

# Federal Probation & U.S. Pretrial Services

Billing Information

# Vendor Requirements

- Services shall not be provided without a Contract Program Plan (Prob 45)
- Referral Packet
- Due dates for assessments and reports
- Request for services should be as detailed as possible
- Reports to be sent directly to the Treatment Team for Probation; to the Pretrial Services Officer and included with monthly invoice
- Electronic Reporting System/Service Provider Communication
- Documents to be provided to agency billing staff


# Contract Program Plan (Prob 45) - Initial

Prob. Form 45  
Today's Date: 9/10/18

Initial

## TREATMENT SERVICES CONTRACT PROGRAM PLAN

### Client Identifying Information

Client:	[Redacted]	PACTS #:	[Redacted]	
Address:	[Redacted]	Pretrial/Post Conviction:	Post Conviction	
Officer:	Short, Jeffrey K	Client Phone:	[Redacted]	
Officer Phone:	602-682-4330	DOB:	[Redacted]	

### Provider Information

Provider:	[Redacted]	Procurement No:	0970-2018-0205
Provider Location:	[Redacted]	Effective Date:	01/13/2017
Attn:	[Redacted]	Termination Date:	[Redacted]
Location Address:	[Redacted]		
Phone:	[Redacted]		
Fax:			

Effective Date determines authorization for billing

### Authorized Services

Your agency is authorized to provide the following services beginning on the plan effective date indicated above. Any services provided outside of those listed below and/or outside the Effective and Termination Dates of the Plan will not be authorized for payment.

### Services Ordered

Project Code	Description Of Services	Phase	Frequency (Units)	Interval	Copay Amount (per unit)
2011	Substance Abuse Disorder Intake Assessment Report		1.0	Per Plan	\$0.00

Only bill for services approved

### Instructions to Provider Regarding Client Needs and Goals of Treatment

No copayment due to unemployment status. O just released from custody as her supervision was previously revoked due to marijuana possession, meth use, and alcohol consumption. O just completed the Crossroads residential program on 1/1/17. See PSR for addiction history.

Officer: Short, Jeffrey K      Referral Agent: \_\_\_\_\_      Client: [Redacted]

Both the officer and referral agent signatures are required to execute the referral


# Contract Program Plan (Prob 45) - Amended

Prob. Form 45  
Today's Date: 9/10/18

Amended

## TREATMENT SERVICES CONTRACT PROGRAM PLAN

### Client Identifying Information

Client:	[REDACTED]	FACTS #:	[REDACTED]	
Address:	[REDACTED]	Pretrial/Post Conviction:	Post Conviction	
Officer:	Short, Jeffrey K	Client Phone:	[REDACTED]	
Officer Phone:	602-682-4330	DOB:	[REDACTED]	

### Provider Information

Provider:	[REDACTED]	Procurement No:	0170-2018-[REDACTED]
Provider Location:	[REDACTED]	Effective Date:	03/09/2017
Attn:	[REDACTED]	Termination Date:	[REDACTED]
Location Address:	[REDACTED]		
Phone:	[REDACTED]		
Fax:	[REDACTED]		

All services listed are effective as of this date

### Authorized Services

Your agency is authorized to provide the following services beginning on the plan effective date indicated above. Any services provided outside of those listed below and/or outside the Effective and Termination Dates of the Plan will not be authorized for payment.

### Services Ordered

Project Code	Description Of Services	Phase	Frequency (Units)	Interval	Copay Amount (per unit)
2080	Intensive Outpatient Counseling		3.0	Weekly	\$0.00
2010	Individual Substance Abuse Counseling		4.0	Monthly	\$0.00

Any services no longer listed are not authorized

### Copayment Amount

Copayment Source	Monthly Copayment Flat Fee
Defendant/Offender	[REDACTED]

### Instructions to Provider Regarding Client Needs and Goals of Treatment

Amended Prob 45 for substance abuse IOP. \$20 monthly copay for treatment services.

