**What You Need to Know**

**Program Offering Summary**

* Complex Trauma Initiative, Inc. (CTI) will pay clinicians a pre-agreed rate for each qualifying service provided to your client.
* Clinicians can apply for service rates up to the amount listed in the “Request” section of this form.
* If approved, the program is good for up to 50 sessions or 1 year, whichever comes first. The clinician can then re-apply for more as needed.

**Application Process**

We aim to make this as simple as possible so you can focus on your clients.

* Complete this application for each client (using MS Word).
* Email application and attachments to [Application@CTI.Charity](mailto:Application@CTI.Charity)
* You will receive an email notifying you if the application has been approved.

Allow a minimum of three weeks for the application to be processed.

**Qualifications**

* Clinician must have completed a minimum of Level I - The Complexities of Complex Trauma of the ISST-D’s Professional Training Program.
* Client must be diagnosed with Complex Post Traumatic Stress Disorder as defined by the ICD V11. See Appendix A.

**Terms and Conditions**

Please see Appendix A for complete Terms and Conditions.

**Support**

If you have any questions, please email CTI at [Support@CTI.Charity](mailto:Support@CTI.Charity)

**Clinician Information**

|  |  |
| --- | --- |
| **Application Date** | password |

**Clinician Name**

|  |  |  |
| --- | --- | --- |
| First Name |  | Last Name |

**Office Address**

|  |
| --- |
| Street 1 |

|  |
| --- |
| Street 2 |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| City |  | State |  | Zip |

**Contact Information**

|  |  |  |  |
| --- | --- | --- | --- |
| Phone Number |  | Can We Text This Number: | Yes/No |

**License Information**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Type |  | State |  | Number |

**Clinician Training**

|  |
| --- |
| ISST-D Professional Training Program Highest Level Completed |

*You must have completed a minimum of Level I - The Complexities of Complex Trauma to qualify for this program.* ***Please attach*** *your completion certificate from the ISST-D. Attachment file formats can be DOC, PDF, PNG, or JPG.*

**Client Information**

*Do not provide identifying client information.*

|  |
| --- |
| Client Initials |

|  |  |
| --- | --- |
| Does the client meet the essential diagnostic criterion for Complex Post Traumatic Stress Disorder as specified in the ICD v11? (See Appendix B): | Yes/No |

|  |
| --- |
| Please provide a narrative describing the clients need for financial assistance to pay for services. |

**Request**

**Rate Per Session**

You can request a rate per session up to the amounts listed in the chart below.

Please keep in mind that the more you request the less that’s available to help other clients. Anything that you or your client can cover would be helpful.

|  |  |
| --- | --- |
| **Level of Training You’ve Completed** | **Max You May Request Per Session** |
| Level I - Professional Training Program | $ 150.00 |
| Level II - From Complex Trauma to Dissociative Disorders | $ 155.00 |
| Level III - Advanced Topics in Complex Trauma and Dissociative Disorders | $ 160.00 |
| Level IV - Master Seminar: Complex Posttraumatic and Dissociative Disorders | $ 165.00 |

|  |  |
| --- | --- |
| $ | Requested Rate Per Session. |

**Number of Sessions**

You may request compensation for up to 50 sessions.

|  |
| --- |
| Requested Number of Sessions |

# Appendix A – Terms and Conditions

Please read these Reimbursement Terms and Conditions (“**Terms**”) carefully before submitting for reimbursement. By submitting for reimbursement with Complex Trauma Initiative Inc. (“**CTI**”), Payee is agreeing to be responsible for and being bound by these Terms.

**1. Definitions**

a. **Client** being the individual receiving the Covered Service for which CTI is providing reimbursement.

b. **Payee** being the person or organization who will receive reimbursement from CTI. This may or may not be the same individual as the Treating Clinician

c. **Treating Clinician** being the licensed clinician providing the Covered Service directly to the client. This may or may not be the same individual as the Payee.

d. **Covered Service** being the service provided by the Treating Clinician directly to the Client for which reimbursement is being requested.

**2. Expiration**

This agreement expires once CTI has reimbursed Payee for \_\_\_\_ Covered Services or as of \_\_\_\_ whichever comes first. Reimbursement requests for Covered Services submitted more than thirty (30) days after Expiration will be rejected, regardless of the date of the Covered Service. Payee is responsible for keeping track of the expiration.

**3. Payee Requirements**

Before submitting for reimbursement from CTI, Payee shall certify and/or provide the following:

1. The Treating Clinician meets all requirements as specified in Section 4.
2. An Application for Services provided by CTI has been completed and submitted to CTI.
3. The Treating Clinician providing the Covered Service is the same as the Treating Clinician listed on the Application for Services.
4. Requisite Release of Information forms from client authorizing the release of protected health information to CTI for the purposes of verification that Covered Services requirements have been met as specified in Section 6.
5. Payee shall provide CTI with the Payees’ Tax ID number. CTI will submit an IRS Form 1099 annually to the IRS with the total reimbursement provided to the Payee for Covered Services for that tax year.

