Crime Victim Compensation Board

Mental Health Therapist Information

23rd Judicial District of Colorado

Dear Valued Mental Health Professionals,

Thank you for your interest in, and commitment to, serving crime victims in the 23rd Judicial District. Your services are incredibly valuable and much-needed for victims of crime in our community as they begin to heal.

As of January 14, 2025, the 23rd Judicial District is a newly formed district in the state of Colorado comprising of Doulgas, Lincoln, and Elbert counties. These counties, together with Arapahoe County, previously made up the 18th Judicial District. The 18th Judicial District is now solely comprised of Arapahoe County.

The enclosed information is intended as a resource for mental health providers working with the 23rd Judicial District Crime Victim Compensation (CVC) Program. It is your responsibility to review the attached policies and procedures before treatment is initiated as not all treatment is eligible for CVC funds. Additionally, policies and procedures may differ from the policies of the former 18th Judicial District.

Included below is a link to the Mental Health Professional Questionnaire. The questionnaire is used to compile a central database of mental health resources in the area in order to provide victims with therapist referrals who accept CVC payment. Completion of the questionnaire is *highly encouraged* but does not guarantee payment by the CVC Board.

https://forms.office.com/g/yRXEw7qcRS

We look forward to working together in the future. If you have any questions after reviewing this packet, please call our office at (720) 733 – 4580 or email <u>DAVictimComp@coda23.gov</u> and a member of the CVC Program will assist you. Written correspondence may be mailed to:

Office of the District Attorney C/O Crime Victim Compensation 4000 Justice Way, STE 2525A Castle Rock, CO 80109

Sincerely,

Crime Victim Compensation Board 23rd Judicial District

STATUTORY REQUIREMENTS FOR VICTIM ELIGIBILITY

The Crime Victim Compensation Board *may* waive some of the following requirements for good cause or in the interest of justice:

- 1. The victimization occurred on or after July 1, 1982.
- 2. The crime occurred within the 23rd Judicial District (Doulgas, Lincoln, or Elbert Counties) and was report on/after 1/1/2025.
- 3. The crime must be one in which the victim sustains mental or physical injury, death, or property damage to exterior residential doors, windows, or locks.
- 4. The crime must be reported to a law enforcement agency, or a forensic exam must be completed with a licensed medical provider.
- 5. A completed application for compensation must be submitted to the Board.
- 6. The victim must reasonably cooperate with law enforcement in the apprehension and prosecution of the alleged offender.
- 7. The injury or death of the victim was not the result of the victim's own wrongdoing or substantial provocation of the alleged offender.

REASONS FOR CLAIM DENIAL

- 1. Lack of a compensable crime
- 2. Lack of a compensable loss
- 3. Wrongful act
- 4. Contributory conduct
- 5. Provocation
- 6. Request is not related to the crime
- 7. Request is not reasonable

CRIME VICTIM COMPENSATION APPLICATION PROCESS

- 1. The victim must submit a completed application form to our office. Once received, the victim will be assigned a claim number and will receive a letter or email confirming receipt of the application and the contact information of the assigned claim specialist.
- 2. CVC staff will request a copy of the corresponding police report and review to determine if all eligibility requirements have been met.
- 3. The CVC Board guarantees payment of up to three sessions for the purpose treatment planning. The Board has adopted a unique treatment plan form and all requests for therapy must be made using this form. The Board will not review the victim's claim until the completed treatment plan is received.
- 4. The CVC Board meets the last week of each month. Due to claim volume, treatment plans typically take 45-60 days to process.
- 5. The victim will be sent written notice of the CVC Board's decision. If the request is denied, the victim has the right to request reconsideration.
- 6. If the request is approved, the therapist may submit itemized invoices directly to the CVC Program. Payment of approved sessions will be made each month following the Board's regularly scheduled meeting.
- 7. If the victim has exhausted the awarded sessions and additional treatment is needed, the therapist may request an extension. The CVC Board has adopted a unique extend treatment plan form and all requests for additional therapy must be made using this form.
- 8. The CVC Board will review the request for an extension at the next regularly scheduled meeting and the victim will be sent written notice of the Board's decision.
- 9. If there is a 3 month or more lapse in services, a new extend treatment plan may be required to resume therapy. Additionally, if the victim previously ended treatment without utilizing all awarded sessions and would like to return to treatment, the therapist must submit a new extend treatment plan clearly outlining the reason for reengaging in therapy.

PAYMENT POLICIES AND BILLING INFORMATION

Invoices may be submitted in any format; however, all invoices must be itemized and include the following information:

- 1. Client Name
- 2. Client Claim Number
- 3. Date(s) of service
- 4. A CPT Code or other notation of the length of the session
- 5. Amount charged per session

The Board has adopted the following rates by session type**:

Individual/Family Session	\$120.00 per hour
Individual/Family Session conducted by an intern	\$60.00 per hour
Group Session	\$40.00 per hour

**Sessions billed at an hour must be at least 45 minutes in length. Sessions less than 45 minutes will be counted as half sessions and paid at half the established rate.

