Southern District of Texas

Probation

INVOICING:

MONTHLY INVOICE PROCESSING INSTRUCTIONS

FORMS

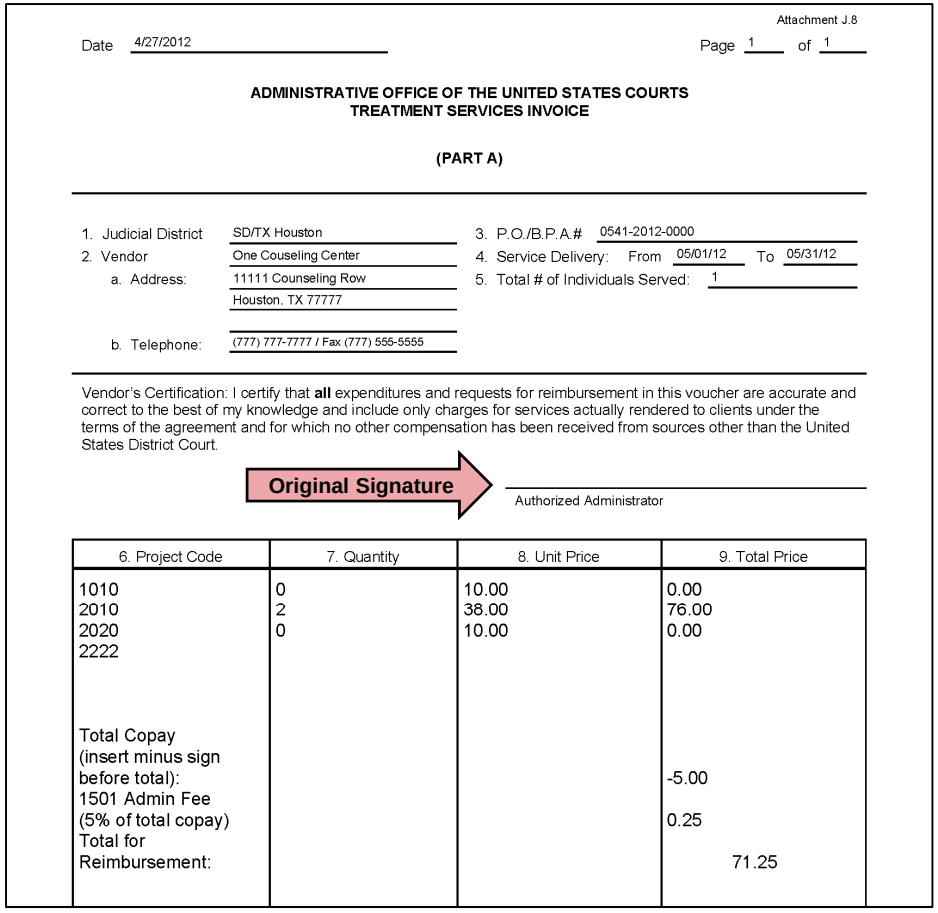
Form Title	***Form No.***
Treatment Services Invoice (Parts A and B)	**Attachment J.8**
The Treatment Services Program Plan	**PROB 45**
Monthly Treatment Report	**PROB 46**
Daily Treatment Log	**Attachment J.6**
Urinalysis Log	**Attachment J.9**
Travel Log (if applicable)	**PROB 17**

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.****

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

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.**

FORMS (continued)

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

04/27/2012 Page___2__of__2___

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.**

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.**

TREATMENT SERVICES PROGRAM PLAN: THE "FORM 45"

TREATMENT SERVICES CONTRACT PROGRAM PLAN

Client Identifying Information

Client : Doe, John
Address: 123 Main St.
Houston, TX 12345
Officer: Carrey, Phil
Officer Phone: (713) 555-1111

PACTS#: 284014
Pretrial/Post Post Conviction
Conviction:
Client Phone: (281)555-7777
DOB:

Photo Not Available

Provider Information

Provider: One Counseling Center
Provider Location: 11111 Counseling Row
Attn: J. Finster
Location Address: 123 Redact Ave.
Houston, TX 77777
Phone: (777) 555-0000
Fax: (777) 555-1111

Procurement No: 0541-2071-0000
Effective Date: 05/01/2012
Termination Date:

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

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.**

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.**

SOUTHERN DISTRICT OF TEXAS: PROBATION MONTHLY INVOICE PROCESSING INSTRUCTIONS

THE "MTR" (continued)

Form PROB 46 Example

PROB 46
(Rev. 06/10)

MONTHLY TREATMENT REPORT

This form must be completed and submitted with each monthly billing. Additional sheets may be used.

1. PROGRAM NAME:	1a. PROVIDER NAME:	2. DATE OF CURRENT TX PLAN (ATTACH REVISIONS):
One Counseling Center	J. Flores	April 27, 2012

3. CLIENT NAME:	3a. PACTS NO.	4. FOR PERIOD COVERING:
John Doe	0000000	May 1 May 31, 2012

5. PHASE NO.	5a. TIME IN PHASE:	6. PRETRIAL CLIENT:	7. CLIENT EMPLOYED:
1	Month	☐ Yes ☑ No	☑ Yes ☐ No ☐ Student ☐ Other

8. CONTACTS SINCE LAST REPORT

a. Date	b. Service (Name & No.)	c. Length of Contact	d. Comments (No Shows, Tardiness, Issues Addressed)	e. Copay (amount collected)
04/27/2012	2010	Hour	Assessment	5.00