**4. Treating Clinician Requirements**

b. Treating Clinician shall hold a valid and current license in the jurisdiction in which Treating Clinician is rendering services and for which Payee is seeking reimbursement from CTI.

c. Treating Clinician shall have completed a minimum of Level I “The Complexities of Complex Trauma” course offered by the International Society for the Study of Trauma and Dissociation (“ISST-D”).

d. Treating Clinician shall have completed a minimum of Level I – “The Complexities of Complex Trauma” of International Society for the Study of Trauma and Dissociation (“ISST-D”) “Professional Training Program”.

**5. Client Requirements**

The client is diagnosed, by the Treating Clinician, with Complex Post Traumatic Stress Disorder as defined by the International Classification of Diseases VII.

**6. Covered Service Requirements**

a. Payee may only seek reimbursement from CTI for a Covered Service if the Covered Service was actually performed by the Treating Clinician listed on the Application for Services.

b. Payee may not seek reimbursement from CTI for missed or cancelled sessions or for more than one (1) Covered Service per calendar day.

c. The treatment is materially compliant with applicable laws and the reimbursement conditions put in place by CTI from time-to-time

**7. Payee Certification**

By submitting for reimbursement from the CTI for Covered Services, the Payee certifies that (a) all the information provided to CTI is true and accurate and (b) the requirements contained in Sections 3, 4, 5 and 6 of these Terms have been adhered to.

**8. CTI Rights**

a. CTI reserves the right to cease payments or reimbursements to Payee at any time for any reason or no reason.

b. CTI reserves the right to recover past payments or reimbursements from Payee at any time for reasons including, but not limited to, misrepresentations made to CTI by Payee or Treating Clinician, false information provided to CTI by Payee or Treating Clinician, and fraudulent activity or gross negligence on the part of the Payee or Treating Clinician.

c. CTI shall have the right, but not the obligation, to request medical and billing records from Payee for client involved in each Covered Service.

d. CTI shall have the right, but not the obligation, to perform an audit of Clients’ records with regard to Covered Services. Payee agrees to comply with CTI’s reasonable request for such audit.

**7. Indemnification; Release and Hold Harmless**

Payee agrees to defend, indemnify and hold harmless CTI (including its attorneys, agents, servants, affiliates, successors and assigns) from and against any issues, disputes, claims, damages, liabilities, losses and expenses (including reasonable counsel fees) of any kind or nature whatsoever, including any third party claims (“**Losses**”) which may or have been sustained or suffered by CTI arising from or related to, directly or indirectly, and whether foreseeable or unforeseeable, the Covered Service conducted by Payee and/or Treating Clinician or those working under Payee and/or Treating Clinician, the Covered Services, these Terms and any other business relationship between Payee and CTI.

**9. Governing Law**

These Terms shall be governed by the laws of the Commonwealth of Massachusetts, United States of America, without regard to its choice of law provisions or those of any other state, territory, province, jurisdiction or country. By submitting for reimbursement from CTI, Payee agrees to the exclusive jurisdiction of courts within Commonwealth of Massachusetts, United States of America.

**10. Arbitration**

PAYEE hereby agreeS that, unless otherwise specifically required by law, any and all disputes, and legal and equitable claims arising between PAYEE AND CTI which relate to ANY PAYMENTS OR REIMBURSEMENTS PROVIDED BY CTI (EXCEPT FOR DISPUTES or claims REGARDING CONFIDENTIALITY OBLIGATIONS, misappropriation of intellectual property or other claims for equitable relief), shall be submitted to binding arbitration in BOSTON, MASSACHUSETTS before a single JUDICIAL ARBITRATION AND MEDIATION SERVICES, INC. (“**JAMS**”) arbitrator in accordance with the rules of JAMS. PAYEE further agreeS that unless otherwise expressly agreed upon by PAyee AND CTI, such arbitration proceeding shall not extenD beyond three (3) days. nothing set FORTH IN THESE TERMS SHALL BE DEEMED TO PREVENT PAYEE OR CTI FROM COMMENCING ACTION IN A COURT OF COMPETENT JURISDICTION IF PAYEE OR CTI IS SEEKING INJUNCTIVE OR OTHER EQUITABLE RELIEF. IF PAYEE commences arbitration hereunder or any litigation in violation of the terms hereof, and fails to prevail, THE PAYEE shall be liable for all reasonable costs and expenses of the arbitration or litigation, including without limitation the fees of the arbitrator and legal counsel to all parties, and witness fees of all parties to the proceeding.

