

Contract Years 2019-2021.



Invoice Billing Manual
Full Procurement
&
Independent Practitioners

Effective July 1, 2019

ARIZONA SUPREME COURT
ADMINISTRATIVE OFFICE OF THE COURTS
JUVENILE JUSTICE SERVICES DIVISION



Contacts for Questions

If you have any questions about the status of invoices and/or payments, please first contact the court/department where the original claim was submitted before contacting AOC staff. When requesting information, please have contract and invoice numbers available. Information is not readily available by juvenile name; thus, it is important to keep copies of all submitted invoices.

Below is a list of AOC Staff that may provide you further assistance if necessary. Thank you.

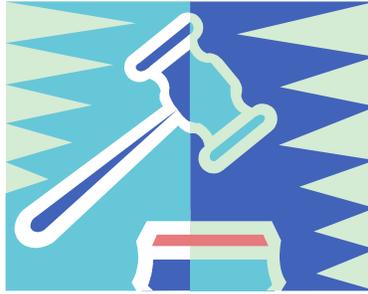
Contracts & Monitoring Program Manager Holli Ann Sanger-Alarco (602) 452-3246	
Title IV-E Title IV-E Project Specialist (602) 452-3128	Payment Processing AOC Finance (602) 452-3660
Submitting Invoices Fax to (602) 307-1225	Requesting Invoices Administrative Assistant (602) 452-3588

JJSD Website: <http://www.azcourts.gov/jjsd/ContractsMonitoring>

To sign up for automated direct deposit of invoice payments please contact:
Sergio Robledo at 602-452-3660 or srobledo@courts.az.gov

TABLE OF CONTENTS

Introduction	1
Juvenile Treatment Services Fund (JTSF).....	1
Family Counseling.....	1
Transferred Youth.....	1
Title IV-E.....	1
General Instructions	1
Service Authorization.....	2
Submission of an Invoice.....	3
Incorrect or Denied Invoices.....	4
Block Purchases.....	4
Attendance Report.....	5
Method of Payment.....	5
Service Code Listing.....	6
Schedule of Allowances	9
Personal and Clothing Allowances.....	9
Ancillary Rates & Services.....	9
Bed Hold Policy.....	10
Bed Hold Placement/Duration Table.....	10
Share Pay Protocol.....	10
Court/Department Address and County Code	12
Instructions: Invoice	14
Invoice Sample.....	14
Invoice Completion.....	14
Invoice Amount.....	16
Totals Information.....	16
Adjustment Information.....	16
Title IV-E Cases.....	17
Transferred Youth Cases.....	17
Instructions: Attendance Record	18
Identifying Information.....	18
Instructions: Credit Memo	19
Credit Memo Sample.....	19
Credit Memo Completion.....	20
Credit Amount.....	21
Instructions: Reimbursement Check	21



Introduction

The Arizona Supreme Court (ASC), through the Administrative Office of the Courts (AOC), is responsible for administering contracts on behalf of Arizona’s Juvenile Court Probation Departments and Adult Probation Departments for transferred juveniles. Juveniles may be funded for services under the following state fund sources:

Juvenile Treatment Services Fund (JTSF) Provides for treatment, evaluation and diagnostic services, out-of-home services and diversion services as outlined below.

Treatment - Counseling, psychological testing, residential treatment and a variety of treatment services for juveniles referred to the Juvenile Court.

Service - Behavioral support, group homes and shelters, delinquency prevention and intervention, and laboratory services.

Diversion - Diversion is a process by which formal court action is averted. The diversion process is an opportunity for juveniles to admit to an offense and accept a consequence without going through a formal adjudication and disposition process. By statute, the county attorney has sole discretion to divert prosecution of all juveniles accused of committing an incorrigible or delinquent offense.

Family Counseling Provides for limited counseling services for juveniles and families not otherwise involved in the juvenile court system.

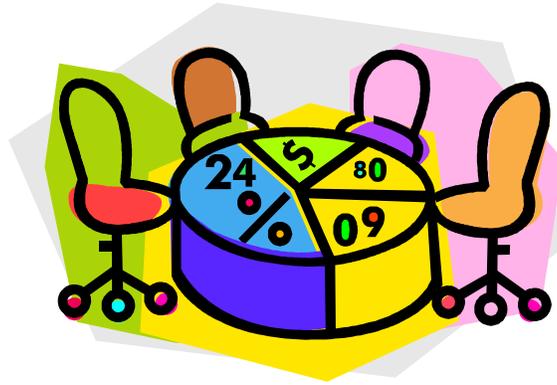
Transferred Youth A juvenile transferred to adult court. This category is referred to in this manual and on invoices and related forms as “Transfer.”

Title IV-E a reimbursement for a percentage of the cost for out-of-home and foster care services utilized by delinquent youth meeting certain federal requirements.

General Instructions

Using information supplied by the Courts/Departments at the time that juveniles are placed or referred, contractors will submit separate monthly invoices for each fund. For example, the Juvenile Treatment Services Fund (JTSF), Diversion, Family Counseling, Transfer, or Title IV-E. **Only one service code and one fund source may be billed per invoice.**

Complete billing instructions are provided throughout this manual. Additionally, specific staff and website contact information is provided at the end of the Table of Contents for reference, should there be questions.



