

**CRIME VICTIMS COMPENSATION PROGRAM
POLICY MANUAL**

ALPHA INDEX

REVISED 6-19-08

SUBJECT	POLICY NUMBER
<u>Addressing Private Collection Actions</u>	2.02
<u>Approval of Self-Defense Programs as a Treatment Measure</u>	3.13
<u>Attendant Care – Non-Agency, Non-Professional</u>	3.24
<u>Burial Expenses</u>	3.18
<u>Claim Eligibility</u>	3.00
<u>Claimant Travel Expenses</u>	3.15
<u>Claims Suspended for Statutory Requirements</u>	3.21
<u>Counseling for Immediate Family Members of Homicide Victims</u>	3.02
<u>Crisis Response for Multiple Victim Incidents</u>	3.28
<u>Good Cause for Filing Applications Beyond Two Years</u>	3.16
<u>Independent Mental Health Evaluations</u>	3.30
<u>In-Patient & Residential Mental Health Admissions</u>	3.10
<u>Insurance Management</u>	3.32
<u>L&I Employee and Family Members' Claims</u>	3.09
<u>Protests</u>	3.22
<u>Sexual Assault Examinations and Counseling</u>	2.00
<u>Signatures on Applications for Benefits</u>	3.17
<u>Table of Contents By Type of Policy</u>	TOC

<u>Telephone Guidelines</u>	4.01
<u>Unjust Enrichment</u>	3.05
<u>Washington Resident Victims of Crimes Committed Outside the State of Washington</u>	3.06

**CRIME VICTIMS COMPENSATION PROGRAM
POLICY MANUAL
TABLE OF CONTENTS**

REVISED 05-01-05

1. ADMINISTRATIVE POLICIES	Effective Date
2. BILL PAYMENT POLICIES	
2.00 Sexual Assault Examinations and Counseling	03-03-08
2.02 Addressing Private Collection Actions	12-15-97
3. CLAIMS POLICIES	
3.00 Claim Eligibility	06-03-96
3.02 Counseling for Immediate Family Members of Homicide Victims	07-24-00
3.05 Unjust Enrichment	06-03-96
3.06 Washington Resident Victims of Crimes Committed Outside the State of Washington	08-30-99
3.09 L&I Employee and Family Members' Claims	06-23-08
3.10 In-Patient & Residential Mental Health Admissions	09-11-00
3.13 Approval of Self-Defense Programs as a Treatment Measure	06-03-96
3.15 Claimant Travel Expenses	07-22-01
3.16 Good Cause for Filing Applications Beyond Two Years	12-16-98
3.17 Signatures on Applications for Benefits	05-01-05
3.18 Burial Expenses	11-29-04
3.21 Claims Suspended for Statutory Requirements	07-28-04

TABLE OF CONTENTS

Page 2

<u>3.22 Protests</u>	10-01-97
<u>3.24 Attendant Care – Non-Agency, Non-Professional</u>	04-01-99
<u>3.28 Crisis Response for Multiple Victim Incidents</u>	04-16-01
<u>3.30 Independent Mental Health Evaluations</u>	08-01-00
<u>3.32 Insurance Management</u>	07-28-04
4. CUSTOMER SERVICE POLICIES	
<u>4.01 Telephone Guidelines</u>	05-01-00

POLICY 2.00

SECTION: ALL CVC STAFF

EFFECTIVE: 03-03-08

TITLE: Sexual Assault Examinations
And Counseling

CANCELS: 03-19-07

ALSO SEE: RCW 7.68.170

APPROVED BY: _____

Cletus Nnanabu, Program Manager
Crime Victims' Compensation Program

PURPOSE:

The Crime Victims Compensation Program has the responsibility to pay for the physical examination of any victim of sexual assault, in accordance with RCW 7.68.170. This examination must be performed for the purpose of gathering evidence for possible prosecution.

POLICY:

It shall be the policy of the Crime Victims Compensation Program, to pay costs of a sexual assault examination for the purposes of gathering evidence for possible prosecution.

- The victim of such assault need not have filed an application for benefits with the Crime Victims Compensation Program, and need not have reported the sexual assault to police.
- The department is the primary payer for emergency sexual assault examinations covered under RCW 7.68.170. Providers are required to bill the Crime Victims Compensation Program for the charges of these examinations. Providers may not bill the victim's medical insurance or any other collateral resource available to the victim, including public assistance, for the allowed costs of these examinations.

- Transportation costs to the site of the sexual assault examination are not payable under RCW 7.68.170 and may only be considered if the victim files an application for benefits and that application is allowed.
- Certain costs of treatment rendered at the time of the initial sexual assault examination are payable, including prophylaxis and vaccinations used to treat and prevent sexually transmitted diseases, emergency contraception, and other drugs and supplies deemed medically necessary in order to collect evidence for possible prosecution. Treatment for additional physical injuries sustained and/or follow-up care may be considered only if the victim files an application for benefits and that application is allowed.
- Counseling for Child Victims: In the event a child victim is unable to complete the physical sexual assault examination, after the examination has been initiated, a maximum of three counseling sessions may be authorized for the purpose of desensitizing the victim to the medical examination procedure. These counseling sessions should be billed and paid as part of the rape examination under code V71.5.

POLICY
ADDRESSING PRIVATE COLLECTION ACTIONS

SECTION: ALL CVC STAFF

EFFECTIVE: 12/15/97

CANCELS: none

**TITLE: ADDRESSING PRIVATE
COLLECTION ACTIONS**

CREATED: 3/24/97

SEE ALSO:

- RCW 7.68.080(2)(b),**
- RCW 51.04.030,**
- WAC 296-31-030(3)(h)**
- WAC 296-31-070(1)**
- WAC 296-31-080(1)**
- WAC 296-31-081**

APPROVED BY:

Cletus Nnanabu, Program Manager
Crime Victim's Compensation Program

PURPOSE:

To ensure that CVC staff provide consistent and accurate information to victims who have been sent to collections over bills which are payable by the Program.

POLICY:

CVC Program adjudicative staff to inform victims who have been sent to collections over a bill which is payable by CVC that it is our interpretation of the WACs that collection actions are not enforceable and that the victim has the right to hire an attorney to fight such actions, but the decision to do so is solely his or hers.

CVC staff will send to the victim, copies of any WACs and RCWs which are applicable to this issue.

CVC staff will call the provider and inform them that the bill is payable by CVC and suggest that they remove the victim from collection action. Staff may send the provider a copy of the WACs applicable to billing the victim for services which are payable by CVC.

CVC staff should not inform victims who have been sent to collections over a CVC bill that they will ensure that he or she is taken out of collections or that he or she will not be responsible for the collection fees.

CVC staff may suspend a provider from doing business with the Program if they consistently send victims to collections over bills which are payable by CVC.

