



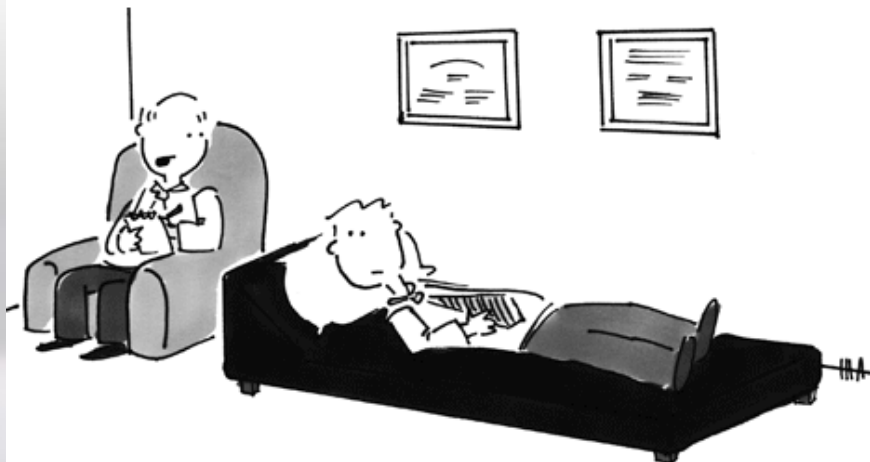
# WELCOME

*U.S. Probation - Treatment Services Vendor information Meeting FY 2021 July 6, 2023*

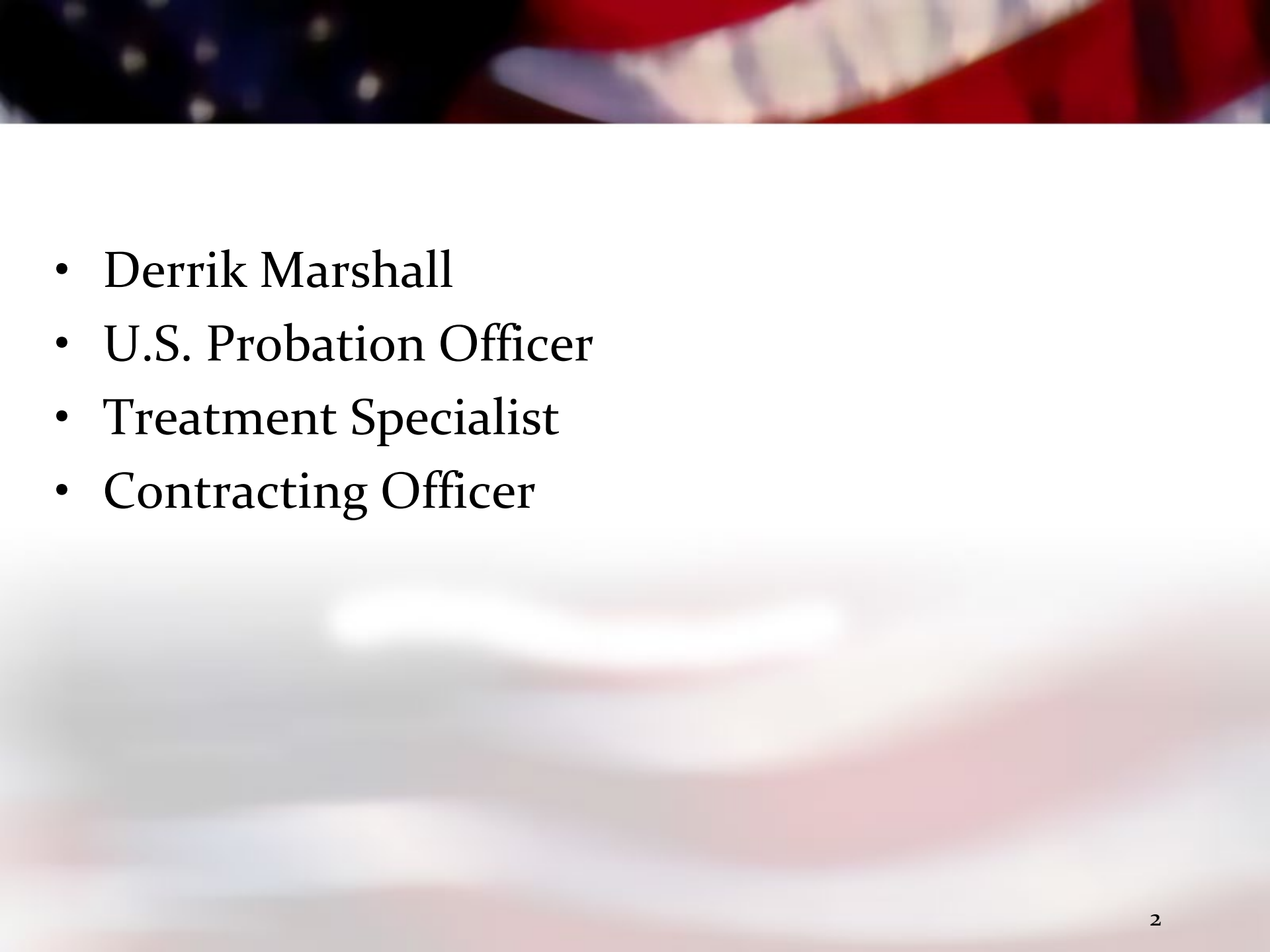
- The WebEx will begin 10:00 A.M. MDT (Utah).
- Please MUTE your telephones.

© MARK ANDERSON

WWW.ANDERSTOONS.COM



"What do you say we blame your parents and knock off early?"

- 
- A blurred American flag serves as the background for the slide. The top portion shows the blue field with white stars, while the bottom portion shows the red and white horizontal stripes.
- Derrik Marshall
  - U.S. Probation Officer
  - Treatment Specialist
  - Contracting Officer



Increase number of completed bids.



