

# United States District Court

## Middle District of Georgia

### Probation Office

**TREATMENT SERVICES INVOICE TUTORIAL**





# AGENDA

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Middle District of Georgia Map

Purchase Agreements

Treatment Services Program Plans (Prob. 45)

Invoice Demonstration

- Invoice Preparation and Submission

- Monthly Treatment Reports

- Daily Treatment Log / Urinalysis Log

Contact Information



# WELCOME AND INTRODUCTION

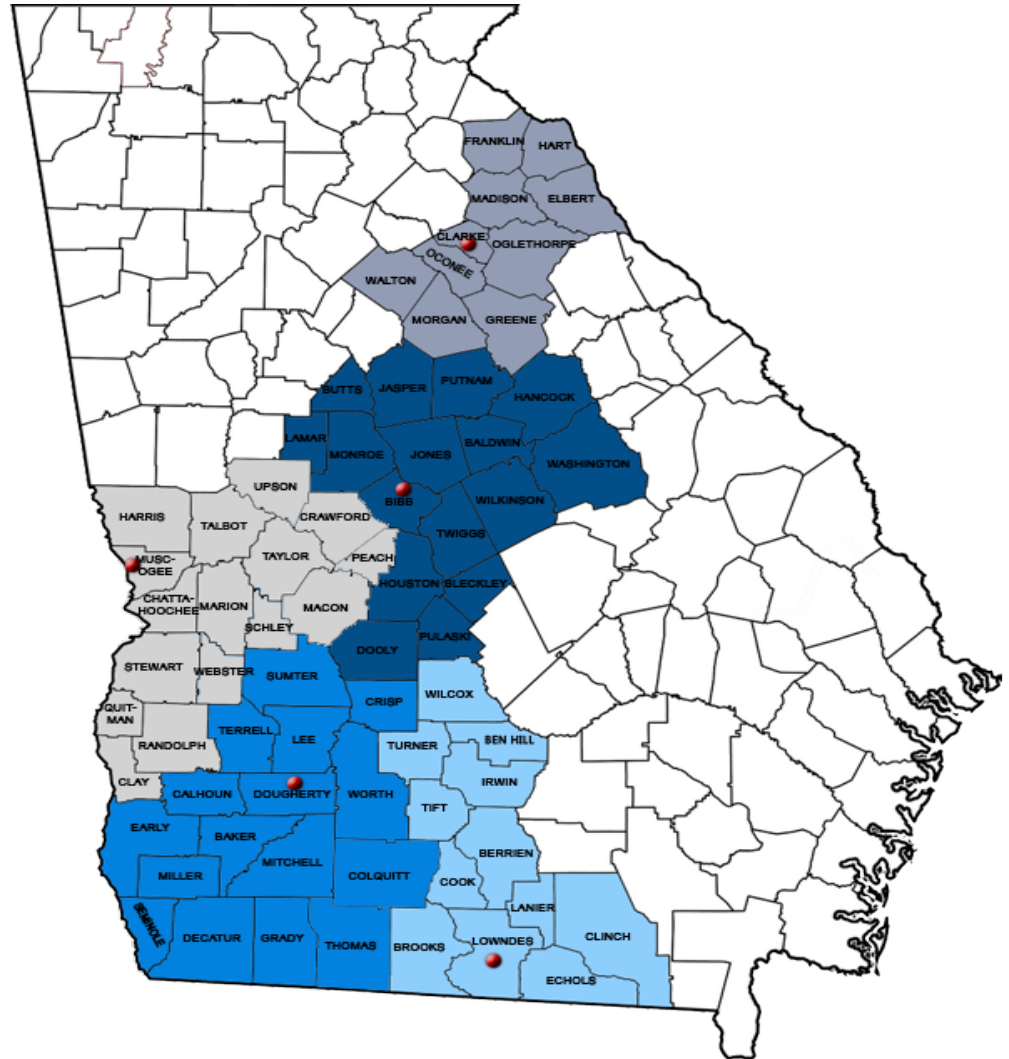
*We are the United States Probation Office for the Middle District of Georgia serving the cities of Macon, Athens, Columbus, Albany and Valdosta. We currently supervise defendants in seventy counties. We are a part of the U. S. District Court. Our mission is to assist the federal courts in the fair administration of justice, protect the community, and to bring about long-term positive change in individuals under supervision.*



