

Crime Victims' Compensation Portal Tutorial for Child Advocacy Centers

Crime Victim and Survivor Services Division

This document provides **guidance for child advocacy centers** on how to use the Crime Victims' Compensation Portal when assisting victims and their families.

Updated 06/2025



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Portal Functions

The portal gives child advocacy centers (CACs) access to help individuals apply for Crime Victims' Compensation (CVC) benefits and securely upload bills and medical chart notes.

You can use the portal for:

- Submitting an application.
- Searching for claims using a claim number or the victim's name and date of birth
- Viewing claim status and payment information
- Viewing insurance information
- Uploading bills, Explanation of Benefits (EOBs), and chart notes
- Emailing CVC for assistance on a claim

We will only process applications that include the electronic or uploaded signature of the victim/applicant.

Portal Access

If multiple people from your center assist with applications and upload documents, we recommend your group uses a common email and log in.

To register to use the portal:

1. Visit <https://justice.oregon.gov/victims/compensation/Account/Login>.
2. Click **Register**.
3. Select **CAC** as your role.
4. Enter your information and create a password. Passwords must be at least 14 characters, with at least one lowercase and one uppercase letter.
5. Click **Register**.

After you register, it will take 1 to 3 business days for the CVC program to review and approve your access. Wait for an email stating CVC approved your registration, then confirm your email address. Make sure you register using a business address or CVC may deny your access.

Once you receive access, you will receive an email with a link to confirm your email address. Be sure to follow this link to confirm your email address. If you have any questions during this process, contact us at cvssdportal@doj.oregon.gov.

Submitting an Application

CAC representatives may help the victim (or, if a victim is under the age of 14 or deceased, the guardian) fill out an application.

Application Options

- Use the **CAC Application Short Form** when your center serves a child.
- Use the **Children's Advocacy Center "No Signature" Billing Form** when your center provided services but was not able to obtain a signed release of information from the patient or guardian for a specific reason.
- Use the **CVC Application** when helping an adult victim of domestic violence apply.



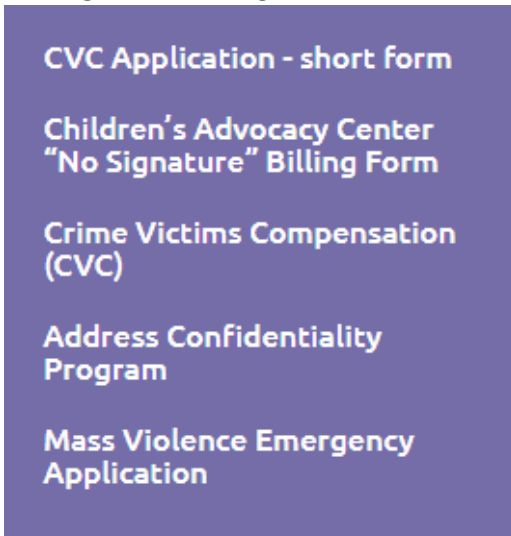
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Application Access

1. Visit <https://justice.oregon.gov/victims/compensation/Account/Login> and enter your login and password.
2. Select **File an Application**.



3. Select **CVC Application - Short Form, Crime Victims' Compensation** or **Child Advocacy Center "No Signature" Billing Form**.



CVC Application – short form

Throughout this application, you must complete any highlighted (yellow) field.

Who referred you to our program?

APPLICATION FORM
Please complete the highlighted fields

Who referred you to our program?

☒ Child Advocacy Center
Select Assessment Center

Date of Service

Select **Children's Advocacy Center** and the name of your organization from the dropdown list. CVC requires you to list the date of service.



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Victim Information

Victim Information (Person who is injured. Persons age 14 and older may apply on their own)

First Name:		Middle Name:	Last Name:	
Date of Birth:	Phone:	Language Spoken: English	Gender: Please Select	
Mailing Address:	Apt #:	City:	State: Oregon	Zip:
May we contact you by email? Please select		If yes, please provide your email address:		

You must complete this section. If the victim is under the age of 14, we only require you to add their name and date of birth.

