

**Contract Year 2016 - 2017**



# **Invoice Billing Manual**

**Full Procurement**

**&**

**Independent Practitioners**

**Effective July 1, 2016**

***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 client name, thus it is important to keep copies of all submitted invoices.*

- AOC Finance (602) 452-3294: regarding payment processing.
- Program Manager (602) 452-3246: regarding contracts or service delivery.
- AOC Administrative Assistant (602) 452-3588: to request invoices.
- Title IV-E Project Specialist (602) 452-3128: regarding Title IV-E
- JJSD Website: <http://www.azcourts.gov/jjSD/Treatment>
- To sign up for automated direct deposit of invoice payments please contact: Sergio Robledo at 602-452-3660 or [srobledo@courts.az.gov](mailto:srobledo@courts.az.gov)

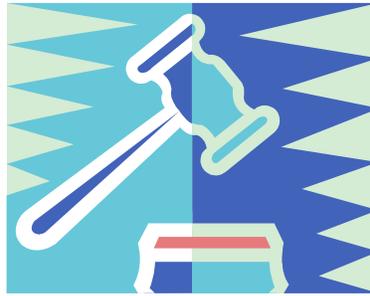


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## Introduction

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

**Juvenile Treatment Services Fund (JTSF):** Provides for treatment and diversion services as outlined below.

**Treatment** - Counseling, psychological testing, out-of-home services and a variety of services for youth referred to the Juvenile Court.

**Diversion** - Diversion is a process by which formal court action is averted. The diversion process is an opportunity for youth 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 youth and families not otherwise involved in the juvenile court system.

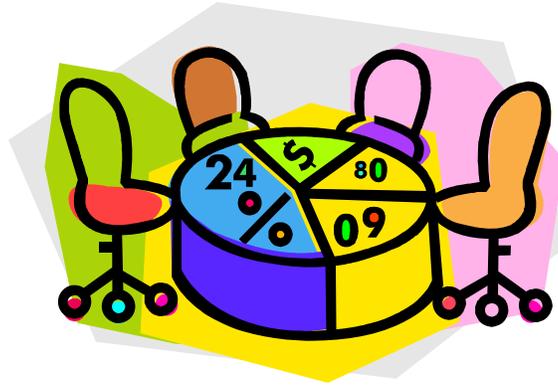
**Transferred Youth:** Provides for counseling, psychological testing, out-of-home services and a variety of other services for youth transferred to adult court. This category is referred to in this manual and on invoices and related forms as "Transfer".

**Title IV-E:** Provides 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 youth are placed or referred; contractors will submit separate monthly invoices for each fund (Treatment, 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 also provided at the end of the Table of Contents for reference, should there be questions.



## Service Authorization

A Referral and Service Authorization Form (SAF), is used to authorize service provision to a youth and their family and when authorizing services for Transferred Youth. The SAF is initiated by the referring court and requires the authorized contractor to sign the form and return a signed copy to the referring probation department 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 Standard Terms and Conditions. The referring county finance office will file 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 a SAF is completed, it may reference “sessions” or “units.” The terminology has the same meaning. For example, if a SAF authorizes “30 sessions” of service codes 135, 137 and 138, i.e. individual, family, and group counseling, the provider may deliver any combination of 30 hours of service based upon the client 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 two 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 youth must be in residence at 11:59 p.m. for each day reported for the residence to qualify for payment

- b. **Length of Time:** *All SAFs have specified timeframes and authorized services expire at that time.*
- c. **Authorization for Initial Services:** The referring probation department may authorize initial services for more than 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.



- 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.
- 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 youth, and the services under contract which are authorized, Title XIX status information, Title IV-E indicator, any shared payment arrangements, and travel 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 Probation Department.

**Submission of an Invoice**

Monthly invoices, including attendance forms if applicable, shall be sent to each Probation Department **by the 10th day of the month following services rendered** (see “Juvenile Court Directory or Adult Probation Directory”). Invoices may be submitted at any time during the month of service when the service is complete. However, please do not submit one invoice per client unless necessary. Invoices may **not** be used to bill for more than one month, and may not contain more than one service code and one fund source per invoice. *Exception to this standard are: 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, please 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 copies to the original invoice, noting on each page the number of total pages for the invoice and submit as a single claim.

**Unit of Service for Out-of-Home Care:** One unit equals any part of one residential day. After the first day, the youth must be in residence at 11:59 p.m. for each day reported for the residence to qualify for payment.

