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AGENDA

- ☐ Introductions
- ☐ Awarded Services & Requirements
- ☐ File Maintenance & Disclosures
- ☐ Statement of Work Review
- ☐ Forms Required
- ☐ Invoice Requirements
- ☐ Q&A

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INTRODUCTIONS

Bryce Geiggar

- Supervisory Probation Officer & Treatment Team Facilitator
- 501.604.5249
- Bryce_Geiggar@arep.uscourts.gov

Jordan Riggs

- Drug & Alcohol Treatment Specialist
- 501.604.5248
- Jordan_Riggs@arep.uscourts.gov
- Contact for Client Questions/Issues (if USPO cannot be reached)

Alison Scifres

- Special Offender Specialist
- 501.604.5247
- Alison_Scifres@arep.uscourts.gov
- Contact for Client Questions/Issues (if USPO cannot be reached)

Hallie Yates

- Administrative Manager
- 501.604.5251
- Hallie_Yates@arep.uscourts.gov
- Contact for Invoice Questions/Issues

Marcus Hagler

- Probation Clerk Specialist
- 501.539.5122
- Marcus_Hagler@arep.uscourts.gov
- Contact for Treatment Services/BPA Questions

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Urine Collection & Reporting (1010)

- **STORAGE:** Store all supplies in a secure area with limited access to only those employees involved in the collection process.
- **COLLECTION AREA:** Provide a lavatory only for collecting urine specimens that is not used by staff or others. Otherwise, limit access during collection process.
- **COLLECTION PROCEDURES:**
 - **Person under Supervision must:** Remove jackets, purses, personal items, etc. Before testing, vigorously wash hands with soap & water, then dry prior to test. Roll up long sleeve shirts to examine arms and avoid test tampering or adulterations.
 - **Collectors must:** Verify the testers identity (state-issued ID or Prob45). Collect only one specimen at a time. Complete chain of custody form. Collect a minimum of 30mL of urine. Secure cup with tamper strip and specimen label including collector's initials. Securely package collection for shipment. Flush once test is completed.
 - **Complete Urinalysis Testing Log:** Date Collected, Person under Supervision Signature, Collector Initials are required fields.
- **MAILING & STORAGE:** Securely package & ship collections to Regional Lab in San Antonio daily. Drop off or schedule pickup by FedEx. Samples must be refrigerated if not shipped the same day. Samples may not be retained longer than 48 hours. Refrigerator must lock or be stored in a restricted/locked room. Temp set to 43 degrees.
- **"NO TEST" POLICY:** The vendor is responsible for ensuring proper procedures are met. Tests that do not meet the requirements will not be paid.
- **CODE-A-PHONE:** The Probation Office uses Comply to schedule tests for clients based on the required frequency. The vendor will be emailed a chain of custody form for each person scheduled to test the following day. Marcus Hagler must be notified within 24 hours of a failure to appear (FTA) to test.
- Contact Marcus_Hagler@arep.uscourts.gov for supply orders & questions.

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Drug Testing Procedures Demonstration



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Chain of Custody Forms

A daily report will be emailed listing the Federal clients to be drug tested that day. Additionally, a chain of custody form will be provided and should be completed and processed when the test is administered.

Test Location Schedule Report								Comply
U.S. Probation/Pretrial Eastern District of Arkansas 801/33032 to 801/33033, Sorted by Test Location								
FACTS	Client Name	Phone	Dept	Start	End	PM Start	PM End	Officer Name
USPFO - Little Rock	81030322	7486413	Phase 1 Female	S	8:00AM	11:30AM	12:30PM	4:30PM
Apprs for this Date: 1								
Client Apprs for this Location: 1								
Total Clients: 1								

Client Name	FACTS No.
DOB: _____	Date: 09/15/2022
Time: _____	Col. Initials: _____ Def. Initials: _____