Decrease rejected bids due to simple errors.  
Decrease confusion.



**We are in this together!**



# Agenda

- Introduction
- What we want and Why?
  - Contract Requirements- Nationwide
  - Local Needs





# BLANKET PURCHASE AGREEMENT


- Go to the public website [www.utp.uscourts.gov](http://www.utp.uscourts.gov)
  1. General Information
  2. Vendor Solicitations
  3. Sample Sections BPA Doc



District of Utah - Home

Vendor Solicitations | District of Utah

https://www.utp.uscourts.gov/vendor-solicitations



UNITED STATES PROBATION AND PRETRIAL SERVICES  
District of Utah  
Georgette Leventis, Chief U.S. Probation Officer

General Information

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Salt Lake City

St. George

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Common Vendor Questions

Instructions - Sex Offender Treatment

Instructions - Substance Abuse and Mental Health Treatment

Vendor Resources

Reporting After Disasters

Vacancy Announcements

Home » General Information

Vendor Solicitations

Treatment Solicitations

This is a Pre-Solicitation Notice for the District of Utah's Probation and Pretrial Office in June 2023.

The probation office intends to procure treatment services for two different services in multiple locations following: 1. Substance Abuse/Mental Health Treatment and 2. Drug Testing (**Weber County Only**). These services are for federal defendants and persons under supervision using a Blanket Purchase Agreement.

Interested treatment providers must respond timely to solicitation deadlines and clearly show that (1) they are qualified to provide the services, (2) such services will be provided by certified professionals with an operating location in each area, and (3) the prices of such services shall be as low or lower than those charged to the provider's most favored customer for similar quantities under similar terms and conditions.

Please submit contract questions in written format. You might find answers in the Common Vendor Questions. Submit any questions to [UTPml\\_TreatmentFY24@utp.uscourts.gov](mailto:UTPml_TreatmentFY24@utp.uscourts.gov). Questions and answers will be published and updated until July 21, 2023.

Requesting Bids July 1, 2023 - July 30, 2023----- Starting October 1, 2023

Areas Needing Services

<div>Salt Lake County</div> <div>- East</div> <div><a href="#">BPA.Salt Lake.SAMHEast.1088.24.TXD_.pdf</a></div> <div>- West</div> <div><a href="#">BPA.Salt Lake.SAMHWest.1088.24.TXW_.pdf</a></div> <div>- Downtown</div> <div><a href="#">BPA.Salt Lake.SAMHDowntown.1088.24.TXD_.pdf</a></div>	Substance Abuse/Mental Health
<div>Utah County</div> <div><a href="#">BPA.Provo_Orem_SAMH_1088.24.32TX.pdf</a></div>	Substance Abuse/Mental Health
<div>Weber County</div> <div><a href="#">BPA.Ogden_SA_MH_1088.24.12TX.pdf</a></div> <div><a href="#">BPA.Ogden_UA_1088.24.11UA.pdf</a></div>	Substance Abuse/Mental Health, Drug Testing
<div>Vernal, UT</div> <div><a href="#">BPA.Vernal.SAMH_1088.24.52TX.pdf</a></div>	Substance Abuse/Mental Health
<div>St. George, UT</div> <div><a href="#">BPA.STG_SAMH_1088.24.42TX.pdf</a></div>	Substance Abuse/Mental Health

### Anticipated Dates (Subject to Change)

Bids Posted	July 1, 2023
Virtual Vendor Information Meeting <a href="#">Meeting Link</a> Password: probation23	July 6, 2023 10:00AM MDT
Vendor Questions Closed	July 21, 2023, 10:00AM MDT
Bids Due (Must Arrive in Office By)	July 28, 2023, 10:00AM MDT
Awards	August 31, 2023
Winning Vendor Training	September 27, 2023
Contract Start Date	October 1, 2023

All proposals will be submitted electronically. A complete submission with ALL supporting documents must be received by email no later than July 28, 2023, 10:00AM MDT

Submit to this email address: [UTPml\\_TreatmentFY24@utp.uscourts.gov](mailto:UTPml_TreatmentFY24@utp.uscourts.gov)

[Sample BPA 2024.pdf](#) (USE THIS SAMPLE TO HELP FILL OUT BIDS)

**Ask****Questions****Follow sample**



USC 262  
(Rev. 5/23)

## SAMPLE ONLY

UPDATED JUNE 2023

### SECTION A

### SOLICITATION / OFFER / ACCEPTANCE

1. Solicitation No.

1088-24-2TXD

VERIFY YOU USE THE CORRECT  
CONTRACT NUMBER

2. Date Issued

06/22/2023

3. Award No.

4. Issued By:

Georgette Leventis

U.S. Probation Office

351 S. West Temple, STE 5.400 Salt Lake City, UT 84101

5. E-mail Address Offer To (if other than Item 4):

Derrick Marshall

utpml\_treatmentfy24@utp.uscourts.gov

### SOLICITATION

6. Proposals for furnishing the required services listed in Section B will be received electronically via the e-mail address(es) specified in Item 4 or 5

until 10:00 AM local time 07/28/2023

(hour)

(date)

7. For Information call:

# DUE July 28, 2023; 10:00 am



# BLANKET PURCHASE AGREEMENT

## Strict **Pass** or **Fail**

1. On Time?
2. Signed?
3. All documents?
4. All check boxes?
5. All prices?
6. All subcontractors?
7. Location currently in catchment area?
8. Can vendor meet Local needs?
9. Read each section.



