

VCCB ADDITIONAL COUNSELING REQUEST FORM

Violent Crimes Compensation Board – P.O. Box 110230, Juneau, AK 99811-0230 – Phone: 1800-764-2040 - Fax: 907-465--2379

Today's Date _____

Date of client's first session _____

- VCCB mental health policy provides an incremental approach to outpatient treatment
- Effective April 1, 2013, this approach is applied to eligible and active claims
- This form must be submitted to request approval/preauthorization for payment of additional sessions
- Approval/preauthorization is contingent up on the rationale behind the need and the details provided
- The information provided must include a goal-directed treatment and a summary of your assessment towards meeting those goals

Client's Name: _____ Client's DOB: _____

Claimant (if other than client) _____ VCCB Claim No. _____

Briefly describe the symptoms/conditions you are treating that are a **direct** result of the crime.

Provide the multiaxial diagnosis: _____

Has there been substantial progress toward recovery from the crime related condition? YES NO

Estimated duration of treatment: From _____ To _____

How many additional sessions are you requesting? _____

Treatment Plan:

- 1) Based on diagnosis and related symptoms, what are the specific treatment goals that you and the victim have set?
- 2) What are the treatment strategies to achieve these goals? (Attach separate sheets if necessary)

Signature of Provider: _____

Provider Name, License Type and Number: _____

Specific training and qualification: The provider must be a licensed mental health professional, who has received training in evidence based treatment that have been shown to be effective in meeting the needs of criminal victimization in adults, children and families.