



Whatcom County

Domestic Violence  
Perpetrator Opportunity  
for  
Treatment Services  
(DVPOTS)

# Implementation Guide

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## ***Introduction***

This Implementation Guide (referred to as “The Guide”) is incorporated by reference into your Provider contract and can be altered without an amendment to your contract. In the event changes to The Guide are needed, Providers will be informed by e-mail, with a one-week opportunity to provide feedback on proposed changes. Providers will then be notified of the availability of the updated Guide. The current Guide will be available on the Whatcom County District Court Probation website at <http://www.co.whatcom.wa.us/454/District-Court-Probation>

A review of The Guide and Domestic Violence Perpetrator Opportunity for Treatment Services (DVPOTS) will take place approximately six months from the effective date.

## ***Purpose***

Whatcom County currently experiences insufficient capacity of, and local accessibility to, certified treatment for defendants who have a history of violent behavior toward intimate partners and family members. These treatment services are often ordered by the courts as part of criminal justice proceedings in an effort to reduce future harm and reduce incarceration. The Whatcom County Incarceration Prevention and Reduction Task Force has identified and supported the need to increase availability of quality treatment services for perpetrators of domestic violence. Whatcom County Council and Bellingham City Council also support initial funding for the expansion of these treatment services locally.

The sole purpose of DVPOTS is to provide funding for domestic violence perpetrator assessments and funding for treatment for qualifying defendants who are deemed indigent and have no readily available source of funding to access services independently.

The Guide will establish an objective screening process and eligibility criteria for court cases, defendants, treatment Providers eligible for DVPOTS funds, and suspension and termination of DVPOTS funding. Referral to other supportive or treatment services and coordination of care with other service providers will occur as need is indicated, by the Provider. Supportive services will not be funded by DVPOTS.

## ***Expenditure of Funds***

In recognition that the County has established a protocol and procedure for distribution and documentation of DVPOTS funds, and has agreed to continued administrative oversight of the funds, City of Bellingham funds will be used to reimburse treatment expenses for defendants referred by Bellingham Municipal Court, and the County funds will be used to reimburse treatment expenses for defendants referred by Whatcom County District Court and the other Whatcom County municipal courts.

No DVPOTS funds will be expended until a determination has been made, and confirmed in writing by Whatcom County District Court Probation, that all of the following have taken place for each defendant:

1. The court case qualifies for DVPOTS funding.

2. The defendant qualifies for DVPOTS funding.
3. The treatment agency qualifies for DVPOTS funding.
4. A purchase order from Whatcom County has been approved for the specific defendant.
5. Final written approval has been received by the Provider from Whatcom County District Court Probation. Only the Whatcom County District Court and Probation Administrator and Whatcom County District Court Probation Manager are authorized to approve DVPOTS funding expenditures.

Services provided prior to written approval will not be eligible for DVPOTS reimbursement.

Effective January 1, 2021, to continue to have new defendants participate in DVPOTS, the Cities of Blaine, Everson, Lynden, and Sumas must enter into a written agreement with Whatcom County providing that they will reimburse Whatcom County for the expenses of any additional defendants funded through DVPOTS.

The first jurisdiction to order an assessment and treatment will have the full expense of the defendant’s assessment and recommended treatment debited from that jurisdiction’s allocation, even if another court orders a domestic violence assessment and treatment at a later time.

Approved funding amounts may change over time.

Table 1 below is an estimate of the assessment and treatment services that the City of Bellingham’s DVPOTS funding will provide (estimated number of defendants served is rounded):

Table 1.

<b>City of Bellingham DVPOTS Funding</b>			
Treatment Level	Maximum Cost Per Defendant	Estimated Expense Distribution By Treatment Level	Estimated Number of Defendants Served*
Level 1	\$1,700	\$28,833	16.96
Level 2	\$2,250	\$28,833	12.81
Level 3	\$3,100	\$28,833	9.30
Level 4	\$4,500	\$13,500	3.00
	<b>TOTAL</b>	<b>\$99,999</b>	<b>42.08</b>

*\*Estimated Number of Defendants Serviced column was calculated based on the following formula:*

*Estimated Level 4 defendants x the maximum cost of each defendant (3 x \$4,500 = \$13,500), deducted from the original funding allocation (\$100,000 - \$13,500 = \$86,500). The \$86,500 amount was then divided equally between Levels 1, 2, and 3 (\$86,500/3 = \$28,833). The \$28,833 amount was then divided by the maximum cost per defendant per level of treatment.*

Table 2 below is an estimate of the assessment and treatment services that the Whatcom County DVPOTS funding will provide (estimated number of defendants served is rounded):

Table 2.

