

The Roman Catholic Diocese of Portland
Policy on Counseling Financial Assistance
(Approved January 2, 2009, for Implementation March 1, 2009)

REVISED: July 19, 2022

Most Reverend Robert Deeley, J. C. D.

STATEMENT OF POLICY

The Policy of the Diocese of Portland is to offer financial assistance for the cost of outpatient counseling and expenses of spiritual assistance for anyone reporting to have been sexually abused by a representative of the Diocese, subject to the conditions and limitations explained below. The Diocese offers this assistance as part of its pastoral mission with the simple goal to promote emotional and spiritual healing. Regardless of when the abuse may have occurred, a Victim/Survivor and/or immediate family members may begin to receive reimbursement for a limited time without having to offer proof that the abuse occurred or that the Diocese was legally responsible. The following Guidelines are intended to inform victims/survivors and their treatment providers and/or spiritual directors about the scope and duration of services available under this Policy and prerequisites for payment for eligible services. Financial assistance under this Policy is an expression of the Church's desire to promote the healing and wellness of its members and is not an admission of legal liability.

Except as expressly stated in this Policy, the Diocese assumes no legal responsibility for the payment for services, and reserves the right to modify or discontinue this reimbursement Policy without notice. The Diocese anticipates that this Policy will remain available to those who are Victims/Survivors of abuse, according to the terms specified in this Policy.

In any case(s) where the Victim/Survivor seeks civil redress of his/her claim(s) through litigation or threat of litigation, the threat or pursuit of such litigation shall not be the occasion for withdrawal of the Financial Assistance for services outlined in these Guidelines. In any case(s) that the Diocese reaches an agreement with the Victim/Survivor, or is bound by an adjudication of the Victim/Survivor's claim, such agreement or adjudication shall be the exclusive source of the Diocese's legal obligation, if any, and in such case(s) this Policy shall not apply.

COUNSELING ASSISTANCE

No payments will be made under this Policy unless and until both the recipient and provider of the services acknowledge in writing that both have read the entire Policy, and both agree to abide by its terms and conditions.

Outpatient Clinical Mental Health Treatment: Initial Twelve Sessions

The Diocese will pay the uninsured costs for an initial series of up to twelve (12) sessions of outpatient mental health treatment by a treatment provider of the Victim's/Survivor's choice who is a licensed and insured mental health professional in the State in which the Victim/Survivor is receiving treatment and who meets the customary general criteria for health insurance reimbursement. The Diocese recommends that the Victim/Survivor select a treatment provider appropriately experienced in the treatment of trauma associated with sexual abuse. Victims/Survivors can receive assistance in finding a treatment provider from a sexual assault center or another agency with expertise in responding to sexual abuse issues or from the Diocese through the Independent Clinician.

The treatment for immediate family members is considered crisis intervention therapy and is allowable up to 12 sessions.

Before beginning any treatment under this Policy to be eligible for payment, the treatment provider of choice must contact the Independent Clinician and provide proof of current licensure, proof of malpractice insurance, and a current curriculum vitae or resume. Also, before beginning, the treatment provider must have in hand and provide to the Independent Clinician a release signed by the Victim/Survivor authorizing the counselor to speak freely with the Independent Clinician regarding the diagnosis, progress with the course of treatment, and the treatment plan. This information is to be used by the Independent Clinician **only** to assess the treatment plan, and the necessity or efficacy of future planned or proposed treatment if additional sessions or Adjunct Therapy are requested.

Additionally, the treatment provider must submit a completed W-9 to the Victim Assistance Coordinator at the Chancery.

Upon investigation of the complaint, should the Diocese find the allegations to be unfounded or unsubstantiated, the Independent Clinician will work with the treatment provider to formulate a transition plan for discontinuing payment for subsequent treatment.

INDEPENDENT CLINICIAN

The Independent Clinician:

- is a licensed mental health professional experienced in sexual abuse treatment;
- is not an employee of the Diocese;
- reviews treatment plans and requests for additional sessions or Adjunct Treatment;

- advises the Diocese on whether the treatment should be covered under this Policy;
- does *NOT* share the details of any consultation, treatment regimen or patient records with the Diocese.

Under special circumstances, the services provided by the Independent Clinician might be provided through another consulting clinician or through an established Sexual Assault Response or Treatment Center.

REIMBURSABLE SERVICES

Initial Sessions

The costs eligible for financial assistance under this Policy are those reasonable and customary charges for outpatient mental health sessions for Victims/Survivors without health insurance or that may not otherwise be reimbursed by health insurance (e.g., deductibles, co-pays, charges for sessions exceeding the number allowed by the applicable insurance policy and the like).

