

# Senate Bill 123 Update Workshop

Kansas Sentencing Commission

October 2015

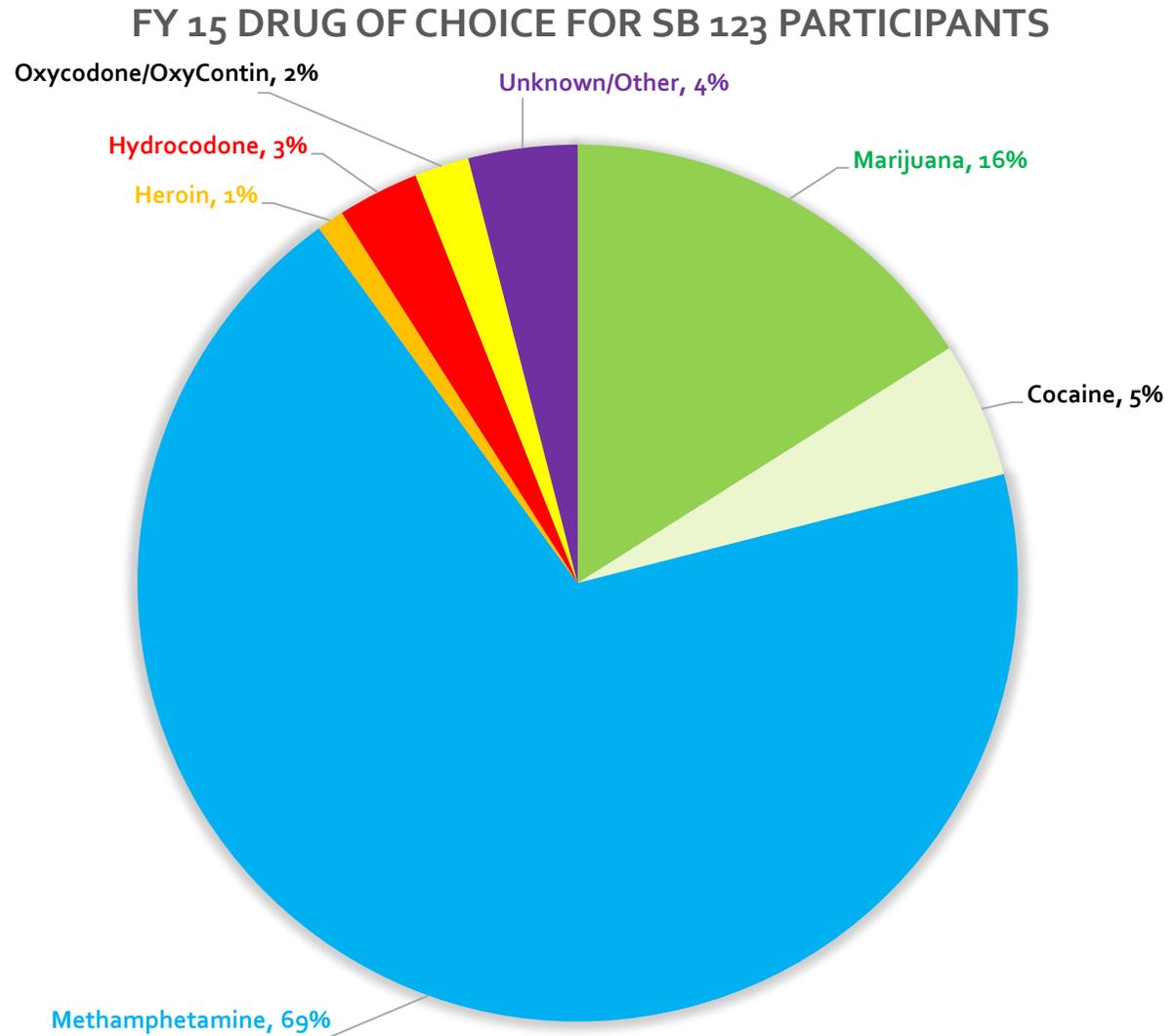
Charlene Peacock, LMSW, LCAC

SB 123 Program Director/Utilization Review & Treatment Specialist

The Sentencing Commission has oversight of the SB 123 Drug Treatment Program that offers alternative sentencing to non-violent drug offenders. The main responsibility the Sentencing Commission in regards to SB 123 is to reimburse the 114 certified SB 123 treatment providers for approximately \$6.9 million in services to SB 123 offenders each year.

