



**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 For Adults

TO BE COMPLETED BY THERAPIST

1. Patient Legal Name: _____ Preferred Name: _____

2. Patient Address: _____ Birth Date: _____

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

4. Describe the criminal incident and how the client's functioning has changed as a result of the crime:

1. Brief description of the crime, including approximate date of occurrence.
2. List any symptoms that have arisen as a direct result of the crime and impact on current level of functioning.
3. General date of symptom onset.
4. Was the problem pre-existing but has been exacerbated by the crime? If yes, please specify in detail how the criminal incident has affected this problem.

5. Diagnostic Criteria for Direction of Treatment:

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

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

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 victims and/or the treatment modalities listed above.
- 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 family 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.