Additional Treatment

After a Victim/Survivor has completed the Initial Twelve Sessions of Diocesan reimbursed mental health treatment, the Diocese will consider paying for additional sessions provided that the treatment provider first consults with the Independent Clinician. The purpose of the consultation is to confirm that treatment is necessary, is related to the abuse, is productive, and is oriented toward an identified goal of wellness. It is the treatment provider's responsibility to consult with the Independent Clinician and receive authorization *before* providing additional sessions expecting or intending to be reimbursed pursuant to this Policy.

Any recommendations by the treatment provider for Adjunct Treatment (e.g., more than once-weekly outpatient therapy, evaluation/prescription/monitoring of psychotropic medication, treatment with another treatment provider, or highly specialized treatment interventions) must be submitted to the Independent Clinician by the counselor for pre-approval. Any services provided without such pre-approval are **NOT eligible for reimbursement even if similar services are later approved.** The treatment provider shall use the written consent obtained by his/her client as consent to confer with the Independent Clinician.

Interrupted or Return to Treatment

The effects of childhood sexual abuse can persist throughout one's lifetime and a return for some limited counseling may be necessary at times. The Diocese will continue to support the Victim/Survivor during these difficult periods.

If a Victim/Survivor returns to counseling within two years of the date of the last session, 4 sessions will be paid with no questions asked, other than simple notification to the Independent Clinician. Any additional sessions after that *must receive pre-approval* as outlined above.

If a Victim/Survivor has been away from treatment for over two years, then 8 sessions will be paid before pre-approval is necessary. Again, the Independent Clinician will be notified by the treatment provider prior to the re-start of such treatment.

It is the responsibility of the treatment provider to ensure that the individual is indeed a victim of sexual abuse for which the Diocese has previously offered support and that the resumption of services is related to the abuse.

If a Victim/Survivor changes treatment provider while in active treatment, 6 sessions will be paid for before further approval is necessary. The new treatment provider must provide to the Independent Clinician the documents listed above, i.e. license, malpractice insurance, current resume, etc.

GENERALLY NON-REIMBURSABLE SERVICES

Inpatient Treatment

Inpatient Treatment generally is not covered. In very rare cases, with compelling circumstances and a substantial review by the Independent Clinician in consultation with other experts in the field, Inpatient Treatment may be covered on a limited basis. A request for Inpatient Treatment shall be presented to the Independent Clinician *before starting treatment as pre-approval is required.*

Travel

Travel and similar attendant costs associated with treatment are not covered. In cases of unusual hardship and with pre-approval through the Independent Clinician, travel costs may be covered.

Missed or Unauthorized Sessions

Missed sessions and unauthorized sessions for treatment which requires pre-approval are not covered under this Policy and will not be reimbursed.

SPIRITUAL ASSISTANCE

The spiritual health of Victims/Survivors is an important part of their healing. This is another area in which the Diocese will assist Victims/Survivors who desire to restore or develop their spirituality. The cost of one Spiritual Direction session per month with a trained spiritual director will be covered and reviewed annually by the Victim Assistance Coordinator.

The costs for one spiritual weekend retreat per year may be reimbursed. Attendance at a weekend retreat or spiritual program requires pre-approval by the Victim Assistance Coordinator. The costs that will be covered are the program registration, room and board. Travel is not covered. In cases of unusual hardship and with pre-approval through the Victim Assistance Coordinator, travel may be covered.

APPEAL PROCESS

Prolonged Treatment or Denial of Treatment

In order for a Victim/Survivor to continue to receive Treatment Assistance beyond two years of once-weekly treatment, or if the Victim/Survivor is denied treatment beyond the initial 12 sessions, the individual must agree to a psychological evaluation by a competent professional chosen by the Diocese. The purpose of this testing is to ascertain the need for ongoing treatment and the type of therapy most helpful to the individual. The professional's report will be reviewed by a team of professionals who will advise the Diocese relative to ongoing treatment.

Since Diocesan assistance is not meant to be life-long, the Diocese will make reasonable efforts to direct those so disabled to other sources of assistance. In each of these cases, the Diocese must have determined the allegation(s) to be substantiated or admitted.

Adjunct Treatment

When the Diocese has denied support for Adjunct Treatment of any kind, the Victim/Survivor may appeal this decision by having their treatment provider contact the Independent Clinician to request an appeal. The request for the Adjunct Treatment will then be reviewed by a panel of three mental health professionals who are trained and experienced in sexual abuse treatment. One professional is selected by the Victim/Survivor and his/her treatment provider, one by the Diocese, and the Maine Coalition Against Sexual Assault will be asked to provide the third professional. The Victim/Survivor must release his/her treatment provider to speak with this review panel and provide them with any information the panel considers reasonably necessary for them to provide an informed recommendation. There are no appeals beyond this process.