Service Authorization

A Service Authorization Form (SAF), is used to authorize service provision to a juvenile and their family and when authorizing services for Transferred Juvenile. The SAF is initiated by the referring probation department and requires the authorized contractor to sign the form and return a signed copy to the referring probation department’s finance office. The Contractor shall retain a copy of the signed and dated SAF including electronically generated SAFs. **THE AOC WILL NOT REIMBURSE SERVICES WHICH ARE NOT UNDER CONTRACT OR PROPERLY AUTHORIZED.** The SAF should be processed and retained by the Contractor as described in the AOC Standard Terms & Conditions. The referring county finance office will retain the signed copy and use it to authorize payment for contracted services.

Services may be authorized in the following manner:

- a. **Amount of Service or Numbers of Sessions:** AOC contracts utilize “hours” as the standard billing unit for most educational and counseling programs. When an SAF is completed, it may reference “sessions” or “units”; the terminology has the same meaning. For example, if an SAF authorizes “30 sessions” of service codes 135, 137 and 138, i.e. individual, family, and group counseling, the Contractor may deliver any combination of 30 hours of service based upon the juvenile’s and family’s needs.

Counseling, professional consultation, and some educational services may be delivered in increments which are more or less than an hour. Example, a counseling session may be delivered in 30 minutes, 90 minutes, or 2 hours. Since the total number of hours delivered may not exceed the total number of units authorized, the vendor should calculate the number of units accordingly. For example, 30 minutes = .5 units and 90 minutes = 1.5 units.

Unit of Service for Out-of-Home Care: One unit equals any part of one residential day. After the first day, the juvenile must be in residence at 11:59 p.m. for each day reported for the residence to qualify for payment. The AOC will not pay for the date of discharge for 24-hour services. Only NIGHTS spent in the facility are billable.

Specialty Track: Trauma Specialization*: An SAF must be issued to authorize the Specialty Track: Trauma Specialization, Service Code 306. The units authorized for the Specialty Track must be equal to the number of sessions issued on the Primary Service Specification, i.e. to authorize 12 sessions of Specialty Track: Trauma Specialization, 12 sessions of a Primary Service Code must also be authorized.

*The Specialty Track: Trauma Specialization is a supplementary service to support a limited number of Primary Services. Specialty Tracks are not stand-alone services.



- b. **Length of Time:** All SAFs have specified timeframes for commencing and terminating authorized services. All SAFs have both a referral date (date of issuance) and an effective date (service start date). If a provider is unable to initiate service(s) and return a signed authorization within ten (10) business days from the SAF effective date, the provider shall notify the probation department of the expected start date within ten (10) business days of receipt of the SAF. A new SAF may need to be issued by the probation department to ensure a valid service authorization is in effect for the delivery of services.
- c. **Authorization for Initial Services:** The referring probation department may authorize initial services for up to 90 days; such services may include but are not limited to: court-ordered conditions of treatment, competency restoration services, out-of-home care, drug testing, and model programs with designated time frames. It is recommended that treatment providers and probation officers communicate regularly to ensure delivery of appropriate treatment and services.
- d. **Authorization for the Continuation of Services:** The referring Probation Department may authorize services beyond the initial SAF time frames to continue services already in place by issuing an SAF to continue services. The Contractor shall follow the same procedures for reviewing, signing, and returning the signed SAF to the referring Probation Department. The Contractor must ensure a continuing SAF is authorized by the Probation Department prior to providing services.
- e. **It is the Contractor’s responsibility to ensure that services are accurately billed.**

The SAF contains all relevant information about the authorizing court, the juvenile, and the services under contract which are authorized, Title XIX status information, Title IV-E indicator, and any shared payment arrangements which may be authorized for the specific services. The Contractor is responsible for reviewing the SAF for completeness and requesting any clarification which may be required. If a correction to the SAF is required, a new SAF shall be requested from the referring Probation Department.

Submission of an Invoice

Monthly invoices, (including attendance forms for Delinquency Prevention Program (DPP) services) shall be sent to each Probation Department **by the 10th day of the month following the month in which services were rendered** (see “Probation Department Directory”). A Contractor may submit an invoice referencing multiple juveniles for a single service from a single fund during a calendar month. Invoices may **not** be used to bill for more than one month **and** may not contain more than one service code and one funding source per invoice. *Exception to this standard is: all Title IV-E cases must be submitted on a separate invoice from other cases.*

When submitting an invoice, where the same type of service (i.e. individual counseling) was delivered to more than 10 individuals during a month, utilize the same invoice number for subsequent pages. This can be accomplished by making a copy of the original blank invoice so that the additional names can be continued on the copied invoice. Attach all subsequent pages to the original invoice, noting on each page the number of total pages for the invoice and submit as a single claim.

Year-end invoices: Year-end invoices shall be submitted within five (5) business days of the end of the fiscal year (June 30th) for any remaining services not yet billed during that fiscal year. Invoices submitted after that date will be delayed for payment or may be declined for payment if excessive time has lapsed from the date of service.

Incorrect or Denied Invoices

The Probation Department will review invoices and may recommend payment in full, payment at reduced rates, or deny payment for late or incorrect invoices. Incorrect invoices may be corrected and resubmitted by the Contractor to the referring Probation Department. Denied invoices will be returned to the Contractor. The Contractor may resubmit any denied invoice with a letter from the Contractor’s authorized representative explaining the reason the Contractor failed to submit the invoice in a timely manner and identifying actions taken to prevent the problem from reoccurring. Payment may be denied for services rendered prior to receiving a Service Authorization Form from the referring Probation Department.

