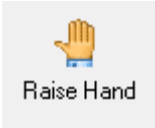
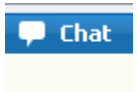
WELCOME

- The WebEx will begin momentarily.
- Please <u>MUTE</u> your telephones.
- Cellular Telephone Callers – Please do not use the speaker function as this will cause feedback noise.

WELCOME

- To ask a question use the "Raise Hand" icon - 

or send a note using the "Chat" 

icon and select **Send Chat to Host (Andrea Daniel).**

- Listen Only Mode - During certain segments of the presentation, I will activate the listen only mode which means that I will not be able to hear you so if there is an urgent question, please use the raise hand or send a note using the chat icon.

- If you have a question during the question answer segment, please remember to Un-Mute your telephone.

- In the unlikely event we are disconnected, please reconnect using the same process as when you initially logged in.

United States District Court
Central District of California
PROBATION OFFICE

Thursday, October 22, 2016

AGENDA

- Welcome and Introductions
- Discussion of Blanket Purchase Agreements
- Treatment Services Program Plans (Prob. Form 45)
- Invoice Preparation
  - Supporting Documentation
    - Monthly Treatment Reports
    - Daily Treatment Logs
  - Reminders
- Invoice Submission
  - Electronic Invoices
- Payment Authorizations
- Questions

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 <u>are not</u> 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.
  - Referrals will be rotated among all the vendors on the BPA.
  - Referrals are made in the form of a Treatment Services Program Plan (Prob. Form 45).

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, verbal approval from the Probation Officer is **not** authorized.
  - The Probation Officer may provide the vendor with Amended or Termination 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.

TREATMENT SERVICES PROGRAM PLAN

Samples of a:

- **Program Plan**
  - **Initial**
  - **Amended**
  - **Termination**

QUESTIONS REGARDING PROGRAM PLANS

INVOICES

- **Invoice Due Date**
  - Invoices must be submitted to the Probation Office - Clinical Services Unit by the **10th** of each month. If the 10th of the month falls on a weekend or holiday, then invoices are due the next business day.
  - Submit an original invoice and the respective Monthly Treatment Reports, Daily Treatment Logs, Urinalysis Logs, if applicable.
  - Invoice must be signed and certified by an Authorized Official of the vendor. The authorized official is listed under Section K of your proposal.
  - In addition, please include an invoice or reference number on the bill.

INVOICES
SUPPORTING DOCUMENTATION

- **Monthly Treatment Reports (MTRs) should:**
  - Be submitted with the monthly invoice, grouped by BPA and purchase order number and be alphabetized;
  - Summarize the offender's activities during the month and list attendance dates;
  - Document the offender's progress;
  - Reflect changes in the Program Plan;
  - Show a record of urine collection and test results;

INVOICES SUPPORTINGDOCUMENTATION

- **Daily Treatment Logs (DTLs) should:**
  - Be submitted with the monthly invoice, grouped by BPA and purchase order number and be alphabetized;
  - Reflect the Client's **signature** upon arrival and when leaving the vendor's facility;
  - Reflect the **time** the Client **began** and **ended** treatment / testing.
  - Describe the purpose of the Client's visit (i.e. group counseling, individual counseling, testing, etc.
  - Document any co-payment received.
  - **<u>IMPORTANT</u> : This information is used to certify the monthly invoice.**

INVOICES SUPPORTINGDOCUMENTATION

- **Urinalysis Logs**
  - Among other requirements, the Urinalysis Logs must be submitted with the monthly invoice.
  - Refer to the Blanket Purchase Agreement / Solicitation Document for additional **requirements** of the Urinalysis Logs.

INVOICES
SUPPORTING DOCUMENTATION

- **Prescription Medication**
  - Pharmacy receipts are required for invoices which have medication project codes.

- **Transportation**
  - Any transportation codes billed should have a corresponding transportation log.