# BLANKET PURCHASE AGREEMENT

- **Blanket Purchase Agreement (BPA)**
  - A BPA is a “charge account” arrangement between a buyer and a seller for recurring purchases of services.
  - BPA’s are not contracts and do not obligate government funds in any way.
  - A contract occurs upon the referral from the U.S. Probation Office and the vendor’s acceptance of the referral.
  - Referrals could be rotated among all the vendors in the same catchment area.
  - Referrals are made in the form of a Treatment Services Program Plan (Prob. Form 45).



# BLANKET PURCHASE AGREEMENT

- Questions?
  - First, read the Common Vendor Questions



# UNITED STATES PROBATION AND PRETRIAL SERVICES District of Utah

Georgette Leventis, Chief U.S. Probation Officer

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**Vendor Solicitations** ▼

Common Vendor Questions

Instructions - Sex Offender

Treatment

[Home](#) » [General Information](#)

## Vendor Solicitations

### **Urine Collections Solicitations**

This is a Solicitation Notice for the District of Utah's Probation and Pretrial Office in July.

The probation office will procure urine collection services in seven different locations. defendants and persons under supervision using a Blanket Purchase Agreement.

Interested treatment providers must respond timely to solicitation deadlines and clear services, (2) such services will be provided by certified, professionals with an operating (3) prices of such shall be a low as or lower than those charged to the provider's most quantities under similar terms and conditions.

Requesting Bids July 1, 2022 - July 29, 2022----- Starting October 1, 2022

**Areas Needing Services**

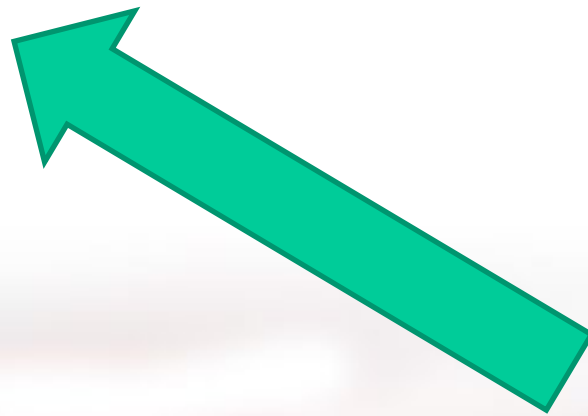


# BLANKET PURCHASE AGREEMENT

- **Questions?**
  - Second, read the updated Vendor Questions

# Submit Questions

Please submit contract questions in written format. You might find answers in the Common Vendor Questions link on the left. Submit any questions to [UTPml\\_TreatmentFY24@utp.uscourts.gov](mailto:UTPml_TreatmentFY24@utp.uscourts.gov). Questions and answers will be published here and updated until July 21, 2023.





## Vendor Solicitations

### Treatment Solicitations

This is a Pre-Solicitation Notice for the District of Utah's Probation and Pretrial Office in June 2023.

The probation office intends to procure treatment services for two different services in multiple locations for the following: 1. Substance Abuse/Mental Health Treatment and 2. Drug Testing (**Weber County Only**). These services are for federal defendants and persons under supervision using a Blanket Purchase Agreement.

Interested treatment providers must respond timely to solicitation deadlines and clearly show that (1) they can provide services, (2) such services will be provided by certified professionals with an operating location in each area requested, (3) prices of such shall be as low or lower than those charged to the provider's most favored customer for comparable quantities under similar terms and conditions.

Please submit contract questions in written format. You might find answers in the Common Vendor Questions link on the left. Submit any questions to [UTPml\\_TreatmentFY24@utp.uscourts.gov](mailto:UTPml_TreatmentFY24@utp.uscourts.gov). Questions and answers will be published here and updated until July 21, 2023.

Vendor Questions FY 2



# Look for updated questions





# BLANKET PURCHASE AGREEMENT

- **Questions?**
  - First, read the Common Vendor Questions
  - Second, read the updated Vendor Questions
  - Third, read the Bid.
  - Fourth, read the example
  - Fifth, submit written questions for everyone to see to question and answer, by July 21, 2023 10: 00 a.m. MDT