Applicant Information (Legal Guardian)

Applicant Information (Parent or Guardian of above listed victim)

First Name:		Middle Name:	Last Name:		
Mailing Address:	Apt #:	City:	State: Select a State	Zip:	
Phone:	Language Spoken: Select a Language	Date of Birth:	Gender: Please Select	Your relationship to the victim Select A Relationship	
May we contact you by email? Please select		If yes, please provide your email address:			

You must complete this section when the child is under the age of 14.

Parent/Guardian (Person we can talk to about the claim)

Parent/Guardian (Person we can talk to about your claim)

First Name:	Last Name:	Contact person's phone:
Contact person's relationship to the victim: Select a Relationship	Email address:	

You can list an additional parent or guardian (if there is one) so that we can speak with them about the claim.

Allegation of Concern (Required for all claims)

Allegation of Concern (Required for all claims)

Type of Allegation:	Select Type of Allegation			
Alleged Suspect (if known):		Date of Birth:		
First Name	Last Name			
Additional Suspect (if applicable):		Date of Birth:		
First Name	Last Name			
Date of Allegation:	Date Reported:	Report Number:		
Name of Police Department reported to:		Name of Officer:		
Select Police Department				
Location of Allegation:	City:	State: Select a State	Zip:	County: Select County
Reports to be provided by Child Assessment Center (Please check ALL that apply)				<input type="checkbox"/> Forensic Interview <input type="checkbox"/> Medical Assessment



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Please enter as much information as possible.

Crime Information

- **Type of Allegation:** Select the type of crime that best describes the incident.
- **Alleged Suspect:** If the suspect is unknown, type “unknown” in the first and last name fields.
- **Date of Allegation:** Add the date if known. While we do not require this information, it is helpful for us to have it when processing the claim.
- **Name of Police Department:** Select the law enforcement agency that received the report of the crime. If someone reported the crime to the Department of Human Services, select **DHS**.
- **Location of Allegation:** This can be an address, intersection, or business name. Be as specific as possible.
- **Reports provided by CAC:** Please select **Forensic Interview** or/and **Medical Assessment**. We need to know what type of report your center will provide.

Additional Information (Add information you would like us to know)

Additional Information (Add information you would like us to know)

--

You can add any information that you would like us to know (i.e., the insurance subscriber is the offender or names of family members who want access to counseling benefits).

Insurance Information

Insurance Information (Please check ALL that apply to the victim at the time of the crime)

List insurance company and other resource information below.

☐ Private Health Insurance ☐ Oregon Health Plan ☐ None ☐ Dental

Insurance Company Name:

Insurance Company Name:

Check the boxes for any of the insurance coverage the victim has including the Oregon Health Plan, private health insurance (such as Blue Cross, MODA, Cigna, Keizer) and/or dental.

If the victim has private insurance, we require the name of the insurance company.

Advocate Contact Information

Advocate Information (Person at the DA's Office, non-profit, or Child Advocacy Center assisting with this application)

Advocate First Name:	Advocate Last Name:	Advocate e-mail:	Advocate phone#:	County: ▼
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The contact information you provided in your portal profile will auto-populate in this section.



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Signature

<input type="checkbox"/> By checking this box and typing my name below I am electronically signing my application. I understand that my electronic signature has the same legal effect and can be enforced in the same way as my handwritten signature.	
Signature of Victim/Applicant:	Date:
<input type="text"/>	<input type="text"/>
Signature of 14-17 year old:	Date:
<input type="text"/>	<input type="text"/>

If the victim or applicant signs the application electronically, we do not require a signature page. If they do not sign electronically, you must submit the signature page to CVC before further processing.

Submit

Federal Reporting Information :

The following voluntary information is used for statistical purposes only to comply with federal regulations:

Is the Victim disabled?	No	Was the Victim disabled prior to the date of crime?	No
Ethnicity of victim:	Select Ethnicity		

Please only click submit once

Once you complete all the required fields, select **Submit**.

