

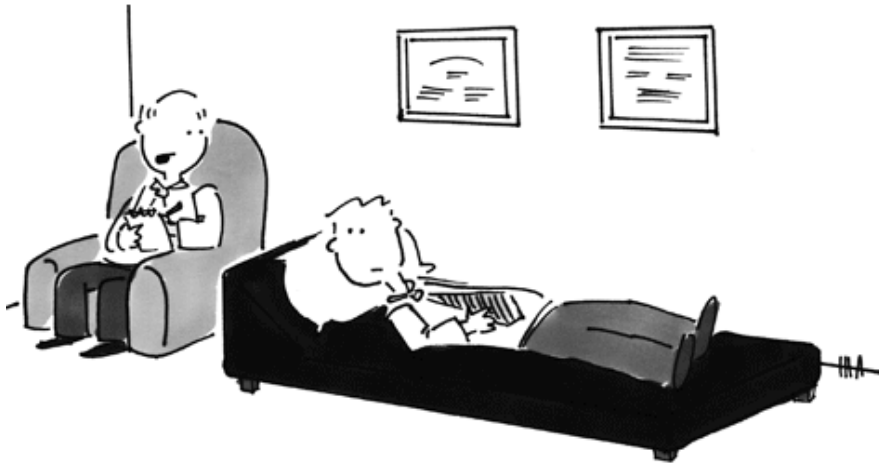
U.S. Probation & Pretrial Services District of Utah

Treatment Providers FY 2018

September 19, 2017

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WWW.ANDERSTOONS.COM



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



We are in this together!



Agenda

- Introduction
- What we want and Why?
 - Contract Requirements
 - New Treatment Note
 - Local Needs
 - Substance Abuse Treatment needs
 - Mental Health Treatment needs
 - Reentry Courts





We have a team to help you.



↑ Increase Client accountability.

Decrease time from referral to start treatment.

↑ Increase Officer input.



**We Need a point of
contact.**



Finding: The vendor is not consistently communicating with the probation/pretrial services officer at least once a month.

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.



Teach the officers what you need.
One group is NOT 1 unit.

You MUST have a signed agreement
PRIOR to providing service.

Project Code/Description	Phase	Frequency no. of units*	Interval	Copayment Per Unit
2011 Substance Abuse Disorder Intake Assessment Report		1.00	Per Plan	25.00
2010 Individual Substance Abuse Counseling		4.00	Monthly	10.00
2022 Manualized Cognitive Behavioral Group		4.00	Weekly	5.00
2020 Group Substance Abuse Counseling		3.00	Weekly	5.00
2021 Cognitive Behavioral-Group Counseling		3.00	Weekly	5.00
2000 Case Management Services (Substance Abuse)		2.00	Weekly	

Unit Cost Add



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



THE MONTHLY

Change in Treatment Notes

UNITED STATES PROBATION AND PRETRIAL SERVICES – DISTRICT of UTAH
Your Agency Here.

MONTHLY MENTAL HEALTH TREATMENT SUMMARY REPORT

Client Name:	Click here to enter text.	Month/Year:	Click here to enter a date.
PACTS #:	Click here to enter text.	Probation Officer:	Choose an item.
Primary Diagnosis:	Click here to enter text.	Supervision:	Choose an item.

Date all treatment services began:	Click here to enter a date.
Anticipated duration of Treatment: Minimum 12 Weeks, Maximum 64 Weeks	Click here to enter text.
Targeted Completion Date:	Click here to enter a date.