**Year-end invoices:** Year-end invoices shall be submitted within five (5) business days of the end of the fiscal year (June 30<sup>th</sup>) for any remaining services not yet billed during that fiscal year. Invoices submitted after that date will be delayed for payment.

**Incorrect or Denied Invoices**

The County Probation Department will review invoices and may recommend to pay in full or pay at reduced rates/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 before receipt of a Service Authorization from the Court/Department.

In the event that the court/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 court/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 invoices 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 offices or the AOC. The Contractor's repeated failure to submit timely invoices may be grounds for terminating this Contract. Circumstances where invoices are late because of inaccurate or untimely information supplied by the referring court/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 clients served and the county from which the youth 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 court/department and/or the AOC will review the invoices and attendance reports prior to authorizing them for payment.

**Method of Payment**

You will receive payment upon submission, authorization, and approval of an invoice. Invoices are typically processed and paid within ten working days from receipt of the invoice at the AOC. Payment will be 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 Court/Departments before the invoice is received by the AOC. For payment processing and assistance, contact AOC Finance at (602) 452-3294

**Contractors can track invoices and payments through the State's financial system at:**

**[www.venpay.gao.azdoa.gov](http://www.venpay.gao.azdoa.gov)**

## Service Code Listing

Contractors will use the following service code listing for invoices and attendance reports. The service code used must match those listed on the Attachment "A" and the SAF. These codes should also be used by courts/departments to prepare the Foster Parent Payments and Emergency Fund Reimbursement Requests.

<u>Allowances</u>	
61	Personal Allowance
62	Clothing Allowance
63	Special Allowance
64	Emergency Clothing
92	Provider Travel
<u>Out-of-Home Care Services</u>	
100	Psychiatric Acute Care Hospitalization Services
102	General Mental Health Inpatient Facility Services: Unlocked
103	Behavioral Health Residential Treatment Services * General Mental Health Population
104	Behavioral Health Residential Facility Services * General Mental Health Population
105	DCS Licensed Group Home
106	Shelter Care
108	High Impact Program
109	Respite Care: Out of Home
111	Detention Alternative Program
114	Domestic Violence Group Home
115	Independent Living Program – Group Home Model
116	General Mental Health Inpatient Facility Services: Locked
<u>Evaluation and Diagnosis Services</u>	
118	Evaluation Addendum
119	Evaluation Update
120	Psychological Evaluation
121	Psycho-educational Evaluation
122	Psychosexual Evaluation
123	Comprehensive Assessment
124	Neuropsychological Evaluation
125	Psychiatric Evaluation
126	Medication Monitoring
127	Sex Offender Assessment
128	Substance Abuse Assessment

**Outpatient Mental Health Services**

- 130 Therapeutic Day: Full Day (4 Hours or More)
- 131 Therapeutic Day: Half Day (Up to 3 Hours)
- 132 Supervised Day: Full Day (4 Hours or More)
- 133 Supervised Day: Half Day (Up to 3 Hours)
- 135 Counseling: Individual
- 137 Counseling: Family
- 138 Counseling: Group
- 140 Counseling: Home Based
- 142 Adjunctive Therapy
- 143 Traditional Healing Services
- 146 Counseling: Multi-Family Group

**Foster Care Services**

- 150 Recruitment, Licensing, Training and Supervision
- 153 Regular Family Foster Care Home
- 154 Therapeutic Foster Care Home
- 155 Respite Care: Regular Family Foster Care Home
- 156 Respite Care: Therapeutic Foster Care Home
- 157 Foster Family Travel Expenses

**Behavioral Support Services**

- 160 Family Support
- 161 Personal Assistance
- 162 Family Advocacy Service
- 163 Family Mediation
- 164 Behavior Management / Modification
- 165 Family Skills Training
- 168 Day/Evening Reporting Center
- 170 Respite Care: In Home

**Ancillary Services**

- 001 – 076, 175, 182 Laboratory Examination of Biological Specimen
- 174 Abel Assessment
- 177 Clinical Polygraph Examination of Juvenile Sex Offenders
- 180 Professional Consultation

**Education Services**

- 185 GED Tutoring and Testing
- 186 Basic Education Tutoring

**Delinquency Prevention/Intervention Services**

- 190 Behavior Specific Education
- 191 Domestic Violence Alternative Center
- 193 Alternative Centers
- 194 Leisure Skills Development
- 195 Mentoring
- 196 Cognitive Skills Development / Cognitive Restructuring
- 197 Comprehensive Youth Program
- 198 Life Skills Development
- 199 Interpersonal Skills Building