In the event that the Probation Department or AOC staff determine that a correction to an invoice or attendance report is needed (e.g., the units of service or rate invoiced are incorrect) the Contractor will receive a copy of the corrected invoice or attendance report. Retention of the corrected invoice or attendance report will allow the Contractor to match the subsequent payment to the proper invoice. **Please contact the Probation Department if you have questions about a corrected invoice.**

Late Invoices: Payment may be delayed for any invoice which the Contractor submits more than 10 days after the end of the month following services rendered.

Contractors whose invoices are repeatedly submitted more than 10 days after the end of the month are subject to a 25% reduction in payment. Any invoice received more than 45 days after the end of the month in which services are rendered may be reduced according to the following scale:

45+ days	25% reduction
60+ days	50% reduction
90+ days	75% reduction or payment denial

All penalties will be assessed by the county finance office or the AOC. The Contractor’s repeated failure to submit timely invoices may be grounds for terminating the Contract. Circumstances where invoices are late because of inaccurate or untimely information supplied by the referring Probation Department will be reviewed on a case by case basis before any penalties are assessed.

Block Purchases

Contractors providing services under a block purchase shall submit an invoice which accurately reflects all delivered services or an invoice for the block amount and an attendance report which accurately reflects all services delivered. The Contractor shall identify the juveniles served and the county from which the juvenile has been referred on the invoice including the date(s) of services provided.

Attendance Report

Some services require an attendance report be submitted in addition to the billing invoice. It is the Contractor's responsibility to ensure attendance reports are submitted with invoices for services that note this on the contract and/or service specification. The Probation Department and/or the AOC will review the invoices and attendance reports prior to authorizing them for payment.

Method of Payment

Payment is made upon submission, authorization, and approval of an invoice. Invoices are typically processed and paid within ten (10) working days from receipt of the invoice at the AOC. Payment will be made by automated direct deposit after the invoice has been reviewed, approved, and entered into the AOC payment system. Please take into consideration the processing time of the Probation Departments before the invoice is received by the AOC. For payment processing and assistance, please contact AOC Finance at (602) 452-3660.

A correct address must be on file with the AOC to ensure payment via the AOC payment system. If a contractor has a ProcureAZ account, the ProcureAZ information and AOC information must match. ProcureAZ must be updated prior to making any changes to the AOC payment system.

**Contractors can track invoices and payments through the State's financial system at:
www.venpay.gao.azdoa.gov**

Service Code Listing

Contractors will use the following service code listing for invoices and attendance reports. The service codes used must match those listed on the SAF and Contractor’s official contract (Attachment “A”). These codes should also be used by county Probation Departments to prepare the Emergency Fund Reimbursement Requests.

<u>Allowances</u>	
61	Personal Allowance
62	Clothing Allowance
63	Special Allowance
<u>Out-of-Home Care Services</u>	
102	Behavioral Health Inpatient Facility: Unlocked * General Mental Health Population
103	Behavioral Health Residential Treatment Facility * General Mental Health Population
105	DCS Licensed Group Home
106	Shelter Care
108	Intensive Behavior Modification Group Home
111	Family Intervention / Reunification Residential Program
114	Domestic Violence Residential Treatment Facility
116	Behavioral Health Inpatient Facility: Locked * General Mental Health Population
<u>Evaluation, Polygraph, and Laboratory Services</u>	
<i>Multiple codes - Laboratory Examination of Biological Specimen</i>	
118	Evaluation Addendum
119	Evaluation Update
120	Psychological Evaluation
121	Psycho-educational Evaluation
122	Psychosexual Evaluation
123	Comprehensive Mental Health Assessment
124	Neuropsychological Evaluation
125	Psychiatric Evaluation
126	Medication Monitoring
127	Sexually Abusive Behavior Assessment
128	Substance Use Assessment
174	Sexual Interest Assessment
177	Clinical Polygraph for Post-Conviction Sex Offender Testing (PCSOT)

Outpatient Mental Health Services

- 131 Therapeutic Day: Half Day (3 hours) *General Mental Health or Co-Occurring Disorders
- 135 General Mental Health Counseling: Individual
- 137 General Mental Health Counseling: Family
- 138 General Mental Health Counseling: Group
- 140 General Mental Health Counseling: Home Based (In-County)
- 142 Adjunctive Therapy
- 146 General Mental Health Counseling: Multi-Family Group
- 149 General Mental Health Counseling: Home Based (Out of County)

Behavioral Support Services

- 159/160 Family Support / Community Transition
- 165 Family Skills Training
- 168 Day / Evening Reporting Center

Ancillary Services

- 180 Professional Consultation
- 306 Specialty Track – Trauma Specialization
Specialty Bundle Services: See Service Specifications

Delinquency Prevention / Intervention Services

- 190 Behavior Specific Education
- 193 Respite Alternative Center
- 195 Mentoring
- 196 Cognitive Skills Development / Cognitive Restructuring
- 197 Comprehensive Youth Program
- 198 Life Skills Development
- 199 Interpersonal Skills Building

