

CVC Administrative

Policy Manual

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POLICY 2.00**SECTION: ALL CVC STAFF****EFFECTIVE: 03-03-08****CANCELS: 03-19-07****TITLE: SEXUAL ASSAULT EXAMINATIONS
AND COUNSELING****SEE ALSO:****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.

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- 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.

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POLICY 2.02**SECTION: ALL CVC STAFF****CREATED: 3/24/97****EFFECTIVE: 7/1/2011****CANCELS: 12/15/97****TITLE: ADDRESSING PRIVATE COLLECTION
ACTIONS****SEE ALSO:****WAC 296-30-087****RCW 7.68.080 (9)(c)****WAC 296-30-081****RCW 7.68.030,****WAC 296-30-085****WAC 296-31-080****APPROVED BY: _____****Cletus Nnanabu, Program Manager
Crime Victims Compensation Program**

PURPOSE:

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

POLICY:

CVC Program adjudicative staff will inform victims sent to collections over a bill payable by CVC that it's our interpretation of the WACs that collection actions aren't enforceable. The victim has the right to hire an attorney to fight such actions, but the decision to do so is solely theirs.

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

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

CVC staff shouldn't guarantee to victims sent to collections over a CVC bill that they'll be taken out of collections or that they won't be responsible for collection fees.

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

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POLICY 3.00**SECTION: ALL CVC STAFF****EFFECTIVE: 4-1-13****TITLE: CLAIM ELIGIBILITY****CANCELS: 6-3-96****SEE ALSO:****RCW 7.68.020****RCW 7.68.060****WAC 296-30-010****WAC 296-30-060****PROCEDURE 3.00****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.

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POLICY 3.02**SECTION: ALL CVC STAFF****TITLE: COUNSELING FOR IMMEDIATE FAMILY
MEMBERS OF HOMICIDE VICTIMS****EFFECTIVE: 7-1-2011
REVISED 3-16-2012
CANCELS: 4-7-05****SEE ALSO:
RCW 7.68.070
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 grief 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)

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 (FI letter).
- Our program can only cover 12 grief counseling sessions per immediate family member. The grief counseling sessions must be used within 12 months of the date of claim allowance.

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- Grief counseling does not include payment of medication, in-patient psychiatric stays, or treatment of any mental health condition other than those related to the immediate effects of the homicide on the claimant's immediate family members.

- Management of counseling for family members will be handled the same as it would for a victim.
 - o Each must use their available insurance resources, both public and private.
 - o Sessions will be counted separately on each family member for the purpose of reports.
 - o 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.

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POLICY 3.05**SECTION: ALL CVC STAFF****EFFECTIVE: 7/27/12****CREATED: 11/15/95****TITLE: UNJUST ENRICHMENT****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's 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 applicant's spouse is the offender, no payment shall be made.

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Direct benefit payments shall not be withheld from an adult and competent victim who desires receipt of such benefits. For example, financial support for lost wages 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 custodianship, 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 provision 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.

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POLICY 3.10**SECTION: ALL CVC STAFF****EFFECTIVE: 3-18-14****CANCELS: 9-11-00****TITLE: INPATIENT & RESIDENTIAL MENTAL
HEALTH ADMISSION****SEE ALSO:****Chapter 71.05 RCW****Chapter 71.24 RCW****WAC 296-31-010****WAC 293-31-016****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;

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- 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.

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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 claim manager.

a) Reporting requirements (See Attachment B)

b) Pre-authorization is required.

- The claim manager must consider CVCP secondary status per RCW 7.68.130 (3). Benefits under the Crime Victims Compensation Program are secondary to services available from any other public or private insurance.

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- 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 psychiatrist, or an independent consultation by a counselor or psychologist or psychiatrist other than the attending counselor, or an Independent Medical Evaluation (IME).
- 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.

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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.

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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 hour 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.