**Sex Offender Services**

- 200 Sex Offender Inpatient Facility Services: Unlocked
- 201 Sex Offender Inpatient Facility Services: Locked
- 202 Sex Offender Behavioral Health Residential Treatment Facility Services
- 203 Sex Offender Behavioral Health Residential Facility Services
- 204 Therapeutic Day: Full Day (4 Hours or More)
- 205 Therapeutic Day: Half Day (Up to 3 Hours)
- 207 Counseling: Individual
- 208 Counseling: Group
- 209 Counseling: Home Based
- 210 Counseling: Family
- 212 Counseling: Multi-Family Group

**Substance Abuse Services**

- 220 Substance Abuse Behavioral Health Inpatient Residential Facility Services: Unlocked
- 221 Substance Abuse Behavioral Health Residential Treatment Facility Services
- 222 Therapeutic Day: Full Day (4 Hours or More)
- 223 Therapeutic Day: Half Day (Up to 3 Hours)
- 224 Substance Abuse Behavioral Health Inpatient Residential Facility Services: Locked
- 225 Counseling: Individual
- 226 Counseling: Group
- 228 Counseling: Family
- 229 Counseling: Home Based
- 232 Multi- Family Group
- 233 Substance Abuse Behavioral Health Residential Facility Services

**Intensive Outpatient Substance Abuse Program**

- 237 IOSAP Individual Counseling
- 238 IOSAP Family Counseling
- 239 IOSAP Group Counseling
- 240 IOSAP Home-Based Counseling
- 241 IOSAP Multi-Family Counseling

**Juvenile Drug Court Treatment Components**

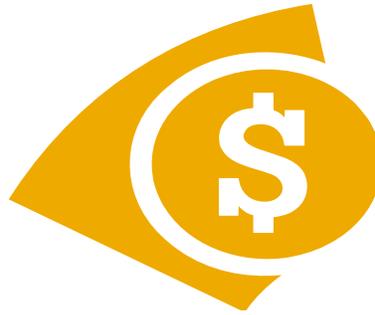
- 255 JDC Individual Counseling
- 256 JDC Family Counseling
- 257 JDC Group Counseling
- 258 JDC Home-based Counseling
- 259 JDC Multi-Family Counseling

**Mental Competency Restoration Services**

- 260 Competency Restoration Specialist: Assessment / Restoration Plan or Individual Education
- 263 Competency Restoration Mental Health Expert: Clinical Interview / Report

**Model Programs**

- 250 Brief Strategic Family Therapy (BSFT): Home Based Counseling
- 251 Brief Strategic Family Therapy (BSFT): Office Based Counseling
- 280 Functional Family Therapy (FFT): Office Based Counseling
- 281 Functional Family Therapy (FFT): Home Based Counseling
- 295 Multisystemic Therapy (MST): Direct Contact
- 296 Adolescent Community Reinforcement Approach (ACRA)
- 297 Multisystemic Therapy Problem Sexual Behaviors (MST-PSB): Direct Contact
- 298 Multisystemic Therapy Problem Sexual Behaviors (MST-PSB): Indirect Contact
- 299 Multisystemic Therapy (MST): Indirect Contact
- 300 Matrix Model for Teens and Young Adults



## 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 client per day is not included in the negotiated rate for out-of-home services on AOC contracts. The above allowance schedule also applies to Foster Care Services.*

*The Contractor cannot bill for a client's personal and clothing allowance unless authorized on the SAF.*

The personal allowance should be distributed to the youth in a consistent manner which assists the youth in learning to budget his/her money. Clothing allowances should be disbursed to the youth 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 youth and must be accounted for by the provider. The Contractor should retain documentation of personal and clothing allowance transactions as described in the Standard Terms and Conditions

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

### Emergency Expenditure Fund

The Chief Juvenile Probation Officer/Director of Court Services or the designee will be responsible for the Emergency Expenditure Fund as set up by the AOC. All expenditures require **prior approval** by designated probation personnel.

Funds from the Emergency Expenditure Fund may be utilized to provide:

- a. Emergency/special clothing for adjudicated children who are court-ordered into placement. These funds are limited to a maximum of \$300.00 per fiscal year per child placed on a one time only basis.