# Drug of choice for offenders sentence to SB 123 Drug Treatment:

Source: KSC FY 15 Sentencing Journal Entry Database



## Drug of choice for offenders sentenced to SB 123 Drug Treatment:

- FY 15 Drug of choice for offender's sentenced to SB 123 Drug Treatment:
- 69% of the offenders sentenced to SB 123 drug treatment (804 cases) were convicted for felony possession of methamphetamine.
- 16% of the offenders sentenced to SB 123 drug treatment (184 cases) were convicted for felony possession of marijuana.
- 5% of the offenders sentenced to SB 123 drug treatment (54 cases) were convicted for felony possession of cocaine.
  - 6% of all offenders sentenced to SB 123 drug treatment (66 cases) were convicted for felony possession of heroin, hydrocodone or Oxycodone/OxyContin.
  - 4% of all offenders sentenced to SB 123 drug treatment (41 cases) were convicted for felony possession of drugs unidentified in the journal entry sentencing database
  - Less than 1% of all offenders sentenced to SB 123 drug treatment (10 cases) were convicted for felony possession of codeine, morphine or k2.
- Source: KSC FY 15 Sentencing Journal Entry Database

Substance Abuse  
Treatment  
For Adults in the Criminal  
Justice System

Roger H. Peters, Ph.D.  
Consensus Panel Co-Chair  
Harry K. Wexler, Ph.D.  
Consensus Panel Co-Chair

A Treatment  
Improvement  
Protocol  
TIP  
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U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES  
Public Health Service  
Substance Abuse and Mental Health Services Administration  
Center for Substance Abuse Treatment  
1 Choke Cherry Road  
Rockville, MD 20857

U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES  
Substance Abuse and Mental Health Services Administration  
Center for Substance Abuse Treatment  
[www.samhsa.gov](http://www.samhsa.gov)

Copies may be obtained free of charge from  
SAMHSA's National Clearinghouse for Alcohol  
and Drug Information (NCADI), (800) 729-  
6686 or (301) 468-2600; TDD (for hearing  
impaired), (800) 487-4889, or electronically  
through the following World Wide Web site:  
[www.samhsa.gov/centers/csat/csat.html](http://www.samhsa.gov/centers/csat/csat.html)

A point for all staff who are integrating the work of criminal justice staff and treatment staff is that good treatment is good public safety. Treatment staff and criminal justice professionals should demonstrate to each other how their program might enhance safety and security.

Substance abuse treatment programs can quickly demonstrate their worth by effectively managing clients' difficult behavior, supporting the work of criminal justice staff, and holding themselves and criminal justice staff accountable for following through with their respective commitments to the program.

What are levels  
of care in the  
SB 123  
program?  
a.k.a.  
modalities or  
interventions  
in treatment

- Social Detoxification
- Therapeutic Community
- Intermediate Residential
- Intensive Outpatient
- Outpatient -Individual
- Outpatient -Group
- Outpatient -Family
- Re-Integration/Halfway House Extended Stay
- Relapse Prevention/Aftercare
- Drug Abuse Education

# Changes in SB 123 Modalities effective January 1, 2016

- SB 123 Assessments include:
  - SASSI III, with SASSI probability
  - “Psych”iatric Status portion of the ASI
  - Clinical interview for social history
  - SB 123 Assessment Summary Form
  - Previous reimbursement was \$200, one assessment per SB 123 court case.