Sexually Abusive Behavior Services

- 200 Sexually Abusive Behavior Inpatient Facility: Unlocked
- 201 Sexually Abusive Behaviors Inpatient Facility: Locked
- 202 Sexually Abusive Behavior Residential Treatment Facility
- 205 Therapeutic Day Program for Sexually Abusive Behavior: Half Day (3 Hours)
- 207 Sexually Abusive Behavior Counseling: Individual
- 208 Sexually Abusive Behavior Counseling: Group
- 209 Sexually Abusive Behavior Counseling: Home Based (In-County)
- 210 Sexually Abusive Behavior Counseling: Family
- 212 Sexually Abusive Behavior Counseling: Multi-Family Group
- 216 Sexually Abusive Behavior Counseling: Home Based (Out of County)

Substance Use Disorder Services

- 220 Substance Use Disorder Inpatient Facility: Unlocked
- 221 Substance Use Disorder Residential Treatment Facility
- 224 Substance Use Disorder Inpatient Facility: Locked
- 225 Substance Use Disorder Counseling: Individual
- 226 Substance Use Disorder Counseling: Group
- 228 Substance Use Disorder Counseling: Family
- 229 Substance Use Disorder Counseling: Home Based (In-County)
- 232 Substance Use Disorder Counseling: Multi- Family Group
- 234 Substance Use Disorder Counseling: Home Based (Out-of-County)

Intensive Outpatient Program for Substance Use Disorder (IOP-SUD)

- 237 IOP-SUD Counseling: Individual
- 238 IOP-SUD Counseling: Family
- 239 IOP-SUD Counseling: Group
- 241 IOP-SUD Counseling: Multi-Family

Juvenile Competency Restoration Services

- 260 Juvenile Competency Restoration - Specialist
- 263 Juvenile Competency Restoration - Mental Health Expert

Model Treatment Programs

- 280 Functional Family Therapy (FFT®): Office-Based Counseling
- 281 Functional Family Therapy (FFT®): Home-Based Counseling (In-County)
- 282 Functional Family Therapy (FFT®): Home-Based Counseling (Out-of-County)
- 294 Multisystemic Therapy (MST®): Direct, Home-based (Out-of-County)
- 295 Multisystemic Therapy (MST®): Direct, Home-based (Out-of-County)
- 297 Multisystemic Therapy Problem Sexual Behaviors (MST-PSB): Direct, Home-based (In-County)
- 305 Multisystemic Therapy Problem Sexual Behaviors (MST-PSB): Direct, Home-based (Out-of-County)
- 298 Multisystemic Therapy Problem Sexual Behaviors (MST-PSB): Indirect
- 299 Multisystemic Therapy (MST®): Indirect



Schedule of Allowances

Personal and Clothing Allowances

Category	All Ages
Clothing	\$ 1.02 / Day
Personal	\$ 0.72 / Day

The Personal and Clothing Allowance of \$1.74 per youth per day is not included in the negotiated rate for out-of-home services on AOC contracts.

The Contractor cannot bill for a juvenile’s personal and clothing allowance unless authorized on the SAF.

The personal allowance should be distributed to the juvenile in a consistent manner which assists the juvenile in learning to budget his/her money. Clothing allowances should be disbursed to the juvenile at the time of shopping opportunities and may be used to purchase needed clothing for transition/discharge from the facility. Unused personal allowances must be returned to the AOC by use of a credit memo or a check at the end of the month of discharge. Personal and/or Clothing Allowance monies are for the personal use of the juvenile and must be accounted for by the provider. The Contractor should retain documentation of personal and clothing allowance transactions as described in Paragraph 51-G of the AOC Standard Terms & Conditions.

Personal or clothing allowances may not be withheld or used as a sanction for negative behaviors under any circumstances.

Ancillary Rates & Services

Ancillary rates will be paid to Contractors who provide home-based services outside of their primary county of service. The definition for both in-county and out-of-county are provided below to assist Contractors when determining which rate to charge for service.

Providers contracted for the Specialty Trauma Track must also be contracted to provide an AOC service which is approved to combine both services. The Specialty Trauma Track provides additional specialized therapy not available through the primary service. Additional information about this Specialty Track may be found on applicable AOC *Service Specifications*. To bill for this service, the provider’s contract will reflect the Specialty Trauma Track as a contracted service along with the applicable service code and approved rate for the service.

“In-county” means providing a service to clients within the county where the Contractor maintains an office location.

“Out-of-county” means any Arizona county other than the county in which the Contractor has an office location. Contractors with multiple office locations may use ‘out-of-county’ only when billing for services in counties where they have no office location.

Bed Hold Policy

Payment may be made for bed holds up to two (2) days for a juvenile placed in an out-of-home placement, excluding the Respite Alternative Center, who is on runaway status (written documentation of the juvenile’s runaway status must be attached to the invoice for review of payment, ie: police report, treatment reports of incident); and for up to three (3) consecutive days for home visits (with no more than eight (8) days in a calendar month).

One unit will be considered a residential day and is a valid billable unit if the juvenile is in placement at 11:59 p.m. The AOC will not pay for the date of discharge for 24-hour services. Only NIGHTS spent in the facility are billable.

Bed Hold Placement/Duration Table

Placement Location	Number of days
Out-of-Home Placement from Runaway Status (*excludes Respite Alternative Center)	Up to two (2) days
Home Visits	Up to three (3) days - (maximum eight (8) days per calendar month)

*The AOC will not pay for the date of discharge for 24-hour services. Only NIGHTS spent in the facility are billable.