**We Need a point of  
contact.**





# INVOICES

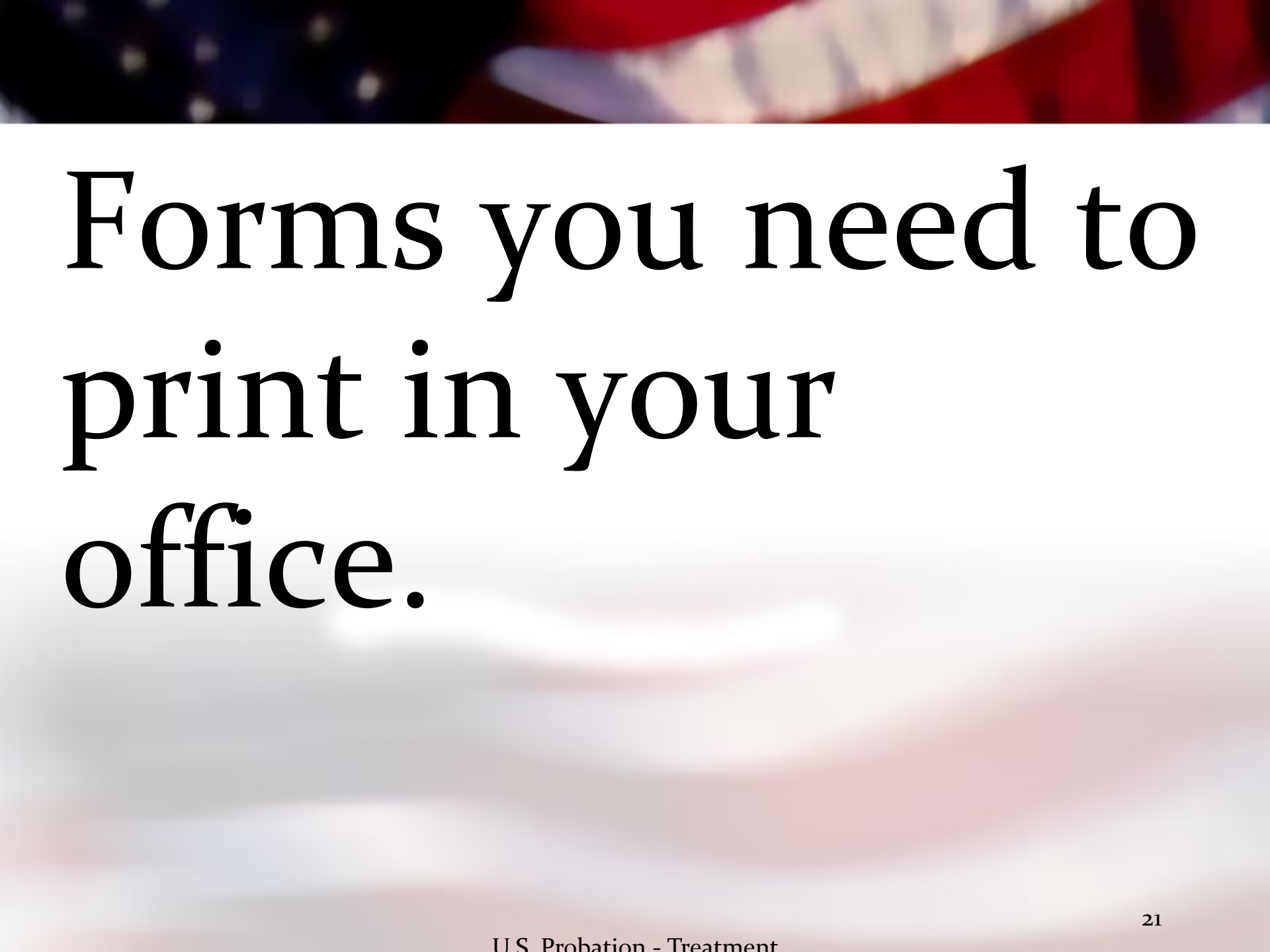
- **Invoice Due Date**

- Invoices must be submitted to the U.S. Probation Office by the 10<sup>th</sup> of each month. If the 10<sup>th</sup> of the month falls on a weekend or holiday, then invoices are due the next business day.
- Invoice must be signed and certified by an Authorized Official of the vendor. The Authorized Official is listed under Section K of your proposal.
- You must use our tracking logs and invoice templates.



# INVOICES SUPPORTING DOCUMENTATION

- **Sign-In/Out Logs should:**
  - Reflect the Client's **signature** upon arrival to submit a sample;
  - Document any co-payment received.
  - **IMPORTANT** : This information is used to certify the monthly invoice.
  - Turn in the nightly list of collections and missed tests.

A blurred background of the American flag, showing the stars and stripes in red, white, and blue.

Forms you need to  
print in your  
office.

Prob. Form 45  
Today's Date: 6/17/22

# Form 45- Order

Initial

## TREATMENT SERVICES CONTRACT PROGRAM PLAN

### Client Identifying Information

Client:

Address:

207

Salt Lake City UT 84116

Officer:

Petersen, Greg

Client Phone:

Officer Phone: 801-535-2778

DOB:

### Provider Information

Provider: Judicial Supervision Services

Procurement No: 1088-2020-21UW

Provider Location: JSS - SLC

Effective Date: 06/17/2022

Attn: UA line after 8pm Test 10 am -  
7pm weekly Sat 8:30

Termination Date:

Location Address: 5047 S. Galleria Drive  
Assessments Walk-In before 6  
M-F  
Murray UT 84123

Phone: 801-486-8143 Ext. 1

Fax: 801-746-1548 UA Line

# Release

## UNITED STATES PROBATION SYSTEM

### AUTHORIZATION TO RELEASE CONFIDENTIAL INFORMATION DRUG ABUSE PROGRAMS

I, \_\_\_\_\_, the undersigned,  
(Name of Client)

hereby authorize \_\_\_\_\_ to release confidential  
(Name of Program)  
information in its records, possession, or knowledge, of whatever nature may now exist or come to exist to the United  
States Probation Office of the \_\_\_\_\_ District of \_\_\_\_\_.  
(Name of Court) (State)

The confidential information to be released will include: date of entrance to program; attendance records; urine testing results; type, frequency and effectiveness of therapy (including psychotherapy notes); general adjustment to program rules; type and dosage of medication; response to treatment; test results (psychological, vocational, etc.); date of and reason for withdrawal from program; and prognosis.

The information which I now authorize for release is to be used in connection with my participation in the  
aforementioned program which has been made a condition of my \_\_\_\_\_  
(pretrial release, post-trial release, probation, or parole).

I understand that the probation office may use the information hereby obtained only in connection with its  
official duties, including total or partial disclosure of such, to the District Court and/or United States Parole  
Commission when necessary for the purpose of discharging its supervisory duties over me.

I understand that this authorization is valid until my release from supervision, at which time this authorization



# Daily Log

## Urinalysis Testing Log

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

**Defendant/Person Under Supervision Name:**

**PACTS #:**

**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



# Client monthly log

## MONTHLY SIGN IN 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 comment column. In the event the person does not attend any services within the month, include a comment noting why no services were provided/received. If telemedicine is provided, print the defendant's/person under supervision's name within the signature field, and the comment section shall reflect the means in which the session was provided (i.e. teleconference, video conference, internet).

