



UTAH OFFICE FOR VICTIMS OF CRIME

Crime Victim Reparations Program

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

Mental Health Evaluation & Treatment Plan

TO BE COMPLETED BY THERAPIST

1. Patient name _____ Birth date _____

2. Patient address _____

3. Indicate whether primary victim () or secondary victim () UOVC Claim No. _____

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

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

6. Diagnostic Criteria for Direction of Treatment

ICD Code	Disorder, Subtype and Specifiers
____.____	_____
____.____	_____
____.____	_____

State **SPECIFICALLY** and separately the patient's symptoms that support this diagnosis.

Please explain any environmental problems that are affecting the patient.

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.

7. 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

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

8. 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 March 26, 2015

The following guidelines apply to individuals awarded mental health benefits through the UOVC program.

1. The victim's primary insurance or Medicaid must be billed prior to submitting claims to UOVC and all primary insurance guidelines must be followed. The therapist must be affiliated with the victim's primary insurance and include an Explanation of Benefits from the primary insurance carrier when submitting claims to UOVC.
2. 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.
3. 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.
4. The cost of an evaluation will be limited to \$300 and is considered part of the maximum mental health award.
5. UOVC claims are open for three years from the date of application.
6. 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:

- up to \$130 per hour for individual and group therapy performed by licensed psychiatrists and up to \$65 per hour for group therapy;
- up to \$90 per hour for individual and family therapy performed by licensed psychologists and up to \$45 per hour for group therapy;
- 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.