U.S. Probation and Pretrial Services
Western District of Oklahoma
Managing Your Federal Purchase Agreement
“Treatment Services Program Plan”
Probation Form 45

Contractual Government Agreement

Vendor performs **only authorized services**

NO “verbal authorizations” ~ services may only begin upon receipt of program plan

All services remain in effect until receipt of “amended” program plan
**Program Plan – Special Instructions**

**Special Instructions and Referral Information:** Mr. Doe resides at 222 West Anyplace, Anywhere, KS 66600. His telephone number is 316-222-0000.

Mr. Doe has a history of violence and PCP use. Please review the presentence report for further information.

Please request a special test for PCP on every UA. Thank you.

- USPO will provide specific client information such as address and telephone number or special tests required for UAs
- Clinicians ~ pay close attention to determine instructions on variances to listed services.
Release of Information

Types of Release Forms:
- Probation 11b – Substance Abuse
- Probation 11i – Mental Health
- Pretrial 6b – Substance Abuse
- Pretrial 6d – Mental Health

See FAQ section of website for releasing information under HIPAA
The Referral Process

- USPO meets with client, forms are signed
- Program Plan faxed
- Clinician assigned
- Client calls for initial appointment
Vendor Forms

- Monthly Treatment Report
- Daily Treatment Log
- Central Specimen/Breathalyzer Log
Monthly Treatment Report

- Completed by clinician
- Summarizes client’s monthly activities
- Indicates client progress

<table>
<thead>
<tr>
<th>MONTHLY TREATMENT REPORT</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. VENDOR: Vendor A</td>
</tr>
<tr>
<td>2. CLIENT: John Doe</td>
</tr>
<tr>
<td>3. PHASE: UAS 2 COUNSELING 1</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>a. Date</th>
<th>b. Service</th>
<th>c. Length of Service</th>
<th>d. Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>8/20/04</td>
<td>2010 Individual</td>
<td>1 hour</td>
<td>Discussed dislike for PO, anger-control</td>
</tr>
<tr>
<td>8/15/04</td>
<td>2010 Individual</td>
<td>1 hour</td>
<td>Discussed upcoming marriage, problems with stepchildren</td>
</tr>
<tr>
<td>8/19/04</td>
<td>2020 Group</td>
<td>0</td>
<td>No Show for Group. Did not call. PO Notified</td>
</tr>
<tr>
<td>8/11/04</td>
<td>2020 Group</td>
<td>90 minutes</td>
<td>Good participation</td>
</tr>
<tr>
<td>8/18/04</td>
<td>2020 Group</td>
<td>90 minutes</td>
<td>Client angry and withdrawn. Will address in individual</td>
</tr>
<tr>
<td>8/25/04</td>
<td>2020 Group</td>
<td>90 minutes</td>
<td>Minimal participation</td>
</tr>
</tbody>
</table>
Monthly Treatment Report

Reflects any Program Plan changes

Records drug testing

Records copay collected

Copy USPO

Copy with monthly billing

### 8. Urine Testing/Sweat Patch Record

<table>
<thead>
<tr>
<th>DATE UA COLLECTED/PATCH APPLIED</th>
<th>DATE OF PATCH REMOVAL</th>
<th>SAMPLE NOT TESTED</th>
<th>NO-SHOW</th>
<th>DRUG USE ADMITTED OPERATING</th>
<th>SPECIAL TESTS REQUESTED</th>
<th>TEST RESULTS (OPERATING LEVEL)</th>
<th>DATE OF RESULT</th>
</tr>
</thead>
<tbody>
<tr>
<td>8/01/04</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>PCP</td>
<td>6/16/04-Neg</td>
</tr>
<tr>
<td>8/04</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>8/11/04</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>PCP</td>
<td>8/16/04-Neg</td>
</tr>
<tr>
<td>8/18/04</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>PCP</td>
<td>8/18/04-Neg</td>
</tr>
<tr>
<td>8/24/04</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>PCP</td>
<td>8/20/04-Neg</td>
</tr>
<tr>
<td>8/31/04</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>PCP</td>
<td>8/06/06-Pos</td>
</tr>
</tbody>
</table>

### 9. Comments Regarding Client’s Treatment Progress:

Client began treatment this month. He started off in a positive manner and then no-showed for both individual and UA on 8/04, stating he “just forgot.” He has an upcoming marriage in September with four stepchildren that he states “just don’t like him.” He became increasingly angry and more withdrawn in sessions as the month went on. Next individual in September will address specifically these issues. Client failed to make copayment for the month.

