

Vermont Center for Crime Victim Services
58 South Main Street, Suite 1
Waterbury, VT 05676-1599
www.ccvv.vermont.gov

[phone] 802-241-1250
[phone] 800-750-1213
[fax] 802-241-1253 (Victims Compensation only)
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SEXUAL ASSAULT PROGRAM MENTAL HEALTH POLICY

INTRODUCTION

If, as a result of a sexual assault examination as defined by statute, V.S.A. 32 §1407(b), the alleged victim has been referred for mental health counseling, the Sexual Assault Program shall bear any costs of mental health counseling not covered by the victim's health insurance. The victim's insurance must be billed first and any co-payment, coinsurance, and/or deductible amounts up to the Program's policy limits will be considered. The Sexual Assault Program can consider payment of up to 20 sessions of crime related mental health counseling. **The victim is not required to report the sexual assault to law enforcement.**

VICTIM ELIGIBILITY

Once the Sexual Assault Program has received the sexual assault billing form from a health care provider or health care facility verifying that a sexual assault examination was performed, the Sexual Assault Program can then consider payment of counseling. The victim must contact the Sexual Assault Program Specialist at the Vermont Center for Crime Victim Services to initiate the counseling process. Once the sexual assault victim has provided the Program with the name and phone number of the counselor that they choose, the Program will contact the counselor to set up payment.

ELIGIBLE MENTAL HEALTH PROVIDERS

The Program will pay only for allowable services rendered by providers who are licensed in the state that they practice, or registered on the Vermont roster of non-licensed and non-certified psychotherapists. This list may include:



- Licensed psychologist or licensed psychiatrist;
- Licensed clinical social worker or mental health counselor;
- Psychiatric nurse clinician;
- Certified school counselor, M.Ed.;

An emergency services screener working at a mental health agency designated by the State of Vermont who works under the supervision of a licensed psychologist, psychiatrist, clinical social worker, or mental health counselor.

The counselor must notify the Sexual Assault Program if their license or roster becomes inactive, revoked, or conditioned in the state in which they practice. A counselor must also inform the Sexual Assault Program immediately, in writing, if charges are ever filed against them by the Office of Professional Regulation.

PAYMENT PROCEDURES

Counseling costs will be paid upon submission of a bill for services rendered which includes the provider's address/billing data, appropriate CPT billing code including minutes, and specific dates that the provider saw the client for each individual or group counseling session. If the victim has insurance an explanation of benefits from the insurance company for each date of service billed must be submitted with the itemized bill. The Program will not consider payment for the following:

1. Missed appointments
2. Court appearances
3. Travel time
4. Report writing
5. Interest charged on outstanding balances
6. Advocacy functions
7. Crisis telephone counseling
8. Case management

GUIDELINES & FEE SCHEDULE

The Sexual Assault Program will pay for up to a maximum of 20 mental health counseling sessions, either individual or group, relative to the sexual assault according to the following schedule: **45-59 minute individual session held after July 1, 2008 will be paid at a maximum rate of \$70.00 per session for an uninsured victim. Individual sessions will be pro-rated according to the length of the session based on the above rate. \$35 is the maximum rate per group session. Group sessions are paid at a flat rate and will not be prorated.**

If the victim has insurance the Program will pay applicable coinsurance, copayment, and/or deductible amounts up to \$70.00 per individual session or \$35.00 for group session as out lined on the explanation of benefits from the insurance company. Counseling bills must be submitted to the client's insurance company first before submission to the Victims Compensation Program. Providers who are contracted with an insurance company to accept the insurance company payments as "payment in full" cannot bill the Victims Compensation Program for the difference in the amount billed versus the allowable amount that is paid. Coinsurance, copayments and/or coverage of deductibles are allowed, as long as charges do not exceed the Program policy maximums stated above.

TREATMENT PLANS

To be eligible for payment of counseling expenses, a counselor must submit a Sexual Assault Program Mental Health Treatment Plan. Such treatment plans will be approved for up to a maximum of 20 sessions and must be submitted after the initial four sessions of treatment. The Program will pay for up to four sessions prior to the receipt of the treatment plan. The first four sessions are considered part of the 20 sessions of the treatment plan.

CHILD VICTIMS IN DEPARTMENT OF CHILDREN AND FAMILIES (DCF)

CUSTODY Please note that the Sexual Assault Program will not pay for counseling of those children who are in the custody of the Vermont Department of Children and Families that have been sexually assaulted.

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Sexual Assault Program Mental Health Treatment Plan

Introduction: If, as a result of a sexual assault examination as defined by statute, V.S.A. 32 §1407(b), the alleged victim has been referred for mental health counseling, the Sexual Assault Program shall bear any costs of mental health counseling not covered by the victim's health insurance. The victim's insurance must be billed first and any co-payment, coinsurance, and/or deductible amounts up to the Program's policy limits will be considered as outlined in the Sexual Assault Mental Health Policy. The Sexual Assault Program can consider payment of up to 20 sessions of crime related mental health counseling. The sexual assault program specialist will contact you to let you know when a victim is eligible to receive counseling through this Program. **The victim is not required to report the sexual assault to law enforcement.**

Provider Information

Name: _____
Address: _____
Telephone number: _____
Email: _____
License/Certification Number: _____

Client Information

Victim Name: _____
Date of Sexual Assault: _____
Does the victim have insurance? yes no
Insurance carrier name: _____
If you are not billing victim's insurance, please explain: _____

Date of initial session: _____



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Treatment Information

(Please check one) _____ Individual Counseling _____ Group Counseling

Diagnosis: _____

Please briefly describe the client's symptoms related to the sexual assault:

What are the goals of the treatment:

- 1.
- 2.
- 3.

Provider Agreement

I certify that the treatment being billed to the Sexual Assault Program for the above-named client focuses directly on the crime of sexual assault and is trauma/crisis oriented. I have read the Sexual Assault Mental Health Policy and agree to abide by the conditions in this policy.

I also understand that the Sexual Assault Program is last payer, and acknowledge that I must bill the client's insurance first, unless otherwise agreed upon with the Sexual Assault Program.

I agree to notify the Program if my license or roster becomes inactive, revoked, or conditioned in the state in which I practice. I also agree to inform the Sexual Assault Program immediately in writing if charges are ever filed against me by the Office of Professional Regulation.

Provider Signature: _____

Date: _____

(Page 2 of 2) (March 2016)