Vendor:

Agreement #:

Defendant/Person Under Supervision:

PACTS #:

☐ Pretrial ☐ Post-Conviction

Service Month/Year:

Required co-payment (if applicable):

Date	Defendant/Person under Supervision signature	Project Code	Time In	Time Out	Vendor Initials	Co-pay Received	Comments (i.e., no show, delivery method of telemedicine, no services)

UNITED STATES PROBATION AND PRETRIAL SERVICES  
DISTRICT OF UTAH

# Waiver

**JEFFREY H. ROSENLUND**  
CHIEF PROBATION OFFICER

**ERIC E. ANDERSON**  
DEPUTY CHIEF PROBATION OFFICER



351 S WEST TEMPLE, SUITE 5.400  
SALT LAKE CITY, UT 84101

OFFICE: 801.535.2700  
TOLL FREE: 866.222.2585  
FAX: 801.526.1136

## Copay Waiver Request from

Date of Request Click here to enter a date.

Type Agency Name

Defendant Name:

First

Last

Pacts #:

Justification for this request:

A Copayment waiver is requested for:

- ☐ **60 Days**      **Approval End Date:** \_\_\_\_\_
- ☐ **90 Days**      **Approval End Date:** \_\_\_\_\_
- ☐ **Fixed Rate of \$25 a month - Behavioral Health Court Disability**
- ☐ **Fixed Rate of \$50 a month – Specialty Courts**

I certify I have discussed this request with the designated probation officer prior to this request.

- Update all new staff

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 providing direct delivery of services under any resultant Agreement. The Offeror shall complete the certification section below.

**CERTIFICATIONS**

By signing below, I certify the following:

- 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).
- 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.
- Staff specified to provide services listed by project code have the required education, relevant experience and current licenses/credentials listed in Section C of the RFP.

PRINTED NAME OF OFFEROR : \_\_\_\_\_

SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_

Name	Services performed specified by Project Code for each staff person	Education	Relevant Experience	Current Licensure/Credentials

[HOME](#)[SEARCH RECORDS](#)[DATA ACCESS](#)[GENERAL INFO](#)

### CREATE USER ACCOUNT

Your CCR username will not work in SAM. You will need a new SAM User Account to register or update your entity records. You will also need to create a SAM User Account if you are a government official and need to create Exclusions or search for FOUO information.

### REGISTER/UPDATE ENTITY

You can register your Entity (business or government agency) to do business with the Federal Government. If you are interested in registering your Entity, you must first create a user account.

[Register/Update Entity](#)

# fsd.gov

Federal Service Desk  
Support on U.S. Government contracts and grants systems

[Federal Service Desk](#)[Contact FSD](#)[News and Announcements](#)

#### Purpose

The purpose of the Federal Service Desk (FSD.gov) is to help visitors get the information and assistance they need for the systems (websites) that the FSD supports.  
*Note: There are NO fees associated with any FSD supported systems.*

#### Supported Systems

System for Award Management (SAM)  
Catalog of Federal Domestic Assistance (CFDA)  
Electronic Subcontracting Reporting System (eSRS)  
Federal Business Opportunities (FBO)  
Federal Procurement Data System (FPDS-NG)  
FFATA Subaward Reporting System (FSRS)  
Wage Determinations OnLine (WDOL)

 **Live Chat** **Web Form**

Hours of Operation

Monday - Friday 8 a.m. to 8 p.m. ET

#### ALERT: SAM.GOV REGISTRATION IS FREE

There is NO FEE to register, or maintain your registration, in the System for Award Management (SAM.gov). If you receive an email from a company claiming to represent SAM.gov, be cautious. If you get an e-mail from a company offering to help you register in SAM.gov asking you to contact them and pay them money, be cautious. These messages are not from the Federal Government. It is FREE TO REGISTER in SAM.gov for any entity.

[This Site](#)[Other Sites](#)[Supported Sites](#)[Contact](#)



- Reporting / Documentation
  - Daily reporting requirements
  - Monthly reporting (documents needed for invoice)
  - Quarterly reporting – Transition/Discharge Summary
  - Invoice procedure



**THE MONTHLY**







# INVOICES SUPPORTING DOCUMENTATION

- **Monthly Treatment Reports (MTRs) should:**
  - Be submitted with the monthly invoice, signed, complete and in **alphabetical order**;
  - Summarize the offender's activities during the month and list attendance as well as NO-SHOW dates;
  - Document the offender's progress;
  - Reflect changes in the Program Plan;



# INVOICES SUPPORTING DOCUMENTATION

- **Prescription Medication**
  - Pharmacy receipts signed by the clients are required for invoices which have medication project codes. Very limited use.
  - Only for mental illness.
  - No abusable medications.

The vendor should meet in person or by telephone conference with probation/pretrial services officers at least every 30 days to discuss defendants' progress in treatment.

This is usually done in a monthly staffing meeting or over the phone. No extra charge for these meetings or phone calls.



# Notes

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: [REDACTED]		1a. PROVIDER NAME: [REDACTED]		2. DATE OF CURRENT TX PLAN (ATTACH REVISIONS): [REDACTED]
3. CLIENT NAME: [REDACTED]		3a. PACTS NO. [REDACTED]	4. FOR PERIOD COVERING: [REDACTED]	
5. PHASE NO. [REDACTED]	5a. TIME IN PHASE: [REDACTED]	6. PRETRIAL CLIENT: <input type="checkbox"/> Yes <input type="checkbox"/> No		7. CLIENT EMPLOYED: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Student <input type="checkbox"/> 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)
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]

### 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)				
[REDACTED]	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]

### 10. COMMENTS REGARDING CLIENT'S TREATMENT PROGRESS

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

[REDACTED]

[REDACTED]

# Local needs Section C.

RISE Court notes and attendance (IF selected)  
MRT  
Prior Approvals of Dr. visits, labs, Meds



Revised 5-2023

### MONTHLY SIGN IN 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 comment column. In the event the person does not attend any services within the month, include a comment noting why no services were provided/received. If telemedicine is provided, print the defendant's/person under supervision's name within the signature field, and the comment section shall reflect the means in which the session was provided (i.e. teleconference, video conference, internet).