### 10. Client Copay

<table>
<thead>
<tr>
<th>Amount Ordered</th>
<th>$30.00/mo</th>
</tr>
</thead>
<tbody>
<tr>
<td>Amount Collected During This Month</td>
<td>$10.00</td>
</tr>
<tr>
<td>Balance (if app.)</td>
<td>$10.00</td>
</tr>
<tr>
<td>Date of Last Payment</td>
<td>None</td>
</tr>
</tbody>
</table>
# Daily Treatment Log

**Substance Abuse/Mental Health Program**

**Daily Treatment Log**

(Note: Allowing clients to see the names or signatures of other clients violates federal confidentiality regulations regarding disclosure of drug or alcohol treatment records.)

- **Client:** John Doe
- **Vendor:** Vendor A
- **Month/Year:** August 2004

<table>
<thead>
<tr>
<th>Date of Service</th>
<th>Type of Service Provided</th>
<th>Time In</th>
<th>Client Initials</th>
<th>Time Out</th>
<th>Client Initials</th>
<th>Vendor Initials</th>
</tr>
</thead>
<tbody>
<tr>
<td>8/04</td>
<td>11/0 - Individual</td>
<td>8:15</td>
<td></td>
<td>9:10</td>
<td></td>
<td></td>
</tr>
<tr>
<td>8/04</td>
<td>1010 - UA</td>
<td>9:00</td>
<td></td>
<td>9:10</td>
<td></td>
<td></td>
</tr>
<tr>
<td>8/04</td>
<td>1010 - UA</td>
<td>No-Show</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>8/11/04</td>
<td>2020 - Group</td>
<td>No-Show</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>8/11/04</td>
<td>2010 - Group</td>
<td>6:00 pm</td>
<td></td>
<td>7:25 pm</td>
<td></td>
<td></td>
</tr>
<tr>
<td>8/12/04</td>
<td>1010 - UA</td>
<td>9:30</td>
<td></td>
<td>9:30</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

- **Record of actual monthly services**
- **Client** and **Vendor** initial time in and out
- **Confidential** ~ Avoid other clients viewing
- **Send copy with billing** ~ certifies monthly invoice
**Central Specimen / Breathalyzer Log**

**Record:**
- all urine specimens collected & breathalyzer tests
- unusual occurrences in the collection process (temperature, etc.)

**Confidential** ~ no viewing allowed by clients

Submitted with monthly invoice
Blanket Purchase Agreement

Requirements

Services

Communication with USPO

Recordkeeping
Substance Abuse/Mental Health Intake Assessment and Report ~ 2011/5011

- Includes at least one diagnostic interview and a written report within 15 calendar days to USPO
  - Addresses client’s substance abuse as it relates to supervision
  - Includes identifying and background information, medical history, mental status, treatment diagnosis, and prognosis
  - Is NOT a synopsis or overview of the presentence report
Individual Counseling ~
2010/2021 (SA) and 6010 (MH)

- Sessions = 1 hour ~ unless otherwise indicated
- 3 Phase Levels
  - Phase I  1 session per week
  - Phase II 3 sessions per month
  - Phase III 2 sessions per month

→ Bill all sessions in ½ hour (30 minute) units
Communicating with the U.S. Probation Officer is Crucial.
Notify the USPO Immediately if Any of the Following Occur

- **No-show** for testing or treatment
- Attempt to adulterate a urine specimen
- Third party risk identified

- **Failure:**
  - to follow staff direction;
  - to comply with release conditions;
  - to provide a urine specimen (stall, insufficient quantity).
Case Staffing with USPO

Meet:
- at least quarterly to discuss client’s progress,
- Or as needed.