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POLICY 3.10
Attachment BCVCP 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 current DSM diagnosis or ICD codes, 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.

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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 that 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 WAC 246.
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.

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POLICY: 3.11**SECTION: ALL CVC STAFF****CREATED: 2/10/94****EFFECTIVE: 2/10/94****REVISED: 6/3/96****CANCELS: 2/10/94****TITLE: MENTAL HEALTH
TREATMENT PROVIDED
BY INTERNS AND STUDENTS****SEE ALSO:****RCW 7.68****WAC 296-31****APPROVED BY: _____****Cletus Nnanabu, Program Manager
Crime Victims' Compensation Program**

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- 1) All providers registered with the Crime Victims' Compensation Program that have students/interns involved in the mental health treatment of eligible claimants are considered the attending provider.
 - 2) The student/intern is not considered the provider.
 - 3) The registered provider must co-sign all reports and correspondence to the department.
 - 4) All correspondence from the department must be addressed to the registered provider.
 - 5) The registered provider must bill the department for services provided by the intern/student.

THE REGISTERED PROVIDER IS THE RESPONSIBLE PROVIDER AND REMAINS THE POINT OF CONTACT ON ALL CLAIM ISSUES.

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POLICY 3.15**SECTION: ALL CVC STAFF****EFFECTIVE: 08-08-12****CANCELS: 07-22-01****TITLE: CLAIMANT TRAVEL EXPENSE****SEE ALSO:****PROCEDURE 3.15A****RCW 7.68.080 (1)****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 (1), 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 and other incapacitating neurological conditions which are accepted as related to the criminal act are eligible for reimbursement for emergency transportation costs.

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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. Fitting of prosthetic devices.
6. Upon prior authorization for treatment when the claimant must travel more than 15 miles one way from their home to the nearest point of approved treatment. Travel is not payable when adequate treatment is available within 15 miles 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 their claim for benefits.

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POLICY 3.16**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

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.

Not good cause

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.

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Good cause

3. The victim has a reasonable fear of retaliation by the offender.
4. The victim has a language barrier that impeded filing of the application.
5. The victim has a mental, physical or developmental disability that impeded filing of the application.
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.

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POLICY 3.17**SECTION: ALL CVC STAFF****EFFECTIVE: 10-10-12****TITLE: SIGNATURES ON APPLICATIONS
FOR BENEFITS****SEE ALSO:
RCW 7.68.070(1), 7.68.080(6)
RCW 7.68.020 (3) (4)
RCW 7.68.062
WAC 296-30-010 (Immediate Family
Members)
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 7.68.020(3), from immediate family members entitled to receive survivor counseling benefits under RCW 7.68.080(6) 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 providers and officials of estates where no beneficiary or other party entitled to receive survivor counseling benefits can be identified.

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.

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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.

If a victim is incapacitated and unable to sign the application for benefits, a person who meets the definition of immediate family member per WAC 296-30-010 may sign for the victim to avoid any delay in benefits.

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POLICY 3.18**SECTION: ALL CVC STAFF****EFFECTIVE: 7-1-11
CANCELS: 11-29-04****TITLE: BURIAL EXPENSES****SEE ALSO:
RCW 7.68.070(9)****APPROVED BY:**

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

The Crime Victims Compensation Program is responsible for paying expenses related to the disposition of remains or burial up to the maximum award of \$5,750 per RCW 7.68.070 (9). A timely itemized statement must be received listing appropriate expenses arising from the criminal act.

DEFINITION:

Burial expenses are 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 include costs within the cultural tradition of the deceased or the family of the deceased.

POLICY:

The Crime Victims Compensation Program requires an itemized receipt from a provider of services within twelve months of the date upon which the death of the victim is officially recognized as a homicide or the remains are released for burial.

If burial expenses have been paid, reimbursement will be made to the person who made the payment. If no payments have been made, payment may be made to the service provider only after confirmation of charges and written approval signed by the person responsible for the charges has been received. In this instance, the provider will be added to the claim as an alternate recipient. When payment is made to a provider, a copy of the burial letter will be sent to the person who made the arrangements. This copy is 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.

