

## **USVI MENTAL HEALTH FUND CHECKLIST**

Your application to the Fund will not be approved until all required materials are submitted via the portal at <https://www.usvimentalhealthfund.com> as an “application”. We strongly encourage you to share both this checklist and the website with your provider to avoid delays.

Note: Please note the difference between your talk therapy licensed mental health care Provider (defined below) and ancillary service providers, education institutions, career coaches, etc. Information is required from (i) your Provider, and also (ii) all additional information related to the item(s) you are seeking the Fund to approve.

### **1. Traditional Modalities (e.g., talk therapy, EMDR, trauma therapy)**

- ☐ A signed treatment plan from a licensed mental health provider (the “Provider”) on the Provider’s letterhead containing the following information:
  - ☐ Mental health diagnosis.
  - ☐ Treatment you will receive from the Provider including the number of sessions per week/month, duration of the treatment plan, cost of each session, and a statement from the Provider that the rate you are being charged is consistent with the rates charged other patients of the practice.
  - ☐ Provider’s licensing credentials.
  - ☐ Payment instructions for the Provider that include all of the following: (i) legal name associated with Provider’s bank account; (ii) address associated with Provider’s bank account; (iii) name of financial institution where payment will be made; (iv) address of financial institution where payment will be made; (v) account number for Provider; and (vi) currency for payment (if not USD).
  - ☐ IRS Form W-9 for the Provider (not needed for non-US providers).

**Please do not submit an application without all the above included. If you do so you will receive an email detailing what is missing, and your treatment plan will not be approved until all necessary documentation is received.**

### **2. Adjacent Modalities & Educational Opportunities (e.g., equine therapy, life coaching, career or educational programs)**

If you are interested in pursuing any adjacent modalities or educational / career-related opportunities, the following are required from your Provider (the same provider overseeing all your treatment) for each additional service requested:

- ☐ A signed treatment plan from your Provider on the Provider’s letterhead recommending a specific program or ancillary provider.

For example, the following recommendation would NOT be approved: Equine therapy three times a week. However, the following would meet the requirements: Equine therapy with ABC Riding Academy three times a week with Instructor Smith, a licensed equine mental health care professional who charges \$100 a session.

Similarly, for life coaching or educational opportunities, your Provider must include the name of the school or program recommended as part of your treatment plan, the program, or programs if application is necessary for admission, a diagnostic recommendation, and the cost and duration of the program, including application fees and supplies, if applicable. For example, a recommendation that Jane Smith continue/resume her education in the nursing field at ABC University or XYZ College at a cost of \$100 per credit for the next two semesters is adequate.

To meet these requirements, your Provider could write: I have reviewed the treatment plan created by Career Coach Miller and I believe it meets or exceeds the support Jane Smith needs for a safe and successful reintegration into a more public life while pursuing a new career path. I consider this plan essential to her ongoing healing. This is an example to assist your Provider in submitting adequate documentation and we encourage an ongoing dialogue with your Provider.

- ☐ Mental health diagnosis and confirmation that traditional talk therapy with your Provider will continue at least monthly during the supplemental programming.
- ☐ If the modality involves ongoing sessions, the number of sessions per week/month, duration of the treatment plan, cost of each session, and a statement from the ancillary provider that the rate you are being charged is consistent with the rates charged other patients of the practice.
- ☐ Payment instructions for the ancillary provider that include all of the following: (i) legal name associated with provider's bank account; (ii) address associated with provider's bank account; (iii) name of financial institution where payment will be made; (iv) address of financial institution where payment will be made; (v) account number for provider; and (vi) currency for payment (if not USD).
- ☐ IRS Form W-9 for the provider (not needed for non-US providers).

Note: The above examples of adjacent modalities are intended to be illustrative of the types of programming the Fund will reimburse and is not complete. We encourage you to be creative and seek out the best programming that meets your personal needs. It is not necessary for your Provider to make the initial treatment suggestion, and you can and should take the initiative to locate opportunities that meet your needs and then work with your Provider to obtain Provider approval/consent in a treatment plan. Please allow adequate time for review, approval, and questions as you navigate this process as there are strict timelines and the Fund will not be able to disburse funds contemporaneously with the submission of a treatment plan.

### 3. Payment Processing

- ☐ Do not submit invoices unless and until your treatment plan has been approved. No invoices submitted prior to approval will be paid.
- ☐ Once Simone approves all or part of your treatment plan, Elise will separately email you unique payment credentials for each provider. You are responsible for providing this information to your providers so that invoices can be submitted monthly through the portal.
- ☐ Invoices are submitted monthly in arrears.
  - This means that for services rendered during August, the earliest an invoice can be submitted is September 1.
  - We do our best to wire funds by the middle of the week received.
  - Submit only one invoice per provider per month to avoid duplication. Please do not submit multiple invoices during the month but hold invoices and submit all at once. This is for tracking purposes and avoids duplicate submissions.
  - -A confirmation code will be sent after successful submission—no need to follow up.
- ☐ Wire fees are not reimbursed. If your provider prefers a check, they must note this in the treatment plan and invoice.