EASTERN DISTRICT OF ARKANSAS CHAIN OF CUSTODY FORM	
Court Unit Information U.S. Probation Office Urinalysis Testing Laboratory 727 E. Durango Blvd Ste 630 San Antonio, TX 78205 Phone: (210) 244-2455	Specimen ID ARE0195440
Defendant/Officer Information Name: _____ PACTS: <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> DOB: _____ Officer: _____	SITE EDAR USP/LR OFFICE Pretrial Services DATE OF COLLECTION _____ TIME OF COLLECTION _____
Collection/Retention/Admission of Drug Use for Donor <input type="checkbox"/> Observed <input type="checkbox"/> Appears Diluted <input type="checkbox"/> Unobserved Did Donor Admit Drug Use: <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, drug type and date of last use: _____	Signature of Donor I certify that the specimen accompanying this form is my own. It is a fresh and was not adulterated in any manner and is provided to the collector. Further, I certify that the specimen container was sealed with a tamper-evident seal in my presence and that the information provided on this form and on the label is correct. Also, I consent to the analysis of the specimen accompanying this form to the laboratory, and to the release of the results as well as the information recorded on this form to the supervisor and/or individual on the form. SIGNED: _____ DATE: _____
Collector Certification I certify the specimen identified on this form is the specimen presented to me by the donor providing the certification above, that I took the same identification number as set forth above, and that it has been collected, sealed and tested in accordance with the collection procedure in the donor's presence. SIGNED: _____ DATE: _____	Received by: Initials: _____ Date: _____ Time: _____
Positive: _____ Date: _____ ALERE ID No. for confirmation: _____	Lab Accession Label

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Combined Outpatient Treatment Substance Abuse & Mental Health

- Urine Collection & Reporting (1010)
- Substance Use Assessment & Report (2011)
- Manualized Group (2022)
- Individual Sub. Use Counseling (2010)
- Group Sub. Use Counseling (2020)
- Co-Occurring Disorder Assessment & Report (6016)
- Co-Occurring Disorder Individual Treatment (6015)
- Mental Health Intake Assessment & Report (5011)
- Psychiatric Evaluation & Report (5030)
- Individual Mental Health Counseling (6010)
- Family Mental Health Counseling (6030)
- Psychotropic Medication (6040)
- Administrative Fee Psych. Medication (6041)
- Psychotropic Medication Monitoring (6051)

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Manualized Cognitive Behavioral Group (2022)

- Group of 2-12 led by a trained facilitator.
- Structured approach to a specific component of an intervention plan and addresses the criminal thinking component of a person under supervision.
- The specific curriculum utilized by the vendor must be designed to address substance use issues.
- The vendor is responsible for both training and replacement materials.
- **Vendor(s) must notify Jordan Riggs of the selected program no later than October 3, 2022. Groups to be started January 2023.**
- Available options are listed in BPA Page C-12 of 36.



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Assessments & Reports

(2011, 6016, 5011)

- Provide the assessment as ordered on the Prob45. Based on the conditions set by the Court, a substance use assessment (2011), co-occurring disorder assessment (6016), or mental health assessment (5011) will be ordered.
 - Assessments are billed one unit per assessment regardless of time to complete.
- **Within 15 days of the referral**, a comprehensive clinical/diagnostic interview must be completed, utilizing a structured interview tool as outlined in the BPA for each service.
- **Within 10 business days of the interview**, a typed report meeting the minimum requirements outlined in the BPA for each service must be completed and submitted with the invoice.
- Complete a **Monthly Treatment Log** including record of assessment and client's signature.
- **Notify the USPO within 24 hours (next business day)** if the person under supervision fails to report. Provide additional information regarding any increase in risk.

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Counseling Services

(2010, 2020, 6015, 6010, 6030)

- Provide treatment as ordered on the Prob45 & **initiate services within 10 business days of receipt of the initial or amended Prob45**. Exceptions require USPO approval.
- Complete a **Monthly Treatment Log** including daily record and signature of client's treatment.
- Provide for emergency services when counselors are not available.
- Ensure treatment plans are created with the person under supervision at the beginning of the program, including goal setting, frequency of services, specific criteria for completion, and time-frame for completion. **Updated Master Treatment Plan submitted every 90 days with invoice.**
- Typed discharge summary must be submitted to the USPO within 15 business days after treatment is terminated.
- **Notify USPO of failure to report or noncompliance within 24 hours (or next business day).**
- Staff must meet the required qualifications outlined in the BPA to provide services. The vendor is responsible for ensuring necessary credentials are current and available upon request. All staff requests/changes shall be submitted to Marcus.Hagler@arep.uscourts.gov.