INVOICE PREPA RATION

- **Step by Step Example of Invoice Preparation**

INVOICE PREPA RATION

- Invoices should be prepared in the approved format which is identified in Attachment J.8 of the Request for Proposal or in the format identified in the invoice templates we emailed to your office.
  - Treatment Services Invoice
    - http://www.cacp.uscourts.gov/tss/17
  - Microsoft Excel Template
    - If your office did not receive an Excel Template, please let us know and we will send to you after this WebEx conference.

INVOICE PREPA RATION

- PART A of Invoice

ATTACHMENT J.8

DATE: 10/3/2007

PAGE__1__OF__2___

ADMINISTRATIVE OFFICE OF THE UNITED STATES COURTS
TREATMENT SERVICES INVOICE

(PART A)

1.	Judicial District	Central District of California	3. B.P.A.#	0973-16-5688
2.	Vendor	The Help Center	4. Service Delivery:	10/01/2015-10/31/2015 P.O. Number Here
	a. Address:	1234 Anywhere Street Los Angeles, CA. 90012	5. Total # Individuals Served:	VENDOR MUST COMPLETE
	b. Telephone:	213-555-555		

Vendors 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 either the client or the United States District Court.

Type Name of Authorized Administrator

6. PROJECT CODE	7. QUANTITY	8. UNIT PRICE	9. TOTAL PRICE
1010	1	9.23	9.23
1011			
1012			
1201			
1202			
1301			
1302			
1401			

INVOICE PREPA RATION

- PART B of Invoice

Entries below will automatically total and carry to Prob. Summary Tab (PART A)								
1.CLIENT NAME	2.CLIENT NUMBER	3. DATES OF SERVICE	4. SERVICE RENDERED	5. QUANTITY (UNITS)	6. UNIT PRICE	7. COST	8. CO-PAY REQUIRED	9. CO-PAY RECEIVED

- Client Name should be entered in column 1.
  - May have multiple rows with a particular client's name.
- Client Number / PACTS Number should be entered in Column 2.
- The Date of Service, Column 3, should reflect the date the particular service was rendered.
  - **Only one date and one project code per line.**
- Item 4, Services Rendered, will have a drop down menu. Please do not attempt to add or change codes.
- Item 5 – Please enter the quantity or number of units
- The Unit Price and Costs, Items 6 and 7, will automatically populate when quantity is entered.

INVOICE PREPA RATION

- PART B of Invoice (continued)

Entries below will automatically total and carry to Prob. Summary Tab (PART A)

1.CLIENT NAME	2.CLIENT NUMBER	3. DATES OF SERVICE	4. SERVICE RENDERED	5. QUANTITY (UNITS)	6. UNIT PRICE	7. COST	8. CO-PAY REQUIRED	9. CO-PAY RECEIVED

- Items 8 and 9 - Copayment Required and Copayment received can be obtained from the Treatment Program Plan.

- **For project code 1501, vendors should complete numbers 1 through 5 <u>ONLY</u>. If the 5% amount is input under Unit Price, the summary sheet will double count your collection of copayments on PART A and you will not balance. Therefore, do not enter an amount under Unit Price for Project Code 1501 ONLY.**

QUESTIONS REGARDING INVOICE PREPARATION

SUBMITTING INVOICES

- There are **three** methods of submitting your invoices.
  1. **Electronically through the U.S. Courts secure server (Microsoft Excel documents only using the templates sent by our office).**
  2. **Hard-copy submission with an Excel Spreadsheet on CD Rom via the U.S. Postal Service or some other mail delivery service.**
  3. **Hard-copy invoice created in the program of your choice.**
- All three methods require that we receive Hard-copy invoices with original signatures, along with Monthly Treatment Reports, Daily Treatment Logs, Urinalysis Logs, Medication Receipts, etc.

