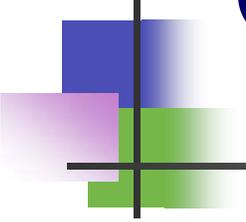


Vendor Treatment Reference Guide

U.S. Probation & Pretrial Services

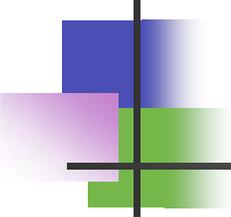


Walter P. Matthews,
Chief U.S. Probation Officer
District of Delaware



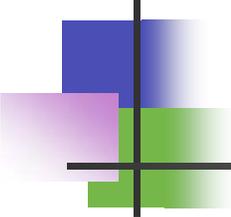
Contact Information

- Martin P. Durkin, Drug/Alcohol/Mental Treatment Specialist
- U.S. Probation & Pretrial Services
- 824 Market Street, Suite 400
- Wilmington, DE 19801
- 302-252-2967
- Martin_Durkin@dep.uscourts.gov



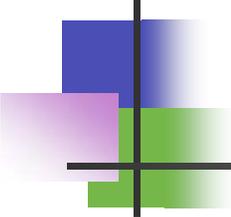
Contact Information for Billing

- Jodi L. Kochaba, Clerical Supervisor
- U.S. Probation & Pretrial Services
- 824 Market Street, Suite 400
- Wilmington, DE 19801
- 302-252-2953
- Jodi_Kochaba@dep.uscourts.gov



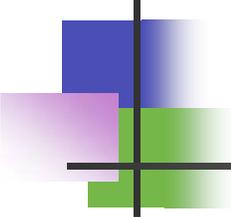
Overview

- Monitoring Reports
- Billing Procedures
- Treatment Forms
- Chain of Custody and UA Testing



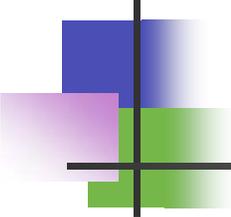
Post Award Monitoring

- Provider awarded a blanket purchase agreement is subject to mandatory post-award monitoring visits.
- Post-award monitoring visits conducted within 120 days of initial award and when exercising an option to renew a BPA.



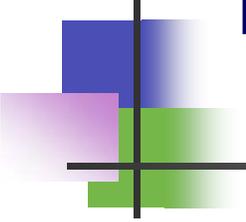
Monitoring Reports

- Further monitoring visits will occur when exercising the option to renew BPA for Year 2 and Year 3; and, if deficiencies or problems occur or an “unsatisfactory” or “unacceptable” rating is issued to a vendor.



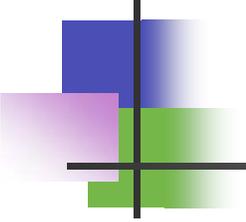
Billing Procedures

- Invoice Example - Part A and Part B
- **Mandatory** - Invoices to be submitted on or before the **10th** of each month.
- Billing should properly reflect charges in units. Units are in 30 minute increments.



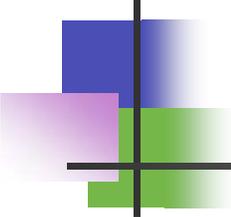
Billing Procedures (cont.)

- Invoices **must** be submitted through the Electronic Reporting System.
<http://ers.uscourts.gov/>
- **Important** - Pacts Number and correct client name on all documents submitted.
- Further invoice guidance can be found at: <http://www.dep.uscourts.gov>



Treatment Plan/Prob. 45

- Vendors should have a completed, signed Prob. 45/treatment plan in their possession before rendering services.
- Services reflected on Prob. 45 are the only authorized services to be provided to a client.



Treatment Plan/Prob. 45

- If vendor believes client needs services beyond those authorized, the vendor must contact the Probation Office and obtain an amended Prob. 45 authorizing the additional services.