POLICY 3.00

SECTION: ALL CVC STAFF

EFFECTIVE: 6-3-96

TITLE: CLAIM ELIGIBILITY

CANCELS: 12-28-92

ALSO SEE: RCW 7.68.020
RCW 7.68.060
RCW 7.68.070 (3) & (11)
WAC 296-30-010
WAC 296-30-060
PROCEDURE 3.00A
PROCEDURE 3.00B
POLICY 3.06
PROCEDURE 3.06

APPROVED BY: _____

Cletus Nnanabu, Program Manager
Crime Victims Compensation Program

PURPOSE:

The Crime Victims Compensation Program is a benefits program to serve victims of crime in the state of Washington. It is our role to look for ways to provide and obtain information so that claims can be allowed regardless of the status of budgetary resources.

POLICY:

The Crime Victims Compensation Program will develop and implement eligibility standards and procedures which reflect the statutory requirements included in the Revised Code of Washington (RCW) and rules enacted under the Washington Administrative Code (WAC).

Decisions will be protected from personal bias and prejudice by practicing fairness and objectivity within the scope of statutes, rules, policies and procedures that govern the Crime Victims Compensation Program. When information is requested, it must be of necessity to meet an eligibility requirement, with consideration for the victim's right to privacy confidentiality and dignity.

POLICY 3.02

SECTION: ALL CVC STAFF

EFFECTIVE: 04-07-05

**TITLE: COUNSELING FOR IMMEDIATE FAMILY
MEMBERS OF HOMICIDE VICTIMS**

CANCELS: 07-24-00

**SEE ALSO: RCW 7.68.070(17)
WAC 296-30-010**

APPROVED BY: _____

**Cletus Nnanabu, Program Manager
Crime Victims Compensation Program**

PURPOSE:

The Crime Victims Compensation Program has the responsibility to determine eligibility and monitor counseling for immediate family members of homicide victims.

DEFINITIONS:

- *Immediate family members:* Any claimant's parents, spouse, child(ren), siblings, grandparents, and those members of the same household who have assumed the rights and duties commonly associated with a family unit. (WAC 296-30-010)
- *Immediate, near-term consequences:* Related effects of the homicide on immediate family members.

POLICY:

- Counseling may not be authorized for the perpetrator of the crime.
- Counseling may be provided only to immediate family members of the victim.
- Only one Application for Benefits will be accepted for a deceased victim. All benefits will be paid under that claim number. Each family member applying for counseling will be asked to complete a Request for Survivor Counseling Benefits form.

- Our program can only cover counseling which assists in dealing with the immediate, near-term consequences of the homicide.
- Management of counseling for family members will be handled the same as it would for a victim.
 - Each must use their available insurance resources, both public and private.
 - Provider reports (Forms I through VI) will be required on each family member to monitor progress; monitoring letters will be used if the family member has insurance.
 - Sessions will be counted separately on each family member for the purpose of reports.
 - Mileage reimbursement may be authorized when appropriate.
- The homicide victim's claim does not need to remain open. Counseling for family members may be authorized and paid after the claim is closed.

**POLICY
UNJUST ENRICHMENT POLICY**

SECTION: ALL CVC STAFF

EFFECTIVE: 6/3/96

TITLE: UNJUST ENRICHMENT

CREATED: 11/15/95

SEE ALSO:

RCW 7.68.070 (15)

WAC 296-30-180

APPROVED BY: _____

Cletus Nnanabu, Program Manager
Crime Victims' Compensation Program

PURPOSE:

The Crime Victims' Compensation Program has the responsibility to determine how the unjust enrichment provision applies, as outlined in RCW 7.68.070 (15).

POLICY:

The department shall consider whether the unjust enrichment provision applies when:

1. The offender is related to the victim, lives in the same household as the victim, or it is demonstrated that the offender otherwise has control or influence over the victim's financial resources, and
2. Benefit payments are made to the victim, to the offender or to the offender on behalf of the victim, or
3. Benefit payments are made to a third party and the offender has control or influence over the resources of that party.

No payments shall be made for the sole benefit of an offender whether or not that offender has been convicted of the crime in a criminal court. For example, if a spouse applies for benefits as the survivor of a deceased victim, it is not necessary for the applicant spouse to have been convicted of the crime in a criminal court for the department to deny payment. If the department determines, more probably than not, that the applicants spouse is the offender, no payment shall be made.

Direct benefit payments shall not be withheld from an adult and competent victim who desires receipt of such benefits. For example, time loss and permanent disability benefits shall not be withheld from a spouse simply on the basis that he or she continues to live in the same household as the offending spouse.

Direct benefits shall not be paid to an offender who holds a legal custodian ship, a legal guardianship or a power of attorney over or for the victim. Such payments shall be subject to the third party trust or bank account provisions of WAC 296-30-180.

Benefits shall continue to be paid directly to service providers, in all cases, in accordance with WAC 296-30-180.

POLICY

SECTION: ALL CVC STAFF

EFFECTIVE: 8-30-99

**TITLE: WASHINGTON RESIDENT VICTIMS OF
CRIMES COMMITTED OUTSIDE THE
STATE OF WASHINGTON**

CANCELS: 6-3-96

SEE ALSO: RCW 7.68.020(2)

APPROVED BY:

**Cletus Nnanabu, Program Manager
Crime Victims' Compensation Program**

PURPOSE:

Crime Victims Compensation staff are responsible for the eligibility determination of Washington residents who are victims of crimes occurring outside the boundaries of Washington State.

POLICY:

" "Criminal act" means an act committed or attempted in this state which is punishable as a felony or gross misdemeanor under the laws of this state, or an act committed outside the state of Washington against a resident of the state of Washington which would be compensable had it occurred inside this state; and the crime occurred in a state which does not have a crime victims compensation program, for which the victim is eligible as set forth in the Washington compensation law, or an act of terrorism as defined in 18 U.S.C. Sec. 2331, as it exists on May 2, 1997, committed outside of the United States against a resident of the state of Washington, ..." (RCW 7.68.020(2))

"State" includes the District of Columbia, the Commonwealth or Puerto Rico and any other territory or possession of the United States. Crimes occurring within the special Maritime and territorial jurisdictions of the United States are also covered under this definition. These include crimes occurring aboard watercraft or aircraft within 200 miles of the coast of a state, or over a state. Territories and possessions of the United States include American Samoa, Guam, The Commonwealth of the Northern Mariana Islands, Virgin Island, Navassa, Wake Atoll, Midway Atoll, Johnson Atoll, Palmyra and Howland, Jarvis and Baker Islands. (Reference Federal Victims of Crime Act, 42 U.S.C. 10602, Section 1403 [8] [4])

“International terrorism” means activities that:

- Involve violent acts or acts dangerous to human life that are a violation of the criminal laws of the United States or any State, or that would be a criminal violation if committed within the jurisdiction of the United States or of any State;
- Appear to be intended to:
 - Intimidate or coerce a civilian population;
 - Influence the policy of a government by intimidation or coercion; or
 - Affect the conduct of a government by assassination or kidnapping; and
- Occur primarily outside the territorial jurisdiction of the United States, or transcend national boundaries in terms of the means by which they are accomplished, the persons they appear intended to intimidate or coerce, or the locale in which their perpetrators operate or seek asylum.

