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**Rules of**  
**Department of Health and**  
**Senior Services**  
**Division 40—Division of Maternal, Child and**  
**Family Health**  
**Chapter 10—Forensic Examinations for Sexual Assault**

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**Title 19—DEPARTMENT OF  
HEALTH AND SENIOR SERVICES  
Division 40—Division of Maternal, Child  
and Family Health**

**Chapter 10—Forensic Examinations for  
Sexual Assault**

**19 CSR 40-10.010 Payments for Sexual  
Assault Forensic Examinations**

*PURPOSE: The Department of Health and Senior Services makes payments to appropriate medical providers to cover the charges of the forensic examination of a person who may be a victim of a sexual offense. This rule establishes the criteria by which forensic examination charges are paid.*

(1) The victim or the victim's guardian shall consent in writing to the examination.

(2) The medical provider shall not charge the victim for the forensic examination.

(3) All appropriate medical provider charges for the sexual assault forensic examinations shall be submitted to the Missouri Department of Health and Senior Services, Bureau of Genetics and Healthy Childhood, Sexual Assault Forensic Examination Program, 930 Wildwood Drive, PO Box 570, Jefferson City, MO 65102 for payment.

(4) Claims for sexual assault forensic examination charges shall be made on forms provided by the Department of Health and Senior Services. The Sexual Assault Forensic Examination Program Report form is included herein and is also available on the department's web site at: <http://www.dhss.mo.gov/ApplicationsAndForms/index.html>.

(5) For the purposes of billing the Missouri Department of Health and Senior Services under section 191.225, RSMo Supp. 2007, claims shall not include the medical treatment. Medical treatment means the treatment of all injuries and health concerns relating directly from a patient's sexual assault or victimization including, but not limited to the following:

(A) Testing for sexually transmitted diseases (STD) or human immunodeficiency virus (HIV) unless victim is under fourteen (14) years of age;

(B) Treatment/prophylaxis of STD or HIV;

(C) Any antibiotic prophylaxis;

(D) Pregnancy testing;

(E) Emergency contraception;

(F) Tetanus immunization;

(G) Wound care, laceration repair;

(H) Fractures/sprain treatment;

(I) Surgical procedures;

(J) Discharge instruction counseling; and

(K) Outpatient follow-up.

(6) Effective January 1, 2008 all claims for sexual assault forensic examination charges must be submitted to the department within one hundred twenty (120) days from the date of the forensic examination.

(7) The department, at its discretion, may require proof of completion of forensic examinations for auditing purposes.



**Missouri Department of Health and Senior Services  
Sexual Assault Medical Treatment Checklist**

**In response to HB 583 passed in the 94<sup>th</sup> General Assembly, First Regular Session (2007) and signed into law, the Missouri Department of Health and Senior Services was required to develop a medical treatment checklist for medical providers to refer to when caring for a victim of a sexual offense. This checklist is created with the assumption that a comprehensive examination was conducted and thus is not addressed in this checklist. This checklist is only a guide for treatment purposes and it includes, but is not limited to the following:**

- Priority care and private room for patient
- Respond to patient safety concerns
- Transfer protocol (MOU/MOA) if needed
- HIV counseling
- STD counseling
- STD testing (microbiologic and serologic)
- STD treatment/prophylaxis
- HIV testing (if indicated by CDC)
- HIV treatment/prophylaxis (if indicated)
- Other antibiotic prophylaxis (if indicated)
- Pregnancy testing
- Emergency contraceptive treatment
- Tetanus immunization (if indicated)
- Laceration repair (if indicated)
- Wound care
- Fracture/sprain treatment (if necessary)
- Shower for hygiene after exam complete
- Clothing for discharge and other comfort supplies as needed
- Release of information to appropriate agencies (Crime Victims' Compensation, law enforcement, etc.)
- Discharge instructions and counseling
- Discharge safety plan as needed
- Out-patient follow up