# MIDDLE GEORGIA MAP

## List of Counties

- |                      |                   |                   |
|----------------------|-------------------|-------------------|
| <i>Baker</i>         | <i>Grady</i>      | <i>Pulaski</i>    |
| <i>Baldwin</i>       | <i>Greene</i>     | <i>Putnam</i>     |
| <i>Ben Hill</i>      | <i>Hancock</i>    | <i>Quitman</i>    |
| <i>Berrien</i>       | <i>Harris</i>     | <i>Randolph</i>   |
| <i>*Bibb</i>         | <i>Hart</i>       | <i>Schley</i>     |
| <i>Bleckley</i>      | <i>Houston</i>    | <i>Seminole</i>   |
| <i>Brooks</i>        | <i>Irwin</i>      | <i>Stewart</i>    |
| <i>Butts</i>         | <i>Jasper</i>     | <i>Sumter</i>     |
| <i>Calhoun</i>       | <i>Jones</i>      | <i>Talbot</i>     |
| <i>Chattahoochee</i> | <i>Lamar</i>      | <i>Taylor</i>     |
| <i>*Clarke</i>       | <i>Lanier</i>     | <i>Terrell</i>    |
| <i>Clay</i>          | <i>Lee</i>        | <i>Thomas</i>     |
| <i>Clinch</i>        | <i>*Lowndes</i>   | <i>Tift</i>       |
| <i>Colquitt</i>      | <i>Macon</i>      | <i>Turner</i>     |
| <i>Cook</i>          | <i>Madison</i>    | <i>Twiggs</i>     |
| <i>Crawford</i>      | <i>Marion</i>     | <i>Upson</i>      |
| <i>Crisp</i>         | <i>Miller</i>     | <i>Walton</i>     |
| <i>Decatur</i>       | <i>Mitchell</i>   | <i>Washington</i> |
| <i>Dooly</i>         | <i>Monroe</i>     | <i>Webster</i>    |
| <i>*Dougherty</i>    | <i>Morgan</i>     | <i>Wilcox</i>     |
| <i>Early</i>         | <i>*Muscogee</i>  | <i>Wilkinson</i>  |
| <i>Echols</i>        | <i>Oconee</i>     | <i>Worth</i>      |
| <i>Elbert</i>        | <i>Oglethorpe</i> |                   |
| <i>Franklin</i>      | <i>Peach</i>      |                   |





# 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.
- Services are not expected to exceed \$100,000.
- BPA's are not contracts and do not obligate government funds in any way.
- A contract occurs upon the referral from the Probation Office and the vendor's acceptance of the referral.



# COMPETITIVE PURCHASE ORDER

- **Competitive Purchase Order (CPO)**

- A CPO is a requirement to seek competition from at least three vendors for treatment services.
- Services estimated between \$10,000 to \$25,000 for the fiscal year.
- Competition can be obtained without soliciting offers from sources outside the local trade area.
- Awards will be made to the lowest priced, technically acceptable offeror using certain criteria.
- Purchase Orders are valid for a specific period of time, not to exceed beyond the 12 month fiscal year.



# NON COMPETITIVE PURCHASE ORDER

- **Non Competitive Purchase Order (NCPO)**
  - A NCPO may be utilized if the estimated cost of the service is \$10,000 or less for the fiscal year, without soliciting offers.
  - Purchase Orders are limited to one fiscal year per duration.



# TREATMENT SERVICES PROGRAM PLANS

## Treatment Services Program Plan (Prob. Form 45)

- The Probation Officer will provide the Vendor with a Treatment Services Program Plan that authorizes treatment services for each Client.
- Each Program Plan will include project codes which specify the authorized treatment.
- All authorized project codes **must** be printed on the Program Plan, no verbal approval from the Probation Officer is authorized.
- The Probation Officer may provide the vendor with Amended or Terminated Treatment Program Plans during the course of treatment.
- All Treatment Services Program Plans require a signature from the Referral Agent. Referral Agents are listed on the BPA order sent by our procurement office.

