



# Domestic Violence Intervention Treatment Preliminary Report

Report on Domestic Violence Intervention Treatment Work Group  
per Sec. 126(137(a)) of Chapter 376, Laws of 2024

March 18, 2025

Report to the Legislature

Director Joe Nguyễn

# Acknowledgements

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# Overview

Domestic violence and intimate partner violence pose a serious public health issue, requiring an adaptive and comprehensive response. Domestic Violence Intervention Treatment (DVIT) refers to a program that provides domestic violence assessments or intervention treatment to perpetrators of intimate partner violence. It is certified by the Washington State Department of Social and Health Services (DSHS).<sup>1</sup> DVIT is recognized by the Washington State Legislature as a crucial element of Washington's response to domestic violence.<sup>2</sup> The cost and time associated with DVIT has been of particular interest in making this treatment accessible and affordable in the hopes of reducing recidivism and rehabilitating a wide range of offenders.

To address requirements in Sec. 126(137(a)) of Chapter 376, Laws of 2024,<sup>3</sup> the Washington State Department of Commerce convened a work group to create a roadmap providing a detailed pathway for insurance and Medicare/Medicaid billing for DVIT. The work group will also clarify educational pathways to become a state-certified DVIT provider.

The final report, due in June 2025, will clarify the opportunities and challenges of using commercial insurance billing and Medicaid/Medicare Waiver 1115<sup>4</sup> as an avenue for funding DVIT throughout Washington. By clarifying educational pathways, including credentialing, this work may also expand the number of providers currently serving Washington.

## Legislative mandate

Sec. 126(137(a)) of Chapter 376, Laws of 2024 instructed the Department of Commerce's Office of Crime Victims Advocacy to address domestic violence:

(a) \$200,000 of the general fund—state appropriation for fiscal year 2025 is provided solely for the office to convene a work group to create a roadmap that provides a detailed pathway describing the steps necessary for insurance billing for domestic violence intervention treatment in Washington state.

(i) In developing the roadmap, the work group must:

(A) Determine if a medicaid state plan amendment or 1115 waiver would be necessary to allow medicaid billing for domestic violence intervention treatment;

(B) Determine if existing billing codes would work for medicaid and commercial insurance, or if new billing codes would be necessary;

(C) Identify any healthcare certification or credentials needed for providers to be able to bill insurance for domestic violence intervention treatment;

(D) Identify the educational pathways that exist to become a domestic violence intervention treatment provider; and

(E) Identify any statutory changes or funding necessary to implement the roadmap.

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<sup>1</sup> [WAC 388-60B-0015](#)

<sup>2</sup> [Domestic Violence Manual for Judges - Chapter 3-The Legislative Response to Domestic Violence \(Revised 2022\)](#)  
; [HB 1715 Part III Sec 301 \(2\)](#)

<sup>3</sup> [Chapter 376, Laws of 2024 \(2023-25 Supplemental Operating Budget\)](#)

<sup>4</sup> [Medicaid Transformation Project](#)

- (ii) The work group members must include representatives of:
- (A) Organizations that provide domestic violence intervention treatment;
  - (B) Individual clinicians that provide domestic violence intervention treatment;
  - (C) Social workers;
  - (D) Licensed marriage and family therapists;
  - (E) Domestic violence survivors;
  - (F) The domestic violence treatment program administered by the department of social and health services;
  - (G) Staff from the department of health with expertise in licensing and credentialing of health professionals;
  - (H) Staff from the health care authority who work on insurance billing for medicaid, the public employees benefits board, and the school employees benefits board;
  - (I) The office of the insurance commissioner;
  - (J) Medicaid managed care organizations; and
  - (K) Commercial insurance carriers.
- (iii) The office of crime victims advocacy must provide staff support for the work group.
- (iv) The work group must submit a preliminary report including the roadmap to the appropriate committees of the legislature by December 31, 2024.

## Next steps

The work group is examining the following issues and conducting tasks described below.

### **Insurance and Medicaid or Medicare**

- Determine if a Medicaid state plan amendment or 1115 waiver would be necessary to allow Medicaid billing for domestic violence intervention treatment
- Determine if existing billing codes would work for Medicaid and commercial insurance, or if new billing codes are necessary

### **Health care certifications and educational pathways**

- Identify any health care certification or credentials needed for providers to be able to bill insurance for domestic violence intervention treatment
- Identify the educational pathways that exist to become a domestic violence intervention treatment provider

### **Statutory and funding recommendations**

- Make recommendations of statutory changes to credentialing
- Identify new educational pathways and funding required for these pathways
- Identify regulatory, statutory, and financial changes needed for commercial insurance and Medicaid or Medicare

# Background

In June 2018, the Washington State Legislature released the report "Domestic Violence Perpetrator Treatment: A Proposal for an Integrated System Response (ISR)."<sup>5</sup> The cost associated with Domestic Violence Intervention Treatment (DVIT) was highlighted as prohibitive and non-reimbursable by insurance, potentially leading perpetrators to seek out treatment options that are not state-certified or currently regulated less reputable treatment options. A later report released by the Washington State Legislature in October 2020, "Domestic Violence Intervention Treatment: Removing Obstacles to Implementation"<sup>6</sup> identified that the creation of a reliable funding scheme for court-ordered DVIT was a top concern. The 2020 report noted that the "insurance option" potentially created a hurdle in funding DVIT because there were no International Classification of Diseases (ICD) 9 or 10 codes<sup>7</sup> for providers to use when billing insurance.