Vendor:

Agreement #:

Defendant/Person Under Supervision:

PACTS #:

☐ Pretrial ☐ Post-Conviction

Service Month/Year:

Required co-payment (if applicable):

Date	Defendant/Person under Supervision signature	Project Code	Time In	Time Out	Vendor Initials	Co-pay Received	Comments (i.e., no show, delivery method of telemedicine, no services)

# Our Sign in Sheet



# INVOICES SUPPORTING DOCUMENTATION

- **Sign-In/Out Logs should:**
  - Reflect the Client's **signature** upon arrival and when leaving the vendor's facility;
  - Reflect the **time** the Client **began** and **ended** treatment;
  - Describe the purpose of the Client's visit (i.e. group counseling, individual counseling, testing, etc.)
  - Document any co-payment received.
  - **IMPORTANT** : This information is used to certify the monthly invoice.

# Outpatient Detoxification

Client must seek meds with private, state or county funding.



- Group sizes Substance and Mental Health
- **Clinical Cognitive Behavioral Group (2021, 6028)**
- **Manualized Cognitive Behavioral Group (2022)**
- **Group Counseling (2020)**
- **Mental Health Counseling Group Counseling (6020)**
- **No more than 12 in a group.**



- No Wait lists for treatment or medication appointments!
- F1.a.
- In an effort to protect the community by providing outpatient treatment, the vendor shall have the capability to **immediately place Federal clients in outpatient** or urine surveillance **without regard to any placement backlog or waiting lists.**



Less than  
one week.



# Assessments one cost. Regardless of number of sessions.



- Examples:
- 2011 Substance Abuse Intake and report.
- 5011 Mental Health Intake and Report.
- 5010 Psychological Evaluation and Report.
- 5020 Psychological Testing and Report.
- 5030 Psychiatric Evaluation and Report.





- Note: **Mental Health Intake Assessment and Report (5011)**- A **typed report** shall be provided to the USPO/USPSO within **15 calendar days** after the vendor's first personal contact.

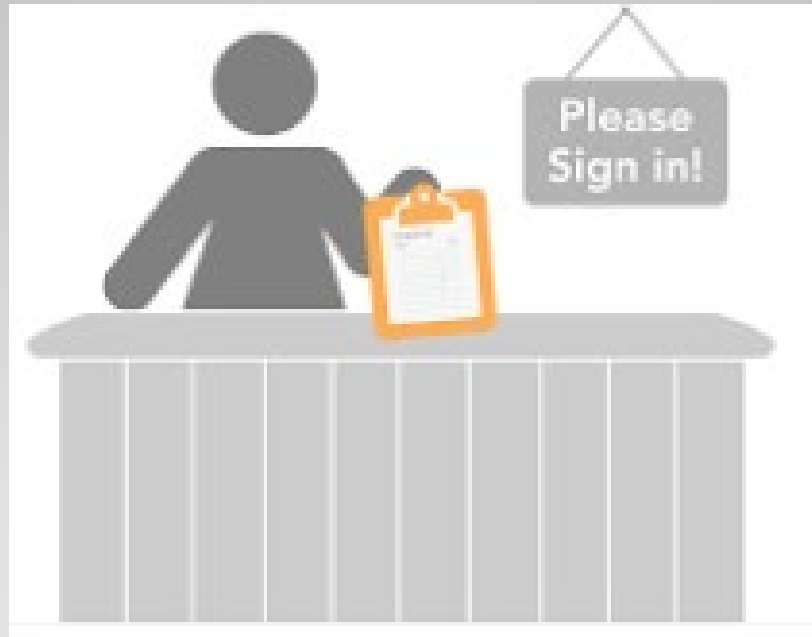
**15 DAYS**

# Monthly contact with officers and possible staff meeting.

- Point of Contact needed for all officers referrals.
- Possible officers attending treatment from time to time.



- Sign-in/sign-out requirements



### MONTHLY SIGN IN 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 comment column. In the event the person does not attend any services within the month, include a comment noting why no services were provided/received. If telemedicine is provided, print the defendant's/person under supervision's name within the signature field, and the comment section shall reflect the means in which the session was provided (i.e. teleconference, video conference, internet).

Vendor:

Agreement #:

Defendant/Person Under Supervision:

PACTS #:

☐ Pretrial ☐ Post-Conviction

Service Month/Year:

Required co-payment (if applicable):

Date	Defendant/Person under Supervision signature	Project Code	Time In	Time Out	Vendor Initials	Co-pay Received	Comments (i.e., no show, delivery method of telemedicine, no services)

- Treatment Plan updated  
**Every 90 days!**



Bills due by the 10<sup>th</sup> of the month.



The Court will NOT pay for any state-certified DUI or DV treatment.

\*Clients must pay all costs.



- We need you to collect Copays
- \$25 All medical visits.
- \$10 Once per month for prescriptions.
- \$20 Individual or family therapy.
- \$15 Groups
- \$ 8 Drug Tests

## MENTAL HEALTH CENTER





## More copays collected or using = More for your agency.

- Increases your NTE amount in theory.
- How?
- Example: NTE \$10,000.00 for the year.  
Collect copays \$ 3,000.00
- Total spent at your agency could be