POLICY 3.09

SECTION: ALL CVC STAFF

EFFECTIVE: 6-23-08

**TITLE: L&I EMPLOYEE AND FAMILY MEMBERS'
CLAIMS**

CANCELS: 5-15-00

**SEE ALSO: RCW 7.68.140
Admin Policy 3.36**

APPROVED BY: _____

**Cletus Nnanabu, Program Manager
Crime Victims Compensation Program**

PURPOSE:

A Labor and Industries employee, or immediate family member, who, because of a criminal act becomes a claimant, shall be treated the same as any other crime victim claimant. Access to their claims will be restricted to help protect their confidentiality.

POLICY:

The Senior Claims Adjudicator (WCA5), or Program Manager's designee, will handle the management of any claim identified as an agency employee or members of the employee's immediate family.

"Immediate family" means the employee's spouse, children, parents, siblings, grandparents and those members of the same household who have assumed the rights and duties commonly associated with a family and who hold themselves out as a family unit.

CVC Management, in accordance with RCW 7.68.140 and Administrative Policy 3.36, will assure confidentiality of these claims. Claim files will be maintained in a locked cabinet, with limited access to CVC staff designated by the Program Manager.

Claims filed by a Labor and Industries' employee or an immediate family member may be identified at any stage during the initiation or adjudication process. Department employees, or often family members, are not always immediately identified.

If a claims manager discovers a claim in their caseload meets this criteria; they will *immediately* refer the claim to the WCA5. Any employee may send their claim in a confidential envelope directly to the WCA5 if they prefer. Once identified, these claims will be assigned a special category code E on LINIIS, which will restrict access only to designated staff.

To assure confidentiality, LINIIS procedures on these claims will be restricted to the WCA5 for claims management, and only those others designated by the program manager. All other CVC staff will be denied access to these claims and will get an "access to this claim is not authorized" message when inquiries are made in LINIIS. All inquiries regarding these confidential claims will be directed to the WCA5. Files can be checked out by one of the designated staff members only when there is a specific business need. A log will be kept in the file if the claim is reviewed by anyone other than the WCA5, with the name of the individual, date checked out and reason for review and date returned.

Claim files will be archived approximately six months after closure becomes final and binding, if there is no ongoing third party activity. When there is a change in personnel in the WCA5 position, all closed final and binding claims will be archived if there is no ongoing third party activity, prior to the start date of any new WCA5.

POLICY 3.10

SECTION: ALL CVC STAFF

EFFECTIVE: 9-11-00

**TITLE: INPATIENT & RESIDENTIAL MENTAL
HEALTH ADMISSION**

CANCELS: 6-3-96

SEE ALSO: Chapter 71.05 RCW
Chapter 71.24 RCW
WAC 296-31-010
WAC 293-31-016
WAC 296-31-069
WAC 296-31-070
WAC 296-31-073
WAC 296-31-085
PROCEDURE: 3:03

APPROVED BY: _____

**Cletus Nnanabu, Program Manager
Crime Victims Compensation Program**

PURPOSE:

The Crime Victims Compensation Program is required to evaluate and approve all mental health treatment and inpatient hospital admissions for mental health care.

POLICY:

A. Involuntary emergent inpatient admission:

1. CVCP staff will direct the provider or the victim to contact **911** emergency, the nearest emergency room, or a local crisis intervention program who can direct them to the county mental health professional or DSHS-designated professional contacts (DSHS designee).
2. Per the Community Mental Health Act under Washington State law, DSHS designees are available in every county to assess the victim and determine the need for involuntary emergent inpatient hospitalization. Statutory requirements for involuntary inpatient hospitalization include the following:

- a) Approval by the professional in charge of the hospital;
- b) Treatment be medically necessary;
- c) Certification by DSHS designated professional contacts (DSHS designee) or community Mental Health Professional (MHP); and
- d) The person is in imminent likelihood of serious harm to themselves or others or the person is gravely disabled. (See Attachment A)
- e) See Attachment B for reporting requirements.

B. Voluntary non-emergent admission:

1. Inpatient treatment for adults and children must be medically necessary.
 - a) Per CVCP, proper and necessary treatment is defined as:
(Per WAC 296-30-010)
 - Proper and necessary services for the diagnosis or rehabilitative treatment of the accepted condition;
 - Reflective of accepted standards of good practice within the scope of the provider's license, certification, or registration;
 - Not delivered primarily for the convenience of the claimant, the claimant's family, the claimant's attending provider, etc.
 - Curative or rehabilitative care that produces long lasting changes which reduces the effects of the accepted condition;
 - Provided at the least cost and in the least intensive setting of care consistent with the other provisions of this definition; and
 - Concluded once a claimant has reached a state of maximum improvement. Maximum improvement occurs when no fundamental or marked change in an accepted condition can be expected with or without treatment. A claimant's condition may have reached maximum improvement though it might be expected to improve or deteriorate with the passage of time. Once a claimant's condition has reached maximum improvement, treatment that results only in temporary changes is not proper and necessary. Maximum improvement is equivalent to fixed and stable.
 - b) Authorization for non-emergent inpatient (residential) treatment will only be allowed when the goal of such treatment is to stabilize the patient in order to facilitate a transition to a less intensive treatment setting. (WAC 296-31-010, also see The Community Mental Health Services Act, Chapter 71.24 RCW) Criteria for inpatient treatment should include but may not be limited to the following:
 - Ambulatory care or outpatient resources available in the community do not meet the treatment needs of the victim;

- Proper treatment of the victim's psychiatric condition requires services on an inpatient basis under the direction of a physician;
 - The inpatient services can be reasonably expected to improve the victim's condition or prevent further regression so that the services will no longer be needed; and
 - The victim must have been diagnosed as having an emotional/behavioral disturbance as a result of a mental disorder defined in the *Diagnostic and Statistical Manual of the American Psychiatric Association* (DSM), current edition at that time of the admission (not only or primarily a substance abuse related diagnosis.)
2. The DSM diagnosis or aggravation of the DSM diagnosis, resulting in the current need for inpatient admission must be related to the crime injury for which the claim was allowed.
 3. Inpatient admission must be approved by the CVCP claims manager.
 - a) Reporting requirements (See Attachment B)
 - b) Pre-authorization is required.
 - The claims manager must consider CVCP secondary status per RCW 7.68.030. Benefits under the Crime Victims Compensation Program are secondary to services available from any other public or private insurance.
 - c) Medical/mental health consultant review must be obtained:
 - All requests for non-emergent, inpatient (residential) treatment require review by the CVCP nurse consultant, or review by the CVCP staff psychologist, or an independent consultation by a counselor or psychologist or psychiatrist other than the attending counselor, or an Independent Mental Health Evaluation (IMHE).
 - d) The residential treatment facility must register and be approved by CVCP as a provider.
 - The facility must provide evidence of its license as a mental health facility by the appropriate authority in the state where it is located.
 - See Attachment C for other criteria to consider for authorization of services at a residential treatment facility.