**Items on this checklist have no bearing on billing, as the Missouri Department of Health and Senior Services will not reimburse claims for medical treatment of a victim of a sexual offense.**

**Resources:**

A National Protocol for Sexual Assault Medical Forensic Examinations (Adults/Adolescents), US Department of Justice, Office of Violence Against Women, September 2004.  
<http://www.ncjrs.gov/pdffiles1/ovw/206554.pdf>

Evaluation and Management of the Sexually Abused Patient, American College of Emergency Physicians, 1999.  
[http://www.acep.org/NR/rdonlyres/11E6C08D-6EE7-4EE2-8E59-5E8E6E684E43/0/sxa\\_handbook.pdf](http://www.acep.org/NR/rdonlyres/11E6C08D-6EE7-4EE2-8E59-5E8E6E684E43/0/sxa_handbook.pdf)

Joint Council on Accreditation of Healthcare Organizations (JCAHO)  
Joint Commission Standards PC.3.10  
<http://www.endabuse.org/programs/display.php3?DocID=266>



**MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES  
SEXUAL ASSAULT FORENSIC EXAMINATION (SAFE) PROGRAM**

- Missouri State Statute 191.225 RSMo requires appropriate medical providers to bill the Department of Health and Senior Services (DHSS) for the forensic examination of sexual assault victims to collect evidence.
- Sexual Assault Forensic Examination Forms for Adult Male, Adult Female and Children will be posted by October 1 to the DHSS website at <http://www.dhss.mo.gov/ApplicationsAndForms/index.html>. These forms were designed by forensic exam experts to provide guidance for a standardized, quality forensic exam. Use of these exam forms is not mandatory and completed forms should **not** be submitted to DHSS for billing purposes. These forms were approved by the Attorney General's office.
- The Sexual Assault Forensic Examination Program Report is a one-page document that has been created to combine the consent for the exam, the release of information and the notification to the prosecuting attorney as well as the billing for a forensic exam. The medical provider shall send the Sexual Assault Forensic Examination Program Report within three business days of the completion of the forensic examination to the County Prosecuting Attorney's Office in the county where the alleged incident occurred. The form will be available October 1 on the DHSS website at <http://www.dhss.mo.gov/ApplicationsAndForms/index.html>. The Missouri Prosecuting Attorney's website [www.ago.mo.gov/countyprosecutors.htm](http://www.ago.mo.gov/countyprosecutors.htm) lists prosecutors' contact information by county.
- The Sexual Assault Forensic Exam Checklist was developed by forensic examination experts to provide guidelines for a standardized, quality forensic exam. The checklist is also a guide to determine the level of care provided to sexual assault victims. Check all items as they apply to the level of care provided during the sexual assault forensic examination.
- The Sexual Assault Forensic Examination Program Report as well as the Sexual Assault Forensic Exam Checklist (check all of the appropriate boxes for services provided) should be completed and mailed with an itemized bill to:  
Missouri Department of Health and Senior Services  
Bureau of Genetics and Healthy Childhood  
Sexual Assault Forensic Examination Program  
930 Wildwood Drive  
P.O. Box 570  
Jefferson City, MO 65102-0570  
**Note: please include the provider's remit to address on the form.**  
Effective January 1, 2008, all claims must be submitted for payment within 120 days of the date of the exam.
- The DHSS shall make payments to appropriate medical providers to cover the charges of the forensic examination of persons who may be victims of a sexual offense.  
**The victim is not to be billed for any sexual assault forensic examination charges.**  
All other medical charges should be billed to the appropriate billing agency.
- There are two other victim assistance organizations that may be useful to your patient/client:

Missouri Coalition Against Domestic and Sexual Violence (MCADSV) can refer clients to the nearest sexual assault service provider for additional support.

Phone: (573) 634-4161

Website: [www.mocadsv.org](http://www.mocadsv.org)

Missouri Crime Victims' Compensation may reimburse persons who have suffered injuries and financial loss due to certain crimes of violence.