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Psychological Evaluation (5030)

- Medical evaluation & report conducted and prepared by a licensed medical doctor/physician, or other qualified medical professional established by the Arkansas regulatory board.
- This evaluation is to establish a psychiatric diagnosis, to determine the need for psychotropic medications and prescribe them, if necessary, along with a treatment plan.
- Testing & Evaluation shall be **completed within 30 business days of receiving the referral, or as soon as reasonably possible.**
- **A typed report must be submitted within 10 business days (or as soon as reasonably possible)** after completion of the evaluation and submitted with the invoice.
- Report must meet all criteria outlined in the BPA for this service.
- Complete a **Monthly Treatment Log** including record of evaluation and client's signature.
- **Notify the USPO within 24 hours (or next business day)** if the person under supervision fails to report. Provide additional information regarding any increase in risk.

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Psychotropic Medication & Monitoring

- **Psychotropic Medication (6040)**
 - Oral or injectable medication prescribed by a licensed practitioner.
 - Vendor shall use generic option, as medically appropriate.
 - Vendor shall seek medication **pricing from 3 sources and purchase at the lowest cost to the judiciary.**
- Psych. Medication (6040) is billed at the cost of the medication. **A receipt is required with the invoice.**
- The Administrative Fee (6041) is billed at **5% of the cost of the medication.**
- The vendor should only provide services as ordered on the Prob45.
- **Medication Monitoring (6051)**
 - Vendor shall prescribe and evaluate the efficacy of psychotropic medications and the need for any further laboratory testing.
 - Conducted by certified personnel as outlined in the BPA.
- **Monthly Treatment Log** must include authorized practitioner, date, service code, and comments (i.e., adjustment, responsiveness, need for change, etc.).



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Local Needs for Combined Treatment BPAs

Urine Collection

- The vendor must conduct urine collection in conjunction with the probation office's random notification system, Comply.
- The vendor shall notify the Probation Office when testing and shipping supplies are needed and allow 2-3 business days for processing of requests. It is the vendor's responsibility to maintain testing inventory.

Counseling

- The vendor must conduct monthly staffings with the U.S. Probation Officer at the probation office when the vendor's site is within 30 miles of the probation office. The cost of travel is to be factored into the service price per unit and cannot be billed separately.
- This applies to locations within 30 miles of 600 W. Capitol Ave., A-226, Little Rock, AR 72201.

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Inpatient Treatment Services



- 2001 Short-Term Residential Treatment
- 6001 Short-Term Residential Treatment for Co-Occurring Disorders
- 1001 Therapeutic Community Treatment

Services include ordered drug testing.

Testing supplies can be requested to

Marcus_Hagler@arep.uscourts.gov

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Inpatient Treatment (2001, 6001)

- Residential placement for a period not-to-exceed 90 days in a highly structured environment that incorporates counseling, drug testing, and other approaches that involve cooperative living for people in treatment.
- The Federal client's progress shall be monitored and reported to the USPO **at least every 30 days.**
- The vendor shall provide a discharge summary for each Federal client, briefly describing the client's adjustment and performance while in treatment and the circumstances surrounding termination. **Typed summary shall be submitted to the USPO within 10 business days of discharge** and include recommendation for aftercare treatment.
- Additional residential treatment requirements are outlined in Section C of the Scope of Work, including facility requirements, Federal client information, staff qualifications, code compliance, bedroom facilities, emergency plans, safety precautions, general food service, emergency medical service, etc.
- **The vendor shall notify the USPO within 24 hours (or next business day) of noncompliance.**

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Additional Requirements for Co-Occurring Disorder Treatment (6001)

- Per diem rate for 6001 includes an initial mental health intake or psychiatric/psychological exam/evaluation & report, urine collection, psychotropic medication, administration & monitoring, clinical consultation with USPO, and individual/group/family counseling.
- **Within 15 days of admission**, provide an individualized treatment plan and submit with monthly invoice.
- **Within 15 days prior to discharge**, coordinate planning & referral services with client & USPO, as well as provide a discharge summary.