Whatcom County DVPOTS Funding			
Treatment Level	Maximum Cost Per Defendant	Estimated Expense Distribution By Treatment Level	Estimated Number of Defendants Served*
Level 1	\$1,700	\$25,500	15.00
Level 2	\$2,250	\$25,500	11.33
Level 3	\$3,100	\$25,500	8.23
Level 4	\$4,500	\$13,500	3.00
	<b>TOTAL</b>	<b>\$90,000</b>	<b>37.56</b>
<p><i>*Estimated Number of Defendants Serviced column was calculated based on the following formula:</i></p> <p><i>Estimated Level 4 defendants x the maximum cost of each defendant (3 x \$4,500 = \$13,500), deducted from the original funding allocation (\$90,000 - \$13,500 = \$76,500). The \$76,500 amount was then divided equally between Levels 1, 2 and 3 (\$76,500/3 = \$25,500). The \$25,500 amount was then divided by the maximum cost per defendant per level of treatment.</i></p>			

## ***Court Case Eligibility for DVPOTS Funding***

For a court case to be eligible, all of the following eligibility criteria must be met:

1. Cited as criminal domestic violence offense, or indicated as a DV flagged case, as recorded in the Administrative Office of the Courts Judicial Information System.
2. Referred by Whatcom County District Court or a Whatcom County municipal court.
3. Ordered by the court to complete and comply with a domestic violence perpetrator treatment assessment.
4. Monitored by Whatcom County District Court Probation.

## ***Defendant Eligibility for DVPOTS Funding***

A defendant must comply with a court order regardless of eligibility for, or availability of, DVPOTS funding.

### **Determination of Indigency**

A defendant must be deemed indigent and have no readily available source of funding to access domestic violence assessment and treatment services independently. A defendant may be deemed indigent by either a judicial officer or by an indigency review completed by a court or probation staff.

1. An indigency review will use the same criteria noted in RCW [10.101.010](#), including:
  - a. Receiving one of the following types of public assistance: Temporary assistance for needy families, aged, blind, or disabled assistance benefits, medical care services under RCW [74.09.035](#), pregnant women assistance benefits, poverty-related veterans' benefits, food stamps or food stamp benefits transferred electronically, refugee resettlement benefits, Medicaid, or supplemental security income; or
  - b. Receiving an annual income, after taxes, of one hundred twenty-five percent or less of the current federally established poverty level; or
  - c. A defendant found indigent by an indigency review will be required to sign the following, or similar, statement:
    - (1) *I understand the Court may ask for verification of the information provided above. I agree to immediately report any change in my financial status to the court. I certify under penalty of perjury under Washington State law that the above is true and correct. (Perjury is a criminal offense – see Chapter [9A.72 RCW](#))*

Given the importance of continuity of treatment, a defendant found indigent will be considered eligible for DVPOTS throughout the course for their treatment program unless challenged in court by a Prosecuting Attorney from the citing jurisdiction.

### **Defendant Priority Populations**

The initial funds will be allocated on a first come, first served basis until 85% of the City of Bellingham or County funds have been allocated to specific defendants. Once the City or County fund has 15% remaining unallocated, use of funds will be prioritized based on the following criteria:

1. Availability of DVPOTS funds.
2. A written request from a judicial officer.
3. The defendant has not previously accessed DVPOTS funds.
4. Those assessed at a Level 2, 3 or 4, or if no assessment has been completed, is determined to be high risk based on a validated risk assessment conducted by a probation officer.
5. At least two prior domestic violence flagged convictions in the Washington State Judicial Information System database.

## ***Provider Eligibility for DVPOTS Funds***

Domestic violence assessment and treatment services funded by DVPOTS must be in full compliance with Washington Administrative Code (WAC) [388-60B](#), all current and applicable Revised Code of Washington (RCW) requirements, and those listed in The Guide.

