

Client Placement Agreement

Sentencing Date: _____ mm/dd/yyyy	Scheduled Treatment Start Date: _____ mm/dd/yyyy	KSC Payment Expiration Date: _____ (18 months from treatment start date) mm/dd/yyyy
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This agreement entered into on _____ day of _____, _____ by and between the _____
(Day) (Month) (Year) (“COMMUNITY CORRECTIONS”) and _____
(Name of Community Corrections Agency) (Agency Treatment Provider)

(“provider”) located at _____
(Provider Street Address) (City) (State) (Zip)

for and in consideration of the treatment/modalities and responsibilities listed below and placement of:

_____, born on _____, Kansas Department of
(Current Legal First Name/MI/Last Name) (mm/dd/yyyy)
Corrections number _____, convicted in the county of _____
KDOC Assigned
court case number _____, supervised by _____
Community Corrections Agency

with the provider for the following treatment:

- | | |
|--|--|
| <input type="checkbox"/> Social Detox | Estimated length of stay: _____
(Maximum length of stay: 5 days) |
| <input type="checkbox"/> Therapeutic Community | Estimated length of stay: _____ |
| <input type="checkbox"/> Intermediate Residential | Estimated length of stay: _____
(Maximum length of stay: 21 days) |
| <input type="checkbox"/> Intensive Outpatient | Estimated program length: _____
(Maximum length of program: 30 days) |
| <input type="checkbox"/> Outpatient Group | Estimated program length: _____
(Maximum length of program: 12 weeks) |
| <input type="checkbox"/> Outpatient Family | Estimated program length: _____
(Maximum length of program: 12 weeks) |
| <input type="checkbox"/> Outpatient Individual | Estimated program length: _____
(Maximum length of program: 3 hours per week) |
| <input type="checkbox"/> Reintegration | Estimated length of stay: _____
(Maximum length of stay: 60 days) |
| <input type="checkbox"/> Relapse Prevention/Continuing Care | Estimated program length: _____
(Maximum: 1 hour per day) |
| <input type="checkbox"/> Drug Abuse Education | Complete 8-hour program |

RESPONSIBILITIES OF THE PROVIDER:

1. Serve this offender in the modality of treatment marked above. Type of treatment is not to be changed without prior approval of the offender's Intensive Supervision Officer (ISO) and a modified Client Placement Agreement (CPA) is completed.
2. Provide timely assessments that include: a) "Invoice for Purchase of Service," b) "SB 123 Assessment Summary Form," c) SASSI III cover sheet marked with probability, and d) mental health screen or ASI psychiatric status section.
3. Report all violations of court order immediately to Community Corrections.
4. Provide access to assessment and treatment services within three (3) business days following initial referral.

5. Attend multi-disciplinary team meetings through the course of treatment at least one (1) time per month.
6. Provide timely communication to Community Corrections regarding: client attendance, client progress, treatment plan updates, discharge planning recommendations, and other significant changes in the course of treatment.
7. Communicate with Community Corrections/ISO prior to discharging the client from treatment.
8. Maintain appropriate client records that meet the Kansas Department for Aging and Disability Services (KDADS) and the Kansas Behavioral Sciences Regulatory Board (KBSRB) licensure standards.
9. Execute appropriate confidential release of information forms.
10. Provide detailed billing information to Community Corrections on the "Invoice for Purchase of Service" form published by the Kansas Sentencing Commission (KSC) to include date and type of service within ten (10) working days from the end of the month in which services were provided.
11. All treatment must include a cognitive-based curriculum (excluding assessment, social detox, and drug abuse education).
12. Provide all client UA results to Community Corrections.
13. Adhere to all SB 123 policies implemented by the KSC, KDOC, KDADS, and as stated in the "KSC Senate Bill 123 Alternative Sentencing Policy for Drug Offenders Operations Manual."

RESPONSIBILITIES OF COMMUNITY CORRECTIONS:

1. Authorize payment at the established rate of pay, per treatment modality, effective the date of placement up to (but not including) the last day of placement.
2. Share plans, goals, reassignment of ISO, and other pertinent information concerning the client needed to provide appropriate treatment.
3. Provide payment authorization to the KSC within five (5) working days from when an invoice is received from the provider.
4. Participate in treatment and multi-disciplinary team meetings through course of treatment at least one (1) time per month.
5. Provide thirty (30) days notice before removing the client when possible. No prior notice is required if removal is court ordered.
6. Provide regular reports regarding the progress of the offender under the terms of supervision.
7. Notify the provider of all pending court actions and court determinations.
8. Provide all client UA results to the provider.
9. Adhere to all SB 123 policies implemented by the KSC, KDOC, KDADS, and as stated in the "KSC Senate Bill 123 Alternative Sentencing Policy for Drug Offenders Operations Manual."

Modification

This agreement may be modified, amended or supplemented by written agreement signed by Community Corrections and the Provider. Modifications must be submitted to the KSC.

Authorized Treatment Provider Signature:	Date: <hr style="width: 80%; margin: 0;"/> mm/dd/yyyy	Phone # Fax #
Printed Name:		
Email:		
Community Corrections Agency: ISO Signature:	Date: <hr style="width: 80%; margin: 0;"/> mm/dd/yyyy	Phone # Fax#

Safeguarding of Client Information: The information contained on this form is confidential and not to be used or disclosed by any party, for any purpose that is not connected directly to the court's assignment of sentence or the case management responsibilities assigned by law to community corrections or by court order. Treatment providers are required to maintain confidentiality consistent with the requirements of their state license.

DISTRIBUTION OF THIS DOCUMENT:

- Treatment agency (provider) – Copy maintained in medical records file of the Offender/Client
- Community Corrections Agency of Supervision – Copy maintained in Offender/Client file
- Copy forwarded to the Kansas Sentencing Commission