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Daily Unit Rate- Billing

- Daily unit rate includes room & board, assessment, counseling/therapeutic services, drug testing, physical exams and blood/urine specimen collection.
- Invoicing Daily Unit Rate
 - A calendar day unit (midnight to midnight) for continuous placement of over 24 hours.
 - Prorated/calculated as one-fourth of a calendar day for (6) hours or less, or when a Federal client is absent without permission for over 24 hours.
- Assume the daily rate is \$100. Client is admitted at 8PM on Day 1 and discharged at 7AM on Day 3
 - Day 1 = 0.25 units = \$25.00
 - Day 2 = 1 unit = \$100.00
 - Day 3 = 0.5 units = \$50.00
- For example, if a client arrives at 2PM on Day 1, he should be discharged on day 31 by 2PM to receive a full unit.

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Therapeutic Community **NEW**

- For a period not to exceed 270 days unless USPO approves extension. USPO monitors the client's progress and reviews the placement every 60 days.
- Typical Therapeutic Community Prob45s will be for 90 days.
- **Treatment is provided in 3 stages:**
 - 1) Induction & Treatment - during the first 30 days to assimilate the individual into Therapeutic Community environment.
 - 2) Primary Treatment - uses a structured model of progression through increasing levels of pro-social attitudes, behaviors and responsibilities.
 - 3) Re-entry - facilitates the individual's separation from the Therapeutic Community and successful integration to society.
- The goal is for Therapeutic Community to be more structured than the past chemical-free living programs.
[Vendor\(s\) shall have an outline of their Therapeutic Community program emailed to Jordan_Riggs@arep.uscourts.gov](mailto:Jordan_Riggs@arep.uscourts.gov) by October 3, 2022.

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Local Needs Inpatient Treatment

- Residential Treatment 2001 & 6001
 - The vendor must provide treatment for both male and female clients.
 - The vendor must accept clients participating in medically managed treatment (MMT).
- Therapeutic Community (1001) should follow the structured plan:
 - **Stage 1:** at least 1 group session and 1 individual session per week (8 sessions per month)
 - **Stage 2:** at least 1 group per week and 2 individual sessions per month (6 sessions per month)
 - **Stage 3:** at least 2 group and 1 individual sessions per month.



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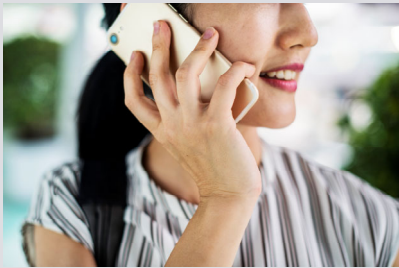
File Maintenance & Disclosure

- Maintain a secure filing system. For paper files, store separate from other records.
- Keep a separate file for each Federal client.
- Identify any records that disclose the identity of a Federal client as **CONFIDENTIAL**. Protect CONFIDENTIAL records in accordance with the BPA.
- Files shall be provided to the Probation Office upon request & all records kept for 3 years after the final payment is received.
- **Notify the USPO immediately upon receipt of legal process requiring disclosure of person under supervision records.**
- The Probation Office will provide the necessary consent form that federal, state or local law requires.



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Case Staffing Conferences



- Upon referral of a Federal client to the vendor, the vendor shall:
 - Participate in a 3-way meeting with the USPO, person under supervision, and vendor for an initial case staffing.
 - Communicate with the USPO face-to-face, telephone conference, or text/email at least every 30 days to discuss the person under supervision's progress.
 - Consult and meet as requested by the USPO.

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Vendor Reports



- Provide a report on the Federal client's treatment progress upon request from the USPO. Report shall include specific/measurable goals and objectives with target completion dates that are periodically reviewed.
- Provide a written recommendation in the report as to whether a Federal client's treatment shall be continued or terminated.
- If termination is recommended, the vendor shall provide a reason for this recommendation in the written report (i.e., no longer needs treatment or failed to respond to treatment, etc.)