PROB 45 (rev. 05/11)

Today's Date:

### TREATMENT SERVICES CONTRACT PROGRAM PLAN

#### Client Identifying Information

Client :	FACTS#:
Address:	Pretrial/Post
Officer:	Conviction:
Officer Phone:	Client Phone:
	DOB:

Photo  
Not  
Available

#### Provider Information

Provider:	Procurement No:
Provider Location:	Effective Date:
Attn:	Termination Date:
Location Address:	

Phone:  
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 authorized for payment.

#### Services Ordered

Project Code	Description Of Services	Phase	Frequency (Units)	Interval	Copy Amount (per unit)
2010	Individual Substance Abuse Counseling		1.0	Weekly	50.00
2020	Group Substance Counseling		2.0	Monthly	50.00

#### Instructions to Provider Regarding Client Needs and Goals of Treatment

Officer: \_\_\_\_\_

Referral Agent: \_\_\_\_\_

Client: \_\_\_\_\_





# BUDGET OBJECT CODES

## • Project Codes

This code will appear on the Program Plan (Prob 45) for services to be rendered in each client's case. These codes are to be placed on the invoice Part A and B as indicated in the following pages. Also, these codes will appear on the treatment agreement.

Examples of Project Codes:

- 1010 – Urine Collection Testing & Reporting
- 2010 – Individual Substance Abuse Counseling
- 2020 – Group Substance Abuse Counseling
- 5010 – Psychological Evaluation & Report
- 5011 – Mental Health Intake Assessment & Report
- 5012 – Sex Offender Specific Evaluation
- 5030 – Psychiatric Evaluation and Report
- 6010 – Individual Mental Health Counseling
- 6015 – Individual Counseling Co-Occurring Disorders
- 6020 – Group Mental Health Counseling
- 6026 – Group Counseling Co-Occurring Disorders
- 6028 – Cognitive Behavioral Group
- 6051 – Medication Monitoring



# INVOICE DEMONSTRATION

## • Invoice Guidelines

- **Submit the original invoice, the Monthly Treatment Report, Daily Treatment Log and Urinalysis Log (if applicable). Please do not staple any documents.**
- **Invoices must be signed by an Authorized Official of the vendor. The Authorized Official is listed under Section K of your proposal.**
- **Invoices must be submitted to the 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 PREPARATION AND SUBMISSION

- **Monthly Invoices**

- *Use the Administrative Office Invoice – Parts A and B*
- *Must be received by the USPO office no later than the **10<sup>th</sup> of the month***
- *Must be **original** invoice and **original signature***
- *Must have original:*
  - *Monthly Treatment Report (MTR) for each client for Treatment and Evaluation/Assessment*
  - *Daily Treatment Log for each client*
  - *Urinalysis Log for each client (if applicable)*



# INVOICE PREPARATION AND SUBMISSION

Date \_\_\_\_\_ Attachment J.8  
Page \_\_\_\_ of \_\_\_\_

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

**(PART A)**

1. Judicial District _____	3. P.O./B.P.A.# _____
2. Vendor _____	4. Service Delivery: From _____ To _____
a. Address: _____	5. Total # of Individuals Served: _____
_____	
b. Telephone: _____	
_____	

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.

\_\_\_\_\_  
Authorized Administrator

6. Project Code	7. Quantity	8. Unit Price	9. Total Price

## **Invoice Part A**

- *The Invoice Part A should reflect:*

- *Date of submission*
- *Vendor's name and address*
- *BPA, CPO, or NCPO number*
- *Service delivery dates*
- *Total number of individuals served*
- *Authorized signature*
- *Correct project code*
- *Quantity*
- *Unit price (per the contract agreement)*
- *Total price*