Dates of Service	Service Provided	Project Code
Click here to enter text.	Individual Sessions	Choose an item.
Click here to enter text.	Group Sessions	Choose an item.
Click here to enter text.	Classes	Choose an item.
Click here to enter text.	Other 5011 Mental Health Intake Assessment 5030 Psychiatric Evaluation & Report 6000 MH Case Management 6030 Family Counseling 6051 Medication Monitoring 6080 Intensive Outpatient MH Counseling	Click here to enter Project Code(s).
Click here to enter text.	Missed Sessions	

Funding: Insurance ☐ - Active Medicaid ☐ - Medicaid Application Completed ☐ - No Medicaid Not Eligible ☐ - Co-Pays Ordered ☐

New 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]

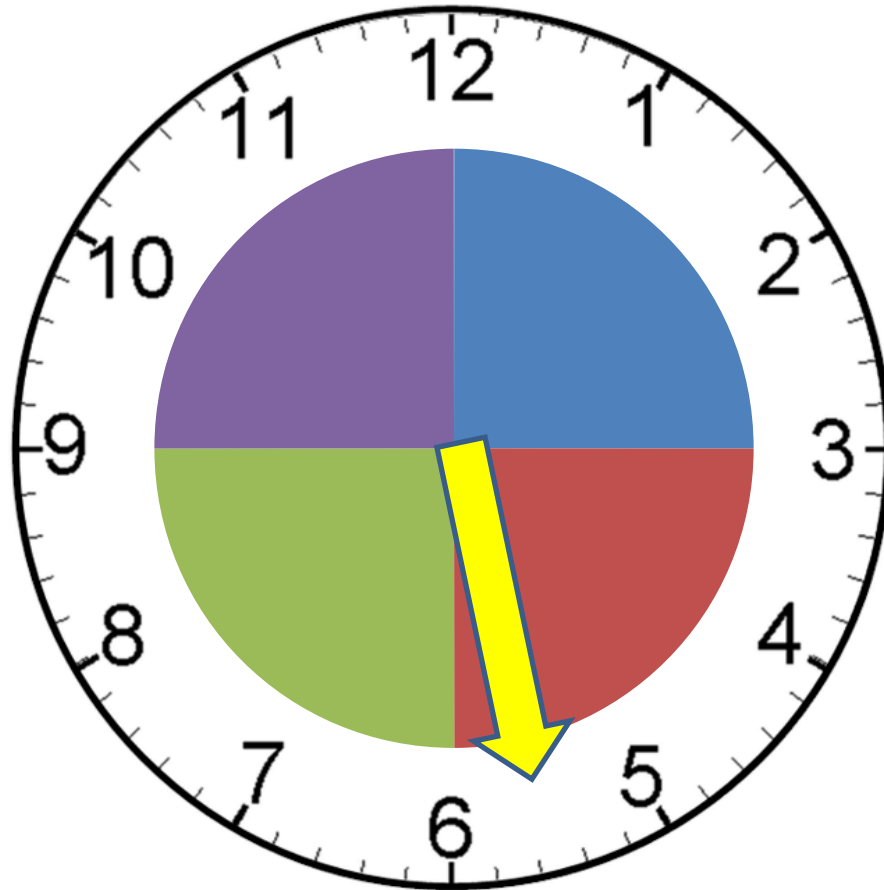
[REDACTED]

U.S. Probation Units of Time

- The District of Utah has been directed by the Administrative Office of the Courts in Washington D.C. that we will be enforcing existing requirements of the contract.
- The government counts units of time REACHED in Face-to- Face Therapy. We do NOT accept a traditional 50-minute session.