To receive reimbursement for DVPOTS funding an agency must meet all of the following eligibility criteria, including:

1. Certified by the Washington State Department of Social and Health Services, and in good standing, as a domestic violence perpetrator treatment program as required by RCW [26.50.150](#) and WAC [388-60B](#). Maintain uninterrupted certification and remain current with all relevant federal and state laws and regulations regarding the delivery of domestic violence perpetrator treatment.
2. Enter into a contract with Whatcom County.
3. Agree to notify the District Court and Probation Administrator of any change in certification status or agency contact information.
4. Agree to remain current with The Guide, including reporting and invoicing requirements, and forms.
5. Agree to provide an email address through which official communication regarding the DVPOTS funding will take place. Email will be the official method of communication. Verbal communication will not replace email communication. In addition, a mailing and physical address must also be provided.
6. Agree to be subject to random audits by Whatcom County for the purpose of verification of invoiced services.
7. Agree that DVPOTS funded defendants will not be charged any additional fees.
8. Register as a vendor with Whatcom County.

## **Provider Assessment Requirements**

Completed assessment and risks, needs and responsivity documents, including recommended level of treatment, must be compliant with all applicable WAC and RCW requirements.

The Provider must complete an initial assessment appointment within 14 calendar days, and submit to Whatcom County District Court Probation a completed assessment within 60 calendar days, of receiving written authorization from Whatcom County District Court Probation that a defendant is eligible for DVPOTS funding.

The intensity, type of services provided, and level of treatment will be determined by the Provider and will reflect the assessment results and treatment plan. Treatment services delivered will align with the individualized treatment goals/expectations of each defendant.

Assessment documents must be submitted together to Whatcom County District Court Probation for all DVPOTS funded defendants. The assessment documents must follow the same outline as noted in the WAC and the internal Whatcom County District Court Probation processing document titled Assessment and RNR document review.

1. An assessment document that includes a recommended level of treatment that aligns with a WAC compliant level of treatment.
2. A Risks, Needs and Responsivity document.

The documents may be available on the [DSHS](#) website or by contacting the Washington State Department of Social and Health Services Domestic Violence Treatment Program Manager. DSHS Contact information can be found at <https://www.dshs.wa.gov/esa/community-services-offices/contact-information> or by clicking [here](#).

## Provider Monthly Treatment Report Requirements

A separate monthly treatment report must be received for each defendant. The monthly treatment report attached to The Guide must be used. Treatment reports must be submitted no later than the 10<sup>th</sup> of the month following the month that services are provided. All monthly treatment reports, along with reports of emergent noncompliance and non-emergent noncompliance reports must be sent to Whatcom County District Court Probation

The following are the reporting requirements for emergent noncompliance and non-emergent noncompliance:

1. Emergent noncompliance. The following noncompliance is considered emergent noncompliance and must be reported to the monitoring probation department within 3 working days of receipt of noncompliance information.
  - a. Failure to maintain abstinence from alcohol or other nonprescribed drugs, if ordered or is required as part of the assessment and treatment plan.
  - b. Subsequent arrest or criminal activity
  - c. Engaging in dangerous or threatening behavior
  - d. Increased victim safety concerns
  - e. Treatment rule violations
  - f. Leaving the program against program advice or is discharged for rule violation
  - g. Discharged for any reason
2. The following noncompliance is considered nonemergent non-compliance and must be reported to the monitoring probation department by the 10<sup>th</sup> of the month following the noncompliance.
  - a. Unexcused absences or failure to report for interviews, appointments or group sessions.
  - b. Failure to make acceptable progress in any part of the treatment plan, including a report of the details of the defendant's noncompliant behavior along with a recommendation

A report of noncompliance must provide details of the defendant's noncompliant behavior along with a recommendation.

# Reimbursement Rates, Limitations and Invoicing Requirements

The County will reimburse the Provider for the services delivered that comply with the not-to-exceed level of funding authorization.

Assessments will be reimbursed at \$300.00 per assessment. This amount includes all of the sessions required to complete the assessment. Reimbursement will only be provided for those assessments that include all of the documents noted in the Provider Assessment Requirements Section of The Guide.

Group and individual sessions will be reimbursed at \$50.00 per session. Table 3 below provides details regarding the maximum number of group/individual sessions, and total reimbursement amounts, for each level of treatment, per defendant.

Table 3.