Officer: Short, Jeffrey K      Referral Agent: [REDACTED]      Client: [REDACTED]

Both the officer and referral agent signatures are required to execute the referral


# Contract Program Plan (Prob 45) - Terminated

Prob. Form 45  
 Today's Date: 9/10/18

Terminated

## TREATMENT SERVICES CONTRACT PROGRAM PLAN

### Client Identifying Information

Client:	[Redacted]	PACTS #:	[Redacted]	
Address:	[Redacted]	Pretrial/Post Conviction:	Post Conviction	
Officer:	Short, Jeffrey K	Client Phone:	[Redacted]	
Officer Phone:	602-682-4330	DOB:	[Redacted]	

### Provider Information

Provider:	[Redacted]	Procurement No:	0970-2019- [Redacted]
Provider Location:	[Redacted]	Effective Date:	07/10/2017
Attn:	[Redacted]	Termination Date:	07/10/2017
Location Address:	[Redacted]		
Phone:	[Redacted]		
Fax:			

Services are not authorized beyond the termination date

### Authorized Services

Your agency is authorized to provide the following services beginning on the plan effective date indicated above. Any services provided outside of those listed below and/or outside the Effective and Termination Dates of the Plan will not be authorized for payment.

### Services Ordered

Project Code	Description Of Services	Phase	Frequency (Units)	Interval	Copay Amount (per unit)
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### Instructions to Provider Regarding Client Needs and Goals of Treatment

Discharged from treatment.

Officer: Short, Jeffrey K      Referral Agent:      Client: [Redacted]

Both the officer and the referral agent signatures are required to execute the referral

# Referral Packet

- Contract program Plan (Prob 45)
- Signed Release of Information Form
- Treatment Referral Letter (Probation)
- Bail report(s), violation report(s), charging documents (Pretrial Services)

# Due Dates

- **SA Assessments** – A typed report is due to the officer within **10 calendar days** of first face-to face contact with person under supervision
- **MH Assessment** – A typed report is due to the officer within **15 calendar days** after the vendor's first personal contact  
**Note:** If a client is referred for both a substance use and a mental health assessment, the vendor shall provide two separate reports.
- **Evaluations** – A typed report is due to the officer within **15 calendar days** after completion of any of the evaluation services
- **Polygraphs** – A typed report is due to the officer within **10 calendar days**
- **Sex Offense Specific Evaluation & Report** – The **evaluation process must be completed 60 days after the initial date of the referral** and a typed report is due to the officer within 15 calendar days after completion of the evaluation





# Invoice – Part B

ADMINISTRATIVE OFFICE OF THE UNITED STATES COURTS										
TREATMENT SERVICES INVOICE										
INVOICE DETAIL										
Fill-in the relevant information. The total units of each service rendered and their unit price will be transferred to the invoice on the next page.										
<b>(PART B)</b>										
Entries below will automatically total and carry to Prob. Summary Tab										
1.CLIENT NAME	2.CLIENT NUMBER	3. DATES OF SERVICE	4. SERVICE RENDERED	5. QUANTITY (UNITS)	6. UNIT PRICE	7. COST	8. CO-PAY REQUIRED	9. CO-PAY RECEIVED	Project Code	Unit Price
					\$ -	\$ -	\$ -	\$ -	1020	1.89
					\$ -	\$ -	\$ -	\$ -	1022	1.50
					\$ -	\$ -	\$ -	\$ -	1032	3.40
					\$ -	\$ -	\$ -	\$ -	1033	3.40
					\$ -	\$ -	\$ -	\$ -	1034	3.30
					\$ -	\$ -	\$ -	\$ -	1035	2.85
					\$ -	\$ -	\$ -	\$ -	1036	3.95
					\$ -	\$ -	\$ -	\$ -	1037	3.95
					\$ -	\$ -	\$ -	\$ -	1038	3.85
					\$ -	\$ -	\$ -	\$ -	1039	0.20
					\$ -	\$ -	\$ -	\$ -		