Possible Errors

If you miss a required field, the portal will redirect you to that section.

Signature Error

The signature must match the name of the victim or applicant exactly.

Extra spaces in the name fields in the victim and applicant sections create the most errors. Make sure to remove any extra spaces.

If you list a middle name on the form, you must also include it in the signature.

<input type="checkbox"/> By checking this box and typing my name below I am electronically signing my application. I understand that my electronic signature has the same legal effect and can be enforced in the same way as my handwritten signature.	
Signature of Victim/Applicant:	Date:
<input type="text" value="Test Signature"/>	<input type="text" value="8/14/2023"/>
The signature must match either the victim or the applicant.	

Application Submitted



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Tutorial for Advocates	How Do I	Search Claims	Hope Card Survey	File An Application ▾	Christ
Your Online Web Claim Submission has been submitted. Your Online Submission Id is 87980 .					
Please allow 2 - 3 days to access claim.					
Documents cannot be uploaded when you submit an application. An email will be generated to the person who applied letting them know when documents can be uploaded					
If you have any questions email: cvssd@doj.state.or.us					
Go back to Search					

Immediately after submitting the application, the portal displays a confirmation message that you submitted the claim (application) and lists an online submission ID number.

- You have access to claims (applications) you submit under the **Claims Submissions** section.
- We will send an email that includes the assigned claim number once we receive the application and import it into the system.

Children's Advocacy Center "No Signature" Billing Form

Opening Section

Children's Advocacy Center "No Signature" Billing Form	
This form is for use when a Center has provided services but has not received a signed "Release of Information" from the patient or guardian.	
Please complete the highlighted fields	
CAC/CAIC Name:	Date of service:
Patient Initials:	(Do not use a full name or more than one letter of each name for the initials. Providing a full name or partial name can be a breach of confidentiality.)
Account Number:	(The account number should be a number that is linked to the date of service and not just the patient. Do not use health record numbers that are connected to the patient for all dates of service. This number can only be used once in our system and duplicate numbers will be rejected even if the date of service is different.)
Patient was referred due to concerns of: Please Select ▾	
Did the patient disclose abuse? (Please do not provide further information.): Please Select ▾	
Why was the guardian signature not obtained?(This form can only be submitted for one of the three reasons listed.) Please Select ▾	

The portal auto populates your center's name from your portal profile. Enter the date you served the victim.

Enter the initials of the patient. Do not use a full name or more than one letter of each name for the initials. Providing a full name or partial name can be a breach of confidentiality.

Use an account number linked to the date of service, not the patient. You may only use this number once in our system. CVC will send a payment denial even if the date of service is different.

Answer the questions using the drop-down menus.

- **Patient was referred due to concerns of...** Select Sexual Assault, Physical Abuse, or Karly's Law.
- **Did the patient disclose abuse?** Select Yes or No.
- **Why was the guardian signature not obtained?** Select Applicant is the Offender, Guardian Refused Services, or DHS has Temporary Custody.

Unless requested by CVC, do not provide additional details or information for these questions.

Insurance Information



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INSURANCE INFORMATION

Does the patient have insurance? Yes

If insurance was not billed because the insurance subscriber is the alleged suspect check here ☐

Did insurance pay all or part of the bill?: Please Select

If yes, any portion of the bill that remains must be written off by the CAC. Victim should not be billed. CVC cannot pay the remainder without a "Release of Information" from the patient or guardian.

If no, why was the bill denied?: Please Select

Use the drop-down menu to indicate if the patient has insurance. If you select yes, the portal will display additional questions for you to complete. Check the box if applicable and use the drop-down menus to answer the questions.

Billing Information

BILLING INFORMATION

(The name and credentials of the provider who perform the assessment are required. CVC will still use the workers compensation fee schedule when processing payments)

Name of Provider Rendering Services	Credentials
<input type="text"/>	<input type="text"/>

Codes billing (Enter the billed amount per code for the services rendered to the patient.):

92551 <input type="text"/>	99170 <input type="text"/>	99173 <input type="text"/>	99205 <input type="text"/>
99354 <input type="text"/>	99355 <input type="text"/>	99499 <input type="text"/>	

Total Billed Amount:\$0.00

List the name and credentials of the provider who performed the assessment. Use only the codes listed on the form for billing.