Although standards associated with DVIT have been clearly outlined,<sup>1</sup> use of insurance and Medicare/Medicaid as a sustainable funding source and different educational pathways for providers has not been determined by previous work. As such, the legislature appropriated \$200,000 of the general fund—state appropriation for fiscal year 2025 solely for the office to convene a work group to examine these possibilities.

## What is DVIT?

DVIT is a Washington state-certified program specifically designed to address intimate partner violence through court ordered therapeutic services. These evidence-based services are aimed at increasing safety to the community and victim, rehabilitative efforts for the perpetrator, and reduced rates of recidivism.<sup>8</sup> Standards of treatment including staff qualifications, treatment modalities, continuing education requirements, and treatment focus are set and maintained by the Department of Social and Health Services (DSHS). DSHS ensures that certified programs provide perpetrator intervention in accordance with the state laws and rules that were specifically designed for DVIT. Currently, Washington has 65 DVIT-certified providers working throughout the state providing in-person and internet-based therapeutic intervention treatment to perpetrators.

DVIT assesses the level of risk, need, and responsiveness prior to treatment. Based on this assessment, along with the severity of domestic violence charges, perpetrators are assigned to different levels of treatment,<sup>8</sup> resulting in a tailored approach. Currently, DVIT programs span six to 12 months, with some rare instances extending beyond one year of treatment. Although the period associated with treatment may vary, as determined by DVIT certified practitioners in association with the court and/or probation services, all participants within DVIT are expected to understand and accept core competencies. These core competencies include recognizing different types of abuse, identifying belief systems associated with abusive patterns, understanding the impact of abuse on children, and taking accountability for actions personally, legally, and financially.<sup>8</sup> During and after treatment, DVIT participants are asked to provide feedback on services and effectiveness of treatment to DSHS.

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<sup>5</sup> [Domestic Violence Perpetrator Treatment: A Proposal for an Integrated System Response \(ISR\). Report to the Washington State Legislature 2018](#)

<sup>6</sup> [Domestic Violence Intervention Treatment: Removing Obstacles to Implementation. Report to the Washington State Legislature 2020](#)

<sup>7</sup> [ICD Code Lists - Centers for Medicare and Medicaid Services](#)

<sup>8</sup> [CBT Guide for Intimate Partner Violence 2020](#)

# DVIT Work Group

## Schedule and program

To develop the required recommendations and final report due to the Legislature by June 30, 2025, the work group (Table 1) met in September and October 2024 and intends to meet six more times. The work group was developed based on the proviso language and recommendations from the Office of Crime Victims Advocacy (OCVA) and the Washington State Department of Social and Health Services (DSHS). In addition to these recommendations and requirements, inquiries to the Association of Washington Healthcare Plans, and the Washington State Health Care Authority (HCA) also guided work group membership.

The membership represents professional and/or lived experience with domestic violence, as required by legislation and includes people needed to ensure that recommendations are comprehensive, such as individuals familiar with tribal health billing codes and therapeutic court coordinators. Our membership spans a broad geographical range covering eastern and western Washington.

The work group will develop a broad set of recommendations. The requirements as provided in this legislation will serve as a foundation and framework for this effort. The work group will use members' professional training, credentialing, and lived experiences to shape and prioritize recommendations.

Work group meetings are by invitation only, due to the sensitive nature of domestic violence and domestic violence intervention treatment, and to ensure a transparent discussion surrounding these issues. These meetings are intended to discuss and develop recommendations that have proven elusive within the previous legislative work. The schedule for the work group follows:

- September and October 2024: Medicaid and Medicare Waiver 1115
- November 2024: Insurance coding options
- January 2025: Credentialing and certifications
- February 2025: Educational pathways
- March - April 2025: Refinement and prioritization

Table 1: Work group members

Name	Representative Requirement	Title and Organization
Mark Adams, MA, LMHC	Organizations that provide domestic violence intervention treatment/Individual clinicians that provide domestic violence intervention treatment	Supervising Therapist, ACT&T Central
Rosemary Crawford, MA, LMHC	Organizations that provide domestic violence intervention treatment/Individual clinicians that provide domestic violence intervention treatment	Northwest Family Life Learning & Counseling Center
Stacy Crutcher McFadden, MSW, CC, DV Certified Level 1-4	Individual clinicians that provide domestic violence intervention treatment/Social Worker	Supervisor/Owner, Counseling and Wellness PC
Dr. Alisha Guthery, PhD, LMHC, CATP	Organizations that provide domestic violence intervention treatment/Individual clinicians that provide domestic violence intervention treatment	Visiting Professor/Adjunct Professor, Palo Alto University, Antioch University