Phone: (573) 526-6006

Website: <http://www.dps.mo.gov/CVC>

- If you need additional information about the Sexual Assault Forensic Examination (SAFE) Program, please contact the Department of Health and Senior Services at (573) 751-6210.

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MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES  
SEXUAL ASSAULT FORENSIC EXAMINATION PROGRAM REPORT

EXAMINATION AND INCIDENT INFORMATION			
DATE OF EXAMINATION	TIME <input type="checkbox"/> a.m. <input type="checkbox"/> p.m.	COUNTY WHERE INCIDENT OCCURRED	DATE OF INCIDENT
EVALUATION FOR SUSPECTED ABUSE <input type="checkbox"/> Sexual <input type="checkbox"/> Physical <input type="checkbox"/> Emotional <input type="checkbox"/> Neglect <input type="checkbox"/> Other:			ALLEGED ABUSER
AGENCY PERSON REFERRING VICTIM FOR EXAM (CHECK ALL THAT APPLY)			
<input type="checkbox"/> Victim <input type="checkbox"/> Children's Division <input type="checkbox"/> Health Care	<input type="checkbox"/> Parent or Guardian <input type="checkbox"/> Law Enforcement <input type="checkbox"/> Other _____	REFERRING AGENCY OR PERSON NAME	PHONE NUMBER
		ADDRESS	
VICTIM INFORMATION			
VICTIM NAME		DATE OF BIRTH	SEX <input type="checkbox"/> Female <input type="checkbox"/> Male
RACE <input type="checkbox"/> American Indian/Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black/African American <input type="checkbox"/> Native Hawaiian or Pacific Islander <input type="checkbox"/> White			HISPANIC ETHNICITY <input type="checkbox"/> Yes <input type="checkbox"/> No
AUTHORIZATION FOR EXAMINATION REQUESTED BY VICTIM/PARENT/GUARDIAN			
A minor may consent to a sexual assault forensic examination. Parental consent for a sexual assault forensic exam is not required in cases of known or suspected child abuse. I hereby request a forensic examination for evaluation of sexual assault. I understand the collection of evidence may include photographing injuries and that photographs may include the genital area. I understand that a copy of this form will be sent to the Prosecuting Attorney in the county where the alleged sexual assault occurred. I further understand that hospitals and physicians are required by law to notify the Children's Division of known or suspected child abuse. If child abuse is found or suspected, this form and any evidence will be released to the Children's Division, the Juvenile Justice Office, Law Enforcement and/or the Prosecuting Attorney. This form will be submitted to the Department of Health and Senior Services for billing purposes.			
SIGNATURE OF (CHECK ONE) <input type="checkbox"/> Victim <input type="checkbox"/> Parent <input type="checkbox"/> Guardian		SIGNATURE	
AUTHORIZATION FOR FORENSIC EXAMINATION REQUESTING AGENCY			
I request a forensic examination and collection of evidence for suspected sexual abuse.			
AGENCY	SIGNATURE		DATE
EXAMINING PROVIDER: I verify that a sexual assault forensic examination has been completed for this victim and a copy of this form has been submitted within three business days to the prosecuting attorney in the county where the alleged offense occurred.			
FACILITY NAME		FACILITY ADDRESS	
MEDICAL PROVIDER NAME AND TITLE		COUNTY OF FACILITY	PHONE NUMBER
SIGNATURE OF MEDICAL PROVIDER		SIGNATURE OF CO-EXAMINER (IF APPLICABLE)	
FOR CHILDREN'S DIVISION USE ONLY			
Incident Number:	Report Date:	Conclusion:	
BILLING INSTRUCTIONS			
Effective August 28, 2007, the Department of Health and Senior Services (DHSS) is the first payer for all sexual assault forensic examination charges (RSMo 191.225). Medical providers shall not bill victims for the sexual assault forensic examination. The DHSS will only pay for the forensic exam, not the medical treatment, for sexual assault victims. All other medical charges should be billed to the appropriate billing agency. Effective January 1, 2008, all claims must be submitted for payment within 120 days of the date of the exam. For payments, submit an itemized invoice (including CPT codes if available), the completed checklist and this form to: <b>Missouri Department of Health and Senior Services Bureau of Genetics and Healthy Childhood Sexual Assault Forensic Examination Program PO Box 570 Jefferson City, MO 65102-0570</b>			
NAME AND TITLE OF PERSON COMPLETING THE BILLING INFORMATION			PHONE
REMIT TO ADDRESS:			