Signature

Signature of CAC Representative:	Date:
<input type="text"/>	<input type="text"/>

Please only click submit once

A CAC representative signs the application and clicks **Submit**.

Exploring the Portal

Searching for Claims

There are three ways you can find a claim in the portal.

In the **Claim Submissions** section, you can view the claims submitted under the center's portal profile.

1. Under **Claim Submissions**.




Use the filter to search to reduce the number of claims in your view.

Claim Submissions

Note: If you'd like access to claims filed online prior to the portal, please email cvssdportal@doj.state.or.us.

Filter:

Show

Edit	Claim Number	Online Submission Id	Submission Date	Victim	Application Status	
	CV 05029-07	4946	06/10/2016	Jane Doe	Received	  



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Claim Submission Fields

- **Claim Number:** The number CVC assigns to a victim's application.
- **Online Submission Id:** The number the portal assigns for a submitted application until CVC generates a claim number.
- **Submission Date:** The date you or the applicant submitted the application.
- **Victim:** The name of victim.
- **Application Status:** The status of the application.
 - **Submitted:** The center or applicant submitted the application to CVC, but we have not yet imported into the system.
 - **Received:** CVC received the application and assigned it a claim number.
 - **Rejected:** CVC rejected the application.
 - **Duplicate:** CVC has already received an application for this incident. Search the portal for the claim number or contact CVC.

There are two ways you can search for a claim in the **Search Claims** section. Select **Claim Number** or **Name & Date of Birth** from the drop-down menu and type the information.

2. Search by the claim number (enter the digits only).

The Search Claims section with Claim Number selected.

Search Claims

Search:

Claim Number

CV:

Search

***NOTE:** To make searching simple please enter only the number in a CV number (example 01234-01)

3. Search by the patient's name and date of birth (you must have both).

The Search Claims section with Name & Date of Birth selected.

Search Claims



Search:

Name & Date of Birth

Search

The search results will populate once you click **Search**.

An example of claim search results

Search Results									
Filter:	<input type="text"/>								Display 25
	Claim Number	Victim	Claim Determination Status	Date Received	Claim Expiration Date	Assigned Examiner	Assigned Specialist	Status	
Select Claim	CV 05029-07	Doe, Jane Mary	Accepted - Reconsideration, denial overturned	01/01/2023	04/12/2028	Cecilia	Not Assigned	Accepted	 



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Search Claim Fields

- **Claim Number:** The number CVC assigned to a victim's application.
- **Victim:** The name of victim.
- **Claim Determination Status:** The status indicating if CVC accepted or denied the claim.
- **Date Received:** When CVC received the application.
- **Claim Expiration Date:** When the claim will expire.
- **Assigned Examiner:** The person who determines eligibility.
- **Status:** The status of the application, which can be:
 - **Pre-Determined:** This status means CVC is reviewing the claim and they have not yet made a decision.
 - **Inactive:** CVC accepted the claim, but moved it to inactive status due to lack of activity on the claim, such as no bills being processed.
 - **Open-Accepted:** CVC is actively processing bills or requesting information.
 - **Closed Med Assess Only:** CVC accepted the claim to pay for the medical assessment only.
 - **CAC no Signature:** CVC did not receive the signature page so we cannot continue processing the application.
 - **Suspended-no signature:** CVC did not receive the signature page and suspended the claim until we receive it.

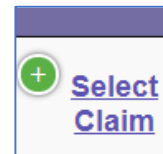
Claim Information

Claim Detail

To see more claim information, click on **Select Claim** from the left-hand column of the search result. The Claim Detail page opens, which shows information about the claim, including the date of the crime, the victim's insurance information, and the determination status.