## changes-

- After January 1, 2016 the new reimbursement rate will be \$175.

# Changes in SB 123 Modalities effective January 1, 2016

- Social Detox:
  - 24 hours/day
  - 7 days/week
  - Medical staff on sight
  - Previous reimbursement was \$200 per day, with a recommended average stay of 3 days.
- **changes-**
  - After January 1, 2016 the new reimbursement rate will be \$150 with a 5 day cap.

# Changes in SB 123 Modalities effective January 1, 2016

- Re-integration:
  - Cognitive behavioral based
  - Minimum of 10 hours of structured clinical activity per week-3 hours of scheduled structured, individual, group or family outpatient services.
  - Previous reimbursement was \$37 per day, with an offender co-pay.

## changes-

- After January 1, 2016 the new reimbursement rate will be \$70 a day (no co-pay) with a 60 day cap.

# Changes in SB 123 Modalities effective January 1, 2016

- Intensive Outpatient:
  - Cognitive behavioral based
  - Minimum of 10 (up to 15) hours of direct clinical services with a certified counselor per week.
  - The program shall have a minimum of 10 hours per week of scheduled, structured individual, group or family outpatient services for each individual client. 2-7 weeks in length
- **changes-**
  - Previous reimbursement was \$40 per hour. After January 1, 2016 the new reimbursement rate will be a per diem of \$120 a day with a 30 day cap.

Client  
Placement  
Agreement  
(CPA)  
with a KDOC  
approved  
Treatment  
Provider

- A reflected modality or level of treatment/intervention
- Certified drug abuse treatment providers are identifiable through the Total Offender Activity Documentation System (T.O.A.D.S.) and this agency will have a Provider Agreement with KDOC/KSC.
- Client Placement Agreement (CPA) can be found on:  
under SB 123 tab

<http://www.sentencing.ks.gov/sb-123>

# What is a working definition of cognitive behavioral therapy?

## **CBT/Thinking for a Change/Thinking Reports**

- Therapeutic approach that focuses on learning and practicing coping skills- some of which are cognitive in nature. These skills can be written, role-played, or facilitated as demonstrated in group therapy.

## **Relapse Prevention Planning**

- Strategies that train people with substance use disorders to cope more effectively to overcome the stressors/triggers that may lead them back into addictive thinking and/or substance use.

KDOC  
training/approval falls  
into the oversight of  
(KDOC) Kevin Smith's  
team and they work in  
coordination with the  
Kansas Sentencing  
Commission.

Websites for reference in being a KDOC  
approved SB 123 Provider:

<http://www.sentencing.ks.gov/sb-123>

&

<https://www.doc.ks.gov/2003-sb-123>

# Responsibilities of Kansas Department of Corrections, Court Services and Community Corrections

All these forms can be found on

<http://www.sentencing.ks.gov/sb-123>

- Supervision and offender reimbursement of offenders-ISO & KSC
- Monthly Team meetings-ISO, TP and “Offender”
- Intervention information in TOADS-ISO
- Approval and Submission of Invoices-CS/ISO and Director or designee
- Initiation and monitoring of contracts with treatment/assessment providers and certifying treatment providers-(KDOC) Kevin Smith’s team

# Monthly Team meetings:

- ISO,
- Treatment Providers
- Offender

**Team Meeting Documentation Form**

Client Name: \_\_\_\_\_ KDOC Number: \_\_\_\_\_  
(Current Legal First Name/MI/Last Name) Date of Team Mtg. KDOC Assigned