Share Pay Protocol

A court order must be issued for a share pay agreement to commence and should provide a directive defining the share pay amount or percentage to be paid by each agency. This court-order should define: the agencies directed to make payment; the rate OR specific amount each agency is to pay; and provide any additional terms to be included, such as the primary and secondary payor for reimbursement purposes. To receive payment, a copy of the court order, SAF and any clarifying documentation must be submitted to the AOC Finance Department with the invoice.

The full amount of treatment services will be paid by the *primary placing agency**. The primary placing agency must submit an invoice; a copy of the treatment agency’s billing invoice; any receipts or emails pertaining to the share pay; any other requested information to confirm payment; and a copy of the court ordered directive for share pay describing which agency is assigned to reimburse the shared cost of the payment.

*The *primary placing agency* is the agency with primary care and responsibility for the juvenile. Example: If the juvenile is placed with DCS prior to the issuance of the share-pay court order, DCS will be considered the primary placing agency. The court may order one agency to be the primary placing agency over another. In such cases, the court-order must clearly reflect which agency has the primary placement responsibility. The primary placing

agency will make 100% payment for all services and then request reimbursement from the secondary agency for the amount or percentage ordered by the court. This process ensures that a provider follows only one set of Terms & Conditions for a youth's placement and invoices service(s) using only one agency's billing standards.

The AOC has pre-qualified and approved contractors. Any court-ordered directive for placement services in an agency not currently contracted with the AOC may require pre-qualification and approval for a limited service agreement prior to any AOC payment being processed.

Court/Department Address and County Code

Juvenile Court/Probation

Adult Probation Department

- 01 - Apache County Probation Services
P.O. Box 100
St. Johns, Arizona 85936
Phone: (928) 337-7571
FAX: (928) 337-2525

- 02 - Cochise County Juvenile Court Services
1415 Melody Lane, Bldg. C
Bisbee, Arizona 85603
Phone: (520) 432-7523
FAX: (520) 432-0393

- 03 - Coconino Juvenile Court Center
1001 E. Sawmill Road
Flagstaff, Arizona 86001
Phone: (928) 226-5400
FAX: (928) 226-5454

- 04 - Gila County Juvenile Probation Department
1400 E. Ash Street (mailing address)
Globe, Arizona 85501
Phone: (928) 425-7971
FAX: (928) 425-9638

- 05 - Graham County Juvenile Probation Dept.
627 W. Main Street
Safford, Arizona 85546
Phone: (928) 428-3955
FAX: (928) 348-0587

- 06 - Greenlee County Juvenile Probation
P.O. Box 1296
Clifton, Arizona 85533
Phone: (928) 865-4184
FAX: (928) 865-3431

- 07 - La Paz County Probation Department
1312 Kofa Avenue Ste. 501
Parker, Arizona 85344
Phone: (928) 669-6188
FAX: (928) 669-9770

- 01 - Apache County Adult Probation Department
P.O. Box 100
St. Johns, AZ 85936
Phone: (928) 337-7571
FAX: (928) 337-2525

- 02 - Cochise County Adult Probation Department
1415 W. Melody Lane Bldg C. (mailing address)
Bisbee, AZ 85603
Phone: (520) 432-8800
FAX: (520) 432-2906

- 03 - Coconino County Adult Probation Department
222 E. Birch Ave.
Flagstaff, AZ 86001
Phone: (928) 679-8400
FAX: (928) 679-8437

- 04 - Gila County Adult Probation Department
1400 E. Ash Street (mailing address)
Globe, AZ 85501
Phone: (928) 425-7971
FAX: (928) 425-9638

- 05 - Graham County Adult Probation Department
627 W. Main Street
Safford, AZ 85546
Phone: (928) 428-3955
FAX: (928) 348-0587

- 06 - Greenlee County Adult Probation Department
P.O. Box 1296
Clifton, AZ 85533
Phone: (928) 865-4184
FAX: (928) 865-3431

- 07 - La Paz County Adult Probation Department
1312 Kofa Avenue Ste. 501
Parker, AZ 85344
Phone: (928) 669-6188
FAX: (928) 669-9770

Court/Department Address and County Code, cont'd.