SUBMITTING INVOICES

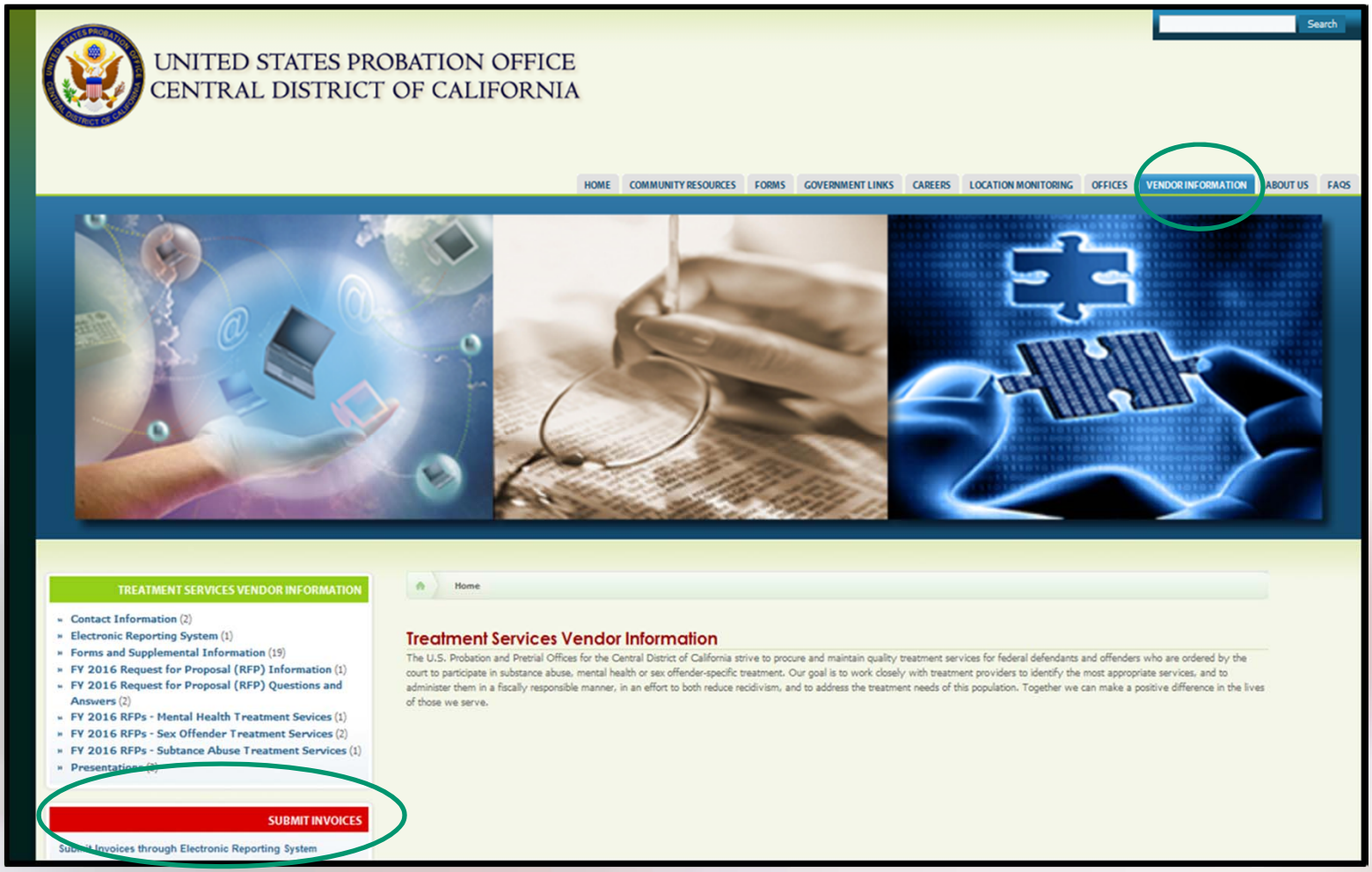
- **Electronic Invoices**
  - Vendors are encouraged to submit electronic invoices using Microsoft Excel.
  - Due to provisions of the Health Insurance Portability and Accountability Act (HIPAA) vendors ***should not send invoices via email***.
  - Invoices may be sent via the U.S. Court's secure server.
  - A hard copy of this invoice must be mailed along with the electronic invoice and have an original signature from an Authorized Official.

