



Administrative Office of the Courts  
 Juvenile Justice Services Division  
 Contract Years 2019-2024  
 Sexual Interest Assessment Service Specification  
 Service Codes 174, 180

| <b>SEXUAL INTEREST ASSESSMENT – Service Code 174, 180</b> |  |
|---|--|
| <b>Category</b>   | Evaluation, Polygraph and Laboratory Services (Form F-2)   |
| <b>Setting</b>  | <ul style="list-style-type: none"> <li>Professional office environment in a mental health center, in-home, or private practice appropriate to the provision of evaluation, assessment, and treatment services</li> </ul>   |
| <b>Targeted Population</b>                                | <ul style="list-style-type: none"> <li>Low, Moderate-, or High-risk juvenile, as indicated on Service Authorization Form (SAF) and determined by probation department using the Arizona Youth Assessment System (AZYAS) or other Arizona standardized assessment for transferred juveniles</li> </ul>  |
| <b>Facility License</b>                                   | <ul style="list-style-type: none"> <li>No facility licensed is required</li> </ul>   |
| <b>Service Description</b>                                | <ul style="list-style-type: none"> <li>This service provides an assessment used by clinician to evaluate juveniles adjudicated for sexually abusive offenses. It is specifically designed for use with boys and girls ages 12-17 to objectively measure their sexual interests and obtain information regarding involvement in a number of abusive or problematic sexual behaviors.</li> <li>The sexual interest assessment provides the clinician with baseline data, treatment guidance and evaluation of the juvenile’s progress throughout the treatment process.</li> </ul>   |
| <b>Service Tasks</b>                                      | <p><b>Contract requirements set forth in the AOC <u>Standard Terms &amp; Conditions</u> are applicable. Additionally:</b></p> <ol style="list-style-type: none"> <li>Complete the assessment and provide the computer generated sexual interest inventory report to the referring juvenile court within seven (7) working days from receipt of the referral. Record the dissemination of the assessment in the juvenile’s file</li> </ol>  |
| <b>Professional Consultation</b>                          | <ul style="list-style-type: none"> <li>Provide consultation service to the probation department and/or the court which has been authorized through a Service Authorization Form (SAF); billed in fifteen (15) minute increments under the appropriate service code; and may only be billed in conjunction with a contracted service. Consultation services may include court testimony or specific activities requested by the referring probation department. The individual juvenile record shall include a copy of a court’s order or written directive for testimony or the probation department’s written request for specific consultation. Professional Consultation is not case management.</li> </ul> |



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|                                 |   |
|---------------------------------|---|
|                                 | <ul style="list-style-type: none"> <li>Professional consultation shall be documented in the appropriate juvenile file and shall include a summary of consultation provided; location at which consultation occurred; persons participating in the consultation; date of consultation; duration of consultation; and name, dated signature, degree and title of person providing consultation.</li> </ul>  |
| <b>Service Frequency</b>        | <ul style="list-style-type: none"> <li>As approved in the Service Authorization Form (SAF), or as court ordered.</li> </ul>   |
| <b>Service Duration</b>         | <ul style="list-style-type: none"> <li>One unit equals one assessment</li> </ul>  |
| <b>Staffing</b>                 | <ul style="list-style-type: none"> <li>At a minimum, service will be provided by a person who holds a Master’s degree in a Human Service related field and is licensed to practice independently by the Arizona Board of Behavioral Health Examiners.</li> <li>Own or lease the sexual interest assessment program, pass any examination required to provide the sexual interest inventory and retain documentation of this certification.</li> </ul> |
| <b>Staff to Client Ratio</b>    | <ul style="list-style-type: none"> <li>One to one</li> </ul>  |
| <b>Hours of Operation</b>       | <ul style="list-style-type: none"> <li>Day, evening hours and may include weekends</li> <li>Ideally, the hours should not conflict with the juvenile’s academic day</li> </ul>  |
| <b>Desired Service Outcomes</b> | <ul style="list-style-type: none"> <li>To provide a thorough assessment of the juvenile’s sexual interest based on conclusions reached through the online sexual interest assessment.</li> </ul>  |
| <b>Unit of Service</b>          | <ul style="list-style-type: none"> <li>One unit equals one assessment</li> <li>Professional Consultation = Per 15-minute increment and only as authorized on SAF</li> </ul>   |



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**Proposed Services & Rates:**

| <b>Sexual Interest Assessment:</b>                               | <b><u>Rate:</u></b>                           |
|--|---|
| AOC does not wish to pay more than the stated rate(s) below:     |   |
| Sexual Interest Assessment (sc 174)                              | <b><u>\$175.00</u></b> / assessment           |
| Other Proposed Service Rate: Sexual Interest Assessment (sc 174) | \$ _____ / assessment                         |
| Professional Consultation (sc 180)                               | <b><u>\$25.00</u></b> / 15 minutes (Master's) |
| Other Proposed Service Rate: Professional Consultation (sc 180)  | \$ _____ / 15 minutes (Master's)              |
| Professional Consultation (sc 180)                               | <b><u>\$35.00</u></b> / 15 minutes (PhD)      |
| Other Proposed Service Rate: Professional Consultation (sc 180)  | \$ _____ / 15 minutes (PhD)                   |

**Other agreement:**

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All contracts and services must be in compliance with the AOC Standard Terms & Conditions, applicable service specifications & special contract conditions.

**By signing below, I confirm that I have read and fully understand the requirements necessary to provide the Sexual Interest Assessment service and I agree to all requirements, restrictions, service tasks, and contract rate(s):**

**Contractor Signature / Date**



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**AOC USE ONLY: DO NOT FILL IN BEYOND THIS LINE**

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**Contracted Services & Rates:**

| <b>Sexual Interest Assessment:</b>  | <b>Rate:</b>         |
|-------------------------------------|----------------------|
| Sexual Interest Assessment (sc 174) | \$_____ / assessment |
| Professional Consultation (sc 180)  | \$_____ / 15 minutes |

**Other agreement:**

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**By signing below, I confirm that I have read and fully understand the requirements necessary to provide the Sexual Interest Assessment service and I agree to all requirements, restrictions, service tasks, and contract rate(s):**

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**Contractor Signature / Date**

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**AOC Signature / Date**