Sample

Prob. Form 45
 Today's Date: 5/15/15

Initial

TREATMENT SERVICES CONTRACT PROGRAM PLAN

Client Identifying Information

| | | | |
|----------------|---------------------|--------------------------|-----------------|
| Client: | 4 West 35th Street | FACTS #: | 25 |
| Address: | Wilmington DE 19802 | Prenial/Post Conviction: | Post Conviction |
| Officer: | Durkin, Martin | Client Phone: | 302-513-9086 |
| Officer Phone: | 302-252-2950 | DOB: | 05/21/19 |



Provider Information

| | | | |
|--------------------|--|-------------------|----------------|
| Provider: | SODAT-Delaware, Inc. | Procurement No: | 0311-2013-0001 |
| Provider Location: | SODAT / Substance Abuse Treatment / Wilmington | Effective Date: | 05/11/2015 |
| Att: | Jdg Burr | Termination Date: | |
| Location Address: | 625 North Orange Street Wilmington DE 19801 | | |
| Phone: | 302-656-4044 | | |
| Fax: | 656-3439 | | |

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) |
|--------------|---------------------------------------|---------|-------------------|----------|------------------------|
| 1010 | Urine Collection and Reporting | Phase I | 3.0 | Monthly | \$0.00 |
| 2010 | Individual Substance Abuse Counseling | | 2.0 | Monthly | \$0.00 |
| 2020 | Group Substance Abuse Counseling | | 4.0 | Weekly | \$0.00 |

Instructions to Provider Regarding Client Needs and Goals of Treatment

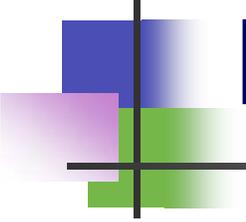
Please commence the following treatment plan on the above listed client. Mr. [redacted] was previously treated at SODAT prior to being revoked in December 2014.

Thank You



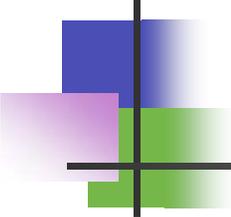


Officer: Durkin, Martin Referral Agent: : Durkin, Martin Client:



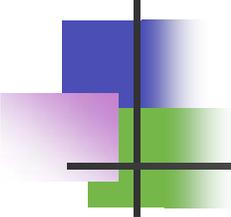
Monthly Treatment Report / Prob. 46

- Record of a client's compliance with the treatment plan.
- Assists the assigned officer in monitoring clients overall compliance.
- Vendors **must** notify the USPO within 24 hours in writing, i.e. fax, or e-mail if offender fails to report for treatment.



MTR/Prob. 46 (cont.)

- Probation Form 46 is available in electronic form and will be provided to vendor.
- All Monthly Treatment Reports must be typed – **no exceptions**.
- **Important:** Documents submitted will be scanned into Adobe and submitted electronically.



Authorized Releases/Probation Form 11B, 11I, 6B and 6D

- Ensure form is filled out completely and signed by the Probation Office.
- Vendors must maintain signed release forms in each clients treatment file.

Release Sample

PROB 11B
(Rev. 5/07)

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 to use or disclose this information expires. I understand that information used or disclosed pursuant to this authorization may be disclosed by the recipient and may no longer be protected by federal or state law.

I understand that I have the right to revoke this authorization, in writing, at any time by sending such written notification to the program's privacy contact at:

(Name and Address of Program)

I understand that if I revoke this authorization to release confidential information, I will thereby revoke my authorization to further disclosure of such information. I also understand that revoking this authorization before I satisfy the condition of my supervision that requires me to participate in the program will be reported to the court. My revocation of authorization under such circumstances could be considered a violation of a condition of my post-conviction supervision.

(Signature of Parent or Guardian if Client is a Minor)

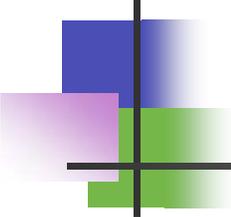
(Signature of Client)

(Date Signed)

(Date Signed)

(Name & Title of Witness)

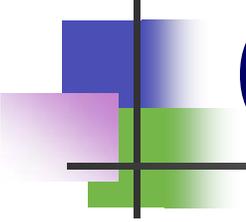
(Date Signed)



Vendor Treatment Plans

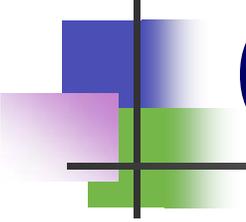
- Provider should develop a treatment plan which includes: (a) short and long term goals for the defendant(s)/offender(s);
- (b) measurable objectives;
- (c) type and frequency of services to be received;

Vendor Treatment Plans (cont.)



- (d) specific criteria for treatment completion and the anticipated time-frame;
- (e) documentation of treatment plan review, **at least every 90 days, to include the following:**

Vendor Treatment Plan (cont.)



