

U.S. Probation and Pretrial Services District of Ohio

# Managing Your Federal Contractual Agreement

# The Referral Packet

- “Program Plan” - Form 45-Contractual Government Agreement
- Vendor performs only authorized services
- **NO “verbal authorizations”** ~ services may only begin upon receipt of program plan
- Plans **MUST BE** signed by officer and referral agent.
- All services remain in effect until receipt of “amended/termination” program plan
- Provide copy to agency billing department.

# Program Plan Layout

## Personal Information

- Client name
- Client PACTS ID #
- Whether client is a post conviction or pretrial client
- Officer
- Effective service date

Initial

**TREATMENT SERVICES CONTRACT PROGRAM PLAN**

**Client Identifying Information**

Client:	Doe, John J	PACTS #:	25991
Address:	123 North A Street Yourtown KS 66666	Pretrial/Post Conviction:	Post Conviction
Officer:	Grissom-DQA, Linda	Client Phone:	
Officer Phone:	913-551-6622	DOB:	12/25/1980

**Photo  
Not  
Available**

**Provider Information**

Provider:	Mirror-Wyandotte	Procurement No:	1083-2008-0001
Provider Location:	Mirror-Wyandotte	Effective Date:	01/04/2010
Attn:	Jane Smith	Termination Date:	
Location Address:	1230 West Treatment Street Kansas City KS 66666		
Phone:	913-555-5555		
Fax:	913-555-5551		

# Program Plan Layout - Services

- Only services noted are authorized in the units indicated

## Services Ordered

Project Code	Description Of Services	Phase	Frequency (Units)	Interval	Copay Amount (per unit)
1010	Urine Collection and Reporting		5.0	Monthly	\$0.00
2010	Individual Substance Abuse Counseling		4.0	Monthly	\$0.00
2021	Cognitive Behavioral-Group Counseling		4.0	Monthly	\$0.00
1501	Administrative Fee		1.0	Monthly	\$0.00

## Copayment Amount

Copayment Source	Monthly Copayment Flat Fee
Defendant/Offender	\$25.00

# Program Plan Special Instructions

- USPO will provide specifics, such as number of sessions and how they are to be provided, urinalysis collection, etc.
- Clinicians ~ pay close attention to instructions and listed services.

**Special Instructions and Referral Information:** Mr. Doe resides at 222 West Anyplace, Anywhere, KS 66600. His telephone number is 316-222-0000.

Mr. Doe has a history of violence and PCP use. Please review the presentence report for further information.

Please request a special test for PCP on every UA. Thank you.

# Release of Information

CRS(Rev. 6/10)

UNITED STATES PRETRIAL SERVICES AND PROBATION SYSTEM  
AUTHORIZATION TO RELEASE CONFIDENTIAL INFORMATION  
SUBSTANCE ABUSE AND MENTAL HEALTH TREATMENT 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 Pretrial Services and Probation Office of the Northern District of Ohio.

The confidential information to be released will include: date of entrance to program; attendance records; urine testing results; type, frequency and effectiveness of therapy; general adjustment to program rules; types and dosage of medication; response to treatment; test results (psychological, vocational, etc.); psychotherapy notes; 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 the preparation of a court-ordered report, and/or in connection with my supervision (to include pretrial release, diversion, probation, supervised release, parole, mandatory release, conditional release).

I understand that the pretrial services and 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 the United States Parole Commission when necessary for the purpose of discharging its supervisory duties over me.

I understand that this authorization is valid until I have been sentenced and my sentence is final, and/or when I am released 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 for further disclosure of such information. I also understand that revoking this authorization before the completion of the bail investigation, diversion investigation, pre-sentence investigation, or before I satisfy the condition of supervision that requires me to participate in the program, will be reported to the court. Revocation of authorization under such circumstances could be considered a violation of a condition of my supervision.