- b. Unforeseen circumstances requiring immediate expenditure of funds as related to an adjudicated juvenile in a court-ordered placement.
- c. To provide expenses to transport an adjudicated juvenile from an out-of-state court-ordered placement to his/her home for family visits when necessary.
- d. **Adult Probation does not utilize an emergency expenditure fund.**

**Special Allowances**

All the allowances listed below require the prior approval of the Chief Juvenile Probation Officer or Director of Court Services. **Adult Probation does not utilize an emergency expenditure fund.**

- a. To provide expenses to transport an adjudicated juvenile who runs away from a court-ordered placement and is returned to the placement or juvenile court.
- b. To provide expenses to transport an adjudicated juvenile from a court-ordered placement to his/her home due to a death or serious illness in the family.
- c. To provide expenses to transport an adjudicated juvenile from an out-of-state court-ordered placement to his/her home for family visits when necessary.
- d. To provide expenses to transport an adjudicated juvenile from an out-of-state court-ordered placement for court approved appointments.
- e. To provide expenses to transport adjudicated juvenile to out-of-state placement.
- f. To provide expenses to transport family/proposed guardians for an adjudicated juvenile for visitation prior to placement.
- g. To provide specialized school expenses:
 

1.	Tuition and Book Allowance, Fall Semester	\$ 250
2.	Tuition and Book Allowance, Spring Semester	\$ 250
3.	Graduation Expenses (cap, gown, ring, etc.)	\$ 250
4.	Summer School Tuition/Fees (maximum)	\$ 250
5.	School Supplies (per fiscal year)	\$ 50
- h. To provide therapeutic resources (example: music therapy) that are identified as being beyond the scope of the normal services provided by the Contractor or foster parent.
- i. To provide recreational activities that are identified as being beyond the normal services able to be provided by a therapeutic or family foster home.

**Bed Hold Policy**

Payment may be made for up to two (2) days for a juvenile placed in an out-of-home placement, excluding detention alternative beds, who is on runaway status, up to three (3) days for home visits (with no more than eight (8) days in a calendar month), and up to seven (7) days for acute medical or psychiatric hospitalization.

One unit will be considered a residential day and is a valid billable unit if the client is in placement at 11:59 p.m.

**Bed Hold Placement/Duration Table**

Placement Location	Number of days
Out-of-Home Placement from Runaway Status (*excludes detention alternative beds )	Up to two (2) days
Home Visits	Up to three (3) days - (maximum eight (8) days per calendar month)
Acute Medical or Psychiatric Hospitalization	Up to seven (7) days

\*For detention alternative beds, one unit will be considered a residential day and is a valid billable unit if the client is in the placement at 11:59pm.

**Foster Parent Travel Expenses Policy**

Foster Parent travel expenses should be divided into two different categories for billing purposes. Foster Parents travel in accordance with training or licensing related issues should be invoiced under the service code 157 in the Foster Parent Category. All other travel expenses should be invoiced using the normal travel service codes and reimbursement schedules.

**Allowable Travel Expenditure Guidelines**

Contractors may only invoice for allowable in-state expenditures if authorized on the SAF by the Juvenile Court Director or Adult Probation Director or their designees. Providers whose service specifications require transportation services be provided, may not request travel reimbursement. Current automobile insurance certification must be on file at the AOC to claim travel reimbursement.

Travel expenses will be reimbursed in accordance with the Arizona Judicial Branch Travel Reimbursement Policy and Procedures. Travel reimbursement requests shall be submitted on the Arizona Supreme Courts "Travel Expense Record Worksheet". Copies of the Judicial Branch Travel Reimbursement Policy and Procedures and the Travel Expense Record Worksheet may be obtained from the Juvenile Justice Services Division website and forwarded to the referring probation department.

**Mileage:** The maximum reimbursement rate for privately-owned vehicles is 44.5 cents per mile. Mileage should be computed between the shortest distances needed to accomplish the contractor's work.

Mileage claims for use of privately-owned motor vehicles shall specify the major cross streets, city, and state in the "Departed From" and "Arrived At" columns on the Travel Expense Record Worksheet. General terms, such as "Phoenix" or "Tucson & Vicinity" will not be accepted.

**Lodging:** If lodging is authorized by the referring Probation Department the Contractor must request state government rates when selecting lodging. Receipts shall be the **original receipt** (folio) issued by the establishment and **must** be submitted to the authorizing probation department with the contractor's invoice for reimbursement. A credit card receipt is **not** acceptable. Lodging costs incurred within 35 miles of a Contractor's office will not be reimbursed unless an emergency condition exists.