SUBMITTING INVOICES

- **Step by Step Example of Invoice Submission**

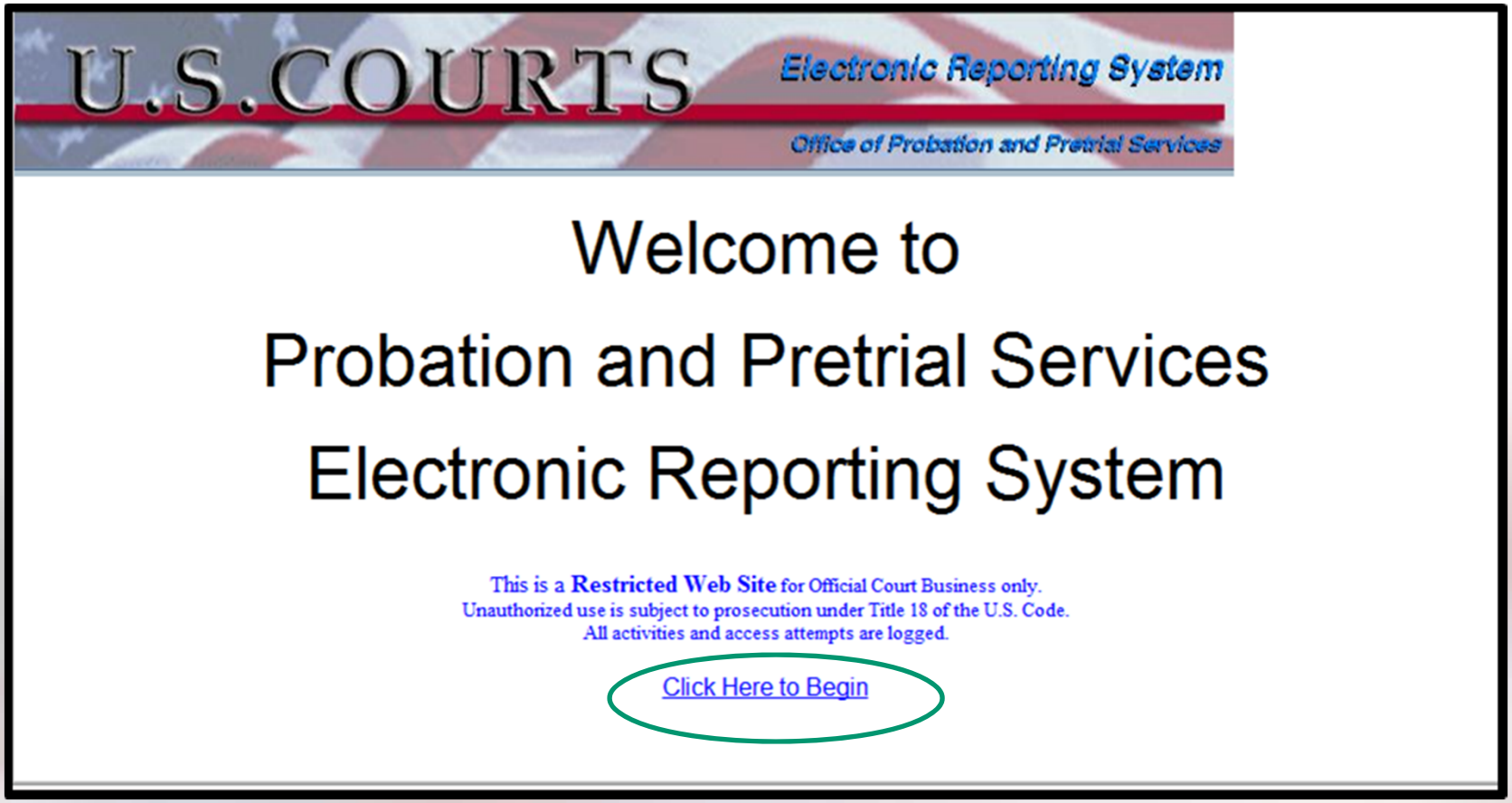
INVOICE SUBMISSION

Electronic Invoice Submission through the U.S. Court's secure server. - www.cacp.uscourts.gov