Example of search results page

Search Results									
Filter: <input type="text"/>			Display 25 ▼						
	Claim Number	Victim	Claim Determination Status	Date Received	Claim Expiration Date	Assigned Examiner	Assigned Specialist	Status	
Select Claim	CV 05029-07	Doe, Jane Mary	Accepted - Reconsideration, denial overturned	01/01/2023	04/12/2028	Cecilia	Not Assigned	Accepted	 





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The Claim Detail page for a selected claim

Claim Detail	
Victim:	Doe, Jane Mary
Claim Number:	CV 05029-07
Date Received:	01/01/2023
Status:	Accepted
Claim Expiration Date:	04/12/2028
Date Of Crime:	12/12/1996
Referred By:	Victim Assist Program
Examiner Assigned:	Cecilia
Specialist Assigned:	Not Assigned
Reported To:	Albany Police Department
Date Reported:	02/18/2021
Crime County:	Baker
Determination Status:	Accepted - Reconsideration, denial overturned
Determination Date:	04/12/2023

The Claim Detail section also includes an Insurance Information subsection that lists the name of the current insurance company, the effective date, and their policy number or Oregon Health Plan (OHP) ID number.

The Insurance section of the Claim Detail page for a selected claim

Insurance				
Filter: <input type="text"/>				Show 10 ▼
Organization Name	Insured Name	Type	Effective Date	Policy Number
OHP	Jane Doe	Current Health Insurance	1/1/2017 12:00:00 AM	ZB23651B
Providence	Tammy Doe	Current Health Insurance		125215

From this page you can tab to **Payments** and **Forms**. Return to the main page by clicking on **Claims Search**.

Payment

By selecting the **Payment** tab, you can see the payments made under the claim.

The Payments page for a selected claim

Payments				
Filter: <input type="text"/>				Display 25 ▼
	Pay To	Transaction Type	Provider Name	Amount Paid
Detail	Jane Mary Doe	Loss of Earnings		\$360.00
Detail	Bugs Bunny	Ambulance		\$0.00
Detail	Bugs Bunny	Counseling Benefit		\$0.00
Detail	Tammy Doe	Loss of Earnings		\$1,500.00
Detail	Hillsboro Aviation Inc	Chiropractor	Hillsboro Aviation Inc	\$0.00

You will see the following information listed there.

- **Pay To:** The person or provider who CVC paid.
- **Transaction Type:** The type of service the victim received.
- **Provider Name:** The provider who provided the service to the victim.
- **Amount Paid:** The amount CVC paid for the claim.



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Payment Detail

Click on **Detail** for the payment you want to learn more about. You will see the following items:

- **Amount Billed:** The amount the provider charged, which may include several dates of service.
- **Paid by Prior:** The amount of payment or write-off from the insurance company.
- **Fee Schedule:** A provider write-off that they must take if they accept payment from CVC.
- **Other Deductions:** Out-of-pocket payments or restitution paid to the provider or victim that reduced the amount owed.
- **Date Authorized:** The date CVC authorized the payment and submitted for processing.
- **Check Comments:** Additional comments, which may note specific dates of service etc.
- **Amount of Payment:** The amount CVC paid for the claim.

Payment Detail



Pay To:	Bugs Bunny
Date Service Started:	08/01/2022
Date Service Ended:	08/30/2022
Provider Name:	
Transaction Type:	Counseling Benefit
Account Number:	
Date Bill Received:	
Amount Billed:	\$100.00
Amount Allowed:	
Paid By Prior:	(\$0.00)
Fee Schedule:	(\$0.00)
Other Deductions:	(\$100.00)
Amount Of Payment:	\$0.00
Authorized By:	Christy Simon
Date Authored By:	06/02/2023
Check Comments:	
Check Request Verbiage:	

Close

Forms

This section contains forms associated with the claim. One of the forms you will see is **Getting Started with Crime Victims**, the initial letter CVC sends to victims who receive services.

The Forms page for a selected claim

CV 05029-07

Claim Detail

Payments

Forms

Claims Search

Getting Started with Crime Victims-PDF (English)
Getting Started with Crime Victims-PDF (Spanish)
Authorize to Release (English)
Authorize to Release (Spanish)

Document Upload

You can upload bills, reports, signature pages, chart notes, EOBs, or any other documentation you would like CVC to review.