\_\_\_\_\_  
(Signature of Parent or Guardian of Client if a Minor)

\_\_\_\_\_  
(Signature of Client)

\_\_\_\_\_  
(Date Signed)

\_\_\_\_\_  
(Date Signed)

\_\_\_\_\_  
(Name & Title of Witness)

\_\_\_\_\_  
(Date Signed)

# Background Information

## OHN Background Sheet

NAME:

FACTS NUMBER:

-- Select an address --

362

- Show Format  
 Show Prior Addresses  
 Show Photo/Photos

AGENCY:

CURRENT FAMILY SITUATION:

EDUCATION:

CURRENT CHARGE AND PRIOR RECORD:

DRUG OF CHOICE / PREVIOUS DRUG USE:

PRIOR DRUG TREATMENT:

PSYCHOLOGICAL / PSYCHIATRIC HISTORY (include diagnosis and medication):

MEDICAL CONDITION:

MEDICAL INSURANCE COVERAGE: Private / Public

EMPLOYMENT INFO & WORK SCHEDULE:

Company

Address

Address

City

State

Zip Code

Daily Schedule

# Post Conviction Risk Assessment (PCRA)

- Risk Assessment Tool
  - Look at criminal history (type of offenses, how many arrest, etc)
  - Substance use
  - Mental health
  - Social support / family
- Risk factors (cognitions, social networks, drugs/alcohol, etc)
- Thinking styles

PCRA.pdf - Adobe Acrobat Pro 2017

File Edit View Window Help

Home Tools PCRA.pdf x

1 / 2 94.5%

Home Offender Self Report Officer Input Responsibility Factors Interpretation Report Supervision Level

**Finalized By: Joseph Perez**

**General Recidivism Risk**

Federal Risk Screening Instrument Score:

**Moderate**

Offenders in this category have a 19% arrest rate and a 6% revocation rate in the next 6 months

**Dynamic Risk Factors**

Federal Needs Screening Instrument Indications:

- #1 Cognitions
- #2 Social Networks
- #3 Alcohol/Drugs

**Offender Self-Report Results**

Valid Profile: Yes

Exhibits General Criminal Thinking: Modest(52)

Proactive: Moderate(57)

Reactive: None(47)

Predominant Style: Proactive

Factor Scales: Self-Assertion/Deception

**Elevated Offender Thinking Styles**

Mollification (Mo) - Making Excuses

PCRA.pdf - Adobe Acrobat Pro 2017

File Edit View Window Help

Home Tools PCRA.pdf x

2 / 2 100%

**Violence Factors Present**

- 6.2 Age of first contact with the criminal or juvenile justice system
- 6.6 Prior evidence of stalking, menacing, harassment or threatening
- 6.9 Use of weapons in the commission of a crime

**Factor Scales**

Self-Assertion/Deception

**Other Factors Present**

- 6.14 History of polysubstance abuse

**GENERAL/VIOLENCE RECIDIVISM DISTRIBUTION PLACEMENT**

8.50 x 11.00 in

9

# Vendor Forms

# Monthly Treatment Report (MTR)

## PROB 46

- Completed by clinician
- Summarizes client's monthly activities
- Indicates client progress

MONTHLY TREATMENT REPORT							
<b>1. VENDOR:</b> Vendor A		<b>4. USPO:</b> Joe Officer					
<b>2. CLIENT:</b> John Doe		<b>5. FOR PERIOD COVERING:</b> 8/1/04 to 8/30/04					
<b>3. PHASE:</b> UA'S 2		COUNSELING 1		<b>6. CLIENT TYPE:</b> Probation X Pretrial			
7. CLIENT CONTACTS (include all counseling, assessments, evaluations - exclude Uas)							
a. Date	b. Service	c. Length of Service		d. Comments			
8/2/04	2010 Individual	1 hour		Discussed dislike for PD, anger-control.			
8/15/04	2010 Individual	1 hour		Discussed upcoming marriage, problems with stepchildren			
8/4/04	2020 Group	0		No-Show for Group. Did not call. PD Notified.			
8/11/04	2020 Group	90 minutes		Good participation.			
8/18/04	2020 Group	90 minutes		Client angry and withdrawn. Will address in individual.			
8/25/04	2020 Group	90 minutes		Minimal participation.			

