

Southern District of Texas



Probation

INVOICING:

MONTHLY INVOICE PROCESSING
INSTRUCTIONS



SOUTHERN DISTRICT OF TEXAS: PROBATION MONTHLY INVOICE PROCESSING INSTRUCTIONS



FORMS

Form Title

Form No.

Treatment Services Invoice (Parts A and B)

Attachment J.8

The Treatment Services Program Plan

PROB 45

Monthly Treatment Report

PROB 46

Daily Treatment Log

Attachment J.6

Urinalysis Log

Attachment J.9

Travel Log (if applicable)

PROB 17

Submit an original copy of the invoice to the address listed in block 7 of the Solicitation/Offer/Acceptance in SECTION A, p.1 of the RFP. Additionally, the Monthly Treatment Report, Daily Log, Urinalysis Log, and the Daily Travel Log (if applicable) shall be submitted to the USPO/USPSO.

****Submit invoices monthly to arrive no later than the tenth (10th) day of the month for services provided during the preceding month.****



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FORMS (continued)

Treatment Services Invoice, Attach. J.8 - Part A Example

Attachment J.8

Date 4/27/2012 Page 1 of 1

**ADMINISTRATIVE OFFICE OF THE UNITED STATES COURTS
TREATMENT SERVICES INVOICE**

(PART A)

1. Judicial District: SD/TX Houston 3. P.O./B.P.A.#: 0541-2012-0000
 2. Vendor: One Counseling Center 4. Service Delivery: From 05/01/12 To 05/31/12
 a. Address: 11111 Counseling Row 5. Total # of Individuals Served: 1
Houston, TX 77777
 b. Telephone: (777) 777-7777 / Fax (777) 555-5555

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 Court.

Original Signature _____
 Authorized Administrator

6. Project Code	7. Quantity	8. Unit Price	9. Total Price
1010	0	10.00	0.00
2010	2	38.00	76.00
2020	0	10.00	0.00
2222			
Total Copay (insert minus sign before total):			-5.00
1501 Admin Fee (5% of total copay)			0.25
Total for Reimbursement:			71.25

Note: Use ONLY the MS Excel Electronic Spreadsheet version. The file will also contain Part B found on the following slide.



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FORMS (continued)

Treatment Services Invoice, Attach. J.8 - Part B Example

04/27/2012

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**ADMINISTRATIVE OFFICE OF THE UNITED STATES COURTS
TREATMENT SERVICES INVOICE**

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

1.CLIENT NAME	2.CLIENT NUMBER	3. DATES OF SERVICE	4. SERVICE RENDERED	5. QUANTITY (UNITS)	6. UNIT PRICE	7. COST	8. CO-PAY REQUIRED	9. CO-PAY RECEIVED
Doe, John	284016	4/20/2012	2010	2.00	\$ 38.00	\$ 76.00	\$ 5.00	\$ 5.00
		4/27/2012	1010	1.00	\$ 8.00	\$ 8.00	\$ -	\$ -
Sooter, Frances			2020	1.00	\$ 20.00	\$ 20.00	\$ 5.00	\$ 2.50
					\$ -	\$ -	\$ -	\$ -
					\$ -	\$ -	\$ -	\$ -
					\$ -	\$ -	\$ -	\$ -
					\$ -	\$ -	\$ -	\$ -
					\$ -	\$ -	\$ -	\$ -
					\$ -	\$ -	\$ -	\$ -

Project Code	Unit Price
1010	8.00
1401	0.00
1501	0.00
2010	38.00
2020	20.00
2022	20.00
2030	38.00

Note: Use ONLY the MS Excel Electronic Spreadsheet version provided by the U.S. Probation Office.