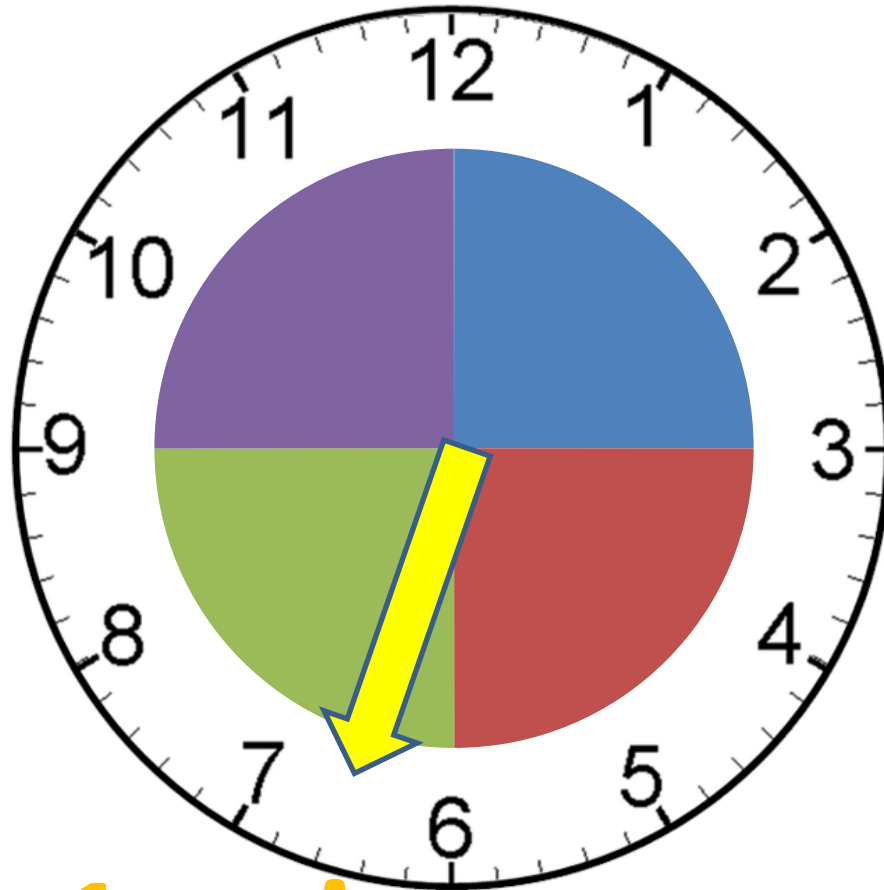
- Units will be counted in quarters.
- Individuals approved for 2 units must reach the 60 minute mark.
- Groups approved for 3 units must reach the 90 minute mark.
- Groups approved for 4 units must reach the 120 minute mark.
- Any session lasting less than the approved units in time on the quarter must fall back.
- Any sessions lasting less than the approved units must be billed at the lesser unit rate.

Example 1.



29 minutes is 0 units

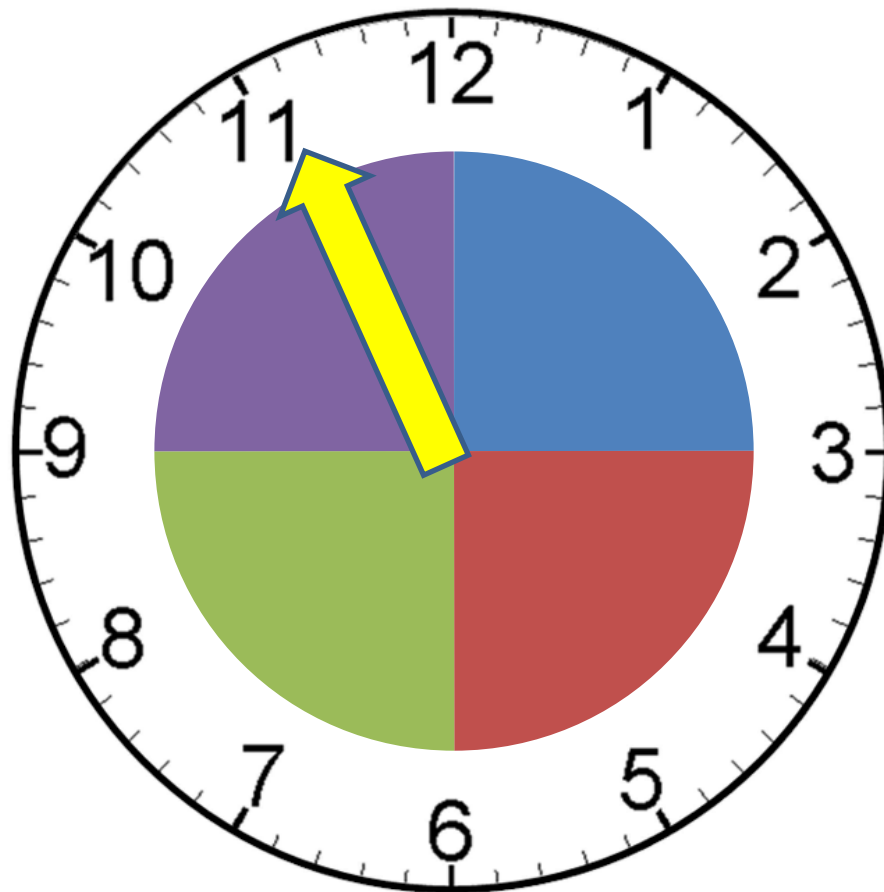
Example 2.