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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 and will offset the amount paid by the tribe.

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). The amount of offset for life insurance and other collateral resources will be determined by the Recovery Adjudicator.

Any Social Security burial benefit will be deducted from the allowed burial expenses (RCW 7.68.130).

Burial benefits are not payable until claim eligibility has been determined.

The following documentation is required:

- a. Timely itemized statement of burial expenses, documentation of the payer(s) and the amount paid toward these expenses.
- b. Statement of life insurance proceeds, and other collateral resources if applicable.

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POLICY 3.21**SECTION: ALL CVC STAFF****EFFECTIVE: 08-08-12****CANCELS: 07-28-04****TITLE: CLAIMS SUSPENDED FOR
STATUTORY REQUIREMENTS****SEE ALSO:
Policy and Procedure 3.00
RCW 7.68.020 (5)(c)****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 (5)(c).

POLICY:

Reasonable efforts will be made to obtain the necessary information to make eligibility decisions for claims submitted to the department with insufficient information.

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

1. We are unable to determine if a crime has been reported to police.
2. 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 (5)(c).
3. Vehicular assault without a conviction at the time of adjudication.

Should the claimant provide the necessary information before the statutory time frame expires, 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.

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POLICY 3.22**SECTION: ALL CVC STAFF****EFFECTIVE: 10-10-12****CANCELS: 10-1-97****TITLE: PROTESTS****SEE ALSO:****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:

A request for reconsideration may be made by the claimant/beneficiary, appointed representative or provider to any order, decision or award communicated in writing by the program. Requests for reconsideration must be received in writing within 90 days of communication of the decision. The Program may also reverse or modify a decision entered in error within the 90-day period.

The CVC staff will review requests for reconsideration with fairness, objectivity, without bias and within the scope of statute and rules. When necessary, additional information will be requested.

An initial response will be made within 14 days of receipt of the request. The response may reverse, modify, affirm or place the decision in abeyance. It may also result in a request for additional information. Every effort will be made to reconsider the decision within 30 days, 90 days when additional information must be obtained.

If the staff member who issued the initial decision wants to affirm the decision they must request a claims manager, recovery adjudicator or supervisor review the file and determine if they concur with the decision.

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POLICY 3.24**SECTION: ALL CVC STAFF****EFFECTIVE: 01-01-13****CANCELS: 06-10-07****TITLE: ATTENDANT CARE –
AGENCY, PROFESSIONAL****SEE ALSO:
RCW 7.68.080
WAC 296-33-010****APPROVED BY: _____
Cletus Nnanabu, Program Manager
Crime Victims' Compensation Program**

PURPOSE:

To establish a uniform and consistent method of establishing and paying for agency based home health care that addresses the individual needs of each CVC client.

DEFINITION:

Agency, attendant services: attendant services provided by individuals who are employed by an agency. Attendants are employed by a Home Health Care agency to perform skilled or non-skilled home nursing care services.

POLICY:

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

Agency, attendant care may be authorized for new cases in which 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. Nurse Consultants must review the request. The Claims Manager will authorize this type of care based on a nursing evaluation and the Nurse Consultant recommendation. The Claims Manager will note RLOG with the authorization including the provider's name, address and the authorized amount of hours.

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

1. Home health care agencies must have a LNI provider number.
2. For Crime Victims claims, the claims manager should refer all agency home care requests to the 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 agency attendant care requests.
4. Only medically necessary attendant care services are covered. Agency attendant 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 incontinence care
 - Assistance with basic Range of Motion exercises

** Only 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 not covered. In addition, chore services are not 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.