Reimbursement Rates and Limitations						
Assessment and Treatment Program	Group Sessions	Maximum Optional Individual Sessions	Maximum Total Sessions	Maximum Assessment Reimbursement Rate	Maximum Individual and Group Reimbursement Rate	Maximum Reimbursement Per Defendant
<b>Level 1 Treatment Program</b> \$300 Assessment 26 \$50 group sessions 2 \$50 individual sessions	26	2	28	\$300	\$50	<b>\$1,700</b>
<b>Level 2 Treatment Program</b> \$300 Assessment 36 \$50 group sessions 3 \$50 individual sessions	36	3	39	\$300	\$50	<b>\$2,250</b>
<b>Level 3 Treatment Program</b> \$300 Assessment 52 \$50 group sessions 4 \$50 individual sessions	52	4	56	\$300	\$50	<b>\$3,100</b>
<b>Level 4 Treatment Program</b> \$300 Assessment 72 \$50 group sessions 6 \$50 individual sessions	72	6	78	\$300	\$50	<b>\$4,200</b>

In the event that a defendant fails to meet all of the treatment goals within the allocated treatment sessions and DVPOTS funding, a Provider may request, in writing, that the defendant be provided with additional DVPOTS funding for the sessions needed to meet treatment goals. The decision to provide additional funding is entirely at the discretion of Whatcom County.

## Invoicing Requirements:

1. The Provider shall submit itemized invoices no more than once monthly using the invoicing form attached to The Guide. Invoice documents will not contain Private Health Information (PHI).
2. Invoices must be received by Whatcom County District Court Probation no later than the 10<sup>th</sup> of the month following the month that service was provided.

3. Assessment invoices: Prior to submitting a reimbursement invoice, all required assessment documents must have previously been received by Whatcom County District Court Probation.
4. Treatment invoices: Providers submitting reimbursement invoices for treatment services must attach a copy of each defendant's monthly treatment report for the billing month.
5. Invoices or supporting documentation submitted with incomplete or inaccurate information will not be processed until corrected, or resubmitted, and may result in substantial processing delays.
6. The Provider may submit invoices and monthly reports by email to [DVPOOTS@co.whatcom.wa.us](mailto:DVPOOTS@co.whatcom.wa.us).
7. Invoices received by Whatcom County District Court Probation after the 10<sup>th</sup> of the month may result in substantial processing delays.
8. Payment by Whatcom County will be considered timely if it is made within 30 days of the receipt and acceptance of billing information from the Provider. The County may withhold payment of an invoice if the Provider submits it more than 30 days after the expiration of a contract.
9. Invoices must include the following statement, with an authorized signature and date:  
"I certify that the materials have been furnished, the services rendered, or the labor performed as described on this invoice."
10. Duplication of Billed Costs or Payments for Service: The Contractor shall not bill the County for services performed or provided under this contract, and the County shall not pay the Contractor, if the Contractor has been or will be paid by any other source, including grants, for those costs used to perform or provide the services in this contract. The Contractor is responsible for any audit exceptions or disallowed amounts paid as a result of this contract.
11. Recovery of Costs Claimed in Error: If the Contractor claims or the County reimburses for expenditures under this Agreement which the County later find were (1) claimed in error or (2) not allowable costs under the terms of the Agreement, the County shall recover those costs and the Contractor shall fully cooperate with the recovery.

## ***Suspension and Termination of Funding***

The following events will result in the suspension or termination of a defendant's DVPOOTS funding:

1. Completion of treatment.
2. Termination of treatment.
3. Failing to express a willingness to participate in treatment.
4. Funding allocation reached for the defendant's level of care.
5. Absence from treatment for a total of 15% or more of the total sessions for their treatment level:
  - a. Level 1 – no more than 4 sessions missed
  - b. Level 2 – no more than 6 sessions missed
  - c. Level 3 – no more than 8 sessions missed
  - d. Level 4 – no more than 12 sessions missed
6. Termination of probation monitoring.
7. Arrest warrant issued for referred charge.

8. DVPOTS funding withdrawn, reduced or limited.
9. DVPOTS funding limit reached.
10. Other reasons deemed appropriate by Whatcom County.

In the event of a warrant being issued a defendant's funding allocation will be held for 45 days. Reinstatement of funds may be available. See Defendant Access to DVPOTS Funding and Defendant Priority Populations sections.

