A decorative blue curved line starts from the top left and arcs across the top of the slide. A large, solid blue shape, resembling a stylized 'C' or a wedge, is positioned on the right side of the slide, pointing towards the center.

**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

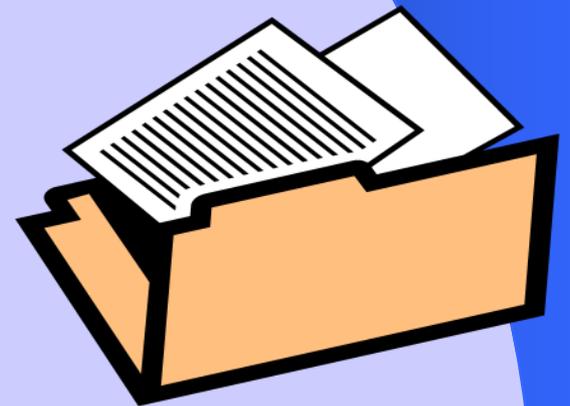
# The Referral Process

- # 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

MONTHLY TREATMENT REPORT							
<b>1. VENDOR:</b> Vendor A		<b>4. USPO:</b> Joe Officer					
<b>2. CLIENT:</b> John Doe		<b>5. FOR PERIOD COVERING:</b> 8/1/04 to 8/30/04					
<b>3. PHASE:</b> UA'S 2		COUNSELING 1		<b>6. CLIENT TYPE:</b> Probation		X Pretrial	
7. CLIENT CONTACTS (include all counseling, assessments, evaluations - exclude Uas)							
a. Date	b. Service	c. Length of Service	d. Comments				
8/2/04	2010 Individual	1 hour	Discussed dislike for PO, anger-control.				
8/15/04	2010 Individual	1 hour	Discussed upcoming marriage, problems with stepchildren				
8/4/04	2020 Group	0	No-Show for Group. Did not call. PO Notified.				
8/11/04	2020 Group	90 minutes	Good participation.				
8/18/04	2020 Group	90 minutes	Client angry and withdrawn. Will address in individual.				
8/25/04	2020 Group	90 minutes	Minimal participation.				

# Monthly Treatment Report

- + Reflects any Program Plan changes
- + Records drug testing
- + Records copay collected
- + Copy USPO
- + Copy with monthly billing

8. URINE TESTING/SWEATPATCH RECORD <i>*(Sweatpatch only to be charged on date of removal)</i>								
DATE UA COLLECTED/ PATCH APPLIED	DATE OF PATCH REMOVAL	SAMPLE NOT TESTED		NO-SHOW	DRUG USE ADMITTED (Specify Drug)	SPECIAL TESTS REQUESTED	TEST RESULTS (Specify Drug if Positive)	DATE OF RESULT
		Inst. Qty	Stall					
8/3/04						PCP		8/10/04-Neg
8/4/04				X				
8/12/04						PCP		8/18/04-Neg
8/18/04						PCP		8/23/04-Neg
8/24/04						PCP	PCP	8/30/04-Pos
<b>9. COMMENTS REGARDING CLIENT'S TREATMENT PROGRESS:</b>							<b>10. CLIENT COPAY</b>	
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 <u>copayment</u> for the month.							Amount Ordered	10/mo
							Amount Collected During This Month	\$0.00
							Balance (if app.)	\$10.00
							Date of Last Payment	None

# 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.)

<b>Client</b>	John Doe
<b>Vendor</b>	Vendor A
<b>Month/Year</b>	August 2004

- ✚ 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

Date of Service	Type of Service Provided (For 1012 Sweatpatch, indicate whether applied, removed, or both)	Time In	Client Initials	Time Out	Client Initials	Vendor Initials
8/2/04	2010 - Individual	8:15		9:10		
8/3/04	1010 - UA	9:00		9:10		
8/4/04	1010 - UA	No-Show				
8/4/04	2020 - Group	No-Show				
8/11/04	2020 - Group	6:00 pm		7:25 pm		
8/12/04	1010 - UA	9:30		9:39		

# Central Specimen / Breathalyzer Log

Central Specimen/Breathalyzer (BA) Log							
Agency Name:							
Date Collected	Client Name	Check if Pretrial	Check if B.A.	Specimen Number	Special Tests	Medication Taken	Coll. Initials

## 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

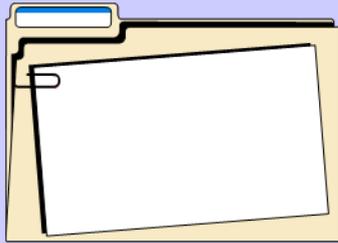
### Content of Charts

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



# Monthly Invoicing

→ Where do I start?



→ How many invoices?

→ Together, separate?

→ Parts A & B?

→ What do I mail?

→ To whom?

→ When?

→ Calculating units?

→ Copay?



# 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 10<sup>th</sup> 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 ~

If Session is:	# Units to Charge =	Price to Charge =
0-15 minutes	.5 unit	\$10.00
16-30 minutes	1 unit	\$20.00
31-45 minutes	1.5 units	\$30.00
46-60 minutes	2 units	\$40.00

# 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.