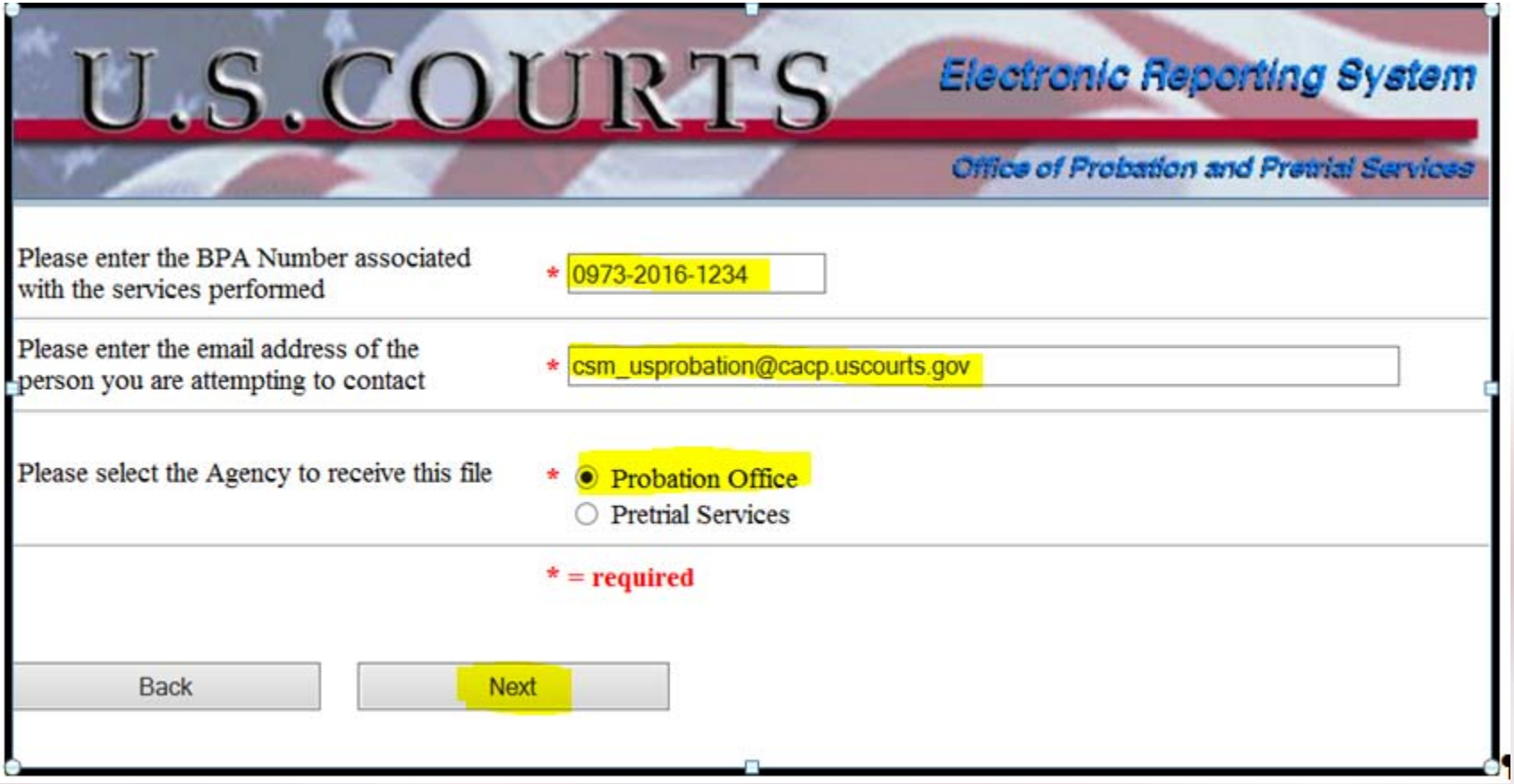
INVOICE SUBMISSION

- **Electronic Reporting System**



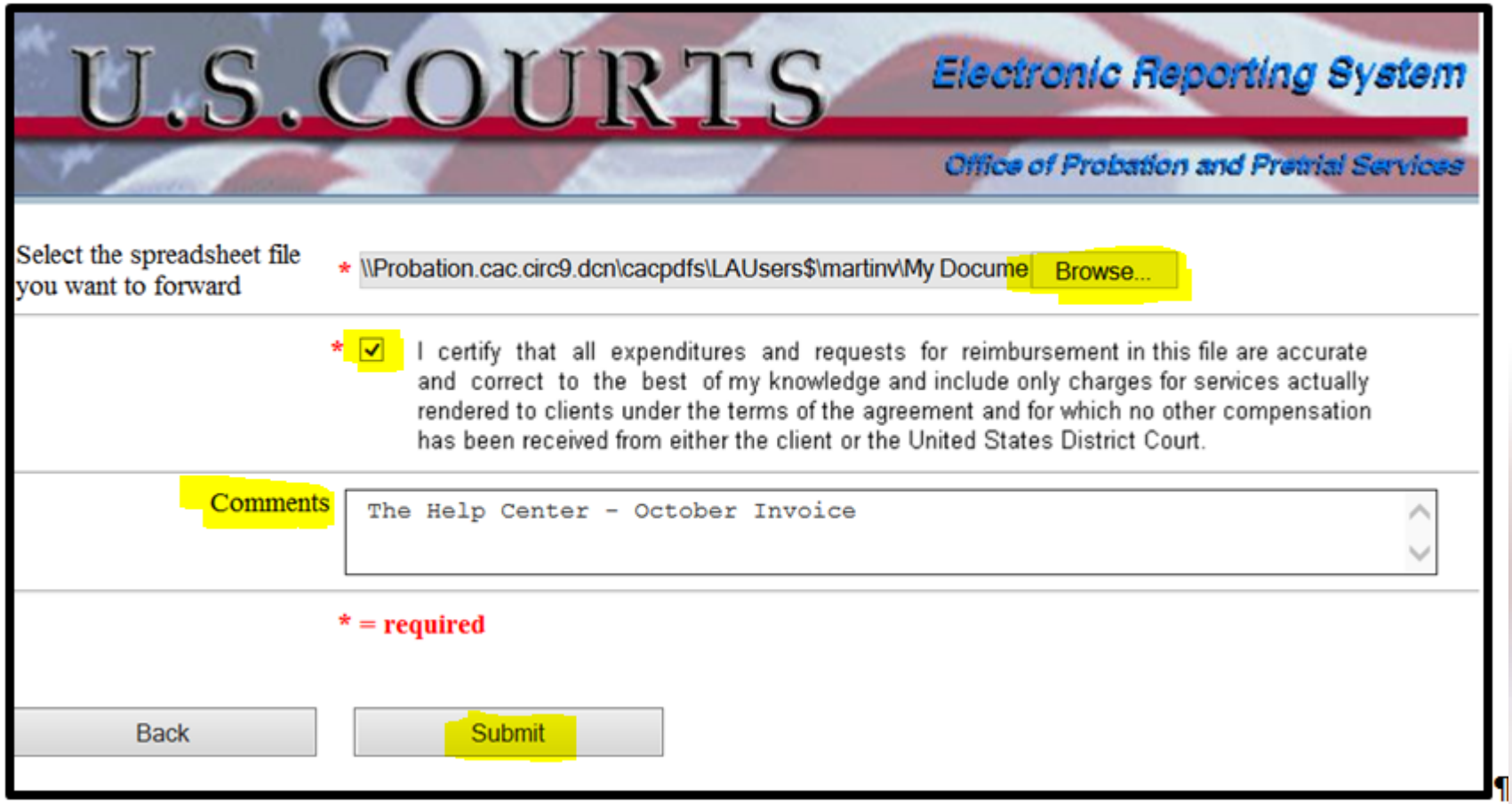
INVOICE SUBMISSION

- **Electronic Reporting System**



INVOICE SUBMISSION

- **Electronic Reporting System**



INVOICE DEMONSTRATION

- **Electronic Reporting System**

INVOICE SUBMISSION

- **The Second Method of submitting your invoices is to simply print the Invoice from Excel, SAVE the Excel document on a CD and submit the CD Rom and all supporting documentation to our office via the U.S. mail.**

- **The Third Method of submitting is the same of the second method just without the CD Rom.**

INVOICE SUBMISSION

- **<u>Submission of Hardcopy Invoices Only</u>**