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Vendor Testimony

- Appear or testify in Federal court proceedings only upon order of the federal court with jurisdiction, and
 - A request by the US Probation Office, US Attorney's Office or US Parole Commission, or
 - In response to a subpoena
- Provide testimony including, but not limited to, attendance record, drug test results, general adjustment to program rules, type/dosage of medication, and response to treatment and treatment programs.
- Receive necessary consent forms required for federal, state or local law from the Judiciary.
- Do not create, prepare, offer, or provide any opinions or reports, whether written or verbal, that are not required by this statement of work and the treatment program unless approved in writing by the Chief Probation Officer.



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Emergency Contact Procedures

- The vendor shall establish and post emergency (24/7) contact procedures (i.e., crisis intervention, schedule changes, local hotlines, or situations requiring immediate attention) for times when counselors are not available.

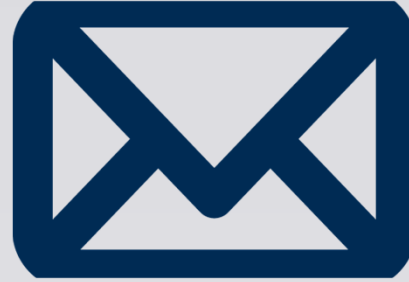


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USPO Notification of Noncompliance

- Notify the USPO in writing within 24 hours of noncompliance. Examples include, but are not limited to:
 - Attempts to adulterate or compromise detection of illicit drug use during a UA.
 - Attempts or offers of bribery.
 - Attempts at subterfuge or failure to produce a UA.
 - Failure to appear as directed for scheduled services.
 - Failure to follow vendor staff direction.
 - Apparent failure to comply with conditions of supervision.
 - Any behavior that might increase the risk of the person under supervision to the community.
- The vendor shall report any information from any source regarding a Federal client's apparent failure to comply with conditions of supervision.



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Staff Requirements & Restrictions

- The following vendor staff shall not perform services under this agreement and shall not have access to Federal client files:
 - Person(s) under pretrial services, probation, parole, mandatory release, or supervised release (federal, state, local).
 - Person(s) with pending charges or under investigation for a criminal offense.
 - Person(s) convicted of any sexual offense or required under federal, state, or local law to register on the Sexual Offender Registry.
 - Person(s) with any restrictions to their licenses, certifications or practice based on negotiations or proceedings with any licensing authority.



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Facility Requirements

- The vendor shall ensure that its facility(ies) has adequate access for persons under supervision with physical disabilities.
- **Should a vendor choose to relocate their facility within the catchment area,** the vendor shall email Marcus_Hagler@arep.uscourts.gov no less than 30 days prior to relocation & include the new facility address.
 - The vendor shall provide all applicable business or operating licenses as required by federal, state and local laws and regulations.
 - An onsite visit will be conducted prior to services being provided.
 - **A location outside of the catchment area may result in termination of the agreement.**
- The vendor shall comply with all applicable federal, state, and local laws and regulations when performing services under this agreement. Failure to do so may result in immediate termination and subject the vendor to civil or criminal penalties.

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Staff Requirements & Restrictions

Attachment C

OFFEROR'S STAFF QUALIFICATIONS

As required in Section L.1, Preparation of Staff Qualifications, the Offeror shall prepare and submit below, (attach pages as needed labeled as subsets of this attachment number), for all staff performing services under any resultant Agreement, including credentials (licenses and certifications) by project code. Staff providing sex-offense specific services must certify that the evaluator adheres to the established ethics, standards and practices of the Association for the Treatment of Sexual Abusers (ATSA). The Offeror shall complete the certification section below.

Name	Title	Duties	Project Code	Education	Experience

CERTIFICATIONS
(check all that apply)

☐ I certify herein that no proposed staff members are under investigation for or charged with a criminal offense and/or under pretrial, probation, parole, mandatory release or supervised release (federal, state, or local).

☐ I certify herein that no proposed staff members have been convicted of any sexual offense (including but not limited to child pornography offenses, child exploitation, sexual abuse, rape, or sexual assault) or are required under federal, state or local law to register on the Sexual Offender registry.