- | | |
|---|---|
| <p>08 - Maricopa County Juvenile Probation Finance - Treatment Processing
3125 W Durango St
Phoenix, Arizona 85009
Phone: (602) 506-7397
FAX: (602) 506-4080
Invoices (email): JFTP@superiorcourt.maricopa.gov</p> | <p>08 – Maricopa County Adult Probation Department
111 S. Third Avenue, West Corp. Bldg. 5th Floor
Phoenix, AZ 85003
Phone: (602) 506- 3871
FAX: (602) 506-7473</p> |
| <p>09 - Mohave County Probation Department
P.O. Box 7000
Kingman, Arizona 86402-7000
Phone: (928) 753-0741
FAX: (928) 718-5508</p> | <p>09 – Mohave County Adult Probation Department
P.O. Box 7000
Kingman, AZ 86402-7000
Phone: (928) 753-0741
FAX: (928) 718-5508</p> |
| <p>10 - Navajo County Probation
P.O. Box 668
Holbrook, Arizona 86025
Phone: (928) 524-4343
FAX: (928) 524- 4239</p> | <p>10 – Navajo County Adult Probation Department
Governmental Center, P.O. Box 668
Holbrook, AZ 86025
Phone: (928) 524-4343
FAX: (928) 524-4239</p> |
| <p>11 - Pima County Juvenile Court Center
2225 East Ajo Way
Tucson, Arizona 85713
Phone: (520)
FAX: (520) 622- 6089</p> | <p>11 – Pima County Adult Probation Department
150 W. Congress St. – 1st Floor
Tucson, AZ 85701
Phone: (520) 724-3800
FAX: (520) 724-8668</p> |
| <p>12 - Pinal County Juvenile Court Services
P.O. Box 1009
Florence, Arizona 85132
Phone: (520) 866-4001
FAX: (520) 866-4462</p> | <p>12 – Pinal County Adult Probation Department
971 N. Jason Lopez Circle
P.O. Box 767
Florence, AZ 85132
Phone: (520) 866-5600
FAX: (520) 866-5601</p> |
| <p>13 - Santa Cruz County Juvenile Probation Department
2160 N. Congress Drive
Nogales, Arizona 85621
Phone: (520) 375-7640
FAX: (520) 761-7905</p> | <p>13 - Santa Cruz County Adult Probation Department
Santa Cruz County Complex
2160 N. Congress Drive
Nogales, Arizona 85621
Phone: (520) 375-7600
FAX: (520) 761-7602</p> |
| <p>14 - Yavapai County Juvenile Probation Department
1100 Prescott Lakes Parkway
Prescott, Arizona 86301
Phone: (928) 771-3156
FAX: (928) 771-3445</p> | <p>14 – Yavapai County Adult Probation Department
255 E. Gurley, 2nd Floor
Prescott, AZ 86301
Phone: (928) 771-3332
FAX: (928) 771-3112</p> |
| <p>15 - Yuma County Juvenile Justice Center
2440 W. 28th Street
Yuma, Arizona 85364
Phone: (928) 314-1900
FAX: (928) 726-4720</p> | <p>15 – Yuma County Adult Probation Department
405 S. Main St.
Yuma, AZ 85364
Phone: (928) 373-1651
FAX: (928) 329-1037</p> |

Instructions: Invoice

Invoice Sample

Invoice Date: _____ Page ____ of ____
(page #'s required)

Contract No.: _____

INVOICE
Arizona Supreme Court / Administrative Office of the Courts **No.:** _____

Contractor Name:		Address:		City:		State:		Zip Code:		Phone Number:	
Block Yes <input type="checkbox"/> No <input type="checkbox"/>		Funding Source: JTSF <input type="checkbox"/> Diversion <input type="checkbox"/> Transfer <input type="checkbox"/> Family Counseling <input type="checkbox"/>		County:		Service Code		Service Month			
(A)	(B)	(C)	(D)	(E)	(F)	(G)	(H)	(I)	(J)	(K)	
Title IV-E? *	Dates of Service	Child's Name (Last, First)	SWID # (7 digits)	Juvenile File # (Maricopa ONLY)	SAF #	CHILDS #	Rate Per Unit	AOC Share Pay % or Amount	Units of Service	Subtotal Cost (H, I, J)	
Yes <input type="checkbox"/> No <input type="checkbox"/>											
Yes <input type="checkbox"/> No <input type="checkbox"/>											
Yes <input type="checkbox"/> No <input type="checkbox"/>											
Yes <input type="checkbox"/> No <input type="checkbox"/>											
Yes <input type="checkbox"/> No <input type="checkbox"/>											
Yes <input type="checkbox"/> No <input type="checkbox"/>											
Yes <input type="checkbox"/> No <input type="checkbox"/>											
Yes <input type="checkbox"/> No <input type="checkbox"/>											
Yes <input type="checkbox"/> No <input type="checkbox"/>											
Yes <input type="checkbox"/> No <input type="checkbox"/>											
Yes <input type="checkbox"/> No <input type="checkbox"/>											
Yes <input type="checkbox"/> No <input type="checkbox"/>											
I hereby certify that services have been provided to the children listed above as described on this invoice in accordance with the relevant contract and service authorization, that I have examined this invoice, and that all amounts are correct.			Special Expenses: 061: Personal Allow 062: Clothing Allow 063: Special Allow	Child's Name (last/first) (C)	SWID # (7 digits) (D)	Rate Per Unit/ Special Expense Amount (L,M,N) – indicate 061, 062, 063	Share Pay Rate/Amount (I)	Units of Service (J)	Subtotal Cost of any Special Expenses (L, M, N, I, J)		
Contractor Signature _____ Date _____			* For each Title IV-E case, include the SWID # & CHILDS #	I hereby certify that I have examined this invoice, that all amounts to be invoiced are correct, that this expenditure is for valid public purpose, and that payment of the amount invoiced is hereby approved.				Combine Subtotal Cost from column K	\$		
I hereby certify that I have examined and compared this invoice to the relevant contract and service authorization; that all services invoiced and amounts are correct, and this expenditure is for valid public purpose.				Authorized Supreme Court Signature _____ Date _____				Collections:	\$		
Authorized Juvenile Court Signature _____ Date _____								Penalties:	\$		
								TOTAL INVOICE AMOUNT:	\$		

3/22/2017

Invoice Completion

Invoice Date: Enter the date the invoice was submitted for payment.

Contract No.: Enter the AOC contract number.

Page No: Enter each page number and total number of invoice pages. Copy the original invoice before preparation when services billed have more than ten (10) youth per service code/county.

Contractor Name: Enter agency name as it appears on your contract.