# MTR (Cont.)

- Reflects any Program Plan changes
- Records drug testing
- Copy with monthly billing

8. URINE TESTING/SWEATPATCH RECORD <i>*(Sweatpatch only to be charged on date of removal)</i>								
DATE UA COLLECTED/ PATCH APPLIED	DATE OF PATCH REMOVAL	SAMPLE NOT TESTED		NO-SHOW	DRUG USE ADMITTED (Specify Drug)	SPECIAL TESTS REQUESTED	TEST RESULTS (Specify Drug if Possible)	DATE OF RESULT
		Dist. QTY	Still					
8/3/04						PCP		8/10/04-Neg
8/4/04				X				
8/12/04						PCP		8/18/04-Neg
8/18/04						PCP		8/23/04-Neg
8/24/04						PCP	PCP	8/30/04-Pos

9. COMMENTS REGARDING CLIENT'S TREATMENT PROGRESS:		10. CLIENT COPY	
Client began treatment this month. He started off in a positive manner and then no-showed for both individual and UA on 8/04, stating he "just forgot." He has an upcoming marriage in September with four stepchildren that he states "just don't like him." He became increasingly angry and more withdrawn in sessions as the month went on. Next individual in September will address specifically these issues. Client failed to make copayment for the month.		Amount Ordered	10/mo
		Amount Collected During This Month	\$0.00
		Balance (if app.)	\$10.00
		Date of Last Payment	None

# Daily Treatment Log

## Substance Abuse/Mental Health Program

### Daily Treatment Log

(Note: Allowing clients to see the names or signatures of other clients violates federal confidentiality regulations regarding disclosure of drug or alcohol treatment records.)

<b>Client</b>	John Doe
<b>Vendor</b>	Vendor A
<b>Month/Year</b>	August 2004

- Record of actual monthly services
- Client and Vendor signature/initial time in and out
- Confidential ~ Avoid other clients viewing
- Send copy with billing ~ certifies monthly invoice
- Each client is to have their own log

Date of Service	Type of Service Provided (For 1012 Sweatpatch, indicate whether applied, removed, or both)	Time In	Client Initials	Time Out	Client Initials	Vendor Initials
8/2/04	2010 - Individual	8:15		9:10		
8/3/04	1010 - UA	9:00		9:10		
8/4/04	1010 - UA	No-Show				
8/4/04	2020 - Group	No-Show				
8/11/04	2020 - Group	6:00 pm		7:25 pm		
8/12/04	1010 - UA	9:30		9:39		

# Daily Bus Ticket Log

- Record:
  - all bus tickets distributed to each client authorized for transportation expenses per program plan (45)
- Each client is to have their own log
- Submitted with monthly invoice



## Daily Bus Ticket Log

Month/Year \_\_\_\_\_

DATE	NAME	SIGNATURE	# OF TICKETS

# Urinalysis Log

- Record:
  - all urine specimens collected
  - unusual occurrences in the collection process (temperature, etc.)
- Confidential ~ no viewing allowed by clients
- Submitted with monthly invoice

**URINALYSIS TESTING LOG**  
COMPLETE ONE FORM PER CLIENT PER MONTH

Client Name \_\_\_\_\_ PACTS # \_\_\_\_\_ Month/Year \_\_\_\_\_

Date Collected	Client's Signature/Initials	Bar Code Number	Special Tests	Medications Taken	Collector's Initials	Test Results/Date Received	Co-Pay Collected

# Breathalyzer Log

- Record:
  - all breathalyzers collected
  - unusual occurrences in the collection process
- Confidential ~ no viewing allowed by clients
- Submitted with monthly invoice



**BREATHALYZER LOG**  
COMPLETE ONE FORM PER CLIENT PER MONTH

Client Name \_\_\_\_\_ PACTS # \_\_\_\_\_ Month/Year \_\_\_\_\_

Client's Signature/Initials	Collector's Initials	Reason Tested	Test Results	Refusal