☐ [Check box only if applicable] I certify herein that proposed staff conducting sex-offense specific evaluations/treatment/testing will adhere to the established ethics, standards and practices of the Association for the Treatment of Sexual Abusers (ATSA).

SIGNATURE: _____ DATE: _____

- Vendors and its employees shall:
 - Avoid compromising relationships with persons under supervision and USPO staff.
 - Not employ, contract with, or pay any person under supervision for work or services (personally or professionally) during any period of this agreement.
 - Report any such improprieties immediately to the USPO or contracting officer.
 - Report to the USPO or contracting officer any investigations, pending charges, arrests, or convictions related to a criminal offense, or any licensure restrictions within 48 hours of obtaining knowledge.
- **Submit the Offeror's Staff Qualification form (Section L- Attachment C) for each new staff member added under the agreement via email to Marcus_Hagler@arep.uscourts.gov.**

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Provisions of Service for Federal Clients

- For outpatient services, the vendor shall have the **capability to immediately place Federal clients in outpatient assessment/testing/evaluation/treatment** without regard to any placement backlog or waiting lists.
- Recognizing the problems of limited bed space, **residential vendors shall place Federal client referrals in the first available bed space**, recognizing priority placements above other referrals.
- The vendor shall not unilaterally refuse services to any Federal client, except where the person under supervision poses an apparent danger to the vendor's staff or other clients or there is a conflict of interest. **The vendor shall not refuse service without approval from Jordan Riggs.**
- **Termination of Federal clients from treatment or testing based upon a violation of the vendor's program shall not be made without approval from the USPO.**
- The vendor shall not tell Federal clients to misrepresent or withhold information regarding the treatment provider or the treatment services received in response to questions posed by the USPO or other government or law enforcement agencies authorized to make such inquiries.

See section F of the Statement of Work for additional information.

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Required Forms for Service

Forms from USPO

- Client Disclosure Forms
 - PS 6B Release- Pretrial Sub. Use
 - PS 6D Release- Pretrial Mental Health
 - Prob11B Release- Post-Conviction Sub. Use
 - Prob11i Release- Post-Conviction Mental Health
- Referral Packet
- Prob45 Order for Services

Forms from Vendor

- Monthly Treatment Log
- Urinalysis Log
- Notice of Noncompliance Form(s)
- Assessment(s) & Report(s)
- Treatment Plans (updated every 90 days)
- Medication Receipt(s)
- Invoice Part A & B (signed)
- Chronological Notes, upon request

Fillable PDF forms available at www.grep.uscourts.gov

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Monthly Vendor Invoices

- **Combined Outpatient Treatment Invoices:**
 - Substance Use Pretrial (billing code 2527)
 - Mental Health Pretrial (billing code 2527)
 - Substance Use Post-Conviction (billing code 2526)
 - Mental Health Post-Conviction (billing code 2530)
- **Residential Treatment Invoices:**
 - Residential Treatment Pretrial (billing code 2527)
 - Residential Substance Use Treatment Post-Conviction (billing code 2526)
 - Residential Co-Occurring Disorder Treatment Post-Conviction (billing code 2530)

Invoices should be submitted via SPCS no later than the 10th of the month following the completion of services.

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Unit Pricing

- "No Show" occurs when a Federal client does not show or has a session that lasts less than 16 minutes. Vendors are not permitted to bill for "No Show" appointments.
- Units can be billed in 15-minute increments. Assume the rate of service is \$10 per unit (30 minutes):

Time Spent (Mins)	Billed Unit	Billed Amount
0-15	0	\$0.00
16-30	1	\$10.00
31-45	1.50	\$15.00
46-60	2	\$20.00
61-75	2.50	\$25.00
76-90	3	\$30.00

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Contract Services Program Plan (PROB 45)

- Prob45 Authorizes Approved Services
- Lists Services, Units & Frequency
- 1 unit = 30 minutes (outpatient)
- 1 unit = 1 day (inpatient)
- Must be signed by the Officer
- Must be signed by the Referral Agent
- Vendor **MUST NOT** conduct services outside of those ordered on the Prob45

