

AMENDATORY SECTION (Amending WSR 00-03-056, filed 1/14/00, effective 2/14/00)

WAC 296-31-070 What are my general obligations as an approved mental health provider? (1) When treating a crime victim who comes under our jurisdiction, you agree to accept and comply with this chapter, the department's rules, and the Crime Victims Compensation Program's Mental Health Treatment Rules and Fee((s)) Schedule.

(2) You must inform the client they may be entitled to benefits under the Crime Victims Act and provide whatever assistance is necessary for the client to apply for benefits. There is no charge for these services.

(3) It is the responsibility of the client to notify the provider if they believe their condition is related to a criminal act. If you discover a condition that you believe is crime related, you must notify the client. It is your responsibility to determine if you are the first treating provider.

(4) If you are the first treating provider, you must:

(a) Provide crisis intervention as necessary;

(b) Provide instructions or help the client complete their portion of the application for benefits; and

(c) Continue necessary treatment according to our mental health rules if the client remains in your care.

(5) If you are not the first treating provider, you should ask the client if an application for benefits has been filed for the condition.

(a) If an application for benefits has been filed, and you and the client agree that a change of provider is desirable, the department should be notified of the transfer according to WAC 296-31-068.

(b) If an application for benefits has not been filed:

(i) Provide instructions or help the client complete their portion of the application for benefits; and

(ii) Include the name and address of the original provider, if known.

Note:

Providers must determine if the client has public or private insurance benefits available. If there is, the provider should make sure they would be able to continue treating under the client's primary insurance. Crime victims compensation is secondary to other benefits according to RCW 7.68.130.

(6) You must notify us and the client of the date they are released to regular work. Time-loss compensation terminates on the release date. We may allow further treatment if:

(a) You request it;

(b) Treatment is needed; and

(c) The accepted condition is not fixed and stable.

(7) You must notify us if permanent functional impairment or loss (permanent partial disability) is indicated after maximum recovery of the accepted condition is achieved. We will arrange to have impairments rated according to WAC 296-20-200 et al.

(8) A client must not be billed for treatment, except under the following condition:

A provider may require the client to pay for treatment if the client's eligibility is in question (e.g., when an investigation or claim determination is pending). If the claim is subsequently allowed, the provider must refund the client **in full** and bill us at their usual and customary fees if such rates are in excess of the public and private insurance entitlements.

(9) No fee is payable by the department for missed appointments unless the appointment is for an examination arranged by the department. Clients may be billed directly for missed or no show appointments.