Co-payments must be listed

DO NOT REMOVE FORMULAS

Client's name and PACTS number must match PROB 45  
 PACTS number is provided on the PROB 45 (Contract Program Plan)

# Invoice Documentation Order

- **Prob 45s** (Pretrial does not require vendors to submit Prob 45 with invoice)
  - For all services listed on invoice covering time frame
  - Clients may have more than one Prob 45 to cover the month
- **Sign-in Logs** for each client per month
  - Signature required for each service
  - Pretrial will not process invoices without defendant's signature on sign-in log
  - Copay must be documented
- **Monthly Treatment Reports**
  - Required for each client in treatment
  - Not required for UA collection only, Polygraphs, or SO Evals
  - Copay must be documented
- **Mileage Logs**
  - Must have traveler's signature, dates and odometer readings for each destination
  - Must list names of persons under supervision & PACTS# for mileage requested
- **Pharmacy Receipts for Meds**
  - Client, Date, Medication & Cost
- **Lab Receipts for Lab Studies**
  - Client Date(s), Itemized tests provided & cost
- **Psychiatric Evaluations**
  - Submit with monthly invoice for Pretrial
  - Probation reports to be sent to probation billing staff upon completion

# Daily Treatment Log/Sign-in Log

Attachment J.6

**DAILY TREATMENT LOG**  
COMPLETE ONE FORM PER CLIENT PER MONTH

Co-payment amount must be listed

Client Name \_\_\_\_\_

Month/Year \_\_\_\_\_

Date	Client's Signature/Initials	Time In	Purpose of Visit	Co-Pay Collected	Time Out	Client's Initials	Vendor's Initials

Note treatment times – treatment start and end times (Not when they arrived. Payment for sessions only.)  
**All columns must be filled in legibly**

# Urinalysis Testing Log

Attachment J.9

**URINALYSIS TESTING LOG**  
COMPLETE ONE FORM PER CLIENT PER MONTH

Co-payment amount must be listed

Client Name \_\_\_\_\_ PACTS # \_\_\_\_\_ Month/Year \_\_\_\_\_

Date Collected	Client's Signature/Initials	Bar Code Number	Special Tests	Medications Taken	Collector's Initials	Test Results/Date Received	Co-Pay Collected

# Monthly Treatment Report

PACTS numbers must be correct

Refer to Section 9 to prepare the invoice

Co-payment must be listed on MTR

PROB 46 (Rev. 0610)

**MONTHLY TREATMENT REPORT**

This form must be completed and submitted with each monthly billing. Additional sheets may be used.

1. PROGRAM NAME		1a. PROVIDER NAME		2. DATE OF CURRENT TX PLAN (ATTACH REVISIONS)	
3. CLIENT NAME		3a. PACTS NO.		4. FOR PERIOD COVERING:	
5. PHASE NO.	5a. TIME IN PHASE	6. PRETRIAL CLIENT: <input type="checkbox"/> Yes <input type="checkbox"/> No		7. CLIENT EMPLOYED: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Student <input type="checkbox"/> Other	

**8. CONTACTS SINCE LAST REPORT**

a. Date	b. Service (Name & No.)	c. Length of Contact	d. Comments (No Shows, Tardiness, Issues Addressed)	e. Copay (amount collected)

**9. URINE TESTING RECORD**

DATE COLLECTED	Scheduled		Sample Not Tested		Drug Use Admitted		COLLECTED BY	SPECIAL TESTS REQUESTED	TEST RESULTS (Positive/Negative)	Copay (amount collected)
	Yes	No	Amount	Qty	No	Yes (specify drug)				

