Federal Probation & U.S. Pretrial Services

Billing Information
Vendor Requirements

• Services will 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 include with monthly invoice
• Electronic Reporting System/Service Provider Communication
• Documents to be provided to agency billing staff
Effective Date determines authorization for billing

Only bill for services approved

Both the officer and referral agent signatures are required to execute the referral
All services listed are effective as of this date

Any services no longer listed are not authorized

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

### Treatment Services Contract Program Plan

**Client Identifying Information**
- **Client:** [Redacted]  
- **Address:** [Redacted]  
- **PACTS #:** Post Conviction  
- **Pretrial/Post Conviction:** Post Conviction  
- **Officer:** Short, Jeffrey K  
- **Client Phone:** [Redacted]  
- **Officer Phone:** 602-682-3330  
- **DOB:** [Redacted]

### Provider Information
- **Provider:** [Redacted]  
- **Procurement No.:** [Redacted]  
- **Provider Location:** [Redacted]  
- **Att.:** [Redacted]  
- **Location Address:** [Redacted]  
- **Effective Date:** 7/10/2017  
- **Termination Date:** 7/10/2017

### 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

<table>
<thead>
<tr>
<th>Project Code</th>
<th>Description of Services</th>
<th>Phase</th>
<th>Frequency (Units)</th>
<th>Interval</th>
<th>Copay Amount (per unit)</th>
</tr>
</thead>
</table>

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

- **Discharged from treatment.**

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

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- **Services are not authorized beyond the termination date.**

- **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
- 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
Monitoring Visits

The first monitoring visit is to be conducted within 120 days of award of agreement. Second monitoring visit to be conducted if deficiencies or problems were noted in the first report, or at least 120 days prior to exercising the option to renew a Blanket Purchase Agreement.
Invoice – Part A

Add a unique invoice number each month

Authorized signature is required

DO NOT REMOVE FORMULAS

It is important to use correct BOC number
### 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.

*(PART B)*

Entries below will automatically total and carry to Prob. Summary Tab

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**Co-payments must be listed**

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
- **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
### Daily Treatment Log/Sign-in Log

Co-payment amount must be listed

<table>
<thead>
<tr>
<th>Date</th>
<th>Client’s Signature/Initials</th>
<th>Time In</th>
<th>Purpose of Visit</th>
<th>Co-Pay Collected</th>
<th>Time Out</th>
<th>Client’s Initials</th>
<th>Vendor’s Initials</th>
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Note treatment times, not arrival/departure times.
**All columns must be filled in legibly**
# Urinalysis Testing Log

**Urinalysis Testing Log**

<table>
<thead>
<tr>
<th>Date Collected</th>
<th>Client’s Signature/Initials</th>
<th>Bar Code Number</th>
<th>Special Tests</th>
<th>Medications Taken</th>
<th>Collector’s Initials</th>
<th>Test Results/Date Received</th>
<th>Co-Pay Collected</th>
</tr>
</thead>
</table>
**Monthly Treatment Report**

- **PACTS numbers must be correct**
- **Refer to Section 9 to prepare the invoice**
- **Co-payment must be listed on MTR**
Budget Object Codes

• 2526
  • Substance Use Treatment

• 2530
  • Mental Health Treatment

• 2548
  • Sex Offender Treatment

• 2527
  • Pretrial Services Treatment (all inclusive)
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 guilty 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 58 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.
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

• Residential

• Halfway House (Pretrial only)
30-Minute Increments

- Individual
- Group

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

<table>
<thead>
<tr>
<th>Time Spent (in minutes)</th>
<th>Charge</th>
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<tbody>
<tr>
<td>0 - 15</td>
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<td>31 - 45</td>
<td>$15.00</td>
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<td>46 - 60</td>
<td>$20.00</td>
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</table>
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
- Psychotropic Medication
  - 6040
Requirements

• Submit billing packet electronically via ERS/SPCS
• Packet Includes: Prob 45s for all clients (Probation only), Sign-in Logs, MTRs, and Reports/Evals
• Assessments, Reports, and Evals are to be submitted as completed to the Probation Team or assigned Pretrial Services Officer
• No copy required
• **Due no later than 10th of the following month**
• Include a unique Invoice#
• Separate Invoices for SU, MH, SO for Probation; and one invoice per BPA for Pretrial (all services)
• 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 day 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](https://www.ipp.gov/vendors/enrollment-vendors.htm)
Questions
Billing Information
Thank you for your attendance!

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