9. URINE TESTING RECORD

DATE COLLECTED	Scheduled		Sample Not Tested		Drug Use Admitted		COLLECTED BY	SPECIAL TESTS REQUESTED	TEST RESULTS (Positive/Negative)	Copay (amount collected)
	Yes	No	Insuf. Qty.	Stall	No	Yes (specify drug)				

10. COMMENTS REGARDING CLIENT'S TREATMENT PROGRESS

a. Describe the treatment goals addressed this month (☑ Met ☐ Not Met):

b. Describe any steps taken by the client this month toward these goals (☑ Positive ☐ Negative):

c. Describe any obstacles or setbacks the client encountered this month:

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

e. If continued treatment is recommended, discuss the plan for next month (☑ Recommended ☐ Not Recommended):

f. Discuss your observations of the client's behavior and commitment to treatment (☑ Positive ☐ Negative):

g. Comments:

h. Overall Progress: ☑ Acceptable ☐ Unacceptable

SIGNATURE OF COUNSELOR | DATE

DISTRIBUTION: ORIGINAL CONTRACTOR

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.**

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.**

COGNITIVE BEHAVIORAL THERAPY REQUIREMENT (continued)

STAGE	BEHAVIOR
Pre-Contemplation	Does not consider SA or MH instability a problem
Contemplation	Aware of "problem" – minimizes impact. Unwilling to give up benefits
Determination/Preparation	Decision point. Actively seeking a plan
Action	Taking steps to change behavior
Maintenance	Ongoing preventive behaviors to self-regulate

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.

COGNITIVE BEHAVIORAL THERAPY REQUIREMENT (concluded)

THE "BIG SIX" CRIMINOGENIC NEEDS	
Low Self-Control	Inability to control one's own behavior directly linked to crime. More likely to commit illegal acts when lack ability to control impulses.
Anti-Social Personality	Certain personality traits are another factor that has been directly linked to criminality. Often will not care how their actions affect others. May not feel remorse.
Anti-Social Values	Disassociation from community and values and norms of community. Attitudes help offenders retreat from surroundings to be alone causing minimal interactions with crime-free individuals.
Criminal Peers	Associating with other criminals increases likelihood of recidivism.
Substance Abuse	Relationship between substance abuse and criminal behavior. Continued substance abuse illegal itself if under supervision.
Dysfunctional Family	If from a dysfunctional family, more likely to be in a setting to learn criminal or substance abuse behaviors.

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.**

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."**

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.**

DAILY TREATMENT LOG: EXAMPLE

Attachment J.6

DAILY TREATMENT LOG
COMPLETE ONE FORM PER CLIENT PER MONTH

Client Name Jane Doe Month/Year May 2012

Date	Client's Signature/Initials	Time In	Purpose of Visit	Co-Pay Collected	Time Out	Client's Initials	Vendor's Initials
5/5/12	Jane Doe	1:00 P.	Individual Counseling	$5.00	2:00P	jd.	dam
5/7/12	Jane Doe	10:00A.	Group	—	11:00A	jd	dam

THE URINALYSIS LOG (UA LOG): EXAMPLE

Attachment J.9

URINALYSIS TESTING LOG
COMPLETE ONE FORM PER CLIENT PER MONTH

Client Name Jane Doe PACTS # 0000 1 Month/Year May 2012

Date Collected	Client's Signature/Initials	Bar Code Number	Special Tests	Medications Taken	Collector's Initials	Test Results/Date Received	Co-Pay Collected
5/5/12	Jane Doe	n/a	—	—	jd	neg.	none
5/7/12	Jane Doe	n/a	—	—	jd	neg.	none

THE DAILY TRAVEL LOG: EXAMPLE

PROB 17
(Rev. 2/93)

U.S. PROBATION AND PRETRIAL SERVICES TRAVEL LOG DISTRICT: SDTX

DATE	EXPENSE CODE	CONTACT CODES (P-Personal/C-Collateral)		PROBLEM CODES		DAILY TRAVEL RECORD
04/18/2012	A-Telephone B-Parking C-Other	H-Home C-Community PS-Presentence PR-Prerelease for Institution PT-Pretransfer SI-Special Investigation	SS-Social Services for Institution OPO-Other Probation/Pretrial Services Officer PTS-Pretrial Services PTSD-Pretrial Services Diversion FWR-Furlough/Work Release	DA-Drug Abuse UA-Urine Collection PS-Psychological/Psychiatric HS-Housing/Shelter O-Other	AL-Alcohol MS-Monitoring/Surveillance EM-Employment FB-Financial/Budgeting FM-Family/Marital ET-Education/Training	
OFFICER NAME: Jane Doe						

	DESTINATION	ODOMETER READING	MILES TRAVELED	OTHER EXPENSES	CONTACT CODE	PROBLEM CODE	CASE NUMBER/NAME OF CASE	ACTIVITY AND PERSON CONTACTED
START	123 Main St	1,000.0		C				
TO	456 Broadway Blvd	1,050.0	50.0	C				
TO	123 Main St	1,100.0	50.0	C				
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PER DIEM			TOTAL MILES TRAVELED	TOTAL OTHER EXPENSES	NUMBER OF MILES FROM HOME TO OFFICE	SIGNATURE OF OFFICER
TIME STARTED	TIME RETURNED	AMT.	100.0	$0.00		
8:00 am	10:00 am		AMOUNT CLAIMED FOR MILEAGE $55.50			

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.**

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).**

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
Leah Hooper, 713/250-5908, leah_hooper@txsp.uscourts.gov
Nicole Diaz, 713/250-5042, nicole_diaz@txsp.uscourts.gov