**10. COMMENTS REGARDING CLIENT'S TREATMENT PROGRESS**

a. Describe the treatment goals addressed this month ( Met  Not Met):

b. Describe any steps taken by the client this month toward these goals ( Positive  Negative):

c. Describe any obstacles or setbacks the client encountered this month:

d. Describe one unique way the PO/PSO can assist/support the client in treatment over the next month:

e. If continued treatment is recommended, discuss the plan for next month ( Recommended  Not Recommended):

f. Discuss your observations of the client's behavior and commitment to treatment ( Positive  Negative):

g. Comments:

h. Overall Progress:  Acceptable  Unacceptable

SIGNATURE OF COUNSELOR: \_\_\_\_\_ DATE: \_\_\_\_\_

DISTRIBUTION: ORIGINAL CONTRACTOR

# Budget Object Codes

- 2526
  - Substance Use Treatment
- 2530
  - Mental Health Treatment
- 2548
  - Sex Offender Treatment
- 2527
  - Pretrial Services Treatment (all inclusive)
- 2580
  - Transitional Housing

# Project Codes - Substance Use

- Substance Use Codes

- 1010 UAs
- 2011 SA Intake
- 2000 Case Management Services
- 2010 Individual
- 2020 Group
- 2022 Manualized Group
- 2030 Family
- 2080 Intensive Out-patient Group
- 2090 Prevention Group

# Project Codes - Mental Health

- General Mental Health Codes
  - 4020 Lab Studies
  - 5011 Mental Health Intake Assessment & Report
  - 5010 Psychological Eval
  - 5020 Psychological Testing
  - 5030 Psychiatric Eval
  - 6000 Case Mgmt Services
  - 6010 Individual
  - 6028 Cognitive-Behavioral Group
  - 6030 Family
  - 6040 Psychotropic Medications
  - 6051 Medication Monitoring
- Integrated Treatment for Co-occurring Disorders
  - 6015 Individual Counseling
  - 6026 Group Counseling



# Project Codes - Sex Offender

- Sex Offender Codes
  - 1302 Workbook
  - 5012 SO Psychophysiological Eval
  - 5020 Psychological Testing & Report
  - 5022 Baseline Polygraph
  - 5023 Maintenance Polygraph
  - 5025 Visual Reaction Time (VRT) Report
  - 6012 Individual
  - 6022 Group
  - 6032 Family
  - 6090 Education Group
  - 6091 Chaperone Training & Support

**Language for 6091 from the Statement of Work: Chaperone Training and Support is a psycho-educational/specialized training for one (1) or more significant others, or family members of a defendant/offender charged with or convicted of a sex offense. The goal is to provide a means of certifying individuals designated by the probation/pretrial services officer to act as a chaperone for a defendant/offender and safeguard for the community.**

# Project Codes – Sex Offender

- Specialized Treatment for Pretrial Defendants Charged with Sex Offenses
  - 7013 – Individual Counseling
  - 7023 – Group Counseling

The vendor shall not ask any questions pertaining to the instant offense or ask questions or administer tests that compel the defendant to make incriminating statements or to provide information that could be used in the issue of guilt or innocence. If such information is divulged, it shall not be included on the written report.

# Project Codes - Admin.

- Administrative Codes
  - 1202 Client Transportation Expenses
  - 1401 Contractor's Local Travel

The current government travel mileage rate is 57.5 cents per mile, and you will be notified should it change in the future. Only agreements with 1401 and/or 1202 on their agreement are authorized to bill for mileage.

- 1201 Admin Fee for Client Transportation Expenses
- 1501 Admin Fee for Collecting Copay
- 6041 Admin Fee for Psych Meds

These fees are 5% of client transportation expenses, 5% of copay collected, and 5% of the actual cost of medications provided and billed on the invoice. Only agreements with these codes are authorized to bill for administrative costs.

# Project Codes - Residential

- Residential Codes
  - 2001 Short-Term Residential Treatment
  - 1001 Therapeutic Community Treatment

Pretrial Services will pay for services as indicated on the Prob Form 45 and will not assist in funding self-pay, AHCCCS, or insurance placements without prior written approval from the assigned officer.

Probation only uses the 2001 code and will pay for services up to 30-day increments upon advanced approval per the Prob 45. We do not contribute to pay for self-pay, AHCCCS or insurance placements.

# Project Codes – Halfway House

- 9905 Provision of Shelter/Halfway House Placement

Pretrial Services Only.