## Reimbursement Schedule

The following Table represents maximum allowable expenditures for authorized lodging. The Reimbursement Schedule is subject to change without notification.

Primary Destination	County	Begin	End	Lodging	*M&IE
	<b>All counties not specified</b>			\$89	\$41
Grand Canyon / Flagstaff	Coconino (Except The City Limits of Sedona)	Oct 1	Oct 31	\$124	\$54
Grand Canyon / Flagstaff	Coconino (Except The City Limits of Sedona)	Nov 1	Feb 29	\$89	\$54
Grand Canyon / Flagstaff	Coconino (Except The City Limits of Sedona)	Mar 1	Sep 30	\$124	\$54
Kayenta	Navajo			\$112	\$49
Phoenix / Scottsdale	Maricopa	Oct 1	Dec 31	\$113	\$49
Phoenix / Scottsdale	Maricopa	Jan 1	Mar 31	\$161	\$49
Phoenix / Scottsdale	Maricopa	Apr 1	May 31	\$120	\$49
Phoenix / Scottsdale	Maricopa	Jun 1	Aug 31	\$89	\$49
Phoenix / Scottsdale	Maricopa	Sep 1	Sep 30	\$113	\$49
Sedona	City of Sedona Which Falls Within Yavapai and Coconino Counties	Oct 1	Feb 28	\$134	\$64
Sedona	City of Sedona Which Falls Within Yavapai and Coconino Counties	Mar 1	May 31	\$141	\$64
Sedona	City of Sedona Which Falls Within Yavapai and Coconino Counties	Jun 1	Sep 30	\$134	\$64
Tucson	Pima	Oct 1	Dec 31	\$89	\$49
Tucson	Pima	Jan 1	Mar 31	\$106	\$49
Tucson	Pima	Apr 1	Sep 30	\$89	\$49

\*Meal & Incidental Expenses

## Per Diem

Unlike lodging expenses, receipts are not required to be submitted for the per diem subsistence allowance for meals and incidental expenses.

Breakfast: \$9.00, when travel commences prior to 6:00 a.m., which results in the traveler lengthening their normal workday by at least two hours.

Lunch: \$11.00, when a traveler is in a travel status for a period of six hours or more and travel commences on or before 11:00 a.m. and ends at or after 2:00 p.m., and the travel destination is more than 35 miles or more from residence and/or post of duty.

Dinner: \$21.00, when travel extends beyond 8:00 p.m., and the traveler extends their normal workday by three hours.

**Court/Department Address and County Code**

**NOTE: DO NOT FAX INVOICES OR CREDIT MEMOS**

**Juvenile Court**

**Adult Probation Department**

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

**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 Juvenile Court Services  
P.O. Box 4219  
Bisbee, Arizona 85603  
Phone: (520) 432-7523  
FAX: (520) 432-0393

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

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

**04** - Gila County Juvenile Probation Department  
1100 E. Monroe St., Suite 200  
Globe, Arizona 85501  
Phone: (928) 425-7971  
FAX: (928) 425-9638

**04** - Gila County Adult Probation Department  
1100 E. Monroe Street, Suite 200  
Globe, AZ 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

**05** - Graham County Adult Probation Department  
627 W. Main Street  
Safford, AZ 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

**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 Probation Department  
1312 Kofa Avenue  
Parker, Arizona 85344  
Phone: (928) 669-6188  
FAX: (928) 669-9770

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

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

**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**

**08 - Maricopa County Adult Probation Department  
111 S. Third Avenue, West Corp. Bldg. 5<sup>th</sup> Floor  
Phoenix, AZ 85003  
Phone: (602) 506-3871  
FAX: (602) 506-7473**

**09 - Mohave County Probation Department  
P.O. Box 7000  
Kingman, Arizona 86402-7000  
Phone: (928) 753-0741  
FAX: (928) 718-5508**

**09 - Mohave County Adult Probation Department  
P.O. Box 7000  
Kingman, AZ 86402-7000  
Phone: (928) 753-0741  
FAX: (928) 718-5508**

**10 - Navajo County Probation  
P.O. Box 668  
Holbrook, Arizona 86025  
Phone: (928) 524-4343  
FAX: (928) 524- 4239**

**10 - Navajo County Adult Probation Department  
Governmental Center, P.O. Box 668  
Holbrook, AZ 86025  
Phone: (928) 524-4343  
FAX: (928) 524-4239**