Upon completion of treatment services, or discharge due to non-compliance, a discharge summary which meets the requirements of WAC [388-60B](#) will be written and placed in the client chart within the time frame specified. Treatment completion and discharge is also documented in the corresponding section of the Monthly Progress Report and submitted to Whatcom County District Court Probation within 7 days of discharge. Individuals discharged due to non-compliance must have the report completed and submitted to Whatcom County District Court Probation within three days pursuant to WAC [388-60B](#). Client charts shall be established by the Provider for every individual served under this agreement, and will be stored and retained according to all state and federal laws regulating confidentiality and client record keeping.

**Internal DCP Processing Document**

**Domestic Violence Perpetrator Opportunity for Treatment Services (DVPOTS)**

**Defendant Qualification Form**

Defendant Name (Last, First, MI):		
DOB:	Case number(s):	
Date:		
<b>Qualifying Criteria</b>		
Questions 1-7 to be completed by a Probation Officer and submitted to the Probation Manager		
Yes <input type="checkbox"/> No <input type="checkbox"/>	1. Cited (or flagged in JIS/JABS) for a domestic violence offense?	
Documentation attached? Yes <input type="checkbox"/> No <input type="checkbox"/>	2. Ordered by a Whatcom County court of limited jurisdiction to complete a domestic violence perpetrator assessment and recommendations? Court: <input type="checkbox"/> District Court, <input type="checkbox"/> Bellingham, <input type="checkbox"/> Blaine, <input type="checkbox"/> Everson, <input type="checkbox"/> Lynden, <input type="checkbox"/> Sumas	
Yes <input type="checkbox"/> No <input type="checkbox"/>	3. Indigent as determined by: <input type="checkbox"/> Court order <input type="checkbox"/> Indigency review completed	
Yes <input type="checkbox"/> No <input type="checkbox"/>	4. Monitored by: <input type="checkbox"/> Whatcom County District Court Probation	
Yes <input type="checkbox"/> No <input type="checkbox"/> <input type="checkbox"/> Unknown	5. Defendant indicates a willingness to participate in a domestic violence assessment and recommended treatment?	
<b>Additional Screening Criteria</b>		
Yes <input type="checkbox"/> No <input type="checkbox"/>	6. At least two prior DV flagged convictions in JIS/JABS?	
Yes <input type="checkbox"/> No <input type="checkbox"/> <input type="checkbox"/> Unknown	7. Assessed at level 2, 3, or 4, or high risk based on risk assessment?	
Probation Officer Comments:		
PO signature:	Date:	
<input type="checkbox"/> <i>Original to Probation Manager</i>		
<b>Probation Manager or Administrator review</b>		
Yes <input type="checkbox"/> No <input type="checkbox"/>	1. DVPOTS funds available for the jurisdiction?	
Yes <input type="checkbox"/> No <input type="checkbox"/>	2. Court order or docket entry attached?	
If 1 and 2 in this section are both <u>yes</u> , stop here		
Yes <input type="checkbox"/> No <input type="checkbox"/>	3. Written request from a judicial officer?	
Yes <input type="checkbox"/> No <input type="checkbox"/>	4. Previously accessed DVPOTS funds?	
Yes <input type="checkbox"/> No <input type="checkbox"/>	5. Assessed at level 2, 3 or 4?	
Yes <input type="checkbox"/> No <input type="checkbox"/>	6. At least two prior DV flagged convictions?	
Comments:		
Yes <input type="checkbox"/> No <input type="checkbox"/> Qualified	Probation Manager or Administrator:	Date:
<input type="checkbox"/> <i>Original to Senior Clerk</i> <input type="checkbox"/> <i>Copy to defendant's file</i>		

Updated 1/30/20

**Internal DCP Processing Document**

**Domestic Violence Perpetrator Opportunity for Treatment Services (DVPOTS)**

**Assessment and RNR Document Review**

DV Perpetrator Treatment Agency:		
Defendant Name (Last, First, MI):		DOB:
Referring Court(s): Court 1	Court 2	Court 3
Assessment Start Date:	Assessment Completion Date:	