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6. Agency attendant care needs should be evaluated on a regular basis. Periodic independent nursing evaluations should be done to assure that clients with authorized 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. Only one home health agency may be authorized per claim. More than one individual provider may be authorized, based on the client's care needs and the availability of providers.
8. Respite (relief) care for agency attendant providers may be authorized. The authorized care should not exceed the usual approved care for the client. Respite care providers must be from the same agency as regular providers. 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. 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 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 agency attendant care providers.

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POLICY 3.28**SECTION: ALL CVC STAFF****EFFECTIVE: 4-16-01****TITLE: CRISIS RESPONSE FOR MULTIPLE
VICTIMS INCIDENTS****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, 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:

1. Include a contact person from the CVCP 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. Ensure that all CVCP eligibility criteria remain in effect.
4. Accept a generic police report; one report for multiple claims from the same incident. Only under the most unusual of circumstances would CVCP's internal work routing process be adjusted because of a large scale incident.

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POLICY 3.32**SECTION: ALL CVC STAFF****EFFECTIVE: 4-21-14****CANCELS: 7-28-04****TITLE: INSURANCE MANAGEMENT****SEE ALSO:****RCW 7.68.130****RCW 7.68.070 (11)****RCW 7.68.020(12 &13)****WAC 296-31-010(1)****WAC 296-30-010 (Proper and Necessary)****42 U.S.C. 10602, Section 1402(e)****Procedure 3.32 – Insurance Management****Task 3.32 A – Insurance Management (Customer Service Specialist II)****Task 3.32 B – Insurance Management (Claim Managers)****Task 3.32 C – Insurance Management (Medical Treatment Adjudicator)****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.

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The insurance available on a claim affects every aspect of claim management and is the responsibility of the claims manager. Issues affected by other available insurance include, but are not limited to, choice of provider, requirements to transition providers, appropriate authorization of treatment, provider reporting requirements and bill payment.

Examples of insurance 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.

Examples of benefits that may be affected when a claimant has primary insurance are medical benefits, financial support for lost wages and burial benefits.

EXCEPTION:

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

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POLICY 3.32

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 quick 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 3.33**SECTION: ALL CVC STAFF****EFFECTIVE: 04/04/13****TITLE: CASH OUT OF BENEFITS FOR
TOTAL PERMANENT DISABILITY
OR FATAL CLAIMS****SEE ALSO:
RCW 7.68.070(1)(b)****APPROVED BY: _____
Cletus Nnanabu, Program Manager
Crime Victims Compensation Program****PURPOSE:**

Statute allows for cash out of the remaining sum of lost wage replacement after twelve monthly payments have been made for permanently disabled claimants or survivors of a deceased claimant. Cash out of this type of benefit is at the sole discretion of the Program with the intent of saving administrative costs and managing allocated funds appropriately. A cash out must also be in the best interest of the claimant or beneficiary. Consideration of a final lump sum payment will be transparent and supportable as an equitable process.

POLICY:

Cash outs may be requested by the claimant, beneficiary or be at the initiation of the Program.

A claimant or beneficiary request for cash out must be in writing and include the reason(s) for the request. If the beneficiary is a minor the request must be submitted by the custodial parent or legal guardian.

Cash outs for minor children to guardians will not be made unless an exceptional need is demonstrated. The exceptional need may be related to medical and educational expenses or expenses beyond everyday living expenses.

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The following factors will be considered. This list is illustrative not exclusive.

- Impact to allocated funds including financial and administrative savings.
- Remaining balance of funds, monthly payment amount and duration of payments.
- Out of country payments.
- Does the victim or beneficiary demonstrate the ability to manage a cash payout? Are there medical or a mental health issues which would impact the prudent use of funds?
- Continued eligibility of the victim or beneficiary.
- If a cash out is appropriate, a letter to the claimant or beneficiary advising of the balance remaining, and an option to accept the balance as a final payment will be sent.
- If the claimant or beneficiary accepts, no further lost wage benefits will be paid.
- If the claimant or beneficiary declines, monthly payments will continue.

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