**11 - Pima County Juvenile Court Center  
2225 East Ajo Way  
Tucson, Arizona 85713  
Phone: (520) 724-2000  
FAX: (520) 724-4222**

**11 - Pima County Adult Probation Department  
150 W. Congress St. – 1st Floor  
Tucson, AZ 85701  
Phone: (520) 724-3800  
FAX: (520) 724-8668**

**12 - Pinal County Juvenile Court Services  
P.O. Box 1009  
Florence, Arizona 85132  
Phone: (520) 866-7065  
FAX: (520) 866-7090**

**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**

**13 - Santa Cruz County Juvenile Probation  
Department  
2160 N. Congress Drive  
Nogales, Arizona 85621  
Phone: (520) 375-7640  
FAX: (520) 761-7905**

**13 - Santa Cruz County Adult Probation Department  
Santa Cruz County Complex  
2160 N. Congress Drive  
Nogales, AZ 85621  
Phone: (520) 375-7600  
FAX: (520) 375-7602**

**14 - Yavapai County Juvenile Probation Department  
1100 Prescott Lakes Parkway  
Prescott, Arizona 86301  
Phone: (928) 771-3156  
FAX: (928) 771-3445**

**14 - Yavapai County Adult Probation Department  
255 E. Gurley, 2<sup>nd</sup> Floor  
Prescott, AZ 86301  
Phone: (928) 771-3332  
FAX: (928) 771-3112**

**15 - Yuma County Juvenile Justice Center  
2440 W. 28<sup>th</sup> Street  
Yuma, Arizona 85364  
Phone: (928) 314-1900  
FAX: (928) 726-4720**

**15 - Yuma County Adult Probation Department  
405 S. Main St.  
Yuma, AZ 85364  
Phone: (928) 373-1651  
FAX: (928) 329-1037**

## Instructions: Invoice

### Invoice Sample

(CONTRACT FORMS INVOICE FORM) REV. 03/2016

Page \_\_\_\_\_ of \_\_\_\_\_  
(page numbers required)

INVOICE DATE: \_\_\_\_\_

CONTRACT NO.: \_\_\_\_\_

No 000000

**INVOICE**  
ARIZONA SUPREME COURT • ADMINISTRATIVE OFFICE OF THE COURTS

CONTRACTOR NAME		ADDRESS		CITY	STATE	ZIP CODE	PHONE NO.
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) 061	(I) 062	(J) 063	(K)	(L)
Title IV-E?*	Dates of Svc	Child's Name (Last, First)	SWID # (7 digits)	CHILDS #	Rate Per Unit	Share Pay Rate/Unit	Pers Allow/Unit	Cloth Allow/Unit	Spec Allow (Flat Fee)	Units of Svc	Total Cost
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"/>											
										(SUBTOTAL)	

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, that all amounts are correct.

\*For each Title IV-E case, include the SWID # & CHILDS #

TOTALS →

Travel →	
Collections →	
Penalties →	
<b>INVOICE AMOUNT \$</b>	

Contractor Signature \_\_\_\_\_ Date \_\_\_\_\_

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.

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.