- Defendant's/offender's input, continued need for treatment, and information on family and significant others involvement (i.e., community support programs, etc.).
- Treatment Plan needs to be attached to the monthly treatment report every 90 days.

Treatment Plan Sample

Treatment Plan U.S. Probation 90 Days

Client Name: _____

Date Plan Implemented: 4/9/15

Officer: _____

Short and Long Term Goals:

- Accept chemical dependence and begin to actively participate in a recovery program.
- Establish a sustained recovery, free from the use of all mood-altering substances.
- Establish and maintain total abstinence while increasing knowledge of the disease and the process of recovery.
- Acquire the necessary skills to maintain long-term sobriety from all mood-altering substances and live a life free of chemicals.
- Identify the negative consequences of drug and alcohol abuse.
- Make verbal "I" statements that reflect acknowledgment and acceptance of chemical dependence.
- Develop and implement effective coping skills to carry out normal responsibilities and participate constructively in relationships.
- Other: Work through the stages of the grief process
- Other: _____

Measurable Objectives:

- Model and reinforce statements that reflect acceptance of chemical dependence and its destructive consequences for self and others.
- Assess client's intellectual, personality and cognitive functioning as to his contribution to chemical dependence.
- Investigate situational stress factors that may foster client's chemical dependence, identify triggers and formulate relapse prevention strategies to avoid problematic impulsive behavior.
- Other: _____

Type and Frequency of Service to be provided:

- Two one hour sessions per month, Cognitive Behavior Therapy.

Specific Criteria for Treatment Completion and necessary time plan:

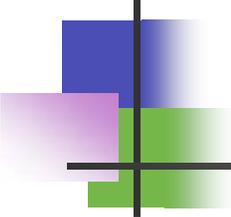
- Achieve and maintain abstinence from Chemicals and Alcohol usage for this ninety day period.
- No new events for this ninety day period.
- Improve and gain a level of control for current trauma symptoms over this ninety day period.
- Continue with urine screening at Probation.
- Other: Work through the grief process

Signature of Client

4/9/15
Date

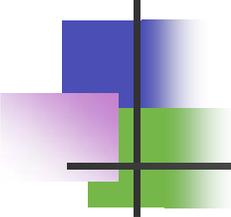
Signature of Counselor

4/9/15
Date



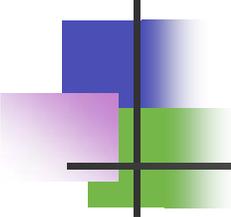
Daily Treatment Log

- Offender/defendant signs in and out for each service
- Each service must be listed on a separate line (i.e. counseling and testing)
- Vendor also signs each entry
- Logs must be submitted with monthly invoices.



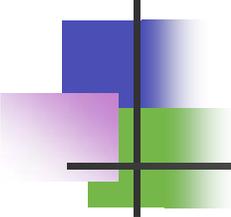
Urine Collection

- All supplies will be provided by our office (urine bottles, Chain of Custody forms, mailing labels, mailing boxes, etc.)
- Urine collected will be mailed to our national lab.
- Only positive results will be provided to your agency.



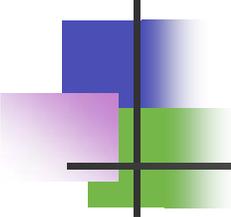
Urine Collection

- Must be legible/Print
- Must keep letters/numbers within the boxes provided
- Must include officer initials
- Must include PACTS number
- Compliance with collection methods are outlined in the Statement of Work, page C-4 thru C-19.



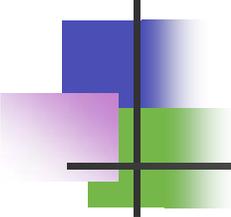
Required File Documents

- Program Plan
- Authorization to Rel. Confidential Information 11B
- Monthly Treatment Reports
- Chain of Custody forms
- Laboratory results
- Daily Treatment Log



File Documents (cont.)

- Individual UA logs
- Chronological notes that include Officer contact and counseling notes



Termination of Services

- Program Plan does not require offender/defendant signature
- Maintained in your file
- If counseling provided, must complete a typed discharge summary to USPO within 15 calendar days

Questions???

- For more in depth information, please refer back to your Statement of Work.
- <http://www.dep.uscourts.gov>