# INVOICE PREPARATION AND SUBMISSION

## Treatment Services Invoice Part A Example

FY 2015

**U. S. COURTS - DRUG AFTERCARE**

**INVOICE**  
**(PART A)**

1. Judicial District		<b>MIDDLE GEORGIA</b>	3. Contract No.		<b>113G-2016-0000</b>
2. Contract Agency		<b>One Counseling Center</b>	4. Delivery of Service		
a. Address		<b>1111 Counseling Row</b>	From	04/01/2016	To 04/30/2016
		<b>Macon, GA 32222</b>	5. Total Number of Federal Clients Served		
b. Telephone		<b>(777) 777-777</b>	1		
6. Contractor'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 contract and for which no other compensation has been received from sources other than the Administrative Office of the United States Courts.					
			Authorized Administrator		
<b>7. ITEM</b>	<b>8. QUANTITY</b>	<b>9. UNIT PRICE</b>	<b>10. TOTAL PRICE</b>		
1010	1	\$15.00	\$15.00		
2010	1	\$70.00	\$70.00		
2020	6	\$18.50	\$111.00		
		Co-Payment	\$50.00		
11. TOTAL FOR REIMBURSEMENT			\$146.00		





# INVOICE PREPARATION AND SUBMISSION

## *Treatment Services Invoice Part B Example*

### U. S. COURTS - DRUG AFTERCARE

#### INVOICE

(PART B)

Subtotal all costs for each client listed below

CLIENT NAME	DATE OF SERVICE	SERVICE RENDERED (BY ITEM #)	QUANTITY	UNIT PRICE	COST
John Doe - #77777	04/05/2016	1010	1	\$15.00	\$15.00
	04/05/2016	.2010	1	\$70.00	\$70.00
	04/05/2016	Co-Pay			-\$50.00
	04/12/2016	2020	2	\$18.50	\$37.00
	04/19/2016	.2020	2	\$18.50	\$37.00
	04/26/2016	2020	2	\$18.50	\$37.00



# MONTHLY TREATMENT REPORTS

## Monthly Treatment Report (MTR)

(Prob. Form 46)

- The MTR should reflect:

- Program name
- Provider's name
- Dates of treatment
- Client's name
- Client's PACTS number
- Dates for period covering
- Mark Yes or No to Pretrial client
- List the dates of service
- Types of service provided:  
(assessment, individual/group counseling, polygraph, etc.)
- Length of contact
- Provider comments
- Copayment amount (if any)

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):				
3. CLIENT NAME:					3a. PACTS NO.:					4. FOR PERIOD COVERING:				
5. PHASE NO.:		5a. TIME IN PHASE:		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												9. Copy (report) collected:		
a. Date		b. Service (Name & No.)			c. Length of Contact			d. Comments (No Shows, Tardiness, Issues Addressed)						
9. URINE TESTING RECORD														
DATE COLLECTED	Scheduled		Sample Not Tested		Drug Use Admitted		COLLECTED BY	SPECIAL TESTS REQUESTED	TEST RESULTS (Positive/Negative)	Copy (report) collected:				
	Yes	No	Instr. Qty.	Still	No	Yes (specify drug)								
10. COMMENTS REGARDING CLIENT'S TREATMENT PROGRESS														
a. Describe the treatment goals addressed this month ( <input type="checkbox"/> Met <input type="checkbox"/> Not Met):														
b. Describe any steps taken by the client this month toward these goals ( <input type="checkbox"/> Positive <input type="checkbox"/> 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 ( <input type="checkbox"/> Recommended <input type="checkbox"/> Not Recommended):														
f. Discuss your observations of the client's behavior and commitment to treatment ( <input type="checkbox"/> Positive <input type="checkbox"/> Negative):														
g. Comments:														
h. Overall Progress: <input type="checkbox"/> Acceptable <input type="checkbox"/> Unacceptable														
SIGNATURE OF COUNSELOR										DATE				