**11. Opportunity to Consult with Legal Counsel**

By submitting for reimbursement from CTI, Payee is acknowledging the opportunity to consult with Payee’s own legal counsel prior to agreeing to these Terms and having read, understood and agreeing to these Terms with the intent to be legally bound.

**12. Notices**

All notices, demands, requests, and other communications to Payee shall be sent by electronic mail to the address provided with payment.

**13. Severability**

If any part of these Terms is determined to be invalid or unenforceable pursuant to applicable law, then the invalid or unenforceable provision will be deemed superseded by a valid, enforceable provision that most closely matches the intent of the original provision and the remainder of the Terms will continue in effect.

**14. Amendments**

CTI reserves the right to unilaterally amend, modify or replace these Terms without prior notice to Payee and, Payee agrees to observe and otherwise fully comply with the amended, modified or replacement Terms upon receipt of notice of same.

# Appendix B – Diagnostic Criterion for Complex Post Traumatic Stress Disorder (ICD Code: 6B41)

## Description

Complex post-traumatic stress disorder (Complex PTSD) is a disorder that may develop following exposure to an event or series of events of an extremely threatening or horrific nature, most commonly prolonged or repetitive events from which escape is difficult or impossible (e.g. torture, slavery, genocide campaigns, prolonged domestic violence, repeated childhood sexual or physical abuse). All diagnostic requirements for PTSD are met. In addition, Complex PTSD is characterized by severe and persistent 1) problems in affect regulation; 2) beliefs about oneself as diminished, defeated or worthless, accompanied by feelings of shame, guilt or failure related to the traumatic event; and 3) difficulties in sustaining relationships and in feeling close to others. These symptoms cause significant impairment in personal, family, social, educational, occupational or other important areas of functioning.

## Exclusions

* Post traumatic stress disorder (ICD Code: 6B40)

## Diagnostic Requirements

### Essential (Required) Features:

* Exposure to an event or series of events of an extremely threatening or horrific nature, most commonly prolonged or repetitive events from which escape is difficult or impossible. Such events include, but are not limited to, torture, concentration camps, slavery, genocide campaigns and other forms of organized violence, prolonged domestic violence, and repeated childhood sexual or physical abuse.
* Following the traumatic event, the development of all three core elements of Post-Traumatic Stress Disorder, lasting for at least several weeks:
  + Re-experiencing the traumatic event after the traumatic event has occurred, in which the event(s) is not just remembered but is experienced as occurring again in the here and now. This typically occurs in the form of vivid intrusive memories or images; flashbacks, which can vary from mild (there is a transient sense of the event occurring again in the present) to severe (there is a complete loss of awareness of present surroundings), or repetitive dreams or nightmares that are thematically related to the traumatic event(s). Re-experiencing is typically accompanied by strong or overwhelming emotions, such as fear or horror, and strong physical sensations. Re-experiencing in the present can also involve feelings of being overwhelmed or immersed in the same intense emotions that were experienced during the traumatic event, without a prominent cognitive aspect, and may occur in response to reminders of the event. Reflecting on or ruminating about the event(s) and remembering the feelings that one experienced at that time are not sufficient to meet the re-experiencing requirement.
  + Deliberate avoidance of reminders likely to produce re-experiencing of the traumatic event(s). This may take the form either of active internal avoidance of thoughts and memories related to the event(s), or external avoidance of people, conversations, activities, or situations reminiscent of the event(s). In extreme cases the person may change their environment (e.g., move house or change jobs) to avoid reminders.
  + Persistent perceptions of heightened current threat, for example as indicated by hypervigilance or an enhanced startle reaction to stimuli such as unexpected noises. Hypervigilant persons constantly guard themselves against danger and feel themselves or others close to them to be under immediate threat either in specific situations or more generally. They may adopt new behaviors designed to ensure safety (not sitting with ones’ back to the door, repeated checking in vehicles’ rear-view mirror). In Complex Post-Traumatic Stress Disorder, unlike in Post-Traumatic Stress Disorder, the startle reaction may in some cases be diminished rather than enhanced.
* Severe and pervasive problems in affect regulation. Examples include heightened emotional reactivity to minor stressors, violent outbursts, reckless or self-destructive behavior, dissociative symptoms when under stress, and emotional numbing, particularly the inability to experience pleasure or positive emotions.
* Persistent beliefs about oneself as diminished, defeated or worthless, accompanied by deep and pervasive feelings of shame, guilt or failure related to the stressor. For example, the individual may feel guilty about not having escaped from or succumbing to the adverse circumstance, or not having been able to prevent the suffering of others.
* Persistent difficulties in sustaining relationships and in feeling close to others. The person may consistently avoid, deride or have little interest in relationships and social engagement more generally. Alternatively, there may be occasional intense relationships, but the person has difficulty sustaining them.
* The disturbance results in significant impairment in personal, family, social, educational, occupational or other important areas of functioning. If functioning is maintained, it is only through significant additional effort.