POLICY: 3.10
Attachment A

COMMUNITY MENTAL HEALTH ACT CRITERIA
(Chapter 71.24 RCW)

The following criteria are only some of the elements considered by a DSHS designee in determining the need for inpatient treatment.

1. DSHS criteria for **involuntary** hospitalization for adults per the community mental health act includes the following:
 - a) Evaluation by a DSHS designee or county mental health professional to determine whether an adult is in imminent likelihood of serious harm.
 - i) The person is in imminent likelihood of serious harm if there is a substantial risk that:
 - physical harm will be inflicted by an individual upon his or her own person, as evidenced by threats or attempts to commit suicide or inflict physical harm upon oneself;
 - physical harm will be inflicted by an individual upon another, as evidenced by behavior which has caused such harm or which places another person or persons in reasonable fear of sustaining such harm; or
 - physical harm will be inflicted by an individual upon the property of others as evidenced by behavior which has caused substantial loss or damage to the property of others; or
 - ii) The person is also considered in imminent likelihood of serious harm if that individual has threatened the physical safety of another and has a history of one or more violent acts.
 - b) Evaluation by a DSHS designee or county MHP to determine if an adult is gravely disabled. He or she is gravely disabled if:
 - he or she is in danger of serious physical harm resulting from a failure to provide for his or her essential human needs of health or safety; or
 - he or she manifests severe deterioration in routine functioning evidenced by repeated and escalating loss of cognitive or volitional control over his or her actions and is not receiving such care as is essential for his or her health and safety.
2. For children 12 years of age and under, **involuntary** admissions may occur as stated in chapters 71.05 and 71.34 RCW if there is medical necessity to continue the minor's treatment on an inpatient basis and no lesser restrictive alternative for treatment exists.
3. Criteria for **voluntary** inpatient treatment for adults or minors must be medically necessary per DSHS definition of medical necessity.
 - a) Medically necessary treatment must be reasonably calculated to:
 - Diagnose, correct, cure or alleviate a mental disorder; or

- Prevent the worsening of mental conditions that endanger life or cause suffering and pain, result in illness or infirmity or threaten to cause or aggravate a handicap, or cause physical deformity or malfunction, and there is no adequate less restrictive alternative available.
- b) Voluntary inpatient treatment for children and adolescents will only be allowed when the treatment is medically necessary and the goal of such treatment is to stabilize the patient in order to facilitate a transition to a less intensive treatment setting.
- Residential mental health treatment for children and adolescents can be considered when the child or adolescent does not meet criteria for emergent hospitalization (imminent risk for harming self or others) but still requires 24 supervision.
 - The minor patient's ability to function would be impaired to the point that it is not intact enough to be safely managed at the outpatient level and the minor is considered an "at risk youth."
 - There would generally be a documented pattern of behaviors (such as aggression, running away, fire setting, violence, self destructive behaviors) in which there is potential (not imminent) threat to the safety of self or others.

CVCP REPORTING REQUIREMENTS
(WAC 296-31-010 and WAC 296-31-016)

The following reports are required prior to authorization of voluntary or involuntary inpatient hospitalization for mental health treatment.

1. Evaluation and treatment recommendations provided by the county designated MHP or DSHS designee must be included in the report to the program for all **involuntary** and/or emergent admissions.
2. The initial report should include DSM-IV Diagnoses on axes I-V, a treatment plan, medical opinion as to the causal relationship, on a more probable than not basis, between the need for inpatient treatment and the residuals of the crime injury for which the claim was allowed.
3. The initial report must also include the documentation to substantiate that hospitalization is the least restrictive environment for treatment.
4. A physician must perform the initial report.
5. A report should also be received from the attending counselor or mental health provider under the CVCP claim. This report should document the need for inpatient hospitalization and also provide an opinion as to the causal relationship, on a more probable than not basis, between the need for inpatient hospitalization and the residuals of the crime injury for which the claim was allowed.

POLICY: 3.10
Attachment C

CRITERIA FOR RESIDENTIAL TREATMENT FACILITIES

For a residential treatment program to be approved, all of the following are required:

1. Individual, group and family (if appropriate) therapy is required for a minimum of four hours a day and four days a week.
2. Physician involvement at least 3 times a week as part of an interdisciplinary team.
 - a) Physician can be a board-certified psychiatrist; OR
 - b) A physician with training and experience in the diagnosis and treatment of mental illness; AND a certified counselor who has a master's degree in clinical psychology; OR
 - c) A clinical psychologist who has a doctoral degree;
 - d) **AND** the team must include at least one of the following:
 - A psychiatric social worker
 - A registered nurse;
 - An occupational therapist who has specialized training or one year of experience in treating clients with mental illness;
 - A certified counselor with a master's degree in clinical psychology;
 - A mental health professional certified in accordance with chapter 275.57 WAC.
3. Nursing services must be available each treatment day and rendered at least weekly.
4. Treatment focus is symptoms and behavior stabilization, education in areas such as problem solving, anger management, assertiveness, and interpersonal communication and transition to a less intensive treatment setting.
5. Management of medication for full therapeutic effect and/or observation for possible side effects/toxicity. (This should not be the sole focus of treatment.)
6. Intensive individual, group, family and social therapy, which facilitates transition to less acute level of services.
7. Individualized treatment plan developed by the multi-disciplinary treatment team including the patient and the family, which targets symptom and behavior management goals and strategies within the first week of treatment and is reviewed/ revised weekly.

POLICY

SECTION: ALL CVC STAFF

EFFECTIVE: 6-3-96

TITLE: APPROVAL OF SELF DEFENSE
PROGRAMS AS A TREATMENT
MEASURE

CANCELS: 3-25-92

SEE ALSO: PROCEDURE/TASK 3.13 AB

APPROVED BY:

Cletus Nnanabu, Program Manager
Crime Victims' Compensation Program

PURPOSE:

The Crime Victim's Compensation Program has the duty and responsibility to explore alternative methods of treatment on behalf of innocent victims of criminal acts, as determined by the CVC program manger, consistent with RCW 7.68 and Mental health Rules.

POLICY:

Self-defense instruction can be a useful adjunct to mental health therapy in those cases involving treatment of innocent victims of crime. It is the intent of the Crime Victims' Compensation Program to ensure that any self-defense instructional program contain certain elements set forth as follows:

1. Self-defense instruction programs seeking approval for authorization and payment for services must make application to the Chief Claims Adjudicator of the Crime Victim's Section
 2. A description of skills to be taught which must be practiced so that techniques become an integrated life skull or dominant response.
 3. Provide and reinforce accurate sexual assault information for participants.
 4. Maintain realistic expectations about the future safety of the participant.
 5. Affirm that the use or non-use of learned techniques/skills does not constitute failure on the part of the victim.
- B. Employ staff with qualifications satisfactory to the Department, to include a teaching staff knowledgeable of the long-term effects of sexual assault and the needs of former victims who may be participants in the class.