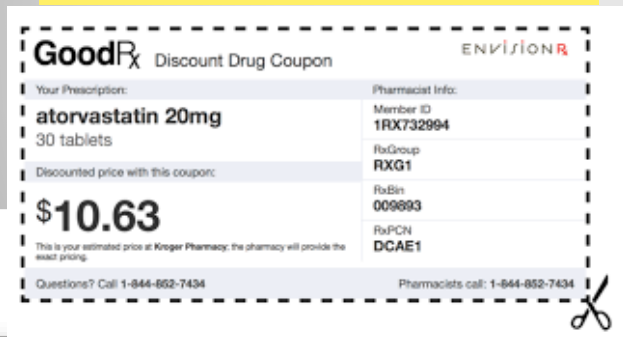
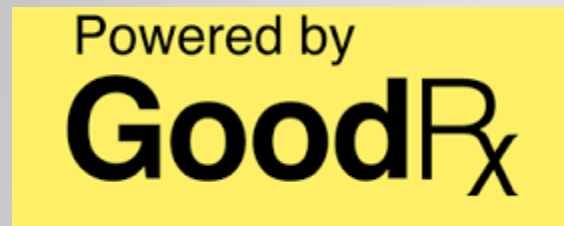
**\$13,000.00**





**NTE = NOT TO EXCEED!**  
**Please keep track.**  
**Let us know if you're getting**  
**close to exceeding.**

- Local Needs - Pre-approval for medications costing over \$500
  - Pre-approval form
  - Costco and Good RX coupons
- ## More funds for Treatment



# Failing to use Good RX or other sources for medications or Medicaid.

- Decrease the amount for therapy.
- How?
- Example: NTE \$10,000.00 for the year.  
Medications cost \$ 5,000.00
- Total spent at your agency could be

**\$5,000.00**



# Subcontracting

Dr. appointments and medications.  
Actual Costs Codes.  
No side agreements.  
No cut of the pie.





- **Physical Examination (PC 4010) and Laboratory Studies (PC 4020).**
- A typed report to the USPO/USPSO within 15 calendar days.



# MRT

## Moral Reconation Therapy

First two books are free to the client.  
Must use the MRT book "How to  
escape your prison".

2022 Manulized Cognitive Behavioral Group:

Local  
Needs

The applicable course materials shall be provided by the vendor and included in the price for this service. In the event the defendant/person under supervision misplaces a copy of the applicable course materials, the vendor is required to provide one additional copy of the materials at no cost (cost of replacement materials shall be included within the price for this service).



# Reentry Courts

## Weekly report and billing

**Prepared by noon that day prior to court.**

**1 court report per defendant = 1 unit per defendant.**

**1 court report + 1 court Staffing = 2 units per defendant  
maximum per week. On Docket.**

Reimbursed for travel (**Not Parking**).

Local  
Needs

# Weekly report

( 2000, 6000 Court Notes )

**\*\*Your Logo Here\*\***

## PROGRESS REPORT FOR REENTRY COURT

Name: \*

PACTS NO: \*

Vendor ID: \*

Start Date: \*

Probation Officer:

Projected Graduation Date:\*

Therapist: \*

Client Attended Court Today?

Yes ☐

No ☐

Court Date Today: \_\_\_\_\_ \*

Medication Compliant?:

Compliant ☐

Non-compliant ☐

Not on Med Management ☐

Support Groups

Attended One ☐

Attended Two ☐

Unknown ☐

Employment:

Employed ☐

Unemployed-looking ☐

Unemployed-not looking ☐

Housing:

Stable ☐

RRC ☐

Rehab ☐

Homeless ☐

Used Drugs/Alcohol this Week:

Yes ☐

No ☐

What Drugs:

100 % Treatment Compliance?:

Yes ☐

No ☐

Insurance/Funding

Active Medicaid ☐

Medicaid Application Completed ☐

No Medicaid: Not Eligible ☐

Benefits Status

Receiving SSI ☐

Applied for SSI ☐

Will Apply once Medicaid is Active ☐

Not Eligible ☐

Type of Appointment Scheduled	Dates	Attended Y/N	If no, Excused Y/N
Individual Therapy			
Group Therapy			
Classes			
Other			

Treatment Notes:

Treatment Sanction Request:

Needs

# Reentry Courts Requirements

- Weekly notes (See Local Needs)
- Weekly court attendance
- (See Local Needs)
- Masters Degree and 3 Years experience (See Local Needs)
- Locations, SLC, Vernal.



Local  
Needs

- UA Drug Testing Contract Notes



**Forms you need  
to print in your  
office.**

# Local needs Section C.

Random Days

Standard Hours

Printing forms

Code-a-phone system requirement or website



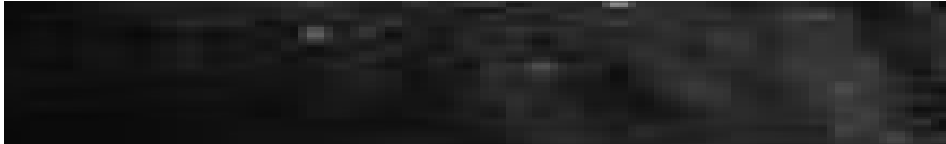



Prob. Form 45  
Today's Date: 6/17/22

# Form 45- Order

Initial

## TREATMENT SERVICES CONTRACT PROGRAM PLAN

### Client Identifying Information

Client:   
Address:   
207  
Salt Lake City UT 84116  
Officer: Petersen, Greg      Client Phone:   
Officer Phone: 801-535-2778      DOB: 



### Provider Information

Provider: Judicial Supervision Services      Procurement No: 1088-2020-21UW  
Provider Location: JSS - SLC      Effective Date: 06/17/2022  
Attn: UA line after 8pm Test 10 am - 7pm weekly Sat 8:30      Termination Date:  
Location Address: 5047 S. Galleria Drive  
Assessments Walk-In before 6  
M-F  
Murray UT 84123  
Phone: 801-486-8143 Ext. 1  
Fax: 801-746-1548 UA Line



# Chain of Custody

United States Probation and Pretrial Services  
District of Utah

Chain of Custody for Drug Analysis

Screening Tray #

\*REQUIRED (FAILURE TO COMPLETE WILL DELAY PROCESSING)