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COMMON BILLING ERRORS

- **Charging for no shows.**
- **Charging for UA stalls.**
- **Not charging correct unit amounts.**
 - 1 unit = 30 minutes (1 unit = ½ hour, 2 units = 1 hour, 3 units = 1.5 hours)
- **Multiplication errors.**
- **Putting U.S. Pretrial clients on the U.S. Probation Office invoice.**
- **No original signature (Authorized Administrator) on Part A of invoice.**
- **Not providing all documentation (listed on Slide 1) with invoice.**



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TREATMENT SERVICES PROGRAM PLAN: THE "FORM 45"

TREATMENT SERVICES CONTRACT PROGRAM PLAN

Client Identifying Information

Client : Doe, John	PACTS#: 284014
Address: 123 Main St. Houston, TX 12345	Pretrial/Post Conviction
Officer: Carrey, Phil	Conviction:
Officer Phone: (713) 555-1111	Client Phone: (281)555-7777
	DOB:

Photo
Not
Available

Provider Information

Provider: One Counseling Center	Procurement No: 0541-2071-0000
Provider Location: 11111 Counseling Row	Effective Date: 05/01/2012
Attn: J. Finster	Termination Date:
Location Address: 123 Redact Ave. Houston, TX 77777	
Phone: (777) 555-0000	
Fax: (777) 555-1111	

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

Project Code	Description Of Services Phase	Frequency (Units)	Interval	Copay Amount (per unit)
2010	Individual Substance Abuse Counseling	1.0	Per Plan	\$2.50
2020	Group Substance Counseling	2.0	Monthly	\$0.00

Instructions to Provider Regarding Client Needs and Goals of Treatment

TCUDS results: Relatively Severe Drug Problem (THC). Please submit the results of the substance abuse assessment within 10 days from meeting with the offender.

Officer: Carrey, Philip Referral Agent: Finster, Joe Client: Doe, John



SOUTHERN DISTRICT OF TEXAS: PROBATION MONTHLY INVOICE PROCESSING INSTRUCTIONS



TREATMENT SERVICES PROGRAM PLAN: THE "FORM 45" (concluded)

Before providing services:

- **The Form 45 must be current and signed by the offender, the officer and the referral agent.**
- **Only provide services on the current Form 45.**

***Note:* All services remain in effect until the vendor receives an Amended Program Plan IN WRITING.**



SOUTHERN DISTRICT OF TEXAS: PROBATION MONTHLY INVOICE PROCESSING INSTRUCTIONS



MONTHLY TREATMENT REPORT: THE "MTR"

- **Summarize activities during the month.**
- **Document client's progress.**
- **Reflect changes in the Program Plan.**
- **Identify the Stage of Change.**
- **Identify the Criminogenic Needs.**



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THE "MTR" (concluded)

- **Determine short and long term goals.**
- **Determine time frame for treatment.**
- **MTR must be signed and dated by the counselor.**
- **Remarks should include client's adjustment, responsiveness, and significant problems.**
- **Record urine collection and test results.**
- **Cognitive Behavior Therapy shall be used and noted on the MTR.**



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COGNITIVE BEHAVIORAL THERAPY REQUIREMENT

- It is expected that the intervention used will be a format using **Cognitive Behavioral Therapy (CBT)**. The goal of CBT is to change the way offenders think, hence changing their behavior. More specifically, CBT restructures offender's thought patterns while simultaneously teaching pro-social skills.
- The Monthly Treatment Report (Form 46) must note where the offenders are on the Stages of Change Matrix and must address their Criminogenic Needs.
- In the Comments Regarding Client's Treatment Progress section of the Form 46 (Section 10), clinicians shall note the Stage of Change, the Criminogenic Needs addressed, the treatment goals, the steps taken toward these goals, the obstacles and setbacks, the ways the USPO can provide assistance, the treatment recommendation observations and the overall progress.



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COGNITIVE BEHAVIORAL THERAPY REQUIREMENT (continued)

STAGES OF CHANGE MODEL

STAGE	BEHAVIOR
Pre-Contemplation	The offender may not consider his or her substance abuse or mental health instability to be problematic.
Contemplation	The offender is aware of the “problem” but minimizes its impact on his or her life; is unwilling to give up the benefits of maintaining the self-destructive pattern or feels overwhelmed by the effort required to get the problem under control.
Determination or Preparation	This is often described as the “decision point.” The person is actively seeking a plan of action and making plans to address the problem.
Action	Actively taking steps to change his or her behavior. This may be accomplished by participating in the treatment process.
Maintenance	Ongoing preventative behaviors to self-regulate and maintain the positive change.

