

Community Transition Program Billing

Procedural Bulletin # 2

Purpose

To provide Community Corrections entities with the billing requirements and procedures enforced by the Indiana Department of Correction (IDOC) when billing for Community Transition Program (CTP) participants.

CTP Reimbursement

- The Department shall reimburse the counties at a rate of twenty five dollars (\$ 25) per day for participants for all felony levels supervised on CTP.
- Counties shall complete a Request for Reimbursement form and submit to the Community Corrections Division, preferably by email, to IDOC Central Office by the 15th of the month for the previous month.
- Community Corrections Support Staff shall reconcile the Request for Reimbursement form received from the county agency and shall return a CTP Billing Verification form to the county for their review.
- The county shall review the form and contact Community Corrections Support Staff with any questions or discrepancies within 5 business days.
- If the county has not contacted the Community Corrections Support Staff within five (5) business days from receipt of the CTP Billing Verification form, the Community Corrections Support Staff member shall send the form to the Fiscal Department for payment.
- If an offender has violated any portion of his/her CTP participation contract and is residing in the county jail awaiting disposition, the county jail may seek reimbursement from the Community Correction Program at the current rate.
- CTP reimbursements shall be made only after the Central Office Community Corrections Division staff has verified for accuracy. Once this has been completed, the Fiscal Division shall authorize payment(s) to the county. Payment(s) shall be sent by EFT to the county auditor within sixty (60) days of receipt by the Community Corrections Division staff.

DOC NUMBER: NAME: DOWNING, MICHAEL LOC: XAD

ARRIVAL DATE	ARRV TIME	LOC	RECV DESC	ARRIVAL REASON	DEPARTURE DATE
03 06 2017	0805	XAD	TO CTP	CTP	
11 15 2016	1920	MCF	DISC TRAN	REC FROM MCA	03 06 2017
07 22 2016	1912	MCA	CLASS DEC	RECV FROM WCC	11 15 2016
06 19 2015	1056	WCC	CLAS		07 22 2016
06 10 2015	1505	RDC	FROM JAIL		06 19 2015
05 11 2015	1017	COA	NC-PRIOR-A	NCP-A	06 10 2015
07 02 2005	1500	PD2	TO PAROLE	PAROLE D.H.	07 02 2007
10 01 2002	1555	ISF	CLASS DEC	TRANSFER	07 02 2005
09 20 2002	1100	MCF	STOPOVER	RECD FROM RDC	10 01 2002
08 27 2002	0816	RDC	NC-PRIOR-A	NCP-A	09 20 2002
01 22 1999	1625	ISF		032265 RECEIVED FROM ADAMS CO.	12 13 1999

NEXT RESPONSE: █ RESPONSE VALUE:
 DC901000 LAST PAGE OF DATA DISPLAYED - PRESS PF7 TO GO BACKWARD
 PF4-INQUIRE PF9-LOCBED PF10-LOCATN PF11-LOCTEMP PF12-LOCCOA PF14-LOCCOJ

- After verifying each offender was in CTP the length of dates the county is billing for, the Community Corrections staff will fill out the Billing Verification Form.

1 CTP PER DIEM BILLING VERIFICATION			
2			
3	Per Diem CTP Faci	Inv. Perio	
4			
5	Billed From County		
6			
7	CTP Participants Days for the Reported Month	@ \$25.00 =	\$0
8			
9			
10			
11			
12			
13	Total Amount Billed:		\$0
14			
15	Authorized By IDOC		
16			
17	Authorized Days Billed		
18	CTP Participants Days for the Reported Month	@ \$25.00 =	\$0
19			
20			
21			
22	Total Authorized:		
23			
24	Discrepancy in Billing:	<input type="checkbox"/> YES	<input checked="" type="checkbox"/> NO
25	If Yes, List Below:		
26			
27			
28			
29			
30			
31			
32			
33			
34			
35	Amount of Payment Denied: \$		
36			
37	Amount of Payment Increased: \$		
38			
39	Amount of Payment Authorized:		\$0
40			
41	Indiana Department of Correction	Date Processed:	3/15/2017

4. DOC will scan and submit a copy of both Billing Verification Form, along with the CTP per-diem form into an assigned folder for that particular county's billing.
5. The Fiscal Department will be given the hard copies and will document the information onto a spreadsheet.

	A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P
1	CTP BALANCE SHEET FY15			FY16 CLAIMS Pd FY17												
2		Allocated		April 16/pre	May-16	Jun-16	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16	Jan-17	Feb-17	Mar-17	Apr-17
4	ADAMS		Per Diem													
8	ALLEN		Per Diem													
12	BARTHOLOMEW		Per Diem													
16	BENTON		Per Diem													
20	BLACKFORD		Per Diem													
24	BOONE		Per Diem													
28	BROWN		Per Diem													
32	CARROLL		Per Diem													

6.