

**STATE OF UTAH
CRIME VICTIM REPARATIONS**

350 E 500 S Suite 200
Salt Lake City, Utah 84111

Mental Health Evaluation & Treatment Plan



FOR CVR USE ONLY

☐ Plan Approved for treatment with: _____

☐ Plan Disapproved

☐ Copy of Plan Mailed to Provider _____

Award: ☐ Primary victim award*
☐ Secondary victim award*

Comments:

*See last page for session/dollar award amount

TO BE COMPLETED BY THERAPIST

Claims Analyst or
Reparation Officer

Date

1. Patient name _____ Birth date _____

2. Patient address _____

3. Indicate whether primary victim ☐ or secondary victim ☐ CVR Claim No. _____

4. Source of Referral: DCFS ☐ Insurance Carrier ☐ Physician ☐ Other ☐

5. Describe the criminal incident that has affected THIS patient AND how this patient's current level of functioning has been affected by the crime.

6. With SPECIFIC DETAIL, describe how treatment addresses the DIRECT effect of the crime.

7. Multiaxial Evaluation Report.

AXIS I: Clinical Disorders

Diagnostic Code

DSM-IV Name

_____. ____

.

_____. ____

State SPECIFICALLY and separately the patient=s symptoms that support this diagnosis; include time of onset.

AXIS II: Personality Disorders ~ Mental Retardation

Diagnostic Code

DSM-IV Name

_____. ____

_____. ____

State SPECIFICALLY and separately how these conditions relate to the criminal incident and/or any anticipated effect they might have on the psychological recovery of the patient.

AXIS III: General Medical Conditions

(only those conditions derived from the criminal incident or that are specifically relevant to treatment)

ICD-9-CM Code

ICD-9-CM Name

_____. ____

_____. ____

Discuss anticipated effect medical condition might have on patient=s psychological recovery

AXIS IV: Psychological and Environmental Problems

Check all applicable statements

☐ Problems with primary support group

☐ Housing problems

☐ Problems related to the social environment

☐ Economic problems

☐ Educational problems

☐ Problems with access to health care services

☐ Occupational problems

☐ Other psychosocial and environmental problems

☐ Problems related to interaction with the legal system/crime

(AXIS IV Continued)

You must explain each problem checked AND specify the following for each applicable statement.

1. General date of onset.
2. Is the problem a direct result of this criminal incident? Specify in detail how this problem relates to the crime.
3. Was the problem pre-existing but has been exacerbated by the crime? Specify in detail how the criminal incident has affected this problem.

AXIS V: Global Assessment of Functioning Scale

1. SCORE __ __ __ (highest level past year -estimated-)
 2. SCORE __ __ __ (on admission)
 3. SCORE __ __ __ (at discharge)
-
8. Describe SPECIFIC treatment goals for this TRAUMA patient, AND, the SPECIFIC AND DETAILED methods of accomplishing those goals. Include frequency, duration and review dates in your description.

G Treatment goals have been explained and reviewed with the patient/guardian.

9. Please provide the following information for the therapist performing the treatment.

- a. Full Name: _____
- b. Credentials: _____
- c. Agency: _____ Street: _____
City: _____ State: _____ Zip: _____ Phone Number: () _____
- d. Describe any SPECIFIC training or knowledge in the treatment of trauma victims:
- e. Utah Professional License Number of Therapist Performing Treatment: _____
- f. Federal Tax ID or Social Security Number of Provider: _____

NOTE: If therapist is "registered" with and/or has a temporary license but is not fully licensed with the State of Utah Department of Commerce Division of Professional & Occupational Licensing, the full name and signature of the licensed supervisor must be provided. Student interns are not eligible providers.

Signature of Therapist Performing Treatment: _____ Date: _____

Print Licensed Supervisor name (if necessary): _____

Signature of Licensed Supervisor (if necessary): _____ Date: _____

GUIDELINES FOR MENTAL HEALTH PROVIDERS

Effective July 8, 2009

The following guidelines apply to individual=s awarded mental health benefits through the CVR program.

1. Primary victims will be eligible for the lessor of 25 aggregate individual and/or group counseling sessions or \$2,500 maximum mental health counseling award.
2. Secondary victims will be eligible for the lessor of 15 aggregate individual and/or group counseling sessions or \$1,250 maximum mental health counseling award.
3. The cost of an evaluation will be limited to \$300 and is considered part of the maximum mental health award.
4. Insurance must be billed prior to submitting billings to CVR and primary insurance guidelines must be followed. This office will not cover Medicaid eligible parties.
5. Extenuating circumstances justifying counseling beyond the above limitations may be submitted by the mental health provider for consideration. A volunteer Peer Review Committee will review claims that warrant consideration of counseling beyond the maximum limits.
6. CVR claims are open for three years from the date of application.
7. Approval of this treatment plan does not constitute a contract with the State of Utah.

Payment of mental health therapy shall only be considered when treatment is performed by a licensed mental health therapist based upon an approved Treatment Plan. The following maximum amounts shall be payable for mental health counseling:

- G up to \$130 per hour for individual and group therapy performed by licensed psychiatrists and up to \$65 per hour for group therapy;
- G up to \$90 per hour for individual and family therapy performed by licensed psychologists and up to \$45 per hour for group therapy;
- G up to \$70 per hour for individual and family therapy performed by a licensed master=s level therapist or Advanced Practice Registered Nurse and up to \$35 per hour for group therapy.

NOTE: These rates also apply to therapists working toward a license who are supervised by a licensed therapist. The rates apply to the individuals performing therapy and not those supervising treatment.