- C. Provide proof of adequate liability insurance.
 - D. Agree to any test, probationary or demonstration period proscribed by the Department.
 - E. Accept, in entirety, the terms and conditions contained in this Policy.
2. NO PAYMENT MAY BE MADE FOR SELF-DEFENSE INSTRUCTION PROGRAMS UNTIL APPROVED BY PROGRAM MANAGEMENT OR SENIOR CLAIMS ADJUDICATOR.
 3. NO TRAVEL EXPENSES WILL BE ALLOWED FOR VICTIMS PARTICIPATING IN APPROVED SELF-DEFENSE PROGRAMS.

POLICY
CLAIMANT TRAVEL EXPENSE

SECTION: ALL CVC STAFF

EFFECTIVE: 07-22-01

TITLE: CLAIMANT TRAVEL EXPENSE

CANCELS: 03-30-92

SEE ALSO: PROCEDURE 3.15A
RCW 7.68.080
WAC 296-20-1103

APPROVED BY: _____

Cletus Nnanabu, Program Manager
Crime Victims' Compensation Program

PURPOSE:

The Crime Victims Compensation Program has the duty and responsibility to provide reimbursement for travel expenses incurred by innocent victims of crime in accordance with RCW 7.68.080(2[a]), and WAC 296-20-1103.

POLICY:

The Crime Victims Compensation Special Claims, Claims and Medical Adjudication Units shall provide reimbursement for travel expenses, consistent with agency directive, as defined below.

DEFINITIONS:

Emergent Travel:

This does not require prior authorization, provided that the claim is open and allowed.

1. Emergent Travel shall be defined as that required for transportation to a medical facility for treatment of a life-threatening or incapacitating physical or emotional condition.
2. Victims suffering from quadriplegia, paraplegia, paraplegia and other incapacitating neurological conditions which are accepted as related to the criminal act are eligible for reimbursement for emergency transportation costs.

3. Transportation to the nearest point of adequate treatment immediately after injury shall be deemed emergent, and may be reimbursed, provided the claim for benefits is allowed.

Non-emergent Travel:

1. Non-emergent transportation must be pre-authorized in those situations considered by the Program as not involving a life-threatening medical or emotional condition.
2. The most common modes of transportation which will be considered non-emergent are taxi-cab, bus, cabulance and private conveyance.
3. Under certain circumstances, program staff may also authorize payment for parking, bridge and ferry tolls, airfare and lodging expenses.
4. Examinations at the department's request.
5. Vocational services at the department's request.
6. Fitting of prosthetic devices.
7. Upon prior authorization for treatment when the claimant must travel more than 10 miles one way from their home to the nearest point of approved treatment. Travel is not payable when adequate treatment is available within 10 mile and the victim prefers a provider outside the area.

++PAYMENT FOR TRANSPORTATION SHALL BE MADE AT THE DEPARTMENT'S ESTABLISHED RATES.

++NO PAYMENT SHALL BE MADE FOR TRAVEL EXPENSES INCURRED BY RESIDENTS OUTSIDE OF THE STATE OF WASHINGTON, OR BORDERING STATES (OREGON AND IDAHO), UNLESS SPECIFICALLY AUTHORIZED. AN EXAMPLE WOULD BE AUTHORIZED TRAVEL FOR THE VICTIM TO ATTEND SPECIALIZED TREATMENT OR AN INDEPENDENT MEDICAL EXAMINATION ARRANGED BY PROGRAM STAFF.

Note: Travel expense on a closed or pensioned claim is not payable unless specifically authorized. An example would be authorized travel for the victim to attend an independent examination to address a request to reopen.

**POLICY
GOOD CAUSE FOR FILING APPLICATIONS BEYOND TWO YEARS**

SECTION: ALL CVC STAFF

EFFECTIVE: 12-16-98

**TITLE: GOOD CAUSE FOR FILING
APPLICATIONS BEYOND
TWO YEARS**

CANCELS: 4-1-97

CREATED: 3/24/97

SEE ALSO: RCW 7.68.060(1)(a)

APPROVED BY:

**Cletus Nnanabu, Program Manager
Crime Victim's Compensation Program**

POLICY:

Good cause for not filing an application within two years of the date the crime was reported to the police exists when the victim made a good faith effort to file an application and was prevented by circumstances beyond the victim's control from filing within the two years. Good cause also exists when the victim did not know that the CVC program exists. Examples of what constitutes and what does not constitute good cause are:

Good cause

Not good cause

1. The victim makes a good faith effort to file an application but the application is delayed by a victim/witness unit or by a medical or mental health service provider.
2. The victim is informed by a credible source, including a victim/witness unit, a service provider or a police department that he or she probably would not be eligible for benefits, or that CVC may not provide benefits to the victim.

1. The victim is aware of the program but can't establish a good reason for the late filing.
2. The victim waited until benefits were needed before applying for them.

Good cause

3. The victim has a reasonable fear of retaliation by the offender.
4. The victim has a language barrier.
5. The victim has a mental, physical or developmental disability.
6. The victim did not know that the CVC program exists.

Not good cause

3. The victim is incarcerated.
4. The victim first needed treatment after the two years has expired.

POLICY 3.17

SECTION: ALL CVC STAFF

EFFECTIVE: 5-1-05

TITLE: SIGNATURES ON APPLICATIONS FOR
BENEFITS

CANCELS: Policy
3.17 dated 4-1-98

SEE ALSO: RCW 7.68.070(2) & (17)

RCW 51.08.020

RCW 51.08.030

RCW 51.08.050

RCW 51.28.030

WAC 296-30-010

POLICY 3.02

PROCEDURE 3.17

TASK 3.17

APPROVED BY:

Cletus Nnanabu, Program Manager
Crime Victims Compensation Program

PURPOSE:

To ensure that applications for benefits are filed by appropriate parties.

POLICY:

Applications for benefits on fatal claims will be accepted from any party defined as a beneficiary in RCW 51.080.020, from immediate family members entitled to receive survivor counseling benefits under RCW 7.68.070(17) as defined in WAC 296-30-010, or any individual who has accepted responsibility for burial expenses. Applications will also be accepted from personal representatives of estates when such representative can identify an existing beneficiary or other person entitled to receive survivor counseling benefits.

Applications on fatal claims will not be accepted from any other party. This includes, but is not limited to, medical and burial expenses providers and officials of estates where no beneficiary or other party entitled to receive survivor counseling benefits can be identified.

POLICY: 3.17
Page 2
Effective: 4-1-98
Revised: 5-1-05

All applications for benefits must contain a signature by the victim or an appropriate party before any formal determination of eligibility is issued or before any payment of benefits is authorized.