*Offender/Defendant Name (last, first, MI)		PLACE SPECIMEN ID LABEL HERE
*Date of Birth	*FACTS NO.	
*Status (check one) <input type="checkbox"/> Presentence/Pretrial <input type="checkbox"/> Post Conviction/Probation	*Supervising Federal Officer:	
*Collection Date	*Collection Time AM PM	
Admitted Illegal Drug Use by Offender / Defendant		
Medications (include date taken)		*Donor must list substance(s) and date(s) used and initial
Special Test Options (circle all that apply): PCP      Hydrocodone      Alcohol      6-AM      Other: _____ Benzo      Fentanyl      OXY      Buprenorphine		
Collector Comments: <input type="checkbox"/> Unobserved <input type="checkbox"/> Appears Diluted      BAC (if applicable) _____		
<b>OFFENDER/DEFENDANT CERTIFICATION</b> I certify that the information I provided above is true and correct. I certify that the specimen I have provided on this date is my own and has not been adulterated or diluted. The security seal was applied to the specimen bottle by me, and I have verified that the specimen identification on this form and the bottle are identical.		<b>COLLECTOR CERTIFICATION</b> I certify that I witnessed the above offender/defendant provide the specimen identified by the Specimen ID Label on this form. I certify that the security seal was applied to the specimen bottle in my presence, and I have verified that the specimen identification on this form and the bottle are identical.
Offender / Defendant Signature	Date	Collector Signature
<input type="checkbox"/> Check if the above offender/defendant failed to provide a urine specimen, and fax this form to the supervising officer.		
Staff Signature:		Date:
ON SITE LABORATORY USE ONLY		TEST DATE:      REVIEWED BY:      TEST TIME:

# Release

## UNITED STATES PROBATION SYSTEM

### AUTHORIZATION TO RELEASE CONFIDENTIAL INFORMATION DRUG ABUSE PROGRAMS

I, \_\_\_\_\_, the undersigned,  
(Name of Client)

hereby authorize \_\_\_\_\_ to release confidential  
(Name of Program)  
information in its records, possession, or knowledge, of whatever nature may now exist or come to exist to the United  
States Probation Office of the \_\_\_\_\_ District of \_\_\_\_\_.  
(Name of Court) (State)

The confidential information to be released will include: date of entrance to program; attendance records; urine testing results; type, frequency and effectiveness of therapy (including psychotherapy notes); general adjustment to program rules; type and dosage of medication; response to treatment; test results (psychological, vocational, etc.); date of and reason for withdrawal from program; and prognosis.

The information which I now authorize for release is to be used in connection with my participation in the  
aforementioned program which has been made a condition of my \_\_\_\_\_  
(pretrial release, post-trial release, probation, or parole).

I understand that the probation office may use the information hereby obtained only in connection with its  
official duties, including total or partial disclosure of such, to the District Court and/or United States Parole  
Commission when necessary for the purpose of discharging its supervisory duties over me.

I understand that this authorization is valid until my release from supervision, at which time this authorization

# Daily Log

## Urinalysis Testing Log

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

**Defendant/Person Under Supervision Name:**

**PACTS #:**

**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

# Client monthly log

## MONTHLY SIGN IN 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 comment column. In the event the person does not attend any services within the month, include a comment noting why no services were provided/received. If telemedicine is provided, print the defendant's/person under supervision's name within the signature field, and the comment section shall reflect the means in which the session was provided (i.e. teleconference, video conference, internet).

Vendor:

Agreement #:

Defendant/Person Under Supervision:

PACTS #:

☐ Pretrial ☐ Post-Conviction

Service Month/Year:

Required co-payment (if applicable):

Date	Defendant/Person under Supervision signature	Project Code	Time In	Time Out	Vendor Initials	Co-pay Received	Comments (i.e., no show, delivery method of telemedicine, no services)

UNITED STATES PROBATION AND PRETRIAL SERVICES  
DISTRICT OF UTAH

# Waiver

**JEFFREY H. ROSENLUND**  
CHIEF PROBATION OFFICER

**ERIC E. ANDERSON**  
DEPUTY CHIEF PROBATION OFFICER



351 S WEST TEMPLE, SUITE 5.400  
SALT LAKE CITY, UT 84101

OFFICE: 801.535.2700  
TOLL FREE: 866.222.2585  
FAX: 801.526.1136

## Copay Waiver Request from

Date of Request Click here to enter a date.

Type Agency Name

Defendant Name: First Last Pacts #:

Justification for this request:

A Copayment waiver is requested for:

- ☐ **60 Days**      **Approval End Date:** \_\_\_\_\_
- ☐ **90 Days**      **Approval End Date:** \_\_\_\_\_
- ☐ **Fixed Rate of \$25 a month - Behavioral Health Court Disability**
- ☐ **Fixed Rate of \$50 a month – Specialty Courts**

I certify I have discussed this request with the designated probation officer prior to this request.

# Admissions

UNITED STATES DISTRICT COURT  
FOR THE DISTRICT OF UTAH  
PROBATION AND PRETRIAL SERVICES OFFICE

ACKNOWLEDGMENT OF USE AND  
PRESUMPTIVE POSITIVE URINE SAMPLE

This is to acknowledge that I, \_\_\_\_\_

Acknowledge the use of \_\_\_\_\_ on or about \_\_\_\_\_  
(Substance) (date)

and will comply with sanctions authorized by the U.S. Court and the U.S. Probation and  
Pretrial Services Office.

# All Samples go to our Lab!



**We provide shipping. You provide pick up days or drop off at UPS nightly.**



**Collect Walk-In or Make-up Tests  
Outside our system.**

**Please let us know the extra cost.**

**Not deducted from invoice but  
sent to our lab for tracking.**



*That's all Folks!*