**Provider:**

**Primary Provider:** \_\_\_\_\_ **Date of Admission:** \_\_\_\_\_  
(2003 SB 123 Provider)

**Check Service(s) Receiving**

<input type="checkbox"/> Intermediate Residential	-	<input type="checkbox"/> Very Satisfactory	<input type="checkbox"/> Satisfactory	<input type="checkbox"/> Needs Improvement
<input type="checkbox"/> Intensive Out-Patient	-	<input type="checkbox"/> Very Satisfactory	<input type="checkbox"/> Satisfactory	<input type="checkbox"/> Needs Improvement
<input type="checkbox"/> Out-Patient	-	<input type="checkbox"/> Very Satisfactory	<input type="checkbox"/> Satisfactory	<input type="checkbox"/> Needs Improvement
<input type="checkbox"/> Reintegration	-	<input type="checkbox"/> Very Satisfactory	<input type="checkbox"/> Satisfactory	<input type="checkbox"/> Needs Improvement
<input type="checkbox"/> Relapse Prevention	-	<input type="checkbox"/> Very Satisfactory	<input type="checkbox"/> Satisfactory	<input type="checkbox"/> Needs Improvement

*Please comment regarding any rating of "Needs Improvement":*  
 \_\_\_\_\_

**Positive Recovery Events to Report:**  
 \_\_\_\_\_

**Negative Recovery Events to Report:**  
 \_\_\_\_\_

**Comments of special consideration:**  
 \_\_\_\_\_

**Supervising Community Corrections Agency:**

ISO: \_\_\_\_\_

**Supervision Level**

<input type="checkbox"/> Level I	-	<input type="checkbox"/> Very Satisfactory	<input type="checkbox"/> Satisfactory	<input type="checkbox"/> Needs Improvement
<input type="checkbox"/> Level II	-	<input type="checkbox"/> Very Satisfactory	<input type="checkbox"/> Satisfactory	<input type="checkbox"/> Needs Improvement
<input type="checkbox"/> Level III	-	<input type="checkbox"/> Very Satisfactory	<input type="checkbox"/> Satisfactory	<input type="checkbox"/> Needs Improvement
<input type="checkbox"/> Level IV	-	<input type="checkbox"/> Very Satisfactory	<input type="checkbox"/> Satisfactory	<input type="checkbox"/> Needs Improvement

*Please comment regarding any rating of "Needs Improvement":*  
 \_\_\_\_\_

**Positive Events to Report:**  
 \_\_\_\_\_

**Negative Events to Report:**  
 \_\_\_\_\_

**Comments of special consideration:**  
 \_\_\_\_\_

The SUPERVISING COMMUNITY CORRECTIONS AGENCY and THE PROVIDER AGREE that the date of Next Team Meeting for this Client: \_\_\_\_\_

Client Signature: _____	Date: _____	Phone # _____	Distribution: *One copy to Comm. Corr. for inclusion in offender file *One copy to Tx provider for inclusion in client file
Authorized Treatment Provider Signature: _____	Date: _____	Phone # _____ Fax # _____	
Community Corrections ISO Signature: _____	Date: _____	Phone # _____ Fax# _____	

❖ A chance to communicate throughout treatment until successfully released from supervision

- Successful UA results
- Positive UA resulting in activating: Trauma informed care; Appropriate level of care/modality
- Important to show everyone is on the same team. Even if a face to face is not possible all 3 can sign off on form

# Supervision of offender : insurance verification- ISO & KSC

## SB 123 Supervising Officer Insurance Verification Form

Offender Name \_\_\_\_\_ Offender KDOC # \_\_\_\_\_

Offender has health insurance coverage.

Please provide all requested information:

Insurance Provider Name: \_\_\_\_\_

Insurance Provider Address: \_\_\_\_\_

Member Identification Number: \_\_\_\_\_

Benefit Plan Name and/or Number: \_\_\_\_\_

Effective Date of Current Plan: \_\_\_\_\_

Expiration Date of Current Plan: \_\_\_\_\_

Please attach a photocopy of the offender's applicable insurance card or other documentation of insurance coverage.

Offender does not have health insurance coverage.