# Contact Log

- Record all contacts (e.g., face-to-face, telephone) with the defendant/person under supervision including collateral contacts with family members, employers, USPO/USPSO and others. Records shall document all notifications of absences and any apparent conduct violating a condition of supervision occurs.
- Case staffing's between the vendor and U.S. Probation Officer must be documented in each treatment file **(this will be reviewed during monitoring)**.
- Monthly contact between the vendor and U.S. Probation Officer must occur at least every thirty days.
- Types of contact that should be logged: Phone, face to face, e-mail, text message, or voicemails.
- It is preferred that phone or face to face contact occur to staff the case.
- The purpose of the case staffing is to discuss any updates, concerns, or progress with each case in treatment.

# Quarterly Treatment Goals

- Quarterly treatment goals should be completed following the initial assessment.
- The quarterly treatment goals are individualized to each case and need to be updated every 90 days. ***Treatment for Pretrial defendants charged with a sex offense requires an updated treatment plan every 60 days.***
- The quarterly treatment plan shall include specific/measurable goals and objectives with target completion dates that are periodically reviewed (**this will be reviewed during monitoring**).
- This document needs to be provided to the U.S. Probation Officer supervising the case.

# Blanket Purchase Agreement (BPA) Services

# Urine Collection – PC 1010

## Breathalyzer – PC 1504

- Random with less than 24 hours notice, unless otherwise requested.
- Observed by individual of same sex
- (All urinalysis supplies are provided by the Pretrial Services and Probation Office – Testing is completed by National contractor)
- Breathalyzers will not have a schedule and are to be collected with UA's.

# Substance Use Intake Assessment – PC 2011

- Include at least one diagnostic interview and a typed report **within 10 business days** of first face-to-face. The report must be sent to the USPO and also accompany the monthly billing.
  - Addresses client's substance abuse as it relates to supervision
  - Includes identifying and background information, medical history, mental status, treatment diagnosis, and prognosis
  - Is NOT a synopsis or overview of the background sheet.

# Psychological Report – PC 5010

- To be conducted and prepared by a licensed/certified psychologist (PhD or Psy.D, or other advanced doctoral degree). A typed report provided within 15 business days to USPO. The report must also accompany the monthly billing.
  - Addresses diagnostic impressions
  - Render opinions based on results of testing
  - Provides recommendation
  - (See Blanket Purchase Agreement Page C-5)

# Psychiatric Evaluation – PC 5030

- Typed medical evaluation and report conducted and prepared by a licensed medical doctor/physician, psychiatrist specializing in disorders of the mind, or other qualified practitioner who is board certified
- Establish a diagnosis to determine need for psychotropic medications with consideration for immediate interventions to safety.
- Typed evaluations are to be completed within 15 business days of first visit. The report must be sent to the USPO and also accompany the monthly billing.
- See Blanket Purchase Agreement Page C-5-7

# Mental Health Assessment – PC 5011

- Performed by a masters or doctoral level clinician licensed/certified by state regulatory board. Typed assessments are to be completed within 15 business days of first visit. The report must be sent to the USPO and also accompany the monthly billing.
- Can also be conducted by a non-licensed masters level clinician under direct supervision of licensed professional in accordance with state licensing standards.

# Sex Offender Specific Evaluation and Report – PC 5012

- Provided by a licensed/certified psychiatrist, psychologist, or masters/doctoral level practitioner meeting established standards by state regulatory board.
- Typed reports are to be completed within 15 business days of first visit. The report must be sent to the USPO and also accompany the monthly billing.

# Individual & Group Counseling

PC 2010 / 2020 / 2022 / 6010 / 6012 / 6022

- Sessions are authorized and billed in ½ hour (30 minute) units.
- Discharge summary due within 15 calendar days of termination received on Prob 45.