The Stages of Change model conceptualizes the internal process an individual goes through when changing his or her behavior. An offender may be in different stages of various behaviors at the same time. The failure to internalize any one of these steps will result in a negative outcome.



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COGNITIVE BEHAVIORAL THERAPY REQUIREMENT (concluded)

THE "BIG SIX" CRIMINOGENIC NEEDS

Low Self-Control	The inability to control one's own behavior has been directly linked to crime. Individuals are more likely to commit illegal acts when they lack the ability to control impulses.
Anti-Social Personality	Certain personality traits are another factor that have been directly linked to criminality. Individuals who display anti-social personality traits often will not care how their actions affect others and therefore they may not feel any remorse for what they have done.
Anti-Social Values	Anti-social values allow individuals to disassociate themselves not only from the community but from the values and norms of the community. These types of attitudes help individuals retreat from their surroundings to be alone with their thoughts and ideas while having minimal interaction with others within the community who are not engaged in criminal conduct.
Criminal Peers	Associating with other criminals increases the likelihood of an individual recidivating.
Substance Abuse	Research has shown that there is a relationship between substance abuse and criminal behavior. Continued substance abuse is an illegal act itself for individuals on supervision.
Dysfunctional Family	If an individual comes from a dysfunctional family, the individual is more likely to be in a setting where they can learn criminal or substance abuse behaviors.



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MTR: SECTION 10

- a. Describe the treatment goals addressed during the month; met/not met. Note the Stage of Change (e.g., Pre-contemplation, Contemplation, Determination, Action and Maintenance) and specific DSM IV-TR diagnosis if known.**
- b. Describe any steps taken by the client during the month toward the goals; positive/negative. Note the Criminogenic Need(s) identified: Low Self-Esteem, Anti-Social Personality, Anti-Social Values, Criminal Peers, Substance Abuse and Dysfunctional Family.**
- c. Describe any obstacles or setbacks the client encountered during the month. Note Short and Long Term Goals.**
- d. Describe one unique way the PO/PSO can assist/support the client in treatment over the next month: Note type and frequency of services ordered.**



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MTR: SECTION 10 (concluded)

- e. If continued treatment is recommended, discuss the plan for the following month; recommended/not recommended. **Note time frame for completing short and long term goals.****
- f. Discuss your observations of the client's behavior and commitment to treatment; positive/negative.**
- g. Comments: **Add family information if applicable.****
- h. Overall Progress; acceptable/unacceptable.**

Note: Identify a **planned** discharge date. Do not write "To be determined."



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DAILY TREATMENT LOG

- **Make sure the Daily Treatment Log is completed in its entirety for each offender.**
- **Any incomplete submissions could result in the vendor not being paid for services.**



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CHAIN OF CUSTODY FORMS

- Chain of Custody Forms **must** be clearly written.
- Chain of Custody Forms **must** be completed in their entirety.
- Chain of Custody Forms **must** be written legibly.
- Integrity **must not** be compromised.



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NOTIFY OFFICERS IMMEDIATELY WHEN:

- 1. Offender is a “no-show” for testing or treatment.**
- 2. Offender attempts to adulterate a urine specimen.**
- 3. Third party risks are identified.**
- 4. Offender fails to follow staff direction, fails to comply with release conditions and/or fails to provide a urine specimen (stall, insufficient quantity).**



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CONTACT PERSONNEL

Contracting Officer:

Joe Flores

515 Rusk Street, Suite 2301

Houston, TX 77002

713/250-5557

Blackberry: 832/259-4058

Joe_flores@txsp.uscourts.gov

Mailing Address

P.O. Box 61207

Houston, TX 77208-1207

Administrative Specialists:

Diana Jack, 713/250-5298, diana_jack@txsp.uscourts.gov

Imelda Duran, 713/250-5276, imelda_duran@txsp.uscourts.gov

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