30-44 min is 1 unit

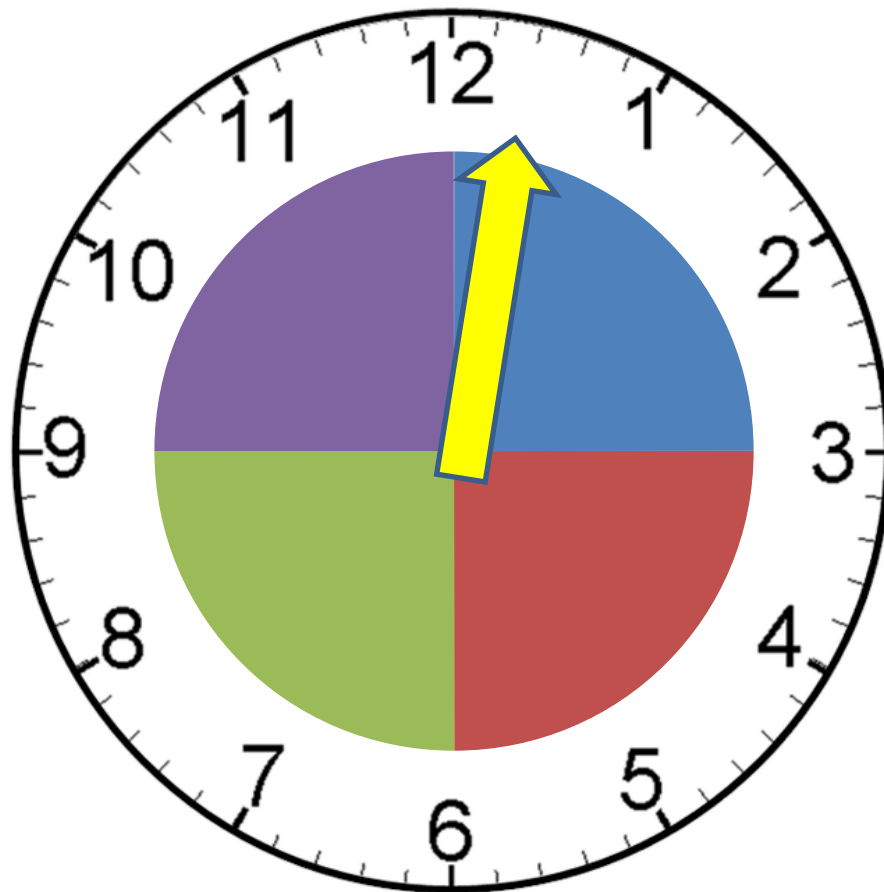
Example 3.

45-59 is 1.5 units



Example 4.

60 minutes is 2 units



U.S. Probation Unit Guide

• 29 min. or less	=	0 units
• 30 min.	=	1 unit
• 35 min.	=	1 unit
• 40 min.	=	1 unit
• 45 min.	=	1.5 units
• 50 min.	=	1.5 units
• 55 min.	=	1.5 units
• 60 min.	=	2 units
• 65 min.	=	2 units
• 70 min.	=	2 units
• 75 min.	=	2.5 units
• 80 min.	=	2.5 units
• 85 min.	=	2.5 units
• 90 min.	=	3 units

Units Example:

- Project code 6012 (Individual Counseling)
- 30 minutes or 1 unit
- 45 minutes or 1.5 units
- 50 minutes or 1.5 units
- 55 minutes or 1.5 units
- 60 minutes or 2 units

- What we will be ordering.
- Individual Therapy Session agreement.
- 60 minute sessions. (2 units)
- MH and SA 2 per month. SX weekly.
- We expect 60 minutes not 50.
- Groups 60, 90, or 120 minutes max.
- Not 62, 93, or 124 minutes.