  - **Vendors who do not have Microsoft Excel, we have a template in Microsoft Word that can be emailed to you.**
    - *Please note: This document does not have formulas and is designed in a table format.*

INVOICE SUBMISSION

- **Advantages of Submitting Electronic Invoices**
  - Invoices are processed faster.
  - Vendors receive payments sooner than if we had to manually enter all information on the hard-copy invoices.

- **To request an Excel invoice template please send an email to the below email address. Include the <u>Vendor Name</u>, <u>BPA Number</u>, and <u>Purchase Order Number</u>.**

CSM_USPROBATION@CACP.USCOURTS.GOV

INVOICE REMINDERS

- **Collection of Copayments**
  - Collect any copayment authorized on the Treatment Services Program Plan and deduct any collected co-payment from the next invoice to be submitted to the government.
  - Document within the **Monthly Treatment Report** and the **Daily Treatment Log** whether the expected copayment was not provided, as well as the amount of any outstanding balance.
  - Inform the Probation Officer within 3 business days of an offender's failure to make a total of 3 consecutive scheduled co-payments.
  - The vendor may charge an Administrative Fee, Project Code 1501, not exceeding 5% of the monthly funds collected.
  - The vendor **should not** submit invoices to the Government for services where the vendor already has submitted invoices, or received payment for the same services from other services.

