approval date.
  + Upon request from the victim, CVC staff may re-encumber the approved assessment sessions for another 6-month period.
* MH Treatment Plan approved sessions will be encumbered for 1 year. Sessions will expire after 1-year of the approval date so that encumbrances can be transferred back to the general fund for other victims to use. However, if the victim has been receiving regular ongoing treatment, the CVC administrator may extend the expiration date.
* A lapse in therapy of 6 months or longer will require a new Treatment Plan for Board consideration.

**Ineligible Services:**

* Missed or cancelled appointments.
* Telephone consultations or contacts.
* Therapy not directly related to a compensable crime.
* Court appearances, travel time or report writing by the treating therapist.
* Reports or evaluations requested by law enforcement agencies, the Department of Social Services, the Court or the District Attorney’s Office.
* Any psychological testing or evaluations not requested in writing by the treating therapist and pre-approved by the CVC Board.
* Any sessions involving the criminal perpetrator and/or perpetrator’s therapist not requested in writing by the victim’s therapist and pre-approved by the CVC Board.
* Interest charged to a client’s bill which is not the product of a delay caused by the CVC Board’s administrative staff.
* In-patient hospitalization.
* Individual session rates more than $140.00 per contact.
* Group or Family therapy rates more than $70.00 per contact.
* Sessions that are less than 45 minutes.

**Insurance/Other Collateral Sources:**

* In accordance with the CVC statute, C.R.S. §24-4.1-110, CVC is the payer of last resort.
* Victims are required to disclose alternative sources available for payment of mental health therapy to the CVC Board. This includes private insurance, Medicaid, or Workman’s Compensation.
* Treatment providers must submit all bills to collateral sources of payment before submitting to the CVC Board. The CVC Board will then pay the balance indicated on the explanation of benefits as the victim’s responsibility.
* If the victim chooses a therapist that does not accept the victim’s collateral source of payment, the CVC Board will pay the victim’s responsibility up to the CVC Board approved session limit as indicated in the Fiscal Limits section of this guide.

**Invoices and Billing**

* The Board encourages therapist to bill the CVC Program directly. Payment will be made at the rate of $140 for individual sessions or $70 for group/family sessions. If the therapist requires the victim to pay above the CVC rate of pay, the therapist must inform the victim that they will be financially responsible for amounts not covered by the CVC program. **Therapists are strongly encouraged to accept CVC payment as payment in full.**
* Bills/invoices should be submitted monthly or bi-monthly to ensure that encumbrances do not expire and to ensure accurate maintenance of records. Dates of service more than 180 days old will be reviewed by the Board and paid at the Board’s discretion despite a prior approval or encumbrance.
* Bills submitted by the 1st day of the month will be reviewed and processed during that month. Any bills submitted after the 1st day of the month will be processed during that month if time allows. If CVC staff are unable to process late bills, they will be held over for the following month.
* CVC requires a separate bill/invoice for every victim. The bill must include the victim’s name and claim number, date of service, type of service with CPT code and cost per session. If the victim has insurance, an Explanation of Benefits must be attached.
* When a victim has insurance, CVC will consider paying only the victim’s responsibility, co-pay or deductible up to $140/individual session or $70/group/family session.
  + Insurance example: The therapist has a customary rate of $150.00 per hour and the provider is contracted with the insurance carrier of the victim/claimant. The therapist provides one hour of treatment and bills the insurance company and receives $60.00, which is their contracted rate. The victim/claimant has a $20.00 out of pocket responsibility for the co-pay. The CVC program will, reimburse the claimant $20.00 if they paid the therapist the co-pay. If the co-pay remains due to the therapist, then the therapist will be reimbursed the $20.00.
  + Uninsured example: The therapist has a customary rate of $150.00 per hour and the therapist is not contracted with the insurance carrier of the victim/claimant. It is recommended that the therapist bill CVC directly at the CVC rate of $140.00 per session. However, if the victim/claimant paid the provider for the session, with submission of an itemized invoice and verification of payment, CVC may reimburse the victim at the CVC rate of $140.00. Although therapists are strongly encouraged to accept CVC payment as payment in full, if the therapist requires the victim/claimant to pay the remaining $10.00 of their customary rate, the therapist is responsible for billing and collection of that payment from the victim/claimant.
* The therapist is responsible for tracking funding levels and submitting a treatment plan or extension when necessary. If the CVC program receives a bill that they are unable to process due to lack of approved funding, the bill will be returned.
* Checks are issued once a month. Checks are generally mailed out at the end of the third week or the fourth week of every month.