- Clients will only be approved for up two (2) individual and/or family sessions per month lasting at least 45 minutes = 1.5 units or at least 60 minutes (2 units per session) and no more than 4 units per month.
- Clients in RISE courts or sex offender treatment will be allowed weekly individual sessions lasting at least 60 minutes.



- Additionally, groups/classes are only approved 2 units for a 1-hour group/class, 3 units for a 1½-hour group/class. Manualized groups will be restricted to no more than 2-hour classes (a maximum of 4 units per class).



Local needs Section C.

Justice Reinvestment Initiative, JRI Certified
Pre and Post Surveys

RISE Court notes and attendance

MRT

Prior Approvals of Dr. visits, labs, Meds



Please type in your name, address, and phone number here

SA ☐ MH ☐ SX ☐

DAILY TREATMENT LOG

COMPLETE ONE FORM PER CLIENT PER MONTH

Type	Code	Auth	Used	Remain
.	.			
.	.			
.	.			
.	.			
.	.			

Type	Code	Auth	Used	Remain
.	.			
.	.			
.	.			
.	.			
.	.			

Client Name:

Month/Year:

PACTS No.

USPO:

Term. Date:

Date	Client's Signature/Initials	Time In	Service Code	Co-Pay Collected	Time Out	Vendor's Initials	Total Minutes	Units
Individual Counseling								

Our Sign in Sheet

Bus Passes or Tokens?

Use Case MGMT for HIVE passes

Officers must approve of transportation assistance. In most cases defendants will be approved for 2 bus tokens per treatment visit. In order to receive a monthly bus pass the clients must have at least 8 treatment sessions scheduled each month and do not own a vehicle.



Transportation

- Officers must approve of transportation assistance. In most cases defendants will be approved for 2 bus tokens per treatment visit. In order to receive a monthly bus pass the clients must have at least 8 treatment sessions scheduled each month and do not own a vehicle.



- Group sizes - Sex Offenders
- **No more than 12 in a group.**
- **Group Sex Offense-Specific Treatment Readiness (6090)** to two (2) or more offenders but no more than twelve (12).
- **No more than 10 in a group.**
- **Group Sex Offense-Specific Treatment (6022)** to two (2) or more offenders but not more than ten (10).
- **Group Specialized Treatment (7023)** to two (2) or more defendants but not more than ten (10).

- **Sex Offenders *Plethysmograph***
- **No Penile Plethysmograph testing.**



Sex Offenders *Polygraph* (5022)

- Sexual History
- Maintenance and Monitoring
- Issue-Specific

Sex Offenders *Polygraph* (5022)

- Polygraph examiners provide a typed report **within 10 calendar days** to the USPO/USPSO outlining findings.
- Examiners shall notify the USPO immediately, but no later than 24 hours, if the offender fails to report for testing, or any factors are identified which increase general risk of additional sex offenses.

Sex Offenders *Polygraph* (5022)

- If the offender refuses to submit to polygraph testing, based on a fifth amendment concern, testing shall be discontinued immediately and guidance sought from the USPO.

- Sex Offender Assessments?
- May not be ordered.



Outpatient Detoxification

- Limited Use
- Short Term Taper 60-90 Days
- Prior Approval
- No additional requirements at subcontractor, i.e. Groups





- Note: C-2 (b)
- **Substance Abuse Intake Assessment Report (2011) A typed report to the USPO/USPSO within 10 calendar days** of the vendor's first face-to-face contact with the defendant/offender.



- 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.**
-
- Co-Occurring Disorders/Group Counseling (6026)
 - **No more than 10 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.
- 5012 Sex Offense 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



- Treatment Plan updated
Every 90 days!