### Missouri Department of Health and Senior Services (DHSS) Sexual Assault Forensic Exam Checklist

Check all items as provided during the sexual assault forensic exam.

- Utilized appropriate evidence collection kit (Kansas City, St. Louis or Highway Patrol Lab)
  - Completed screening exam for Emergency Medical Condition
  - Activated bedside advocacy
  - Activated interpreter
  - Interventions for disabilities
  - Obtained history of assault (including narrative)
  - Obtained history of drug facilitated sexual assault (if indicated)
  - Obtained consent for evaluation and treatment
  - Obtained consent for evidentiary SAFE exam
  - Obtained consent for photography
  - Obtained consent for drug screening (if drug facilitated assault indicated)
  - Obtained consent for release of information to all appropriate agencies
  - Obtained consent for law enforcement activation (per patient request)
  - Collected urine for drug facilitated sexual assault
  - Collected underwear worn during or immediately after the assault
  - Collected clothing, as forensically indicated, in brown paper bags, sealed and labeled
  - Obtained swabs & smears from all areas that victim states were bitten or licked
  - Obtained swabs & smears from appropriate areas as identified using an alternative light source
  - Collected blood standard (if forensically indicated)
  - Utilized crime scene investigators for bite mark impressions (if forensically indicated)
  - Collected oral swab for DNA Standard. (if forensically indicated)
  - Collected oral swabs & smear (if orally assaulted)
  - Collected anal swabs & smear (if forensically indicated)
  - Collected vaginal swabs & smear (if forensically indicated)
  - Collected cervical swabs & smear (if forensically indicated)
  - Collected penile swabs & smear (if forensically indicated)
  - Collected head hair standard (if forensically indicated)
  - Collected pubic hair standard (if forensically indicated)
  - Completed toluidine dye exam (if forensically indicated)
  - Completed X-rays (if indicated)
  - Completed CTs (if indicated)
  - Collected unknown sample(s) (if forensically indicated)
- Describe:
- 
- Collected fingernail scrapings (if forensically indicated)
  - Photography: (with colposcope or digital)
    - Genital photography by forensic examiner
    - Non-genital photography by forensic examiner
      - Less than 10 photos
      - More than 10 photos
  - Forensic evidence storage/log (as indicated)
  - Completion of DHSS Adult Female Sexual Assault Exam Form, Adult Male Sexual Assault Exam Form, or Child Sexual Assault Exam Form
  - Confidential forensic patient file separate from general hospital medical records
  - Forensic exam conducted by forensically trained physician or healthcare provider such as a Sexual Assault Nurse Examiner (SANE )

- Federal Violence Against Women Act prohibits mandatory reporting to law enforcement to obtain services.

Resources:

U.S. Department of Justice, National Protocol for Sexual Assault Medical Forensic Examinations (9/04)

*Evaluation and Management of the Sexually Assaulted or Sexually Abused Patient*, American College of Emergency Physicians (6/99)



*AUTHORITY: section 191.225, RSMo Supp. 2007.\* Emergency rule filed Sept. 6, 2007, effective Sept. 16, 2007, terminated Nov. 3, 2007. Emergency rule filed Oct. 24, 2007, effective Nov. 3, 2007, expired March 13, 2008. Original rule filed Nov. 1, 2007, effective May 30, 2008.*

*\*Original authority: 191.225, RSMo 1980, amended 1989, 2007.*