# Cognitive Behavior Group – PC 2022

## Case Management Services – PC 2000

- Facilitator has documented completion of training for specific manualized CBT program
- First priority for groups must be to Federal defendant/offender participants. If there are not enough federal defendant/offender participants to fill the group than it can be opened to Local and State defendant/offenders.
- Agency to offer evening group between 5:00 p.m. and 7:30 p.m.
- Case Management will only be authorized to prepare and attend monthly Re-entry Court sessions.

# Clinical Polygraph Exam & Report – PC 5022

## Maintenance/Monitoring Test – PC 5023

- Cost is per examination.
- Typed reports are to be completed within 10 business days of first visit.
- The report must be sent to the USPO and also accompany the monthly billing.

# Medication Monitoring – PC 6051

- To be provided by a licensed psychiatrist, medical doctor/physician, or other qualified practitioner with current prescriptive authority
- Board certified by the American Board of Psychiatry or the American Osteopathic Board of Neurology and Psychiatry

# Residential/Inpatient Detox Placements – PC 2001 & 8010

- Authorized and billed per day.
- 2001 not to exceed 90 days unless approved by Office of Probation & Pretrial Services.

# Transportation/Administrative Fee – PC 1201/1202

- No price is required as reimbursement is at actual cost
- Administrative fee is reimbursed at 5% of actual cost of transportation
- Transportation is provided via public transportation by way of the most direct route

# Co-Occurring Disorders

- Practitioners providing integrated treatment services for co-occurring disorders must be a licensed/certified psychiatrist, psychologist, masters or doctoral level practitioner who meets the standards of practice established by the State of Ohio, and are trained in working toward the recovery of clients with co-occurring disorders.
- Practitioners shall use integrated treatment approaches deemed successful with individuals with co-occurring psychiatric and substance use disorders.
- Practitioners shall develop treatment plans which include: (1) short and long-term goals the client will be attempting to achieve; (2) measurable objectives which relate to the achievement of the corresponding goals; (3) type and frequency of services to be received; (4) specific criteria for treatment completion and the anticipated time-frame; and (5) documentation of treatment plan review, at least every 90 days, to include the following: client's input, continued need for treatment, and information on how family and any significant other involvement.

# Specialized Treatment for Pretrial Defendants Charged with a Sex Offense

- Specialized treatment for pretrial defendants charged with a sex offense is defined as treatment interventions used to help pre-adjudicated individuals with crisis intervention, support, healthy coping skills, cognitive behavioral treatment and understanding the keys to successful incarceration.
- Individual Specialized Treatment (7013): One defendant and/or their family (Family is billed at individual rate).
- Group Specialized Treatment (7023): Two or more defendants but not more than ten.
- Specialized treatment services are provided by a licensed/certified psychiatrist, psychologist, masters or doctoral level practitioner who meets the standards of practice established by the State of Ohio's regulatory board and adheres to the established ethics, standards and practices of the state's regulatory sex offender management board (where applicable) to provide Sex Offense Specific Treatment. The individual shall practice within the generally accepted standards of practice of the individuals' mental health profession, and adhere to the Code of Ethics and Practice Standards and Guidelines published by the Association for the Treatment of Sexual Abusers (ATSA).

