

# **U.S. PROBATION DISTRICT OF NEVADA**

## **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 a 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**

**See FAQ section of website for releasing information under HIPAA**

# THE REFERRAL PROCESS

- USPO meets with client, forms are signed
- Probation officer contacts clinician for initial appointment.
- Program Plan faxed, emailed, or dropped off
- Clinician Assigned



# VENDOR FORMS

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



# MONTHLY TREATMENT REPORT

- Completed by clinician
- Summarizes the client's monthly activities
- Indicates the progress of the client

MONTHLY TREATMENT REPORT										
1. VENDOR:		Vendor A			4. USPO:		Joe Officer			
2. CLIENT:		John Doe			5. FOR PERIOD COVERING:		8/1/04 to 8/30/04			
3. PHASE:		UA'S	2	COUNSELING	1	6. CLIENT TYPE:		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8/18/04	2020 Group		90 minutes		Client angry and withdrawn.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 to USPO
- Copy with monthly billing

8. URINE TESTING/SWEATPATCH RECORD *(Sweatpatch only to be charged on date of removal)								
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	Still					
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

9. COMMENTS REGARDING CLIENT'S TREATMENT PROGRESS:		10. CLIENT <u>COPAY</u>	
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

- Record of actual monthly services

## DAILY TREATMENT LOG

COMPLETE ONE FORM PER CLIENT PER MONTH

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
6/1/2017		08:15	2010 Individual		09:10		
6/2/2017	No Show		2020 - Group				
6/8/2017		08:15	2010 - Individual		09:10		
6/8/2017		09:30	2020 - Group		11:00		

- Client and Vendor must initial time in and out

- **Confidential** – Avoid other clients viewing log

- Copy must be sent with billing to certify monthly invoices

# SPECIMEN / BREATHALYZER LOG

OFFICE

Date: Monday, March 13, 2017

PACTS: 4987631	Results	
CLIENT NAME: Riddle, Tom	BAC: 1.000	SPECIFIC GRAVITY: 1.008 <u>NEGATIVE</u> POSITIVE FOR: _____ ADMIT USE: YES or NO SPECIMEN NUMBER:
PROBATION OFFICER: BB		
PACTS: 53689	Results	
CLIENT NAME: Ripley, Ellen	BAC: n/a	SPECIFIC GRAVITY: 1.020 NEGATIVE / POSITIVE FOR: <u>Meth/PCP</u> ADMIT USE: <u>YES</u> or NO SPECIMEN NUMBER: B04938255
PROBATION OFFICER: OW		
PACTS: 12584	Results	
CLIENT NAME: Bateman, Patrick	BAC: 1.012 1.015	SPECIFIC GRAVITY: 1.010 <u>NEGATIVE</u> POSITIVE FOR: _____ ADMIT USE: YES or NO SPECIMEN NUMBER:
PROBATION OFFICER: RT		

- Record all urine specimens collected and Breathalyzer tests
- Record any unusual occurrences in the collection process (temperature, etc.)
- **Confidential** – No other clients are allowed to view log
- Submitted month with billing invoice.

# **BLANKET PURCHASE AGREEMENT** **REQUIREMENTS**

- **Provide services**
- **Communicate regularly with the Probation Office**
- **Keep files accurate and current**

# SUBSTANCE ABUSE/MENTAL HEALTH ASSESSMENT AND REPORT 2011/5011

Includes at least one diagnostic interview and a **written report within 15 calendar days** to USPO