Address: Enter agency's mailing address. **Note:** Non-ACH payments will be sent to the address entered. Report any change of address to the AOC at least 60-days prior to any move to ensure all invoice and payments are processed without interruption.

Phone: Enter current contact number for billing personnel.

- Block Purchase: Check "Yes" or "No" as applicable to the service being billed.
- Funding Source: Check the appropriate box to indicate which fund should be charged for the invoice according to the SAF issued: (JTSF, Block, Diversion, Family Counseling, or Transfer). Only **one** box should be checked. **The Service Authorization form received from the referring county will indicate the funding source for each juvenile. DO NOT SEND ORIGINAL SAF FORM TO THE AOC.**
- County: Enter the county to which services are being invoiced. Only one county may be included on an invoice.
- Service Code: Enter the three-digit service code for the service billed on this invoice, by referring to the Service Code Listing on AOC contract Attachment A, Amendment or Change Order. (Example: sc 111 is the Respite Alternative Center). **NOTE:** Only one service code may be billed per invoice.
- Service Month: Enter the month that the juvenile received the service being invoiced. Only one month may appear on each invoice.
- Column A: Check "YES" or "NO" if the juvenile is identified as a Title IV-E case.
- Column B: Enter the specific dates of service for the month and year that the juvenile is being invoiced. **Only one month per invoice.**
- Column C: In alphabetical order, enter the name(s) of the AOC funded juvenile who received service, in the format "Last, First." Example: Smith, John. If an invoice is for statewide block services, also enter the referring county in this column.
- Column D: Enter the SWID number for each juvenile. **NOTE:** SWID numbers are seven digits. **DO NOT USE ANY OTHER NUMBER.** For transferred juvenile, enter the full name, date of birth and CR#.
- Column E: *(Maricopa County cases only)* Enter the Juvenile File # assigned to each juvenile.
- Column F: Enter the SAF # found in the upper left-hand corner of the SAF issued for each juvenile.
- Column G: The County Title IV-E Coordinator will enter the DCS CHILDS' participant number. Therefore, this column will be left blank.
- Column H: Enter the contracted unit rate for the service per AOC contract Attachment A, Amendment, or Change Order. This column must be completed for all non-block invoices.
- Column I: Enter the specific dollar amount or the court-ordered percentage of share pay cost for a juvenile's placement / treatment. **NOTE:** Check the county Service Authorization Form for share pay information. Go to Share Pay Protocols in this [Invoice Billing Manual](#) for additional information. Share Pay services should be billed on a separate invoice from all other services.

- Column J: Enter the number of units of service provided to the juvenile during the invoice month that corresponds to the dates of service entered in Column A, based on the unit of service defined in the AOC *Service Specifications* attached to your Contract and as explained within this Invoice Billing Manual.
- Column K: For each row enter the total amount being invoiced for each juvenile for the invoice month by multiplying the Rate Per Unit (Column H) with the units of service (Column J) and adding that amount with any allowances (sub-boxes L, M, N). Sum Column K for all rows and enter the total in the **subtotal** box only. *Complete all Share Pay services on a separate invoice(s).
- Row L: *(Light gray area on invoice)* Enter the amount of any personal allowance (061) being invoiced for the juvenile (if applicable). (The Service Authorization Form will indicate if any personal allowance has been authorized for the juvenile)
- Row M: *(Light gray area on invoice)* Enter the amount of any clothing allowance (062) being invoiced for the juvenile (if applicable). (The Service Authorization Form will indicate if any clothing allowance has been authorized for the juvenile).
- Row N: *(Light gray area on invoice)* Enter the amount of any special allowance (063) being invoiced for the juvenile (if applicable). (The Service Authorization Form will indicate if any special allowance has been authorized for the juvenile).
- Combine Subtotals: To complete the Invoice, combine all subtotals in Column K and place the Subtotal Cost of the Invoice below the Special Expenses Subtotal block (light gray area in Column K).

Total Invoice Amount

This box is to be completed by juvenile or adult probation personnel.

Contractors who are receiving monthly payments for block purchased services are required to submit attendance reports. If you are unsure whether you need to submit an attendance report, please contact the referring juvenile or adult probation department.

Totals Information

"Totals" line will be completed by juvenile or adult probation department personnel except for the subtotals box in Column K. "Total units of service" must be shown in Column J.

Adjustment Information

- Collections: If you have arrangements to accept direct third-party payments to offset all or part of the cost of services (Ex.: private pay insurance), the total amount of any such collections should be deducted by entering the total amount of the collections. A copy of the collection schedule is required.
- Penalties: If the Compensation Schedule of your AOC Contract contains Special Conditions that impose penalties under specified conditions, the total amount of any penalties for the current month of

service provision to the juvenile or adult probation department should be deducted by entering the total amount of the penalties. Any penalties assessed by the county will be documented on the invoice. A revised copy of the invoice reflecting adjustment to the invoice Subtotal should be submitted back to the Contractor prior to (or when) the adjusted invoice is submitted to the AOC for payment.

Title IV-E Cases

Only Title IV-E cases with different funding sources shall be submitted on separate invoices (i.e. JTSF, Family Counseling, etc.). Separate invoices by service code, funding source and month. The Contractor must identify Title IV-E juveniles on block purchase invoices when more than one juvenile is listed on an invoice. If uncertain, please call your local probation contact for verification.