The Crime Victims Compensation Program shall take all reasonable steps to allow minors 13 and older to file claims on their own behalf and the confidentiality of minors shall be preserved. No claim information will be released to a parent, or other legal custodian of a minor, without the written consent of the minor who has applied on his or her own behalf.

Signatures on applications by persons holding powers of attorney or legal guardianships will be accepted in lieu of signatures of victims who are incapacitated. A signature of a person appointed as an attorney in fact only will not be accepted.

POLICY 3.18

SECTION: ALL CVC STAFF

EFFECTIVE: 11-29-04

TITLE: **BURIAL EXPENSES**CANCELS: Policy 3.18
dated 5-15-00**ALSO SEE: RCW 7.68.020(7)**

RCW 7.68.070(4)

RCW 7.68.130

APPROVED BY: _____

**Cletus Nnanabu, Program Manager
Crime Victims Compensation Program**

PURPOSE:

The Crime Victims Compensation Program is responsible for paying allowable burial expenses arising from criminal acts.

DEFINITION:

Burial expenses mean any cost reasonably incurred as a result of the disposition of the remains of a deceased victim. This includes, but is not limited to, costs of funerals, cremations, burial plots, monuments and transportation of remains. This may also include other costs that are within the cultural tradition of the deceased or the family of the deceased.

POLICY:

- If burial expenses have been paid, reimbursement will be made to the person who made the payment. If no payments have been made, payment will be made to the service provider. In this instance, the provider will be added to the claim as an alternate recipient. When payment is made to a provider, the claims manager will send a copy of the burial letter to the person who made the arrangements. These copies are sent to provide notification of payment.
- If the charges are assigned to more than one provider, and the total exceeds the maximum payable, the maximum payable will be prorated among the providers.
- If a service provider, such as a funeral home, calls *only limited information* regarding claim status and burial benefits should be given.

- If burial expenses have been paid from a fund consisting of donations to assist the family of the deceased, CVC burial expense benefits will be paid to reimburse the fund. These funds will not be considered collateral or reduce the entitled benefit.
- If burial expenses are paid by funds contributed by a Native American tribe from tribal discretionary funds, CVC will treat such payments as expenses not incurred by the victim's survivors. In the case of such discretionary fund payments, CVC burial expenses will be computed by deducting such payments from total burial expenses and paying the balance to the limit of the CVC burial expenses maximum.
- Life Insurance proceeds in excess of \$40,000 will offset the allowed burial expenses, if the life insurance recipient is responsible for burial costs (RCW 7.68.130). Other collateral resources for burial will offset burial expenses. If the death results from a motor vehicle crime, the Special Claims Unit must determine that no offset exists *before payment* of burial expenses can be made.
- Any Social Security burial benefit will be deducted from the allowed burial expenses (RCW 7.68.020(7) and RCW 7.68.130).
- Burial benefits are not payable until claim eligibility has been determined.
- The following documentation is required:
 - a. Itemized statement of burial expenses, documentation of the payer(s) and the amount paid towards these expenses.
 - b. Statement of life insurance proceeds, if applicable.

POLICY 3.21

SECTION: ALL CVC STAFF

EFFECTIVE: 7-28-04

TITLE: CLAIMS SUSPENDED FOR STATUTORY REQUIREMENTS

CANCELS: 5-15-00

SEE ALSO: Policy and Procedure 3.00

APPROVED BY:

Cletus Nnanabu, Program Manager

Crime Victims Compensation Program

PURPOSE:

Our goal is to preserve the statutory time frames for crime victims who submit applications for benefits without sufficient information to render claim validity and/or eligibility yet the statutory time frames have not expired. This same principle applies to vehicular crime when there is not enough evidence to allow under RCW 7.68.020 (2)(a).

POLICY:

Reasonable efforts will be made to obtain the necessary information to make eligibility decisions for claims submitted to the department with insufficient information. Letters will be issued to claimants advising them of what information is needed for a decision and to provide them with options for how they want to be contacted throughout the statutory time frame.

Claims with insufficient information to make an eligibility decisions include the following:

- we are unable to determine if a crime has been reported to police
- hit and run vehicular crimes when the driver has not been found and there is not enough evidence to allow under RCW 7.68.020 (2)(a)
- vehicular assault without a conviction at the time of adjudication

Should the claimant provide the necessary information before the statutory time frames expire, or evidence becomes available to support a vehicular crime, the application-received date will remain the original date the application was received.

If the claimant fails to submit the required information within the statutory time frames, the claims manager will issue the appropriate denial Order and Notice.

POLICY 3.22

SECTION: ALL CVC STAFF

EFFECTIVE: 10-1-97

TITLE: PROTESTS

CANCELS: none

**ALSO SEE: RCW 7.68.110
RCW 51.52.050
Policy 3.00**

APPROVED BY: _____

**Cletus Nnanabu, Program Manager
Crime Victims' Compensation Program**

PURPOSE:

Our goal is to provide fair and timely resolution of disputes to department decisions.

POLICY:

Any decision made by the program in writing or by Order and Notice may be protested to the department for reconsideration by the claimant/beneficiary, appointed representative or provider. Protests must be received in writing within 90 days of communication of the decision. However, this does not preclude the department from reversing or modifying a decision entered in error provided the action is taken within the 90-day period.

CVC staff will review protest with fairness, objectivity, without bias and within the scope of statutes, rules, policies and procedures that govern the Crime Victims' Compensation Program. Additional information will be requested when necessary to make an appropriate decision.

An initial response (reverse, modify, affirm or abeyance order and a request for additional information) will be made to written protests within 14 days of receipt. Every effort will be made to resolve protest within 30 days, 90 days when additional information must be obtained.

Every protest will be reviewed by a second claims manager, other than the one making the original decision, before a decision is affirmed.

POLICY 3.24**SECTION: ALL CVC STAFF****EFFECTIVE: 6-10-07****TITLE: ATTENDANT CARE - NON-AGENCY, NON-PROFESSIONAL****CANCELS: 4-1-99****ALSO SEE: RCW 51.32.060
RCW 51.32.072
WAC 296-20-01002
WAC 296-10-091****APPROVED BY:**

**Cletus Nnanabu, Program Manager
Crime Victims' Compensation Program**

PURPOSE:

To establish a uniform and consistent method of establishing and paying for non-agency attendant care that addresses the individual needs of each CVC client.

DEFINITION:

Non-Agency, Non-Professional attendant care: Home care provided by individuals who are not employed by an agency. Caregivers can be family members or others who the client engages to perform non-skilled home nursing care services.

POLICY:

The Crime Victims' Compensation Program shall pay a benefit on behalf of CVC clients who require nursing care services that can be provided by non-agency, non-professional attendant care providers in the home setting.

Non-agency, non-professional attendant care may be authorized for new cases in which non-agency attendant care is identified as a service appropriate to address the CVC client's medical needs. The program covers proper and necessary attendant services that are provided consistent with the victim's needs, abilities and safety. The CVC Nurse Consultant must review this request. The Claims Manager will authorize this type of care based on a nursing evaluation and the CVC Nurse Consultant recommendation. The Claims Manager will note RLOG with the authorization including the provider's name, address and the authorized hourly rate.