If checking this box, offender must attest to the following statement:

I, \_\_\_\_\_ (offender's name), do hereby affirm that I am not currently covered by a health insurance, Medicaid or any other health benefit plan. I understand that failure to truthfully notify my supervising officer of any existing health insurance coverage at this time or any other time while receiving certified drug abuse treatment pursuant to K.S.A. 2012 Supp. 21-6824, and amendments thereto, shall constitute a violation of the terms of such drug treatment program and may result in sanctions as provided by law, including, but not limited to, revocation from probation.

\_\_\_\_\_  
(Supervising Officer)

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Offender)

\_\_\_\_\_  
(Date)

*This form must be completed, signed and submitted to the Kansas Sentencing Commission: 1) at the initial meeting with the offender, and 2) not later than January 31 of each subsequent calendar year.*

*Vers. 12/2013*

All these forms can be found on  
<http://www.sentencing.ks.gov/sb-123>

# Offenders reimbursements - ISO & KSC

Kansas Sentencing Commission  
Offender Reimbursement Remittance Form

KSCORF-08/05

**OFFENDER REIMBURSEMENT REMITTANCE FORM**

2003-SB 123

*This form is to accompany ALL remittance whether by Community Corrections or directly from individual*

**Mail to:** Kansas Sentencing Commission  
700 SW Jackson, Ste 501  
Topeka, KS 66603

**Community Correction Agency Name:** \_\_\_\_\_  
*If payment is submitted by the Community Correction Agency*

**Name of Offender:** \_\_\_\_\_  
*If payment is submitted directly by offender*

**Total Amount Paid:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Payment Information:**

SB 123 Client Name		KDOC Number	Court Case Number	County	Community Corrections	Amount Paid
Last Name	First Name					

Enter the information for one individual or several as applies.

Comments:

This form can be found on <http://www.sentencing.ks.gov/sb-123>

Supervision of offender :  
 -Offender Insurance Coverage Report Form is the responsibility of the ISO & KSC



**Offender Insurance Coverage Report Form**  
*Detailed Accounting of SB 123 Offenders*

KSC Use Only

Treatment Provider Name: _____ Billing Address: _____ _____ _____ Name of Preparer: _____ Telephone Number: _____ Name of Insurance Provider: _____	Offender Name: _____ KDOC Number: _____ Court Case Number: _____ County: _____ Service Location: _____ (If Different than Billing Location)
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All Insurance Claims Denied by Insurance Provider (Documentation of Denial Must Be Attached)

Treatment Modality	Units of Treatment	Cost Per Unit	Total Cost of Treatment	Amount Paid by Insurance Provider	Remaining Treatment Cost
TOTAL					

Attach this form to the "Invoice for Purchase of Service" form for every offender with third party insurance coverage, including Medicaid and Medic

Our new proposed payment system would allow the provider real-time access to their SB 123 information. Payment to our SB 123 providers could be made within days after an invoice was received.

- UNDER CONSTRUCTION

The current process the Kansas Sentencing Commission (KSC) uses to reimburse the treatment providers begins with the treatment provider completing a paper invoice that initiates a request for payment for services provided. The paper invoice is sent to Community Corrections (C.C.) where an Intensive Supervision Officer (ISO) verifies the invoice is correct with his/her physical signature. The physical invoice is further reviewed and signed by the C.C. Director and/or Designee, then sent on to the KSC. When KSC receives an invoice, it inputs 18 to 49 (depending upon the services provided) fields to initiate payment and store information for later retrieval and statistical analysis in Treatment Provider Payment System (TPPS). The KSC generates accounting reports from TPPS and emails them to the state's accounting system (SMART) where a paper check is printed and sent the provider or an ACH deposit is made. Finally, a remittance report is generated to reflect those invoices that were paid.

The KSC is developing a new, Oracle-based TPPS that will allow the treatment provider and CC to complete, verify, electronically sign, and submit the invoices directly to the database. Using algorithms rather than human review, the form will not be able to submit to the KSC and process until all parties have correctly completed the sections of the electronic form for which they are responsible.