# Specialized Treatment for Pretrial Defendants Charged with a Sex Offense (Cont.)

- Practitioners employ treatment methods that are based on a recognition of the specialized needs presented by pre-adjudicated individuals by employing cognitive behavioral treatment, crisis intervention, and life skills to promote healthy coping skills. The content of the treatment shall include:
  - Crisis Intervention Services to determine level of suicidal ideation and level of anxiety. If immediate psychiatric intervention is needed, if defendant needs to be referred to a psychiatrist for evaluation and/or medication monitoring, and if defendant is in need of individual therapy.
  - Supportive therapeutic interventions to address feelings of isolation, to help normalize their experience of the Federal Court System, and to address daily stressors (i.e., loss of employment, relationships, etc.).
- \*\* Questions pertaining to the instant offense or questions that compel the defendant to make incriminating statements or to provide information that could be used in the issue of guilt or innocence are not asked or addressed. If such information is divulged inadvertently by the defendant, it shall not be included on the written report or communicated to the officer.
- Practitioners notify the USPO/USPSO within 24 hours if the defendant fails to report for treatment, conduct violating a condition of supervision occurs, or third-party risk issues are identified. If the assigned USPO/USPSO is not available, practitioners shall notify a supervisor or the duty officer.
- \*\* The vendor shall provide a typed comprehensive treatment plan based on the needs and risks of the defendant. The treatment plan shall: (1) be individualized to meet the defendant's unique needs; (2) identify the issues to be addressed; (3) include planned intervention strategies; (4) include the goals of treatment; (5) identify type and frequency of services to be received; (6) identify specific criteria for treatment completion and the anticipated timeframe; (7) provide documentation of treatment plan review (including defendant's input) documenting continued need for treatment **at least every 60 days**; (8) include information on family and any significant other involvement (i.e., community support programs, etc.); (9) be attached to the monthly treatment report provided to the USPO/USPSO after every revision, but **at least every 60 days**.

# COMPLY

- Comply is the drug-testing system used by the Northern District of Ohio
- Vendors are responsible for providing their agency testing hours and male/female schedules to the treatment specialists in each office so an accurate schedule can be created each month.
- Vendors are required to notify the USPO/USPSO within 24 hours if the client fails to report for a urinalysis.
- Vendors will receive urinalysis supplies which consist of:
  - Specimen cups
  - Specimen bags
  - Printer paper for Chain of Custody Forms
  - Shipping materials for the USPS
- Vendors will receive two emails every evening:
  - A list of clients that are selected for urinalyses the following business day
  - Chain of Custody forms needed for the urinalyses

# Communication / Files

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# Communicating with the Officer is Crucial

- Contact information for each office will be provided.
- If you can not reach the Probation Officer than you should contact the Specialist designated for that office.



# Notify the Officer within 24 hours if ANY of the following occur

- **No-show** for testing AND/OR treatment
- Attempt to adulterate a urine specimen
- Third party risk identified
- **Failure:**
  - to follow staff direction;
  - to comply with release conditions;
  - to provide a urine specimen (stall, insufficient quantity).

# Case Staffing with USPO

- Case staffing conferences are included in vendor's prices for client services
- Required to make contact with USPO every 30 days via phone, email, face-to-face, text message, etc.



# Recordkeeping

## File Requirements and Content

### ■ Maintenance

- Client files must be:
  - Secure
  - Separate from other files individual per client
  - Pretrial and probation files must be designated as such
  - Consistent/organized
  - Marked Confidential
  - Maintained for 3 years after final payment date unless under appeal or involves litigation
  - Electronic files are optional

### ■ Content of Charts

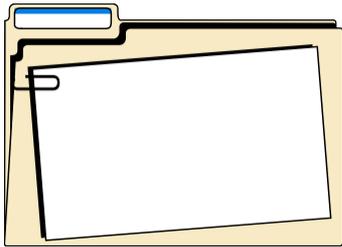
- Chronological notes:
  - detail all contacts
  - legible
  - available for USPO review
- Initial & Amended Program Plans
- Referral Packet Items
- Monthly Treatment Reports
- Daily logs
- 90-day quarterly treatment plan
- Contact log

# Billing

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# Monthly Invoicing

→ Where do I start?



→ How many invoices?

→ Together, separate?

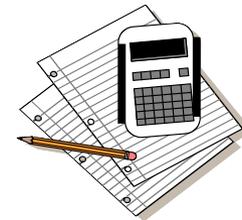
→ Parts A & B?

→ What do I email?

→ To whom?

→ When?

→ Calculating units?