All cases in which non-agency attendant care is currently being provided should be reviewed every other year unless the client's medical condition or circumstances warrant more frequent evaluations.

1. For Crime Victims claims, non-agency, non-professional attendant care providers must have a Crime Victims provider number. There is no licensing agency for non-agency attendant care. Non-professionals including family members may provide non-agency attendant care services. Providers must be at least 18 years old.
2. Non-agency attendant care providers are not employees of Labor and Industries. The client is the common law employer of non-agency attendant care providers. The CVC program is required by the Federal government to withhold certain payroll taxes from moneys paid to some non-agency providers. However, no employee-employer relationship exists between the CVC program and the non-agency attendant care provider.
3. For Crime Victims claims, the claims manager should refer all non-agency attendant care requests to the CVC Nurse Consultant before authorization. The Nurse Consultant will review the requests and make recommendations to claims managers on the covered, medically necessary care, required hours and duration of care to be approved on specific cases. The Nurse Consultant may request independent nursing evaluations to determine care needs. Claims Managers have the responsibility of authorizing or denying non-agency attendant care requests.
4. Only medically necessary home health care services are covered. Non-agency attendant care services must be medically necessary and due to the accepted injury. Examples of covered services are:
 - Bathing and personal hygiene
 - Dressing
 - Giving medications which can't be self-administered
 - Specialized skin care, including changing or caring for dressings or ostomies
 - Tube feeding
 - Feeding assistance (not meal preparation)
 - Mobility assistance including toileting and other transfers, walking
 - Turning and positioning
 - Changing or caring for IVs or ventilators**
 - Bowel and incontinent care

- Assistance with basic Range of Motion exercises

**only family members or licensed persons may perform these services

5. Certain services are not covered. Any service, which is not medically necessary due to the client's injury (including those listed as covered above), is non-covered. In addition, chore services are non-covered. This includes but is not limited to:
- Housecleaning
 - Laundry
 - Shopping
 - Recreational activities
 - Yard work
 - Child care
 - Transportation
 - Errands for the client

Note: Chore services may be covered under Medicare or other insurance. Chore services are considered everyday environmental needs, unrelated to the medical care needs of the client.

6. Non agency attendant care needs should be evaluated on a regular basis. Periodic independent nursing evaluations should be done to assure that clients with authorized non-agency attendant care:
- Are receiving quality care,
 - Have adequate equipment
 - Have care hours properly set
- Independent nursing evaluations should be done no less than every two years for clients with long-term care needs. The client's medical condition or circumstances may change. This may warrant more frequent evaluations. Clients may also request an evaluation if their care needs have changed.**
7. More than one home health or non-agency attendant provider may be authorized per claim. More than one provider may be authorized, based on the client's care needs and the availability of providers. There may be a mix of agency and non-agency care on a claim. Non-agency care providers are limited to a maximum of 70 hours per week per provider.

Exception: Exception to the 70 hour maximum per provider may be made based on an independent nursing assessment. The basis for exceptions will include documentation that care needs exceed 70 hours per week and access to additional provider(s) is not reasonable. The CVC nurse consultant will make this review.

8. Respite care for non-agency attendants may be authorized. Respite (relief) care for non-agency attendant providers may be authorized. The authorized care should not exceed the usual approved care for the client. Respite care providers must have or must obtain CVC provider numbers for Crime Victims claims. Respite care can be allowed for provider relief, vacations, illness, injury or personal emergencies.

Exception: If a nursing facility placement is required to meet the client's care needs during the respite care period, this may be authorized.

9. Non-agency attendant care services are paid at no less than CVC fee schedule rates using department established local codes. Hourly fee schedule rates are established for non-agency attendant care. These rates receive the same cost of living adjustment as other fee scheduled services. The rates apply to both in-state and out-of-state providers.
10. The CVC program does not pay extra for travel, holidays, overtime, shift differentials or weekends. The fee schedule rate applies to all care provided by non-agency attendant care providers.

POLICY 3.28**SECTION: ALL CVC STAFF****EFFECTIVE: 4-16-01****TITLE: CRISIS RESPONSE FOR MULTIPLE
VICTIM INCIDENTS****CANCELS:****SEE ALSO:****APPROVED BY:**

**Cletus Nnanabu, Program Manager
Crime Victims Compensation Program**

PURPOSE:

Across the country we have seen many incidents that result in multiple victims as the result of a criminal act (e.g., bombing of the federal building in Oklahoma, the Aurora bus accident in Seattle, school shootings at Columbine and many other schools, etc.). The program's goal is to provide access to benefits as timely for multiple victim incidents as happens for single victim incidents.

POLICY:

The Crime Victims Compensation Program (CVCP) will implement a crisis response process when the following elements are present at a crime incident:

1. A large number of people can be identified as primary or secondary victims.
2. There is a multiple agency response to the violent criminal act.
3. The victims may or may not be related.

The Program's crisis response process will include:

1. A contact person from the CVCP will be designated to facilitate:
 - a. Coordination of information between CVCP and other agencies.
 - b. Coordinated compilation of victims involved with the incident.
 - c. General coordination within CVCP to facilitate the processing of claims.
2. Provide timely and appropriate information about the program to agencies/individuals that are facilitating the on-site incident response.
3. All CVCP eligibility criteria remain in effect.
4. CVCP will accept a generic police report; one report for multiple claims from the same incident will be used.
5. Only under the most unusual of circumstances would CVCP's internal work routing process be adjusted because of a large scale incident.

POLICY 3.30**SECTION: ALL CVC STAFF****EFFECTIVE: 12-21-98****TITLE: INDEPENDENT MENTAL HEALTH
EXAMINATIONS****CANCELS:****ALSO SEE:****APPROVED BY:** _____**Cletus Nnanabu, Program Manager
Crime Victims' Compensation Program**

PURPOSE:

The purpose of requesting an Independent Mental Health Examination (IMHE) is to insure that mental health treatment is related to the crime injury and resulting condition(s), and the claimant is receiving effective treatment to resolve the crime injury-related condition(s). The IMHE may also be requested to determine if the claimant has reached maximum recovery from the crime injury, or if there is a related permanent impairment.

POLICY:

In requesting an IMHE, the Crime Victim's Compensation Program (CVCP) will be sensitive and respectful of the needs of the individual claimant. Effort will be made to arrange evaluation within reasonable commuting distance, with an evaluator who is skilled in both evaluation and treatment of individuals with similar injuries, diagnoses, and issues. The goal of the IMHE is to provide a measure for evaluation that will insure the best treatment possible for the individual claimant. In the process of doing so, an avenue for information and consultation is facilitated among all involved parties.