Authorized Juvenile Court Signature \_\_\_\_\_ Date \_\_\_\_\_

Authorized Supreme Court Signature \_\_\_\_\_ Date \_\_\_\_\_

### Invoice Completion

- Invoice Date: Enter the date that you are submitting the invoice for payment.
- Contract No.: Enter the contract number of your AOC contract.
- Page No: Enter each page number and total number of invoice pages.
- Contractor Name: Enter the name of your agency as it appears on your contract.
- Address: Enter your agency's mailing address. **Note:** Payment will be sent to the address entered.
- Phone: Enter a 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, Diversion, Family Counseling, or Transfer). Only **one** box should be checked. **(The Service Authorization form (SAF) will indicate the funding source for each youth. DO NOT SEND ORIGINAL/COPY OF THE 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 you are billing on this invoice, by referring to the Service Code Listing on your Attachment A, Amendment or Change Order. Example: 100 is Acute Care Hospital. **Note:** Only one service code may be billed per invoice.
- Service Month: Enter the month/year that the child 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 particular month and year that the client is being invoiced. **Only one month per invoice.**
- Column C: In alphabetical order, enter the name(s) of the client(s) who received service, in the format "Last, First." Example: Smith, John. If an invoice for statewide block services, also enter referring county in this column.
- Column D: Enter the SWID number for each client. NOTE: SWID numbers are seven digits. **DO NOT USE ANY OTHER NUMBER.** For transferred youth, enter the full name and date of birth.
- Column E: The County Title IV-E Coordinator will enter the DCS CHILDS' participant number. Therefore, this column will be left blank.
- Column F: Enter the contracted unit rate for the service per your Attachment A, Amendment, or Change Order. This column must be completed for all non-block invoices.
- Column G: Enter the specific dollar amount (unit rate) of any shared cost by DCS for a client's treatment. (Please check the Services Authorization Form for share pay information).
- Column H: Enter the amount of any personal allowance being invoiced for the client (if applicable). (The Service Authorization Form will indicate if any personal allowance has been authorized for the client.)
- Column I: Enter the amount of any clothing allowance being invoiced for the client (if applicable). (The Service Authorization Form will indicate if any clothing allowance has been authorized for the client.)
- Column J: Enter the amount of any special allowance being invoiced for the client (if applicable). (The Service Authorization Form will indicate if any special allowance has been authorized for the client.)
- Column K: Enter the number of units of service provided to the client during the invoice month that corresponds to the dates of service entered in Column A, based on the unit of service defined in the Service Specifications attached to your Contract and as explained within this Invoice Billing Manual.

Column L: For each row enter the total amount being invoiced for each client for the invoice month by multiplying the service rate (Column F) with the units of service (Column K) and adding that amount with any allowances (Columns H, I, & J). Sum Column L for all rows and enter the total in the **subtotal** box only.

### **Invoice Amount**

This 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 court or adult probation department personnel except for the subtotals box in Column L. “Total units of service” must be shown in the appropriate box.

### **Adjustment Information**

Collections: If you have made arrangements to accept direct third party payments to offset all or part of the cost of services, 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.

Travel: Do not enter your travel amounts on the invoice. This will be completed by juvenile court personnel from the travel expense worksheet submitted with the invoice. (Travel includes lodging, per diem, and mileage.)

### **Title IV-E Cases**

All Title IV-E cases must be submitted on separate invoices. If uncertain, please call your local county contact for verification. Exception, on invoices for block purchases, Contractor must identify the Title IV-E clients on the invoice.

### **Transferred Youth Cases**

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

**Instructions: Attendance Record**

**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 your agency phone number.
- County: Enter the county to which services are being reported.
- Month/Year: Enter the month/year that the client(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 child.
- Child's Name: In alphabetical order, enter the name of each child 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 client's SWID number for each client who received service, as shown on the court order or referral document. A transferred youth will not have a JOLTS or SWID number.
- Units of Service: Enter the number of units of service provided to the client during the month entered at the top of the page, based on the unit of service defined in the Service Specifications and/or Contract.

## Instructions: Credit Memo

A credit memo may be submitted by either a Court/Department or a contractor.

If a credit for amounts previously invoiced and paid is needed, the Court/Department will complete the credit memo and Fax it to the **AOC Finance Office at the Arizona Supreme Court**. The Court/Department shall also forward a copy of the completed credit memo to the Contractor for their information and records.

If a Contractor determines that credit for amounts previously invoiced and paid is needed, the Contractor will complete a credit memo and submit it to the Court/Department. After the Court/Department reviews the credit memo, they will forward it to the **AOC Finance Office at the Arizona Supreme Court**.

The credit amount will be deducted from the next payment that you receive from the Supreme Court for services rendered. If a credit memo is greater than the current month's invoice, a check payable to the Arizona Supreme Court must accompany the credit memo.

**NOTE:** The personal allowance should be distributed to the youth in a consistent manner which assists the youth in learning to budget his/her money. Clothing allowances should be disbursed to the youth 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 Supreme Court by use of a credit memo or a check at the end of the month of discharge. Monies are for the personal use of the youth and must be accounted for by the Contractor.

Credit Memos should be completed for the month in which the service occurred.