**Change in therapist:**

If a victim/claimant wants to change therapist part way through the awarded sessions, the new therapist must submit a new Treatment Plan for Board consideration.

**Crime related therapy:**

Per C.R.S. §24-4.1-105 (2)(a), the CVC Board can only approve sessions for therapy that are directly related to the crime in which the victim has submitted the application for. The treatment must focus on symptoms, behaviors, or beliefs that are directly attributable to the crime that the victim was awarded assistance.

If the victim has pre-existing conditions, they are responsible for the cost of therapy related to the pre-existing condition as this cannot be billed to the CVC Program per statute.

**Assessments:**

3 initial therapy sessions offered by the CVC Board prior to a Treatment Plan submission to enable the provider to develop a treatment plan that addresses the victim’s specific clinical needs. Assessment sessions are encumbered for 6 months.

**Mental Health Treatment Plan:**

If additional therapy beyond the initial 3 assessment sessions is necessary, the therapist may submit a Mental Health Treatment Plan.

The CVC Board only accepts this Program’s standardized Mental Health Treatment Plan form, which can be found and downloaded from the “Service Providers” section on our website: [www.crimevictimcompensation.org](http://www.crimevictimcompensation.org). Only electronically completed forms are accepted. Handwritten forms will be returned without CVC Board review.

**Mental Health Treatment Plan Extension:**

If additional therapy beyond the sessions previously approved through the approval of the initial Mental Health Treatment Plan is necessary, the therapist may submit a Mental Health Treatment Plan Extension. The extension should not be completed before the victim/claimant is within eight (8) sessions from reaching their authorized session limit and must be submitted within 90 days after the last session that exhausts the authorized session limit.

The CVC Board only accepts this Program’s standardized Mental Health Treatment Plan Extension form, which can be found and downloaded from the “Service Providers” section on our website: [www.crimevictimcompensation.org](http://www.crimevictimcompensation.org). Only electronically completed forms are accepted. Handwritten forms will be returned without CVC Board review.

**Teletherapy:**   
Teletherapy is allowed at the discretion of the victim and therapist when in person therapy is not a viable option. Therapy services provided via telehealth modality must meet the statutory and regulatory requirements established by the licensing board overseeing the treating mental health provider and must be in alignment with HIPPA rules and regulations. The provider must provide proof to the CVC Board that the platform being utilized meets these guidelines.

**Court related therapy:**

The CVC Board may approve up to $1,400.00 in additional funding for therapy sessions specific to upcoming criminal court hearing/s related to the crime out of which the compensation claim arose. The therapist may request these sessions by submitting a letter to the Board requesting the additional court related therapy. The letter must include the claimant/victim’s name, claim number, number of sessions requested, length of each treatment and upcoming court events.

Therapy related to the ongoing criminal court process must occur in a therapeutic setting. The CVC program does not provide funding for therapists to accompany a victim/witness to court.

**Psychiatric referral/evaluation:**

The CVC Board may consider payment of a psychiatric evaluation or medication evaluation, if the primary therapist writes a letter to the CVC Board requesting, they consider approving a psychiatric referral for medication purposes. The letter must include the name and claim number of the client. The Board will approve one initial session. Ongoing visits to a psychiatrist will be contingent upon submission of a Treatment Plan that is prepared by the treating psychiatrist and signed by the claimant. These visits will be considered medical treatments and will not be deducted from mental health encumbrances.

**11NDS - Sessions for child sexual assault victims:**

In cases where a crime cannot be substantiated by law enforcement or through disclosure in a forensic interview, but where the child is strongly believed to have been victimized, due to reported or observed behaviors, or due to an outcry to a third party, will initially be approved for 11 sessions only. If a disclosure is made to the therapist and is subsequently reported to law enforcement, the therapist will be approved to submit a treatment plan for consideration of additional sessions by the CVC Board. A supplemental report will be obtained from the law enforcement agency outlining the disclosure before the Treatment Plan may be reviewed. Immediate family (parents and siblings), and the third party that the child outcried to, may also be awarded 11 initial sessions. No additional awards will be considered unless the child victim discloses in therapy, and it is reported to law enforcement.