DISTRIBUTION: ORIGINAL CONTRACTOR







# United States District Court

Middle District of Georgia

## Probation Office

### Address Information:

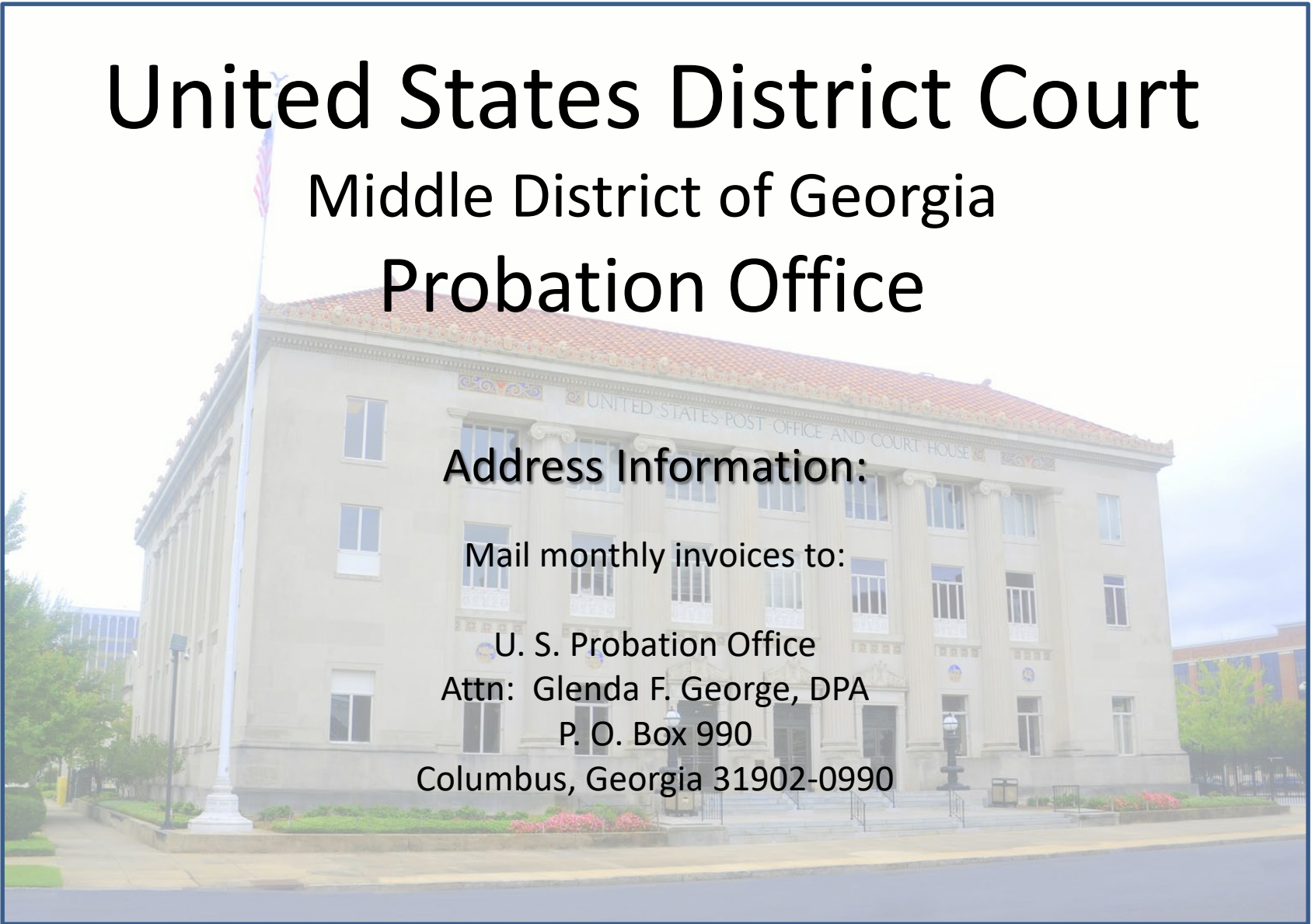
Mail monthly invoices to:

U. S. Probation Office

Attn: Glenda F. George, DPA

P. O. Box 990

Columbus, Georgia 31902-0990



# United States District Court

## Middle District of Georgia

### Probation Office

#### Contact Information:

##### Invoice Contact:

Glenda F. George, Drug Program Assistant.....706-653-2995  
[glenda\\_george@gamp.uscourts.gov](mailto:glenda_george@gamp.uscourts.gov)

##### Treatment Contact:

Jeannie P. Grizzard, Drug & Alcohol Treatment Specialist.....706-653-2997  
[jeannie\\_grizzard@gamp.uscourts.gov](mailto:jeannie_grizzard@gamp.uscourts.gov)

# United States District Court

Middle District of Georgia

Probation Office

Website

[www.gamp.uscourts.gov](http://www.gamp.uscourts.gov)