You will find the upload icon throughout the portal, including in the right-hand column of search results for any claim.



The upload icon



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Follow these steps to upload documents:

1. Choose the upload icon next to the claim your document pertains to.
2. Select **Category** from the drop-down menu to identify the type of document you are uploading.
3. Click on **Choose File** to browse your computer for the document to upload.
4. Select **Submit Document**.

Add Claim Document

Category:

Select File Category ▼

Document File:

Choose File No file chosen

Submit Document

Contacting Our Staff

If you have questions regarding a specific claim, contact us through the portal.

You will find the message icon throughout the portal, such as in the right-hand column of the claim search results. Follow these steps to message us:

1. Choose the message icon next to the claim you are messaging about.
2. From the drop-down menu, select the type of question you have to help our system identify where your message should be sent.
3. Enter your message and click **Request Assistance**.
4. Please allow 1 to 2 business days for a staff member to respond.



Get Assistance on Claim ✕

Select Question Type ▼

Request Assistance

Get Assistance on Claim ✕

Select Question Type ▼

Select Question Type
Determination
Loss of Earning
Other
Payment Status (Bill)
Restitution

Request Assistance

Billing Crime Victims' Compensation

CVC assists victims with an accepted claim to pay for crime-related medical and counseling treatment. Below is information on how to bill for services provided to these victims. All services must be directly related to the crime.



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Required Information

For CVC to process a submitted bill, we need the following information:

- **Billing Statement, HCFA, UB92:** Include the procedure codes, charge amounts, and date of service.
- **Copy of EOB:** If the patient has insurance (including OHP), you must bill the insurance as primary.
- **Medical Assessment:** You must submit reports for the dates you provided services.
- If information is missing or if we need additional details, CVC will send a request. Please respond to our request in a timely manner to avoid us denying your payment.

Insurance

If the victim has insurance (including OHP), you must bill the insurance as primary and submit the EOB to CVC. The victim will need to provide all necessary medical and auto (if appropriate) information to you.

You must bill insurance in a timely fashion. CVC can only cover payments that are the victim's responsibility. If primary insurance denies the claim for delayed billing and there is no patient responsibility, CVC may also deny payment.

If your center is experiencing issues billing insurance and receiving payment, please reach out to the Compensation Manager.

Fee Schedule/Write-Off

If the victim does not have insurance, a Workers' Compensation fee schedule will be applied. By law, you cannot bill the patient for the fee schedule (write-off). To obtain a breakdown of the payment please visit the Workers' Compensation website: <https://wcd.oregon.gov/medical/Pages/fee-schedules-forms.aspx>

Counseling

- CVC does not require chart notes for counseling sessions unless requested by CVC.
- CVC requires a treatment plan after 30 sessions.
- CVC approves payment for licensed therapists only.
- If the victim does not have insurance, then CVC reimburses using the CVC fee schedule, which is:
 - QMHP—\$75 per hour
 - LPC, LCSW, LMFT—\$105 per hour
 - PsyD, PhD, PMHNP—\$130 per hour
 - MD, DO—\$160 per hour
- Provide CVC with the name and address of the therapist so that we can send the provider a packet authorizing sessions.

Vision

- CVC will reimburse the provider for the exam and office visit using the Workers' Compensation fee schedule.
- The victim must pay upfront for eyeglasses, and CVC will reimburse them for this expense. CVC cannot pre-pay for vision services.



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Dental

- Dental work must be pre-authorized. Submit a treatment plan and chart notes to CVC.
- CVC will pay patient responsibility after the provider bills insurance. CVC will reimburse the provider using the dental fee schedule when the patient does not have dental insurance coverage.

For additional information, please refer to the CVC website for Child Advocacy Centers:

<https://www.doj.state.or.us/crime-victims/crime-victim-compensation/for-child-advocacy-centers/> or
email cvssd@doj.oregon.gov.