Case staffing conferences are included in vendor’s prices for client services
Recordkeeping
File Requirements and Content

**Maintenance**

- Client files must be:
  - ✔ secure
  - ✔ separate from other files
  - ✔ individual per client
  - ✔ Consistent/organized
  - ✔ Marked **Confidential**
  - ✔ Maintained for 3 years after final payment date unless under appeal or involves litigation

**Content of Charts**

- Chronological notes:
  - ✔ detail all contacts
  - ✔ legible
  - ✔ available for USPO review
- Initial & Amended Program Plans
- Referral packet items
- Monthly Treatment Reports
- Daily logs
## Monthly Invoicing

<table>
<thead>
<tr>
<th>Where do I start?</th>
<th>How many invoices?</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Together, separate?</td>
</tr>
<tr>
<td></td>
<td>Parts A &amp; B?</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>What do I mail?</th>
<th>Calculating units?</th>
</tr>
</thead>
<tbody>
<tr>
<td>To whom?</td>
<td>Copay?</td>
</tr>
<tr>
<td>When?</td>
<td></td>
</tr>
</tbody>
</table>
Monthly Invoices – Where do I start?

Collect paperwork from clinicians:
- Monthly Treatment Reports
- Daily Logs

Obtain a copy of all copayment receipts for the month

Compare services on daily log to Probation 45 – “Program Plan”
Monthly Invoice -
What do I mail? Where?

Send to: Randy Curtis
U.S. Probation Office
215 Dean A. McGee
Oklahoma City, OK 73102

By 10th of the month:
- Original invoice with original signature
- Copies of:
  - Monthly Treatment Report for each client
  - Daily Log for each client
  - Central Specimen Log
  - Copayment receipts
Monthly Invoice

Submit separate invoices for:

- “P” Invoice Probation clients ~ Substance Abuse Services
- “PS” Invoice Pretrial clients ~ Substance Abuse Services
- “MH” Invoice Probation clients ~ Mental Health Services
- “MH-PS” Invoice Pretrial clients ~ Mental Health Services
Monthly Invoice – Part A

Part A:

- is a summary, by project code, of the total units of each service provided for all clients for the month, the bid unit price, and the total amount due.

- Total copayment collected for the month is subtracted from the subtotal

- Must contain an original signature
Monthly Invoice – Part B

Part B Lists:
- client name,
- client ID number,
- each service provided,
- the number of units,
- the actual unit price bid in proposal, and
- the total price for that service

Counseling sessions - always reflected in 30 minute units.

No-shows & stalls - may not be charged; included in bid.

Copayment collected for the month is subtracted from the subtotal for each client.
Calculating Fractional Units for Counseling Sessions

Assume price for 2010 counseling session is $20.00 per 30 minute unit ~

<table>
<thead>
<tr>
<th>If Session is:</th>
<th># Units to Charge =</th>
<th>Price to Charge =</th>
</tr>
</thead>
<tbody>
<tr>
<td>0-15 minutes</td>
<td>.5 unit</td>
<td>$10.00</td>
</tr>
<tr>
<td>16-30 minutes</td>
<td>1 unit</td>
<td>$20.00</td>
</tr>
<tr>
<td>31-45 minutes</td>
<td>1.5 units</td>
<td>$30.00</td>
</tr>
<tr>
<td>46-60 minutes</td>
<td>2 units</td>
<td>$40.00</td>
</tr>
</tbody>
</table>
Monthly Invoice – Copayment

- Establish receipt system
- Receipt copies attached to billing
- Total receipts match invoice total
- Government reimbursed by Vendor for payments received from insurance programs or other sources
- Vendor only accepts payments authorized on Program Plan by USPO
Monitoring Visits and Reports

- Contract Specialist will visit up to twice a year
- First visit is within 120 days of contract award
- May be scheduled or unscheduled
- Written report will be provided to agency
BPA Renewal Process

- Solicited for 1 year, with two 1-year options.
- Chief Probation Officer has the final authority on whether or not to exercise option.
- Notice of Intent to Renew letter will be mailed out at least 60 days prior to end of fiscal year (on or about July 31).
- Vendor must have current and satisfactory monitoring report.
- New purchase orders with bid prices will be mailed around October 1.