Prob. Form 45
Today's Date: 12/7/20

Amended

TREATMENT SERVICES CONTRACT PROGRAM PLAN

Client Identifying Information

Client: [Redacted] PACTS #: [Redacted]
 Address: [Redacted] Pretrial/Post Conviction: Pretrial
 Little Rock AR 72209
 Officer: Grady, Tamia Client Phone: [Redacted]
 Officer Phone: 501-694-5261 DOB: [Redacted]

Provider Information

Provider: Family Service Agency Procurement No: 0860-2020-300C
 Provider Location: Family Services Agency Effective Date: 12/07/2020
 Attn: Victor Womser Termination Date:
 Location Address: 628 W Broadway St
 Suite 300
 North Little Rock AR 72114
 Phone: 501-372-4242
 Fax:

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 reimbursed for payment.

Services Ordered	Project Code	Description Of Services	Phase	Frequency (Units)	Interval	Copy Amount (per unit)
2010	Individual Substance Abuse Counseling			2.0	Bi-Weekly	\$0.00

Instructions to Provider Regarding Client Needs and Goals of Treatment

Tamia Grady [Signature] Jordan Riggs
 2020.12.08 17:48:43
 Officer: Grady, Tamia -06'00'

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Required Invoice Documentation

- Invoice Part A & Part B
 - Excel file required.
 - PDF copy required with authorized signature on Part A.
- Monthly Treatment Log
 - Completed by counselor and signed by Client upon receipt of services.
 - Replaces the previous Monthly Treatment Report & Daily Treatment Log
- Urinalysis Testing Log (as applicable)
- Assessments, Evaluations and Reports (as applicable)
- Updated Master Treatment Plan (every 90 days)

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Invoice Part A & B

Date: 7/10/10

ADMINISTRATIVE OFFICE OF THE UNITED STATES COURTS
TREATMENT SERVICES INVOICE
(PART A)

1. Judicial District: Adams Eastern 3. POBPA # 0869-2011-0050

2. Vendor: Center for Recovery 4. Service Delivery From 6/1/10 to 6/30/10

a. Address: 123 Ave. Street 5. Total # of Individuals Served: 4

My City, AB, 71111

b. Telephone 501-555-1212 TIN # 71-123456

Vendor's Certification: I certify that all expenditures and requests for reimbursement in this voucher are accurate and correct to the best of my knowledge and include only charges for services actually rendered to clients under the terms of the agreement and for which no other compensation has been received from sources other than the United States District Courts.

Authorized Administrator

6. Project Code	7. Quantity	8. Unit Price	9. Total Price
2010	16	\$25.00	\$400.00
2020	28	\$140.00	\$3,920.00
1010	7	\$ 6.00	\$ 42.00
Total			\$3862.00

Page 2 of 2

ADMINISTRATIVE OFFICE OF THE UNITED STATES COURTS
TREATMENT SERVICES INVOICE
(PART B)

1. Client Name	2. Client Number	3. Dates of Service	4. Service Rendered	5. Quantity (Units)	6. Unit Price	7. Cost
John Doe	12345	6/1/10	2010	2	\$25.00	\$50.00
		6/8/10	2010	2	\$25.00	\$50.00
		6/15/10	2020	4	\$ 5.00	\$20.00
		6/25/10	2020	4	\$ 5.00	\$20.00
		6/1/10	1010	1	\$ 6.00	\$ 6.00
Jane Doe	12346	6/8/10	1010	1	\$ 6.00	\$ 6.00
		6/2/10	2010	2	\$25.00	\$50.00
		6/9/10	2010	2	\$25.00	\$50.00
		6/16/10	2020	4	\$ 5.00	\$20.00
		6/26/10	2020	4	\$ 5.00	\$20.00
Jefferson Davis	12389	6/3/10	2010	2	\$25.00	\$50.00
		6/8/10	2010	2	\$25.00	\$50.00
		6/15/10	2020	4	\$ 5.00	\$20.00
		6/25/10	2020	4	\$ 5.00	\$20.00
		6/8/10	1010	1	\$ 6.00	\$ 6.00
George Washington	12980	6/1/10	2010	2	\$25.00	\$50.00
		6/2/10	2010	2	\$25.00	\$50.00
		6/9/10	2010	2	\$25.00	\$50.00
		6/16/10	2020	2	\$ 5.00	\$10.00
		6/26/10	2020	2	\$ 5.00	\$10.00
		6/3/10	1010	1	\$ 6.00	\$ 6.00
		6/9/10	1010	1	\$ 6.00	\$ 6.00

