

**Sexual Assault Treatment Plan Pediatric Health Care Facility Form**

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Instructions: This form describes the minimum components of a Sexual Assault Treatment Plan. References to the "Regulations" mean the Illinois Department of Public Health Sexual Assault Survivors Emergency Treatment Code (77 Ill. Adm. Code 545), which implements the Sexual Assault Survivors Emergency Treatment Act [410 ILCS 70] (the Act). All responses shall be written as clearly and succinctly as possible. If additional sheets are necessary, attach those sheets to the page on which the information is originally requested. A completed copy of the plan shall be retained by the pediatric health care facility. The completed plan shall be sent to:

Illinois Department of Public Health  
Division of Health Facilities and Programs  
525 West Jefferson Street, 4<sup>th</sup> Floor  
Springfield, Illinois 62761-0001

**PART A**

Name of Pediatric Health Care Facility:

\_\_\_\_\_

Mailing Address: \_\_\_\_\_

Contact Person/Title for Program: \_\_\_\_\_

\_\_\_\_\_  
(E-mail) (Telephone Number) (Fax Number)

Contact Person for Billing: \_\_\_\_\_

\_\_\_\_\_  
(E-mail) (Telephone Number) (Fax Number)

Estimated number of sexual assault survivors to be served in coming FY: \_\_\_\_\_

Area-wide Plan with acceptance of transfer of survivors in need of medical or surgical services  
List the name of the hospital(s) with an agreement:

\_\_\_\_\_

Is the facility open 24 hours a day, 7 days a week? Yes No  
If no, provide a copy of the sign posted at each public entrance as per Section 2(b) (1)-(7) of the Act.

List the name of the rape crisis center with the pediatric health care facility has a memorandum of understanding: \_\_\_\_\_

**PART B**

1. Attach a copy of the Pediatric Health Care Facility's sexual assault plan.
2. Attach copies of appropriate documents distributed to sexual assault survivors that describe:
  - a) The risk of sexually transmitted diseases and infections, including an Evaluation of the risk of contracting human immunodeficiency virus (HIV).
  - b) The types of medication for sexually transmitted diseases and side effects.
  - c) The medical procedures, laboratory tests, medication given, and possible contraindications of the medication.
  - d) The necessity of follow-up visits, examinations, and laboratory tests.
  - e) The information concerning emergency contraception in accordance with Section 545.95 of the Regulations.
  - f) The Illinois State Police Medical Forensic Documentation Forms and Discharge Materials shall be used as a component of written information distribution. (See Section 545.61(a) of the Regulations.) The facility shall utilize The Illinois State Police Medical Forensic Documentation Forms: Illinois State Police Consent: Collect and Test Evidence or Collect and Hold Evidence, and the Illinois State Police Patient Discharge Materials form. Exam offered for survivors within a minimum of the last seven (7) days of a complaint of sexual assault or who disclosed past sexual assault by a specific individual and were in the care of that individual within a minimum of the last seven (7) days.
  - g) The drug-facilitated sexual assault testing information, including an explanation of the comprehensive scope of drug screening and the limited time frame within which evidence can be collected.
  - h) Photo documentation consent forms.
  - i) Written Notice to sexual assault survivors as per 545.100 of the Regulations.
  - j) Protocol for issuance of a sexual assault services voucher per section 5.2 of the Act. (example of voucher)

3. Describe evidence collection procedures to be taken. The Illinois State Police Medical Forensic Documentation Forms, Patient Consent: Collection and Test Evidence or Collect and Hold Evidence may be used and attached.
4. Describe counseling resources provided to sexual assault survivors. Counseling services shall comply with Section 545.60(a)(9) of the Regulations and Section 2) (c) of Act. Describe procedure for mandatory reporting requirements pursuant to Section 2) (d) of the Act.
5. Describe the protocol for issuance of a voucher per Section 5.2 of the Act.
6. Describe how the facility will offer the survivor access to a shower, if applicable.

## **PART C**

Review and sign the Conditions of Approval:

### **CONDITIONS OF APPROVAL**

The following conditions of approval shall apply to all pediatric health care facilities providing treatment services to sexual assault survivors. These conditions are enumerated below to ensure that all pediatric health care facilities are informed and aware of their responsibilities in accordance with the Regulations and the Act [410 ILCS 70]

1. The pediatric health care facility shall provide medical forensic services to sexual assault survivors, with the consent of the sexual assault survivor and as ordered by the attending physician, advanced practice nurse or physician assistant in accordance with the Act and with Section 545.60 of the Regulations.
2. The pediatric health care facility shall provide emergency services at no direct charge to the survivor. If the survivor is neither eligible to receive services under the Illinois Public Aid Code nor covered by a policy of insurance, the pediatric health care facility shall seek reimbursement only from the Illinois Department of Healthcare and Family Services (HFS), according to procedures established by HFS for that purpose (Hospital Services, 89 Ill. Adm. Code 148).
3. The pediatric health care facility shall submit billings to HFS on properly authenticated vouchers supplied by HFS for all eligible survivors for whom medical forensic services were provided pursuant to its approved Treatment Plan.
4. The pediatric health care facility shall maintain and preserve all survivor medical records of survivors under the age of 18 for a period of 60 years after the sexual assault survivor reaches the age of 18.

5. The pediatric health care facility shall maintain all business and professional records in accordance with acceptable business and accounting practices, and all records shall be legible. Records shall be retained for a period of not less than three years after the date of service or as required by State law, whichever period is longer, except that if an audit is initiated within the required retention period, the records shall be retained until the audit is completed and every exception is resolved.
6. The pediatric health care facility shall comply with the reporting procedures for sexual assault survivors as required by Section 3.2 of the Criminal Identification Act [20 ILCS 2630].
7. The pediatric health care facility shall post information in the facility concerning crime victim compensation to comply with the Crime Victims Compensation Act [740 ILCS 45].
8. The pediatric health care facility shall consent to the jurisdiction and oversight of the Department, including, but not limited to, inspections, investigations, and evaluations arising out complaints relevant to the Act made to the Department per section 2.06 of the Act.

FOR THE PEDIATRIC HEALTH CARE  
FACILITY

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Administrator