<b>Assessment: Has each area below been addressed?</b>	
Yes <input type="checkbox"/> No <input type="checkbox"/>	1. Relationships and access to victims
Yes <input type="checkbox"/> No <input type="checkbox"/>	2. Cultural considerations
Yes <input type="checkbox"/> No <input type="checkbox"/>	3. Victimization
Yes <input type="checkbox"/> No <input type="checkbox"/>	4. Legal considerations
Yes <input type="checkbox"/> No <input type="checkbox"/>	<ul style="list-style-type: none"> <li>• Current court orders (NCO, PO, parenting assessment, child support, supervised visitation etc.)</li> </ul>
Yes <input type="checkbox"/> No <input type="checkbox"/>	<ul style="list-style-type: none"> <li>• A summary of current and past police or incident reports involving coercive or abusive behaviors</li> </ul>
Yes <input type="checkbox"/> No <input type="checkbox"/>	5. Domain 1: Assessment for high risk factors
Yes <input type="checkbox"/> No <input type="checkbox"/>	6. Domain 2: Screening for traumatic brain injury
Yes <input type="checkbox"/> No <input type="checkbox"/>	7. Domain 3: Screening for mental health
Yes <input type="checkbox"/> No <input type="checkbox"/>	8. Domain 4: Belief systems
Yes <input type="checkbox"/> No <input type="checkbox"/>	9. Domain 5: Screening for substance use
Yes <input type="checkbox"/> No <input type="checkbox"/>	10. Domain 6: Assessment of environmental factors
Yes <input type="checkbox"/> No <input type="checkbox"/>	11. Domain 7: Assessment of standardized testing
Yes <input type="checkbox"/> No <input type="checkbox"/>	12. Acute or Critical assessment factors
Yes <input type="checkbox"/> No <input type="checkbox"/>	13. Assessment summary included
Yes <input type="checkbox"/> No <input type="checkbox"/>	14. Recommended level of treatment included in the assessment
Yes <input type="checkbox"/> No <input type="checkbox"/>	15. Assessment summary signed, dated and include credentials and staff level?

<b>Risks, Needs and Responsivity Form</b>	
Yes <input type="checkbox"/> No <input type="checkbox"/>	Risks, Needs and Responsivity form fully completed

**Review of Documents**

Yes <input type="checkbox"/> No <input type="checkbox"/>	<b>Meets WAC requirements</b>
Yes <input type="checkbox"/> No <input type="checkbox"/>	If no, what action has been taken:
Yes <input type="checkbox"/> No <input type="checkbox"/>	<ul style="list-style-type: none"> <li>• The treatment agency has been notified</li> </ul>
Yes <input type="checkbox"/> No <input type="checkbox"/>	<ul style="list-style-type: none"> <li>• The defendant has been notified</li> </ul>
Yes <input type="checkbox"/> No <input type="checkbox"/>	<ul style="list-style-type: none"> <li>• A court hearing has been scheduled</li> </ul>
Yes <input type="checkbox"/> No <input type="checkbox"/>	<ul style="list-style-type: none"> <li>• Other action, explain:</li> </ul>

Probation Officer Comments:

Probation Officer:	Date:
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For DVPOTS funded defendants, copy of assessment and original form to Probation Mgr.

AP Process: <input type="checkbox"/> OK to Pay	Probation Manager or Administrator:
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Date:	<input type="checkbox"/> Original to Senior Clerk
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Updated 1/30/20

## Monthly Treatment Report

- Domestic Violence Perpetrator Opportunity for Treatment Services (DVPOTS)  
 Non-DVPOTS report

*Prior authorization for reimbursement is required. Do not include medical information.*

Agency name:		<i>Probation Use Only</i>
Date:	Report Mo/Yr:	
Probation Officer:		
Defendant Name (Last, First, MI):		<i>Section Fully Completed?</i>
DOB:		
Referring Court(s): Court 1                      Court 2                      Court 3		Yes <input type="checkbox"/> No <input type="checkbox"/>
Assess. Date:	Date of 1st Session:	Treatment level:
<b>Attendance</b>		
Group session dates:		
Ind. session dates:		
Total sessions attended to date:		Yes <input type="checkbox"/> No <input type="checkbox"/>
Total sessions missed since beginning treatment:		
<b>Treatment Status</b>		
<input type="checkbox"/> Compliant		<i>Probation Use Only</i>
<input type="checkbox"/> Noncompliant, due to:	<input type="checkbox"/> Lack of attendance <input type="checkbox"/> Failure to comply with treatment rules <input type="checkbox"/> Other, see comment section	
<input type="checkbox"/> Program completed on:		
<input type="checkbox"/> Terminated on (note specific reason in comment section):		Yes <input type="checkbox"/> No <input type="checkbox"/>
Comments:		
Staff sign/date:	Credentials and staff level:	
Print name:		
Supervisor Sign/date:	Credentials and staff level:	
Print name:		
Fully completed? Yes <input type="checkbox"/> No <input type="checkbox"/>	Probation Staff:	Date:
<input type="checkbox"/> Non-DVPOTS, 1. Enter in the database and 2. Copy to defendant's file <input type="checkbox"/> DVPOTS/fully completed: 1. Enter in the database, 2. Original-Senior Clerk, 3. Copy-def. file <input type="checkbox"/> DVPOTS/not fully completed: original to Probation Manager and copy to defendant's file		
AP Process: <input type="checkbox"/> OK to Pay	Probation Manager or Administrator:	
Date:	<input type="checkbox"/> <i>Original to Senior Clerk</i>	