# Invoices – Based on BOCs

## **Pretrial Services**

- 2527
  - Substance Use
  - Mental Health
  - Sex Offender
  - Residential
  - Halfway House

All services listed on the agreement may be billed on one invoice each month. If you hold more than one agreement, separate invoices must be submitted for each agreement.

## **Probation**

- 2526 – Substance Use
- 2530 – Mental Health
- 2548 – Sex Offender
- 2580 – Transitional Housing

If one agreement lists both substance abuse and mental health services, you must submit one monthly invoice for substance abuse and a separate invoice for mental health services.

# Billing Units

- 1 Unit Per Service or Report
- 1 Unit Per Day
- 30-Minute Increments
- Actual Costs
- All costs should have been included in your no-show factor

*“The vendor shall not include a charge for a ‘No-Show’ as a separate item.” (Statement of Work, Section G.3, f)*

# One Unit Per Service or Report

- UAs
- Reports
  - Assessments, Evaluations, Polygraphs
- Tests
  - MSI II, Abel, VRT...etc.



# One Unit Per Day

- **Intensive Out-Patient**

Language for IOP from Statement of Work: Group counseling sessions at least three (3) days per week for a minimum length of three (3) hours per session

Example:

10/5/20	5:00pm – 8:00pm	=	1 Unit
10/7/20	5:00pm – 8:00pm	=	1 Unit
10/9/20	5:00pm – 8:00pm	=	1 Unit

(Three sessions in one week meets the minimum requirements)

- **Residential**
- **Halfway House (Pretrial only)**
- **Transitional Housing (Probation only)**

# 30-Minute Increments

- Individual
- Group

Assume that the rate of service is \$10.00 per half hour.

Time Spent (in minutes)	Charge
0 - 15	\$ 0.00
16 - 30	\$10.00
31 - 45	\$15.00
46 - 60	\$20.00

# Actual Costs

- Mileage
  - 1401
- Administrative Fees
  - 1501 (5% of Copay Collected)
  - 6041 (5% of the Cost of Meds)
- Lab Studies (Must be valid tests tied to psych meds)
  - 4020
    - Officers should receive lab results
    - Lab bill should be submitted with the monthly invoice
- Psychotropic Medication
  - 6040

# Invoice Requirements - Probation

- Submit billing packet electronically via ERS/SPCS
- Packet Includes: Prob 45s for all clients, Sign-in Logs, and MTRs
- Assessments, Reports, Treatment Plans and Evals are to be submitted as completed to the Probation Team
- No copy of the invoice is required
- Due no later than 10<sup>th</sup> of the following month
- Include a unique Invoice#
- Separate Invoices for SU, MH, SO and Transitional Housing
- Copay should be deducted from the total. The Admin Fee is 5% of the Copay Collected and should be added to the invoice
- We do our best to adhere to a 30-time frame for payment from date of receipt of invoice meeting all requirements
- Vendors should register in IPP to assist in balancing payments received <https://www.ipp.gov/vendors/enrollment-vendors.htm>
- Vendors are responsible for updating agency and banking changes on the <https://sam.gov/SAM/> site

# Invoice Requirements – Pretrial Services

- Submit billing packet electronically via ERS/SPCS
- Packet Includes: Invoice Part A (signed) and Part B, Sign-in Logs, and MTRs
- Assessments, Reports, Treatment Plans and Evals are to be submitted as completed to the assigned Pretrial Services Officer
- No copy of the invoice is required
- Due no later than the 10<sup>th</sup> of the following month
- Include a **unique** Invoice #
- Copay should be deducted from the total. The Admin Fee is 5% of the Copay Collected and should be added to the invoice
- We do our best to adhere to a 30-time frame for payment from date of receipt of invoice meeting all requirements
- Vendors should register in IPP to assist in balancing payments received <https://www.ipp.gov/vendors/enrollment-vendors.htm>
- Vendors are responsible for updating agency and banking changes on the <https://sam.gov/SAM/> site

*Thank you!*

*The Federal Probation & U.S. Pretrial Services  
Treatment Team*