

**The Roman Catholic Diocese of Portland
Policy on Counseling Assistance Reimbursement**

(Approved January 2, 2009 for Implementation March 1, 2009)

REVISED: February 13, 2018

Most Reverend Robert Deeley, J. C. D.

STATEMENT OF POLICY

The policy of the Diocese of Portland is to offer reimbursement of the cost of outpatient counseling and expenses of spiritual assistance for anyone reporting to have been sexually abused by a representative of the Diocese. The Diocese offers reimbursement 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 receive reimbursement 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 provider and/or spiritual director about the scope, duration and prerequisites for reimbursement. Reimbursement 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. Additionally, treatment assistance is provided for a limited time to assist victims/survivors or immediate family members through a particularly difficult period.

COUNSELING ASSISTANCE

Outpatient Clinical Mental Health Treatment: Initial Twelve Sessions

The Diocese will pay the uninsured costs for an initial 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 seeking treatment and who meets the 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 reimbursement for treatment begins, the counselor of choice needs to contact the Independent Clinician and provide proof of current licensure, malpractice insurance and curriculum vitae or resume. The counselor must also obtain a release signed by the victim/survivor allowing counselor to speak freely

with the Independent Clinician regarding the diagnosis, progress with the course of treatment and the treatment plan. This is to be used by the Independent Clinician to assess the treatment plan and/or the necessity of the treatment, and the necessity of ongoing treatment.

Additionally, the 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, payment of treatment will be discontinued.

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 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, these services might be provided through another consulting clinician or through a Sexual Assault Center.

REIMBURSABLE SERVICES

Initial Sessions

The costs eligible for reimbursement under this policy are those reasonable and customary charges for outpatient mental health sessions that may not otherwise be reimbursed by an individual's health insurance (e.g., deductibles, co-pays, charges for sessions exceeding the number allowed by the insurance policy, etc.).

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 the 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 prior to providing additional sessions pursuant to this policy.

Any recommendations by the treatment provider for treatment adjuncts (e.g. more than once weekly outpatient therapy, evaluation/prescription/monitoring of

psychotropic medication, treatment with another therapist, or highly specialized treatment interventions) must be submitted to the Independent Clinician by the counselor for pre-approval. 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 often 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 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 simply should be notified prior to the re-start of such treatment.

It is the responsibility of the counselor to ensure that the individual is indeed a victim of sexual abuse for which the Diocese has previously offered support.

If a victim/survivor changes clinician while in active treatment, 6 sessions will be paid for before further approval is necessary.

GENERALLY NON-REIMBURSABLE SERVICES

Inpatient Treatment

In an effort to provide assistance to the greatest number of victims/survivors, 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 prior to 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.

The costs for one spiritual weekend retreat per year may be reimbursed. Attendance at a weekend retreat or spiritual program requires review by the Independent Clinician and pre-approval. 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 Independent Clinician, 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 that the need for ongoing treatment is truly the result of sexual abuse by a representative of the church. 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 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 is then 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 reasonable information 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.

ADDENDUM

The Diocese assumes no legal responsibility for the payment of treatment, 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 above.

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 treatment reimbursement 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, for reimbursement for treatment. In such case(s) these Guidelines shall not apply.

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 reimbursable mental health treatment providers. 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 90791 intake and subsequent 90834 or 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 as requested by 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.

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. 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: Treatment that is considered beyond the scope of what is defined above as reimbursable treatment, 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, 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.

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:
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Independent Clinician:
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384 Court St
Auburn ME 04210-4604
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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