### Credit Memo Sample

Page  of   
(page numbers required)  
**No.:**

**CREDIT MEMO**  
ARIZONA SUPREME COURT • ADMINISTRATIVE OFFICE OF THE COURTS

CONTRACT FOSTER PARENT NAME: <input type="text"/>		ADDRESS <input type="text"/>		CITY <input type="text"/>	STATE <input type="text"/>	ZIP CODE <input type="text"/>	PHONE NO. <input type="text"/>			
COUNTY <input type="text"/>	FOR MONTH/YEAR <input type="text"/>	CONTRACT # <input type="text"/>	FOSTER PARENT SS# <input type="text"/>	FUNDING SOURCE:						
				JTSF <input type="checkbox"/>	Diversion <input type="checkbox"/>	Transfer <input type="checkbox"/>	Family Counseling <input type="checkbox"/>			
(A)	(B)	(C)	(D)	(E)	(F)	(G)	(H)	(I)	(J)	
Dates of Service	Child's Name (Last, First)	SWID # (7 digits)	Service Code	Rate Per Unit	Units of Service	Pers Allow 061 (total credit)	Cloth Allow 062 (total credit)	Spec Allow 063 (total credit)	Total Credit	
<b>TOTALS</b>									<b>SUBTOTAL</b>	
I hereby certify that all amounts to be credited are correct with regard to the services provided to the child(ren) listed above.  Contractor Signature _____ Date _____  I hereby certify that all amounts credited are correct with regard to the services provided to the child(ren) listed above.  Authorized Juvenile Court Signature _____ Date _____								Travel Credit		
								<b>CREDIT AMOUNT \$</b>		
I hereby certify that I have examined this credit and that all amounts to be correct.  Authorized Supreme Court Signature _____ Date _____					I hereby certify that I have examined this credit and that all amounts to be correct.  Authorized Supreme Court Signature _____ Date _____					

**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.
  
- Contractor Name:        Enter the name of your agency or foster parent as it appears on your contract.
- Address:                    Enter your agency's mailing address. **Note:** Payment will be sent to the address entered.
  
- Phone No.:                Enter a current contact number for billing personnel.
  
- County:                    Enter the county to which services are being invoiced. Only one county may be included on an invoice.
  
- Service Month:            Enter the month/year that the child received the service being invoiced. Only one month may appear on each invoice.
  
- Contract No.:            Enter the contract number of your AOC contract.
  
- Foster Parent SS#:        Enter information as applicable.
  
- Funding Source:            Check the appropriate box to indicate which fund should be charged for the invoice according to the SAF issued: (JTSF, Diversion, Family Counseling, or Transfer). Only *one* box should be checked. **(The Service Authorization form (SAF) will indicate the funding source for each youth. DO NOT SEND ORIGINAL/COPY OF THE SAF FORM TO THE AOC.)**
  
- Column A:                Enter the specific dates of service for the particular month and year for which a credit memo is completed. **Only one month per credit memo.**
  
- Column B:                In alphabetical order, enter the name(s) of the client(s) who received service, in the format "Last, First." Example: Smith, John. If credit memo for statewide block services, also enter referring county in this column.
  
- Column C:                Enter the SWID number for each client reflected on the credit memo. NOTE: SWID numbers are seven digits. **DO NOT USE ANY OTHER NUMBER.** For transferred youth, enter the full name and date of birth.
  
- Column D:                Enter the three-digit service code for the service reflected in this credit memo, by referring to the Service Code Listing on your Attachment A, Amendment or Change Order. Example: 100 is Acute Care Hospital. Only one service code may be reflected per credit memo.
  
- Column E:                Enter the contracted unit rate for the service per your Attachment A, Amendment, or Change Order.

- Column F: Enter the number of units of service provided to the client during the credit memo month that corresponds to the dates of service entered in Column A, based on the unit of service defined in the Service Specifications attached to your Contract and as explained within this Invoice Billing Manual.
- Column G: Enter the amount of any personal allowance being returned for the client. (The Service Authorization Form will indicate if any personal allowance was authorized for the client.)
- Column H: Enter the amount of any clothing allowance being returned for the client. (The Service Authorization Form will indicate if any clothing allowance was authorized for the client.)
- Column I: Enter the amount of any special allowance being returned for the client. (The Service Authorization Form will indicate if any special allowance was authorized for the client.)
- Column J: For each row enter the total amount being invoiced on the credit memo for each client for the invoiced month by multiplying the service rate (Column E) with the units of service (Column F) and adding that amount with any allowances (Columns G, H, & I). Sum Column J for all rows and enter the total in the *subtotal* box only.

### **Credit Amount**

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

### **Totals Information**

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

## **Instructions: Reimbursement Check**

Reimbursement: 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.