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Monthly Treatment Log

Attachment J2

MONTHLY TREATMENT LOG

Complete one form per person per month. Include all scheduled contacts. In the event the person does not attend a scheduled service, indicate "no show" in the signature column. In the event the person does not attend any services within the month, include a comment noting this.

Vendor: Agreement #: Therapist:
 Defendant/Person Under Supervision: FACTS #: Date of Last Treatment Plan:
 Month/Year: Required monthly co-payment:
 Supervising Officer: Date monthly staffing with officer completed:

TREATMENT PROGRESS: Once services are completed for the month, complete the following items to document the person's treatment progress. Treatment goals: ☐ Met ☐ Not Met Comments:

Steps taken to meet goals: ☐ Positive ☐ Negative Comments:

Need for continued treatment: ☐ Recommend ☐ Not Recommended Comments:

Client behavior and commitment to treatment: ☐ Positive ☐ Negative Comments:

Overall progress: ☐ Acceptable ☐ Unacceptable Comments:

Describe any obstacles or setbacks the client encountered this month:

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

Date	Defendant/Person under Supervision signature	Project Code	Time In	Time Out	Vendor Initials	Co-pay Received	Comments

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Urinalysis Testing Log

Complete one form per person per month - to be used for project codes 1010 and 1011

Defendant/Person Under Supervision Name:

FACTS #:

Vendor Name & BPA #:

Month/Year:

Date Collected	Defendant/Person Under Supervision Signature	Collector Initials	Bar Code # (for 1010)	Special test (for 1010)	Meds taken	Test Result (for 1011 only)	Co-pay collected

Urinalysis Testing Log

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Invoicing Best Practices

- Counselors shall ensure that ordered Prob45 services are completed each month and services are documented on the Monthly Treatment Log. **The monthly treatment log must be completed in full**, including the client's signature, in order to be paid for services.
- All drug tests shall be documented on the client's **UA Testing Log, including initials of the client and collector**. The complete log must be submitted with the invoice.
- Billing personnel shall ensure all required documentation is accurate to avoid delays in processing. Compare Prob45 to Monthly Treatment Log & UA Testing Log, then **ensure the correct services are listed on Part B of the invoice and Part A is signed by authorized personnel**.
- Services should be separate for Substance Use and Mental Health, as well as separated by pretrial and post-conviction clients. The Prob45 will state if a client is pretrial or post-conviction.
- Combined Treatment Services = 4 invoices per month (SA-Pretrial, MH-Pretrial, SA-Post, MH-Post)
- Residential Treatment Services = 3 invoices per month (Residential Pretrial, SA-Post, MH-Post)

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Service Provider Communication System (SPCS)

- System to provide secure HIPPA compliant email correspondence for vendor communication with probation office.
- Submit invoices electronically through the SPCS portal.
- Request access to SPCS from Marcus_Hagler@arep.uscourts.gov
- Access SPCS <https://serviceproviders.uscourts.gov/SVCProviderweb/logon.aspx>

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Invoice Submission Contacts

Kaylee_Comer@arep.uscourts.gov

- Harbor House (100C)
- InSync Counseling (200C)
- Ascension Polygraph (700P)

Zachary_McCormack@arep.uscourts.gov

- Crowley's Ridge (400C/400R)
- Life Strategies (400S/700S)

Kristyn_Skelton@arep.uscourts.gov

- Mid-South Health (500C/500R/600C)

Nicholas_Zakrzewski@arep.uscourts.gov

- Family Services Agency (700C)
- Recovery Centers of Arkansas (700R)
- The P.A.T. Center (800C)

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