# Monthly Invoicing – Where do I start?

- Collect paperwork from clinicians:
  - Monthly Treatment Reports
  - Daily Logs
  - Signed Assessments & Evaluations in PDF format



- Compare services on daily log to Probation 45 – “Program Plan

# Monthly Invoicing – What do I email? Where?

- Probation:

- Takiesha Sams

[Takiesha\\_Sams@ohnp.uscourts.gov](mailto:Takiesha_Sams@ohnp.uscourts.gov)

U.S. Pretrial Services and Probation Office

2 South Main Street, Suite B3-55

Akron, Ohio 44308

# Monthly Invoice

- Must be received by the 10th of the month for previous month's services:
  - Original invoice with original signature on Part A
  - Copies of:
    - Monthly Treatment Report for each client
    - Daily Log for each client
    - Urinalysis Log & Breathalyzer Log (if applicable)
    - Daily Bus Ticket/Transportation Log for each client (if applicable)
    - Signed Assessment/Eval in PDF format
  - Send Takiesha Sams an email if invoices will be late

# Monthly Invoice

- Submit separate invoices for each contract:
  - Probation clients are invoiced to Probation
  - Pretrial clients are invoiced to Pretrial
  - Budget Object Codes (BOCs):
    - Sex Offender 2548
    - Pretrial (MH & SU) 2527
    - Probation Mental Health 2530
    - Probation Substance Use 2526
    - Probation Cognitive Behavioral Therapy 2526

# Monthly Invoice – Part A

- Part A:
  - is a summary, by project code, of the total units of each service provided for all clients for the month, the bid unit price and the total amount due.
  - Invoice must be signed originally in PDF format or electronically with name/title in Excel format.
  - Fields to change monthly are:
    - Dates of Service
    - BOC
    - Signature

# Monthly Invoice – Part B

- Part B Lists:
  - client name,
  - client ID number,
  - each service provided,
  - the number of units,
  - the actual unit price bid in proposal, and
  - the total price for that service
  - Information from Part B automatically populates onto Part A.
- **Counseling** sessions - always reflected in 30 minute units.
- **No-shows & stalls** - may not be charged; included in bid.
- Emails received for 'No Signatures' on chain of custodies will not be approved for payment.

# Calculating Fractional Units for Counseling Sessions

Assume price for 2010 counseling session is  
\$20.00 per 30 minute unit ~

If Session is:	# Units to Charge =	Price to Charge =
0-15 minutes	.5 unit	\$0.00
16-30 minutes	1 unit	\$20.00
31-45 minutes	1.5 units	\$30.00
46-60 minutes	2 units	\$40.00

# Electronic Invoice Submission

- Participation is encouraged and preferred.
- Easier to prepare.
- Spreadsheet automatically calculates totals.
- Saves time and speeds up reimbursement.
- PDF copies of documents (MTRs, logs, etc...) can be emailed, saved on a flash drive or hard copies can be submitted via mail.

# Ordering Supplies

- Probation and/or Probation
  - Takiesha Sams (330) 252.6212
  - or email [Takiesha\\_Sams@ohnp.uscourts.gov](mailto:Takiesha_Sams@ohnp.uscourts.gov)

# Monitoring

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# Monitoring Visits and Reports

- Contract Specialist will visit at least twice a year
- First visit is within 120 days of contract award
- Subsequent visits 60 days prior to renewal
- May be scheduled or unscheduled
- Written report will be provided to agency
- Only applies to BPA agreements.

# BPA Renewal Process

- Solicited for 1 year, with two 1-year options.
- Chief Pretrial Services and Probation Officer has the final authority on whether or not to exercise option.
- Notice of Intent to Renew letter will be mailed out at least 60 days prior to end of fiscal year (on or about July 31).
- Vendor must have current and satisfactory monitoring report.
- New purchase orders with bid prices will be mailed around October 1.

# Specialist Contact Information

- **Cleveland & Akron Specialists:**
  - Ben Jurevicius – (216) 357-7325
  - Matti Liebler – (216) 357-7378
- **Toledo Specialist:**
  - Cheryce Burton – (419) 213-5773
- **Youngstown Specialist:**
  - Joseph Perez – (330) 884-7475