The Board strongly urges therapists to accept payment by the CVC Board as payment in full for the rendered services. If the therapist is unable to accept as payment in full, the therapist must notify the victim prior to initiating services there may be an out-of-pocket cost owed by the victim. The victim always has the right to seek out a therapist who bills within the session limits set by the Board.

CVC is the payor of last resort by law and all expenses eligible for CVC must be billed to the victim's insurance, if available. The Board will then consider payment only of the victim's remaining patient responsibility, up to the session limit. An Explanation of Benefits form must be submitted with the corresponding invoice(s).

The Board recognizes there may be barriers in obtaining victim-specific mental health services through insurance providers and will authorize victims to receive mental health services outside of their insurance coverage on a case-by-case basis.

ADDITIONAL MENTAL HEALTH POLICIES

GENERAL INFORMATION

The purpose of the CVC fund is to assist crime victims with short term needs and initiating services. The CVC fund is not meant to provide long-term funding. Unfortunately, financial constraints and a significant demand for services prevent the fund from being able to provide assistance throughout a victim's entire recovery process.

In addition to fiscal policies, the Board must also work within the parameters of state law and program standards while prioritizing the best interests of victims. The Board reserves the right to amend their policies at any time to ensure the availability of funds and continue to meet the ever-changing needs of the community.

SESSION LIMITS

Both primary and secondary victims are eligible for CVC but the number of sessions a primary and secondary victim is eligible for differs. Families of homicide victims are considered primary victims for the purpose of this policy. The Board has adopted the following policy for session limits:

	Initial	Extension	Group	Court Support
Primary	25 Sessions	25 Sessions	15 Sessions	10 Sessions
Secondary	25 Sessions	10 Sessions	15 Sessions	10 Sessions

PROOF OF LICENSURE

Therapists must be licensed in the state of Colorado or directly supervised by a licensed mental health professional in the state of Colorado.

If the victim or therapist resides in a different state, the therapist must follow the licensure requirements for the state the victim is currently residing in. The Board may request proof of licensure and a current resume at any time.

If the therapist and client reside in states participating in the Interstate Counseling Compact, the therapist may provide services to the client with proof of Privilege to Practice.

TELEHEALTH THERAPY

Therapists may conduct therapy sessions virtually in lieu of in-office visits. Sessions must be face-to-face and conducted through a HIPAA compliant platform. Proof of HIPAA compliance may be requested.

INTERPRETER SERVICES

The Board may pay for interpreter services if the victim requires accommodation due to a language barrier or hearing impairment. The victim is responsible for scheduling interpreter services.

COURT SUPPORT

Victims engaged in criminal court proceedings are eligible for an award of court support sessions to assist them in processing their involvement in the criminal justice system. The therapist does not need to complete a treatment plan but must submit a letter documenting the need for the sessions. This is a one-time award.

VICTIM-PERPETRATOR THERAPY (CLARIFICATION)

The Board may consider payment of the victim's portion of sessions attended with the alleged offender for clarification only on a case-by-case basis.

ALTERNATIVE MENTAL HEALTH

The Board may consider non-traditional therapy modalities on a case-by-case basis. The Board requires documentation of how the request is related to the crime.

CHANGING THERAPISTS

Victims have the right to change service providers at any time, however, previously approved sessions are not transferable. A new therapist must complete and submit a new treatment plan form.

TREATMENT PLAN FORMS

Therapists are required to use the forms provided by the CVC Program. Forms will differ between each Judicial District and using a form from the wrong district may result in delays in processing. Please contact our office to verify a claim has been filed or if you need contact information for a different district.

Treatment plans must be crime-specific, and a plan must be submitted for each victim being treated. There must be a direct relatedness between the need for services, current symptomology, and the reported crime.

Treatment plan forms must be typed. Handwritten forms will be considered incomplete and will be returned to the therapist without being reviewed. There is no text limit for any section on the form and sections should automatically expand as you type. There should not be a need to make adjustments to any field(s) or margin(s). If the therapist is unable to complete the form as provided, they should contact our office for assistance.

A response should be recorded in each section. Failure to respond to each section will result in delays in processing.

The treatment plan must be signed by the victim (or parent/guardian if the victim is under 18 years of age), the therapist, and the therapist's supervisor if the therapist is an intern or is unlicensed. Unsigned treatment plans may result in delays in processing.

The therapist may attach additional documents if they wish to provide information not disclosed on the treatment plan form.

2025 BOARD MEETING CALENDAR

DISCLAIMER: All Board meeting dates are subject to change. Best efforts will be made to process all treatment plans received prior to the Board meeting date; however, it is not guaranteed a claim will be reviewed by the Board in any given month. Delays in claim processing will be communicated with the therapist.

01/28/2025
02/25/2025
03/25/2025
04/29/2025
05/27/2025
06/24/2025
07/29/2025
08/26/2025
09/30/2025
10/28/2025
11/25/2025
12/30/2025