# Community Transition Program

Section: 6

Revision Date: 5/31/2018

# Community Transition Program Billing

Procedural Bulletin # 2

#### **Purpose**

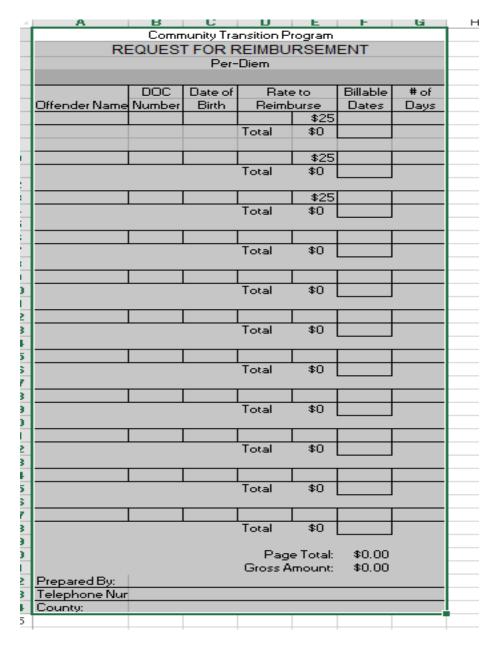
To provide Community Corrections entities with the billing requirements and procedures enforced by the Indiana Department of Correction (IDOC) when billing for Community Transition Program (CTP) participants.

## 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.

## **Process for Billing**

1. The Community Correction agency will bill The Community Corrections Division's Community Transition Program staff (via email) by the 15<sup>th</sup> of the following month. The CTP per-diem formed is filled out with the offender's name, DOC number, date of birth, rate to reimburse, billable dates, and number of days the individual was in CTP for that particular month. At the bottom of the spreadsheet, the county should fill out who the spreadsheet was prepared by, and the name of the county requesting the reimbursement.



2. Once the reimbursement has been received, the CTP coordinator or support staff will verify in OIS (Offender Information System) that the dates the county are billing for are correct.

OIFILOC3 PAGE 01	* INQUI	RY *		INFORMATION SYST HISTORY - FACILI					
DOC NUMBER:		NAM	E: DOWNING	, MICHAEL		LOC: XAD			
			RECV DESC	ARRIVAL REASON		DEPARTURE DATE			
03 06 2017 11 15 2016 07 22 2016 06 19 2015 06 10 2015 05 11 2015 07 02 2005 10 01 2002	0805 1 1920 1 1912 1 1056 1 1505 1 1017 0 1500 1 1555 1 1100 1 0816 1	XAD T MCF D MCA C WCC C RDC F COA N PD2 T ISF C MCF S RDC N	COCTP ISC TRAN LASS DEC LAS ROM C-PRIOR-A O PAROLE LASS DEC TOPOVER C-PRIOR-A			10 01 2002 09 20 2002			
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3. 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 DI	EM BILLING V	ERIFICAT	ON	
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3	Per Diem CTP Faci	lny	ı. Perio		
4					
5	Billed From County				
6					
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9					
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:2	Total Authorized:				
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:4	Discrepency in Billing:	₩ NO			
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5	Amount of Payment Denied: \$				
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9	Amount of Payment Authorized:	<b>\$</b> 0			
40					
11	Indiana Department of Correction		Date Pro	cessed:	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.