**Mental Health Referrals**

The CVC program shall not provide referrals for victims to specific therapists. However, upon request of a victim or victim service agency, the program may provide a listing of all therapists that have worked with the CVC program within the previous year. This list may be limited to a specific service area, such as “all mental health providers who provide MH services in Westminster”. Information provided to victims or victim service providers will be that provided by the therapist to the CVC program in the MH Provider questionnaire they complete.

**Contact us:**

Email: [vcomp@da17.state.co.us](mailto:vcomp@da17.state.co.us)

Phone: 303-835-5690

Fax: 303-835-4165

Website: [www.crimevictimcompensation.org](http://www.crimevictimcompensation.org)

**Quick Guide to Frequently Asked Questions**

**Where can I get a copy of the treatment plan / extension plan?**

You can find and download all forms at crimevictimcompensation.org or you can call 303-835-5690 and electronic templates can be email to you.

**When will I get paid?**

CVC processes payments and issues checks once a month. Checks are typically mailed to the provider within 10 days of the CVC Board meeting, which occurs on the 3rd Tuesday of each month.

**Why wasn’t I paid?**

There could be several reasons…

* The therapist cannot be compensated until they submit the Mental Health Provider Questionnaire and a copy of their license and meet the requirements for compensation through the program. This information can be found in the Mental Health Provider Guidelines found.
* Has the victim been approved for assessments? If so, the victim would have received notice of this.
* Has the Mental Health Treatment Plan or extension been approved by the CVC Board? If so, the victim and treating therapist would have received notice of this.
* Was the invoice submitted by the 1st of the month?
* Is there a current, unused encumbrance available? If not, the therapist may need to submit a treatment plan or treatment plan extension request for award consideration.

**What rate does CVC pay?**

$140 per individual session

$70 per group/family session

**How much money is available?**

The Board limits funds to $4700 for a primary victim and $3600 for a secondary victim. These funds are approved in stages.

**What other services does CVC help cover?**

Medical/Dental bills

Medically necessary devices (eyeglasses, dentures, hearing aids, prosthesis)

Funeral/Burial expenses and travel for funeral

Repair or replacement of exterior doors, locks, windows

Lost wages due to physical injuries

Loss of income due to a victim’s death

Crime scene clean-up

**Where do I send bills/invoices, treatment plans/extensions?**

1. Therapists may submit electronically, directly to the web-based victim portal (contact CVC program for access); or
2. Therapist may submit electronically by email to [vcomp@da17.state.co.us](mailto:vcomp@da17.state.co.us); or
3. Therapists may fax to 303-835-4165; or
4. Therapists may mail to:

Crime Victim Compensation

1000 Judicial Center Drive, Suite 100

Brighton, CO 80601

**I have a client that I believe qualifies for CVC assistance, where can we find an application?**

1. Victims/Claimants may submit a web-based application via the statewide Colorado Crime Victim Compensation Portal, which can be found at [www.covictimcomp.org](http://www.covictimcomp.org); or
2. Victims may download an application from our local 17th judicial website. The application can be found on the Applicants tab of our website: [www.crimevictimcompensation.org](http://www.crimevictimcompensation.org); or
3. We can mail a paper copy of the application upon request.

**Why hasn’t my client been approved for assessments yet?**

There could be several reasons…

* We could be waiting for a completed application.
* We may have difficulty locating and receiving a completed police report from law enforcement.
* It can take up to 60 days to be approved once we do receive a completed application and law enforcement report.

**My client hasn’t made an appointment in quite a while, is that a problem?**

If there is a 6-month lapse or more in services, you will be required to submit a new Treatment Plan for Board consideration.

**My client is moving out of state, can I continue to treat them via an online platform or by telephone?**

CVC cannot pay for treatment via telephone, however if you use an online platform that meets the statutory and regulatory requirements established by the licensing board overseeing the treating mental health provider and is in alignment with HIPPA rules and regulations, the Board will allow it.

**Does every therapist in my therapy practice have to submit a questionnaire?** Yes, qualification for payment through the CVC program is based on individual therapist’s qualifications, therefore each therapist providing CVC funded therapy in the 17th JD must complete and submit the 17th JD Mental Health Provider Questionnaire form.

**Who can I contact if I have questions?**

17th Judicial District Victim Compensation Program

1000 Judicial Center Drive, Suite 100

Brighton, CO 80601

Phone: 303-835-5690

Email: [vcomp@da17.state.co.us](mailto:vcomp@da17.state.co.us)

[www.crimevictimcompensation.org](http://www.crimevictimcompensation.org)