10 TP DAYS

5 ISO DAYS

45 DAY TOTAL

- **Deadlines for submission**

Chapter 4-8 and Chapter 6-3 of the SB 123 Operations Manual (version 3.0):

Receipt of the invoice from treatment provider (TP) **within 10 working days** of the end of the previous month (to ISO).

Intervention will need to be entered into T.O.A.D.S.

ISO has **5 working days** to review, obtain signatures, enter T.O.A.D.S. data and submit to KSC.

If invoices are received from treatment providers more than **45 days** (actual, not working days) from the end of the month for which treatment is billed, the ISO and Director/Designee shall deny the invoice, mark as such on the invoice and send to KSC.

Please use your monthly team meetings to communicate changes in ISO's, modalities and timeliness of documentation. The KSC is committed to providing all appropriate treatment to SB 123 offenders and will continue to work with court services, community corrections and treatment providers to ensure that treatment is at an effective intervention level and duration.

# Approval and Submission of Invoices- CS/ISO and CC Director and/or Designee 45 days limit

- Deadlines for submission

Kansas Sentencing Commission Jayhawk Tower, 700 SW Jackson Street, Suite 501 Topeka, KS 66603			INVOICE FOR PURCHASE OF SERVICE <small>(Please Type or Print Legibly) (Use the TAB key to move from field to field)</small>		/ For KSC Use ONLY																											
1. Provider:			2. Service Month/ Year:		3. Sentencing Date:																											
4. Address:			5. Supervising Agency:		6. Scheduled Treatment Start Date:																											
7. City/State/Zip:			8. ISO Name:		9. 18 months after Scheduled TX Start Date:																											
10. Offender Name: (Last)		(First)	(M.I.)	11. KDOC Number:	12. County of SB123 Conviction:	13. Court Case Number:																										
14. Modality	15. Service Units	16. \$ Cost/ Unit	17. \$ Total	Place an "X" in the days of the month that services were provided :																												
				1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29
Assessment *		\$	\$																													
Social Detox		\$	\$																													
Therapeutic Comm.		\$	\$																													
Intermediate Res.		\$	\$																													
Intensive Outpatient		\$	\$																													
Outpatient – Individual		\$	\$																													
Outpatient – Group		\$	\$																													
Outpatient – Family		\$	\$																													
Re-integration		\$	\$																													
Relapse Prev. /Cont. Care		\$	\$																													
Follow-Up (3 <sup>rd</sup> ) ASI *	1	\$100.00	\$																													
18. GRAND TOTAL			\$																													
* PAYMENT WILL NOT BE PROCESSED UNLESS THE COMPLETED, APPLICABLE SB 123 ASSESSMENT SUMMARY FORM; SASSI III, MENTAL HEALTH SCREEN; INITIAL (1 <sup>ST</sup> ) ASI, DISCHARGE (2 <sup>ND</sup> ) ASI, and/or FOLLOW-UP (3 <sup>RD</sup> – 6 months AFTER discharge) ASI FORM(S) ARE ATTACHED TO THE INVOICE FOR THESE SERVICES.																																
** No payment can be made for treatment done more than 18 months after the Scheduled Treatment Start Date.																																
19. INSURANCE COMPANY BILLED?		<input type="checkbox"/> No	<input type="checkbox"/> Yes	NOTES:																												
20. INTERVENTION ENTERED INTO TOADS?		<input type="checkbox"/> No	<input type="checkbox"/> Yes																													
21. OFFENDER REIMBURSEMENT?		<input type="checkbox"/> No	<input type="checkbox"/> Yes																													
<b>Signatures:</b> I, the Supervising Officer, authorize the above services. I, the Treatment Provider certify that these services/materials have been provided and that this invoice is correct and true.																																
22. Supervising Officer:			Date:	Phone #:																												
23. Provider:			Date:																													
24. Director and/or Designee:			Date:																													