Updated 1/30/20

## DVPOTS Provider Monthly Invoice for Reimbursement

*Invoices must be received by Whatcom County District Court Probation at [DVPOTS@co.whatcom.wa.us](mailto:DVPOTS@co.whatcom.wa.us) by the 10<sup>th</sup> of the month following the month services are provided. Monthly treatment reports must be attached.*

Invoice page	of	Date:	Invoice Mo/Yr:	<i>Probation Use Only Section Fully Completed? Yes <input type="checkbox"/> No <input type="checkbox"/></i>	
Agency Name:					
Agency address: Is this a new address <input type="checkbox"/> Yes <input type="checkbox"/> No					
Contact person and phone #:					
Assessment Reimbursement Request				<i>DCP Use Only Funding Source?</i>	
Name	Docs submitted to probation?	Reimbursement amount			
1.	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$300.00	COB <input type="checkbox"/> WC <input type="checkbox"/>		
2.	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$300.00	COB <input type="checkbox"/> WC <input type="checkbox"/>		
3.	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$300.00	COB <input type="checkbox"/> WC <input type="checkbox"/>		
4.	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$300.00	COB <input type="checkbox"/> WC <input type="checkbox"/>		
Total assessment reimbursement request			\$	COB <input type="checkbox"/> WC <input type="checkbox"/>	
Group and Individual Treatment Reimbursement Request					
Name	Report attached?	Billing mo. Sessions Attended	Session rate	Total by defendant	<i>Probation Use Only Funding Source?</i>
1.	<input type="checkbox"/> Yes <input type="checkbox"/> No		\$50.00	\$	COB <input type="checkbox"/> WC <input type="checkbox"/>
2.	<input type="checkbox"/> Yes <input type="checkbox"/> No		\$50.00	\$	COB <input type="checkbox"/> WC <input type="checkbox"/>
3.	<input type="checkbox"/> Yes <input type="checkbox"/> No		\$50.00	\$	COB <input type="checkbox"/> WC <input type="checkbox"/>
4.	<input type="checkbox"/> Yes <input type="checkbox"/> No		\$50.00	\$	COB <input type="checkbox"/> WC <input type="checkbox"/>
5.	<input type="checkbox"/> Yes <input type="checkbox"/> No		\$50.00	\$	COB <input type="checkbox"/> WC <input type="checkbox"/>
6.	<input type="checkbox"/> Yes <input type="checkbox"/> No		\$50.00	\$	COB <input type="checkbox"/> WC <input type="checkbox"/>
7.	<input type="checkbox"/> Yes <input type="checkbox"/> No		\$50.00	\$	COB <input type="checkbox"/> WC <input type="checkbox"/>
8.	<input type="checkbox"/> Yes <input type="checkbox"/> No		\$50.00	\$	COB <input type="checkbox"/> WC <input type="checkbox"/>
9.	<input type="checkbox"/> Yes <input type="checkbox"/> No		\$50.00	\$	COB <input type="checkbox"/> WC <input type="checkbox"/>
10.	<input type="checkbox"/> Yes <input type="checkbox"/> No		\$50.00	\$	COB <input type="checkbox"/> WC <input type="checkbox"/>
Total group and individual session reimbursement request				\$	<i>Prob. Use OK to pay? Yes <input type="checkbox"/> No <input type="checkbox"/> Staff _____</i>
Total assessment reimbursement request from above				\$	
<b>TOTAL REIMBURSEMENT REQUEST</b>				<b>\$</b>	
Signed:		Print Name:		Date:	
<i>I certify that the materials have been furnished, the services rendered, or the labor performed as described on this invoice.</i>					
AP Process: <input type="checkbox"/> OK to Pay		Sign:		Date:	

Updated 1/30/20