Transferred Youth Cases

All transferred youth cases must be submitted on an AOC invoice form as described in this Invoice Billing Manual. Transferred youth invoices must be submitted to the Adult Probation Department (APD) in the county in which the service was provided. The Contractor must keep accurate and complete records for transferred youth, including SAF forms for review during AOC monitoring activities or financial audits.

Instructions: Attendance Record

Attendance Records, required for block purchased services, specific AOC *Service Specifications*, and/or as a special contract condition, must include the following information and be documented on a form developed by the Contractor. Copies of completed Attendance Record forms must be submitted with the billing invoice each month as specified in the AOC *Service Specifications* and/or special contract conditions.

Identifying Information

- Invoice No.: Enter the number of the corresponding invoice.

- Contract No.: Enter the contract number of your AOC contract.

- Contractor Name: Enter the name of your agency as it appears on your contract.

- Address: Enter the agency mailing address.

- Phone Number: Enter the agency phone number.

- County: Enter the county to which services are being reported.

- Month/Year: Enter the month/year that the juvenile(s) received the service being reported.

- Service Code: Enter the service code for the service as it appears on your AOC Contract.

- Funding Source: Check the appropriate funding source. This shall match the invoice and the SAF.

- Dates of Service: Enter the specific dates of service provided to each juvenile.

- Child's Name: In alphabetical order, enter the name of each juvenile who received service during the month entered at the top of the page, in the format Last, First. Example: Smith, John

- SWID Number: Enter the juvenile's SWID number for each juvenile who received service, as shown on the court order or referral document. A transferred juvenile will not have a JOLTS or SWID number. A transferred juvenile will have a CR# identifying their specific case(s).

- Units of Service: Enter the number of units of service provided to the juvenile during the month entered at the top of the page, based on the unit of service defined in the AOC *Service Specifications* and/or your AOC Contract.

Credit Memo Completion

A credit memo is completed the same way that an invoice is completed, except that all amounts shown on the credit memo represent *credits* rather than amounts due.

- Page No: Enter each page number and total number of invoice pages.
- Credit Memo Date: Enter the date the credit memo is submitted.
- Contract No.: Enter the AOC contract number.
- Contractor Name: Enter the agency's name as it appears on the AOC contract.
- Address: Enter the agency's mailing address.
- Phone No.: Enter a current contact number for billing personnel.
- Funding Source: Check the appropriate box to indicate to which fund the Credit Memo amount should be applied (JTSF, Diversion, Family Counseling, or Transfer youth). Only **one** box should be checked. **(SAF will indicate the funding source for each youth. DO NOT SEND ORIGINAL/COPY OF THE SAF FORM TO THE AOC).**
- Service Code: Enter the three-digit Service Code for which the Credit Memo is being issued. This Service Code Listing will be found on Contract Attachment A, Amendment or Change Order. (Example: sc 111 is the Respite Alternative Center). Only one Service Code may be reflected on each Credit Memo.
- County: Enter the county which authorized the services now being credited. Only one county may be included on a credit memo.
- Service Month/Year: Enter the month/year that the juvenile received the service on the Credit Memo. Only one month may appear on each Credit Memo.
- Column A: Enter the specific dates of service for the month and year for which a credit memo is being completed. **Only one month per credit memo.**
- Column B: In alphabetical order, enter the name(s) of the juvenile who received service, in the format "Last, First." Example: Smith, John. If the credit memo is for statewide block services, also enter referring county in this column.
- Column C: Enter the SWID number for each juvenile reflected on the Credit Memo. NOTE: SWID numbers are seven digits. **DO NOT USE ANY OTHER NUMBER.** For transferred juvenile, the date of birth should be written in this column.
- Column D: *(Maricopa County Only)*. Enter the Juvenile File # assigned to this juvenile. The SAF will indicate this number. Do not send the original/copy of the SAF form to AOC.
- Column E: Enter the SAF # found in the upper left-hand corner of the SAF issued for this juvenile.

- Column F: Enter the contracted unit rate for the service per Contract Attachment A, Amendment, or Change Order.

- Column G: Enter the number of units of service provided to the juvenile during the credit memo month. These units must correspond to the dates of service entered in Column A.

- Column H: Enter the amount of any personal allowance being returned for the juvenile. (The SAF will indicate if any personal allowance was authorized for the juvenile).

- Column I: Enter the amount of any clothing allowance being returned for the juvenile. (The SAF will indicate if any clothing allowance was authorized for the juvenile).

- Column J: Enter the amount of any special allowance being returned for the juvenile. (The SAF will indicate if any special allowance was authorized for the juvenile).

- Column K: For each row enter the total amount being invoiced on the credit memo for each juvenile by multiplying the service rate (Column F) with the units of service (Column G) and adding that amount with any allowances (Columns H, I, & J). Sum Column K for all rows and enter the total in the **TOTAL** box only.

Credit Amount

This is to be completed by juvenile or adult probation personnel.

Instructions: Reimbursement Check

If the Contractor has or will be terminating services under contract, or if it is determined through the contract monitoring review process that the Contractor shall reimburse the AOC for services paid that were inaccurately billed, the Contractor will be asked to submit a check payable to the Arizona Supreme Court in the amount identified. The reimbursement check shall be mailed to the AOC Juvenile Justice Services Division, attention: Program Manager and contain a letter of explanation to include: identification of invoice number and service code(s) pertaining to the reimbursement for either overpayment, cancellation of service, or termination of contract.