The CVCP will support and facilitate the IMHE in any way reasonably possible in order to maximize the potential for cooperation and success, as well as minimize the chances of significant disruption to the claimant. For example, the day and time of the evaluation meeting(s) will be arranged to fit the schedules of the claimant and evaluator through direct contact between them; the CVCP will arrange and pay for allowable travel assistance or mileage to and from the appointment(s) with the IMHE evaluator.

The IMHE procedure will include a consult with the treating clinician. The evaluator may also request permission from the victim to speak with significant others in order to gain additional insight into their functioning and therapeutic needs. The CVCP will provide a copy of the IMHE report to the treating clinician, and the claimant and/or clinician can share feedback regarding the recommendations made by the evaluator.

When there is disagreement between the conclusions and recommendation of the IMHE evaluator and the treating clinician, or concerns by CVCP staff, the CVCP will discuss options available, including negotiated treatment arrangements or another IMHE to provide a majority opinion.

Efforts will be made to continuously improve the IMHE process.

CVC ADMINISTRATIVE POLICY MANUAL

POLICY: 3.32

EFFECTIVE: 7-28-04

SECTION: ALL CVC STAFF

EFFECTIVE: 7-28-04

TITLE: INSURANCE MANAGEMENT

**CANCELS: Collateral
Review policy 3.32
dated 7-22-01**

ALSO SEE: RCW 7.68.130

RCW 7.68.070 (16)

RCW 7.68.020(6) & (7)

WAC 296-31-010(1)

WAC 296-30-010 (Proper and Necessary)

42 U.S.C. 10602, Section 1402(e)

APPROVED BY:

**Cletus Nnanabu, Program Manager
Crime Victims Compensation Program**

PURPOSE:

Under federal and state law, the Crime Victims Compensation Program (CVCP) is the payer of last resort. The CVCP works in partnership with crime victims, advocates, and providers to inform and ensure the program's status as the last payer.

CONCEPT:

- All insurance is treated the same, regardless of whether it is public or private.
- Services denied by the insurer are treated as requests for authorization.

POLICY:

The crime victim must first use any insurance (public or private), which is available to pay benefits. If a victim has insurance, CVCP will assume it covers the victim's medical needs unless we receive documentation from the insurance regarding coverage. The provider must first request authorization for services, procedures, or equipment from all available insurance the victim has. The victim and provider are responsible for following the rules of available insurance.

The insurance available on a claim affects every aspect of claim management (choice of provider, requirements to transition providers, appropriate authorization of treatment, provider reporting requirements, bill payment, etc.) and is the responsibility of the claims manager.

Other resources include Social Security (SSA/SSI), VA benefits, DSHS (Medicaid/Welfare), car/home insurance, Medicare, health insurance, life insurance, disability insurance, sick leave benefits, workers' compensation benefits, etc. Benefits include medical, time loss, funeral expenses, vocational rehabilitation and pensions.

EXCEPTION:

The CVCP *will* pay for a victim's emergent treatment when the insurer denies such treatment.

TASK 3.32 A - ATTACHMENT A

The Crime Victims Compensation Program
PO Box 44520, Olympia WA 98504
TOLL-FREE #: 1-800-762-3716 FAX#: 360-902-5333

REQUEST FOR MEDICAL ELIGIBILITY

To: Insurance Eligibility Office

RE: Claimant:
Claim Number:
SS#:

Attached, you will find a signed copy of the release of information authorizing the Crime Victims Compensation Program (CVCP) to obtain health care information for this victim of crime. The following statute gives the CVCP authority to request health care information.

RCW 7.68.145: Release of information in performance of official duties.

Notwithstanding any other provision of law, all law enforcement, criminal justice, or other governmental agencies, or hospital; any physician or other practitioner of the healing arts; or any other organization or person having possession or control of any investigative or other information pertaining to any alleged criminal act or victim concerning which a claim for benefits has been filed under this chapter, shall, upon request, make available to and allow the reproduction of any such information by the section of the department administering this chapter or other public employees in their performance of their official duties under this chapter.

Your disclosure of this information is allowed under the Health Insurance Portability and Accounting Act (HIPAA). Washington State law requires this disclosure. You may disclose health information under HIPAA without an authorization if that disclosure is required by law, 45 CFR § 164.512(a). Also, since your disclosure is required by law it is not subject to HIPAA's minimum necessary standard, 45 CFR § 164.502(b)(2)(v).

Please fax your response to the attached questions for medical eligibility information within 24 hours of receipt of this request. Our fax # is: (360) 902-5333. Your expeditious response will help us determine benefits needed by this victim of crime. If you have any questions regarding this request, please call a customer service representative at 1-800-762-3716.

Thank you for your assistance.

POLICY 4.01

SECTION: ALL CVC STAFF

EFFECTIVE: 5-1-00

TITLE: TELEPHONE GUIDELINES

CANCELS: Policy
4.01 dated 4-15-98

SEE ALSO: GOVERNOR'S DIRECTIVE 00-01

APPROVED BY: _____

Cletus Nnanabu, Program Manager
Crime Victims Compensation Program

PURPOSE:

The Crime Victims Compensation Program is a service provider. As employees we have a responsibility to serve our customers. Telephone communication is one way we interact with customers. This communication should reflect our commitment to service excellence.

POLICY:

All employees will respond to citizens' calls promptly, professionally, courteously and respectfully. All callers should be able to reach a person (not another voice mailbox) if the person they are calling is not available. The following guidelines for telephone communication will apply:

1. Present a positive, helpful, and enthusiastic attitude on the phone, even if the caller is angry, hostile, or upset. Put yourself in the caller's place and treat the caller as you would like to be treated.
2. Try to determine early in the call if you can answer the caller's questions or if you need to pull the file. If you need the file, ask the caller if they would like to hold or receive a call back.
3. If you need to transfer a call, stay on the line to relay information about the caller and their question before you transfer the call.

4. Ask questions which clarify the situation, listen carefully to what the caller is saying, give feedback to make sure both you and the caller understand each other.
5. Try to keep conversation to a soft tone when people around you are on the phone. Don't interrupt people when they are talking on the phone and don't allow yourself to be distracted when you are helping a caller.
6. Every effort will be made to return calls within **24 hours or the next business day**. Returned means direct contact is made with the caller, or a message is left for the caller even if you are unable to resolve the issue at the time.
7. Voice mail messages must be current and include the employee's work schedule (hours and days) along with the zero option to speak with someone immediately. When an employee is on annual leave or scheduled out of the office, their voice message will be changed to inform incoming callers of this information along with the date the person will be back in the office.
8. Voice mail is to be used only when an employee is away from their desk or on another call.
9. Supervisors will review call transfer routes/options to assure compliance with this policy.
10. Supervisors must consider the impact of changes in the program that may result in increased telephone calls. Every effort will be made to provide customers with information in advance of changes thereby minimizing the need to call the program.
11. Supervisors are responsible to provide new employees an orientation of the voice mail system. Employees are responsible to implement this policy and to inform their supervisor of any difficulties using the voice mail system.