Dr. Nancy Murphy, LMHC, Dmin	Organizations that provide domestic violence intervention treatment/Individual clinicians that provide domestic violence intervention treatment	Supervisor of a State Certified Domestic Violence Treatment Program, Northwest Family Life Learning & Counseling Center
Valerie Waterland, MS LMFT ARM	Individual clinicians that provide domestic violence intervention treatment/Licensed Marriage and Family Therapist	DVIT Supervisor/Trainer, Waterland Counseling LLC
Ashley Albert	Domestic violence survivor organizations	Representative of Washington State Coalition Against Domestic Violence, Founder and Certified Peer Counselor for Intuned Consulting, LLC
Ward Urion	Domestic violence survivor organizations	Senior Prevention Strategist, Washington State Coalition Against Domestic Violence
Mette Earlywine	The domestic violence treatment program administered by the Washington State Department of Social and Health Services	Domestic Violence Program Administrator, Washington State Department of Social and Health Services, Community Services Division
Amie Roberts, LMHC	The domestic violence treatment program administered by the Washington State Department of Social and Health Services	Domestic Violence Intervention Treatment Program Supervisor, Washington State Department of Social and Health Services
Eve E. Austin, RDN, CD	Staff from the Washington State Department of Health with expertise in licensing and credentialing of health professionals	Office of Health Professions Executive Director -Behavioral Health, Washington State Department of Health
Chelsey Anderson	Staff from the Washington State Health Care Authority who work on insurance billing for Medicaid, the Public Employees Benefits Board, and the School Employees Benefits Board	Uniform Medical Plan, Account Manager - Employee and Retiree Benefits Division, Washington State Health Care Authority
Tina Anderson, MSW, SUDP, Curyung Tribal Member	Staff from the Washington State Health Care Authority who work on insurance billing for Medicaid, the Public Employees Benefits Board, and the School Employees Benefits Board	North Sound Regional Tribal Liaison - Island, San Juan, Skagit, Snohomish, Whatcom Counties - Office of Tribal Affairs, Washington State Health Care Authority
Teresa Eltritch, MS, LMHC, PMH-C	Staff from the Washington State Health Care Authority who work on insurance billing for Medicaid, the Public Employees Benefits Board, and the School Employees Benefits Board	Perinatal Mental Health Manager, Washington State Health Care Authority
Lauren Johnston	Staff from the Washington State Health Care Authority who work on insurance billing for Medicaid, the Public Employees Benefits Board, and the School Employees Benefits Board	Uniform Medical Plan, Senior Account Manager, Washington State Health Care Authority



Delika Steele	The Office of the Insurance Commissioner	Health Policy Analyst, Washington State Office of Insurance Commissioner
Donna Arcieri, HIA, MHP	Medicaid managed care organizations/ Commercial Insurance Carrier	Vice President - Business Process Outsourcing Operations, Community Health Plan of Washington
Ali Desautel	Medicaid managed care organizations/ Commercial Insurance Carrier	Tribal Liaison, WA Health Plan - United Healthcare Community and State
Erin Gilliland, LMHC, CCM, SUDP-T	Medicaid managed care organizations/ Commercial Insurance Carrier	Behavioral Health Operations Manager, Community Health Plan of Washington
Lindsey Greene, MSW	Medicaid managed care organizations/ Commercial Insurance Carrier	Medicaid Program Manager, Coordinated Care of Washington
Libby Hein	Medicaid managed care organizations/ Commercial Insurance Carrier	Director of Behavioral Health, Molina
Robert E. Howard	Medicaid managed care organizations/ Commercial Insurance Carrier	Tribal Liaison - Medicaid/Medicare State of Washington, Wellpoint Washington Inc.
Camille Walton	Medicaid managed care organizations/ Commercial Insurance Carrier	Medicaid Program Manager, Coordinated Care of Washington
Brittany St. Clair, NCMA, CHW	Medicaid managed care organizations/ Commercial Insurance Carrier	Social Determinants of Health Liaison, WA Health Plan - United Healthcare Community and State
Alla Hassan	Washington State Department of Commerce's Office of Crime Victims Advocacy	Assistant Managing Director, Office of Crime Victim's Advocacy
Jodine Honeysett	Washington State Department of Commerce's Office of Crime Victims Advocacy	Violence Against Women Section Manager, Office of Crime Victim's Advocacy
Sarah Thompson	Other	Therapeutic Court Coordinator, Spokane Municipal Court