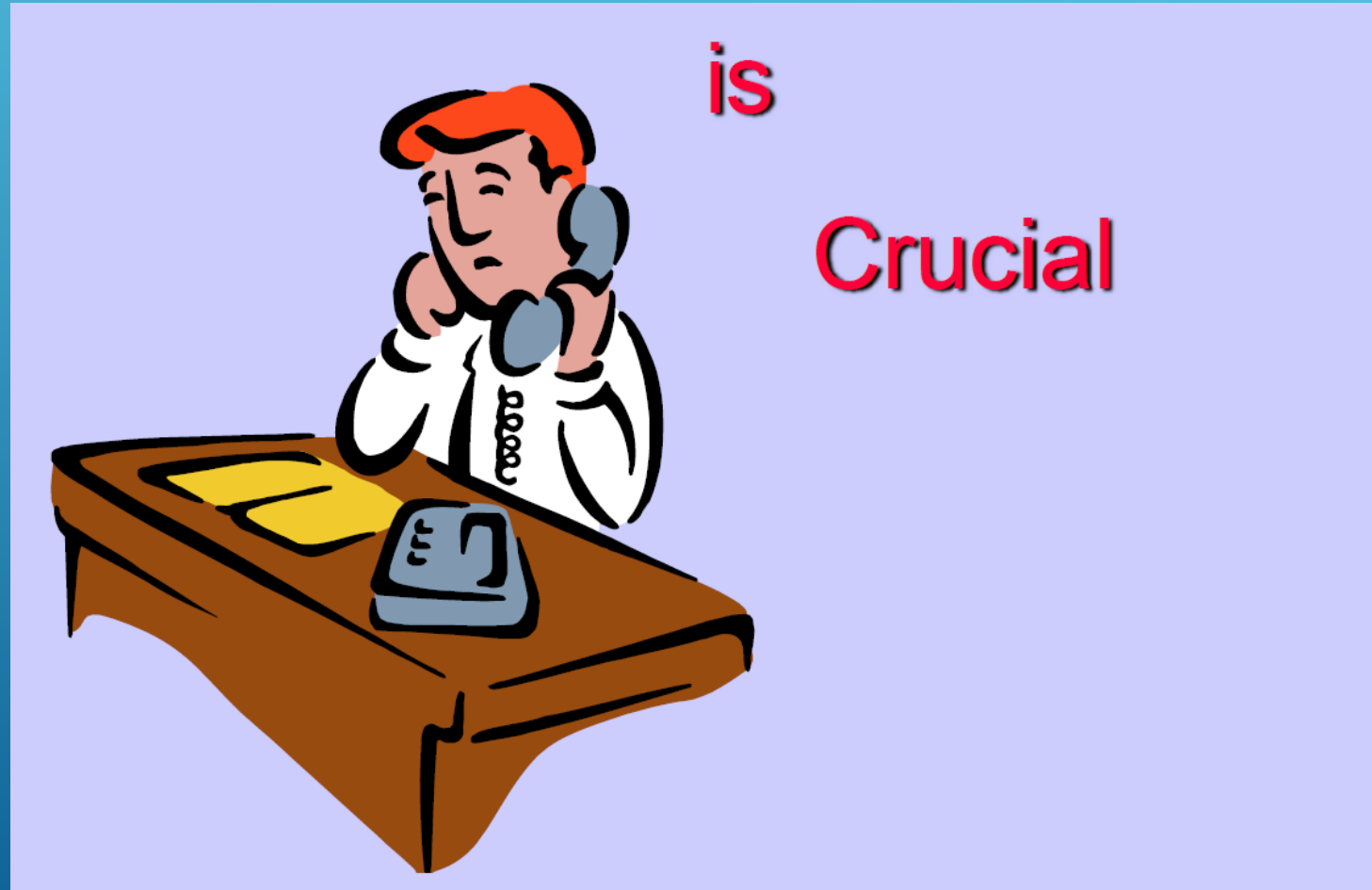
- Addresses client's substance abuse as it relates to supervision
- Includes identifying and background information, medical history, mental status, treatment diagnosis, and prognosis
- Is NOT a synopsis or overview of the presentence report

# INDIVIDUAL COUNSELING 2010 (SA) AND 6010/6015 (MH)

- Sessions = 1 hour (unless otherwise indicated)

→ Bill all sessions in ½ hour (30 minute) units

# COMMUNICATING WITH THE U.S. PROBATION OFFICER



# **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**
- **Failure to comply with release conditions**
- **Failure to provide a valid urine specimen (stall or insufficient quantity)**

# CASE STAFFING WITH PROBATION OFFICERS

- Counselors and or case managers will meet with the probation officer at least on a quarterly basis. Additionally, should a need arise, counselors and or case managers are encouraged to speak to officers as frequently as needed.
- Case staffing conferences should be included in the vendor's prices for client services.





# RECORD KEEPING

## 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

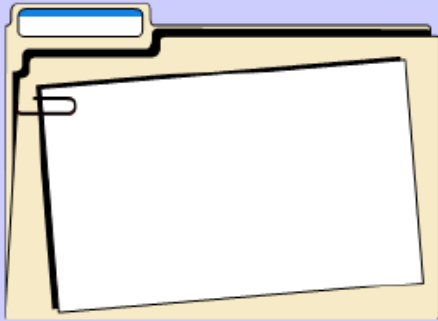
### Content of Charts

- ✚ 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?

All monthly invoices are due by the 10<sup>th</sup> of the month.

Sent to: Joy Gabonia  
U.S. Probation Office  
300 Las Vegas Boulevard, South  
Suite 1200  
Las Vegas, NV 89101-5813

The following is required:

- Original invoice with original signature
- Copies of the following:
  - ✓ Monthly Treatment Report for each client
  - ✓ Daily Log for each client
  - ✓ Specimen Log
  - ✓ Copayment receipts

# MONTHLY INVOICE

## MONTHLY INVOICE – PART A

➤ Submit separate invoices for the following services:

- Substance Abuse Services
- Mental Health Services

- **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 a receipt system**
- **Receipt copies are to be attached to billing**
- **Total receipts must match invoice total**
- **Government reimbursed by Vendor for payments received from insurance programs or other sources**
- **Vendor can only accept payments authorized on the Probation 45 (program plan) by USPO.**



# **MONITORING VISITS AND REPORTS**

- **Contract Specialist will visit up to twice a year**
- **First visit will occur within 120 days of contract award**
- **Visits may be scheduled or unscheduled**
- **Written report following monitoring 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.