INVOICE REMINDERS

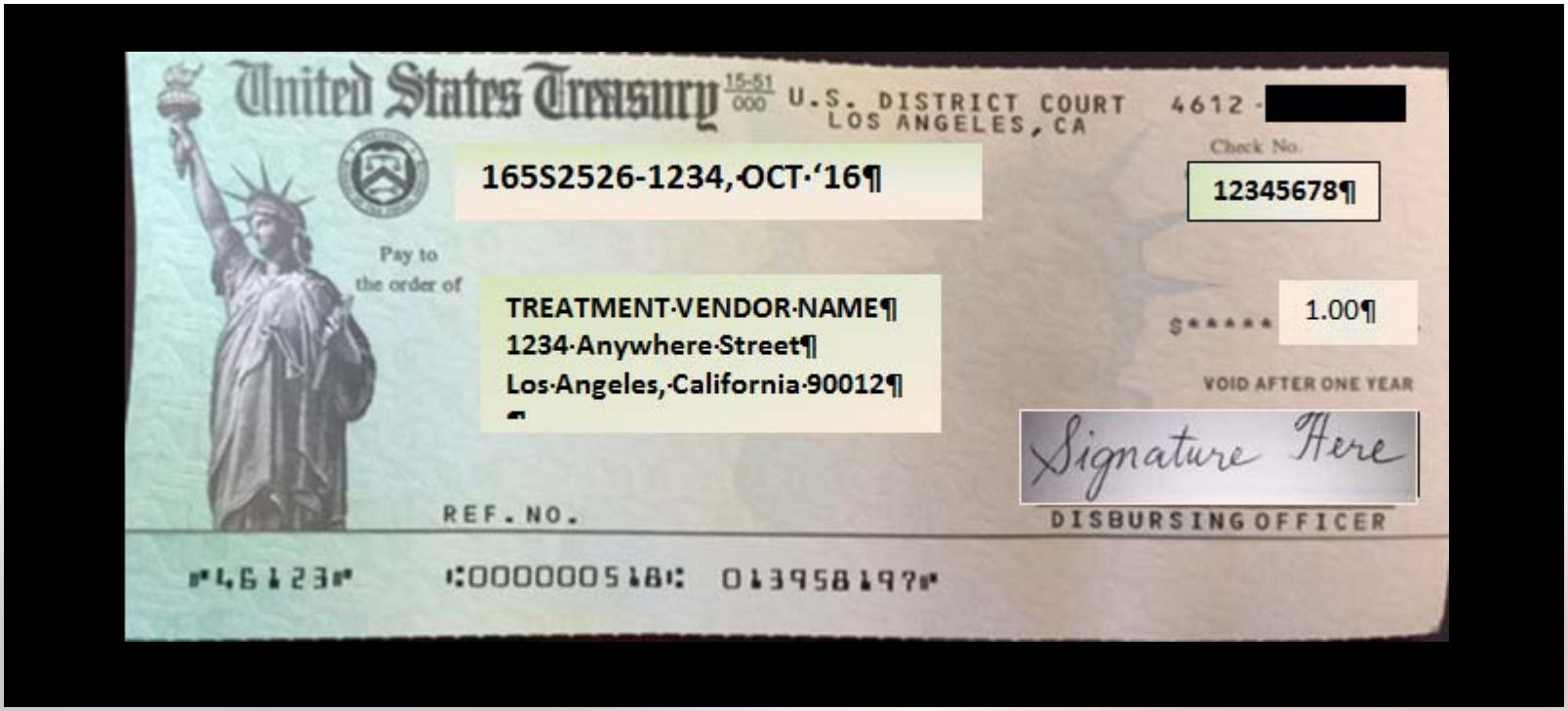
- **Supplemental Invoices**
  - Invoices submitted after a vendor has previously submitted invoices for a given month.
  - Supplemental invoices should be labeled as such on Part A of the invoice in either Box 4 or at the top of the page.
  - Supplemental invoices should be rare. Please make every effort to include all clients on the original invoice.

PAYMENT AUTHORIZATION

- **Sample Payment Authorization**
- **Deductions**
  - Payment Authorizations will be sent via email detailing deductions made, if any, on a given invoice. Our office will only send **one** payment authorization for the billing month.
  - The Vendor will have 30 days **from the date the payment authorization is emailed to your office** to submit a Supplemental Invoice.

INVOICE PAYMENT

- Sample Check



- We cannot include enclosures in our checks.

CONTACT INFORMATION

- Address to mail monthly invoices:
  - U.S. Probation Office
    Attn: CSM Unit
    600 U.S. Court House
    312 North Spring Street
    Los Angeles, California 90012

- To request an Excel or WordPerfect invoice template please send an email to the below email address. Include the **Vendor Name, BPA Number, and Purchase Order Number.**

CSM_USPROBATION@CACP.USCOURTS.GOV

CONTACT INFORMATION

- **CONTACT INFORMATION FOR INVOICES**
  - DaVonna Davis, Financial Support Specialist
  - Marivic De Manuel, Financial Support Specialist
  - Monique Dennie, Financial Support Specialist

Telephone: (213) 894-6003

Email: csm_usprobation@cacp.uscourts.gov

QUESTIONS