Because this program is voluntary and offered as an expression of the Church's compassion, in all cases the final decision remains with the Diocese.

GUIDELINES AND INFORMATION FOR TREATMENT PROVIDERS

The Diocese is not a health insurer, but as part of its pastoral mission offers reimbursement to individuals who have disclosed victimization by clergy or others associated with the Diocese.

Therapeutic Treatment Providers must be professionally licensed and generally eligible for insurance reimbursements when persons have insurance. It is required that a current curriculum vitae, copy of professional license, and proof of current malpractice insurance be submitted to the Independent Clinician. The Diocese encourages but does not require Victims/Survivors of abuse to seek treatment from treatment providers exhibiting expertise in treating the trauma associated with sexual abuse.

Coverage under this Policy includes outpatient mental health treatment for up to a total of twelve (12) standard fifty-minute sessions (one DSM 90791 intake and subsequent DSM 90834 or DSM 90847 sessions). If additional outpatient therapy is necessary, the treatment provider should first consult with the Independent Clinician regarding the diagnosis, treatment goals, and prognosis of treatment and submit periodic written treatment plans and/or updates to the Independent Clinician.

All reasonable and customary charges for mental health treatment not reimbursable by the person's health insurance are eligible for reimbursement by the Diocese (e.g., deductibles, co-pays, charges for sessions exceeding the number allowed by the insurance policy and the like) in accordance with its written Policy on Counseling Assistance Reimbursement. Insurance claims must be submitted according to the filing requirement of the client's health insurance carrier. Persons without health insurance will be eligible for coverage of all reasonable and customary charges for mental health treatment.

Any recommendations for treatment adjuncts (e.g., evaluation/prescription/monitoring of psychotropic medication, Inpatient Treatment, highly specialized treatment treatments, etc.) shall be presented to the Independent Clinician and pre-approval is required.

Charges for missed sessions and unauthorized sessions for treatment which requires pre-approval are not covered under this policy and will not be paid. If the treatment provider exceeds the number of approved sessions, these sessions will not be paid.

Invoices for services sent to the Diocese by the treatment provider should include: name and address of the treatment provider, name of client, dates of service, provider's federal tax identification number or social security number, date(s) of additional sessions authorized by the Independent Clinician, and billed amount. Invoices of financial documents should NOT include clinical information. The diagnosis should only be provided to the Independent Clinician. Invoices are to be submitted within 30 days of the treatment date unless other arrangements have been approved. Invoices exceeding 90 days of the treatment date will not be paid.

DEFINITIONS

Adjunct Treatment or Adjunct Therapy: Treatment that is considered beyond the scope of what is defined above, such as, more than once-weekly sessions, Inpatient Treatment, monitoring of psychotropic medication, etc.

Counseling or Treatment Assistance: For the purposes of this Policy, Counseling or Treatment Assistance is payment for treatment for a limited period of time.

Independent Clinician: A licensed clinician, experienced in the area of sexual abuse treatment, appointed by the Diocese, who will assist the Diocese in providing the best possible care for Victims/Survivors. The role of the Independent Clinician is described throughout this document.

Initial Twelve Sessions: The first twelve Diocesan-reimbursed, fifty-minute sessions with a treatment provider who assesses the problem and develops a treatment plan with the Victim/Survivor.

Inpatient Treatment: Treatment that is provided in a residential setting, i.e., hospital or other treatment facility including intensive outpatient programs.

Outpatient Treatment: Treatment that is provided to an individual who is not a patient in a hospital or treatment facility.

Spiritual Direction: Consultation relative to spiritual matters with a trained person associated with a recognized spiritual tradition or a retreat experience within a recognized spiritual tradition.

Treatment Covered: The kinds of treatment for which the Diocese will pay, either directly to the treatment provider or by reimbursing the Victim/Survivor.

Treatment Provider: A mental health provider who is licensed in the state where the treatment occurs.

Victim/Survivor: For the purposes of this Policy, someone who reports having been sexually abused by a member of the clergy or a representative of the Diocese.

POSTSCRIPT

Invoices: Mail to:
Diocese of Portland
Attn: Yvonne M. Chace
510 Ocean Avenue
Portland ME 04103-4936
Phone: 207-773-6471 Ext. 7817
FAX: 207-773-0182
E-mail: yvonne.chace@portlanddiocese.org

Independent Clinician:
Ms. Carolyn Bloom, LCSW
384 Court St
Auburn ME 04210-4604
Phone: 207- 782-4333
E-mail: cbloomlcsw@gmail.com

By signing below, I acknowledge that I have read and understand this policy. I further agree to abide by the Policy as written.

Client Signature & Date

Therapist Signature & Date

Client Printed Name

Therapist Printed Name

License Number & State

Address/Phone/Email Info