Bills due by the 10th 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 Co-Pays
- \$50 Polygraphs.
- Our FULL agreed upon price if failed.
- \$25 All Assessments or medical visits.
- \$10 Once per month for prescriptions.
- \$10 Individual or family therapy.
- \$5 Groups
- Pretrial is now starting to pay

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





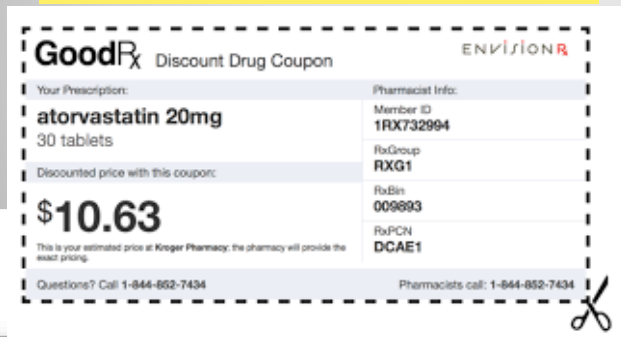
NTE = NOT TO EXCEED!

Please keep track.

Let us know if you're getting close to exceeding.

- Half-Way-House (Public Law) Medications
- Need Blister Packs
- Not Costco
- Not Smiths
- Not Walgreens

- 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.





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



THE MONTHLY

Pre and Post Self-Surveys and Certificates

Cog classes

2021, 2022, 2090, 6027, 6028

Local
Needs

Discharge Summary

Type of discharge (successful, violation, termination, maximum benefit, etc.)
The client's diagnosis and goals of treatment.
Medications they are taking and the plan to continue receiving them in the future.
Brief summary of the defendant's progress and goals accomplished during treatment.
Status of client at discharge and future prognosis.
Relapse prevention plan.
Risk factors and observable behaviors to avoid.
Positive observable behaviors to continue for success in the future.
List of community support systems and resources they are participating in at discharge.
Discharge recommendations.

Local
Needs

MRT

Moral Reconation Therapy

First book is free to the client.
Must use the MRT book "How to escape your prison".
Pre and Post evaluations.
Certificates.

Local
Needs

NOTES. RISK of Danger?

Must address in the notes.

Local
Needs

Vendor Assessments at Court.

Reentry Courts
Must use Travel log

Local
Needs

Sex Offender Treatment
Must use a dynamic risk
assessment tool.
Must be repeated every
year.

Examples of
assessments include: Stable 2000/2007; Sex Offender Treatment Intervention Progress Scales (SOTIPS); Structured Risk Assessment - Forensic Version (SRA-FV); Violence Risk Scale-Sexual Offender version (VRS-SO)

Local
Needs

- 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 performing services under any resultant Agreement, including credentials (licenses and certification) 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.

PC	NAME	TITLE	DUTIES	EDUCATION	EXPERIENCE	CREDENTIALS
----	------	-------	--------	-----------	------------	-------------

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).

- Program Discharge Summary
- January, April, July, October

Attachment J.1

Program Discharge Summary Profile¹

1. Number of defendants² enrolled in program during the past 12 months? _____
2. Number of offenders³ enrolled in program during the past 12 months? _____
3. Number of defendants successfully discharged from program during the past 12 month period? _____
4. Number of offenders successfully discharged from program during the past 12 month period? _____
5. Number of defendants unsuccessfully discharged during the past 12 month period? _____
6. Number of offenders unsuccessfully discharged during the past 12 month period? _____
7. Number of defendants that were discharged due to failure to attend as required during the past 12 month period? _____
8. Number of offenders that were discharged due to failure to attend as required during the past 12 month period? _____

[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 SAM 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](#)

Vendor Assessments at Court.

Reentry Courts
Must use Travel log

Local
Needs

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.

Bill **even if the client fails to show up for court**, but only if the client was **ON THE DOCKET**

Reimbursed for travel parking in USPO-approved parking lot with submission of form PROB 17.

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)
- 3 Years experience (See Local Needs)
- Locations, SLC, Vernal, St. George



Local
Needs



That's all Folks!