

Reimbursement Management

The Board is authorized to reimburse treatment professionals for services provided to sex offenders who are indigent. Indigence is documented according to valid court order stating the offender is indigent and the State is authorized to pay for services or a completed 'Assessment, Notice of Obligation or Exemption of Fees' waiver. Exemption of fees waivers are the responsibility of the probation or parole officer. Treatment professionals are responsible for obtaining proof of the offender's indigence. Reimbursement Rates are as follow:

A. Psychosexual Evaluation

1. Actuarial Risk Assessment – up to \$75.00

This type of assessment is characterized by a review of records and the completion of the Static 99. May or may not have a face to face contact with the client. This would be the most basic type of risk assessment.

2. Combination of Empirical Guided Assessment and Actuarial Risk Assessment – \$300

This type of assessment is characterized by conducting review of records, and includes a face to face clinical interview as part of the assessment in which clinician identifies the presence of dynamic and static risk factors supported in literature to be associated with risk. In addition, the assessment should include an actuarial assessment tool (Static 99) if appropriate to identify offender's current risk level. The assessment will include a written evaluation report which includes person's assessed risk level and recommendations as well as any diagnosis if appropriate.

3. Enhanced Empirical Guided Assessment and Actuarial Risk Assessment – \$500.00

This assessment is characterized by the clinician expanding the assessment described in #2. This may be through the inclusion of specialized testing, psychological testing, objective testing, multiple clinical contacts, i.e. additional clinical interviews, family interviews, interviews with non-offending spouse. This would also include hardships such as the clinician doing the assessment described in #2 in a jail or correctional institution. The assessment speaks to risk, amenability to treatment, supervision issues. This would also include evaluating co-morbid conditions as it relates to risk and or amenability to treatment.

B. Plethysmograph - \$100.00

C. Group Therapy - \$20.00

Polygraph Examinations

The Tennessee Sex Offender Treatment Board recognizes that polygraph services are an important adjunct to treatment services. Although the training, qualification, and approval of polygraph examiners is not within the scope of the Board's mission, TCA 39-13-704(d)(3) does provide that "the board shall

coordinate the expenditure of funds from the sex offender treatment fund with any funds expended by any of the departments listed in this subdivision (d)(3) for the identification, evaluation, and treatment of sex offenders." Therefore, for polygraph services to be compensable from the sex offender treatment fund, the service must be identifiable to the current plan of treatment between a TSOTB approved treatment provider and an indigent offender.

Stipulations

1. Treatment Providers must be approved by the Sex Offender Treatment Board and listed in the current Tennessee Sex Offender Treatment Provider Directory. Valid court orders will be honored even if the treatment provider selected by the court is not a Board approved provider.
2. Assessment, Notice of Obligation or Exemption of Fees must be attached to the invoice.
3. Assessment, Notice of Obligation or Exemption of Fees must be signed and dated.
4. It is not the responsibility of the Sex Offender Treatment Board or Tennessee Department of Correction to provide or obtain proof of exemption or indigence.
5. The reason for the exemption must be clearly identified or marked on the Assessment, Notice of Obligation or Exemption of Fees form.
6. Invoices must include the following information for payment to be processed:

Provider Information

Full and legal name of service provider.

Licensure

Certification, if applicable

Complete mailing address for location where services are provided * **home addresses are not acceptable**

Telephone number for location where services are provided

Date of Service

Service Type

Client Information

Full and legal name of service recipient

Reimbursement claims for polygraph services must include the name of approved treatment provider or the Court Order pursuant to which the service has been provided.

State issued offender ID number or Social Security Number

Notice to Providers

Effective December 1, 2004 providers may be required to furnish upon request a complete copy of the psychosexual evaluation for an offender and or treatment plan that indicates DSM diagnosis, treatment modality, expected frequency and duration of treatment.

Reimbursement rates are subject to change without prior notice.