

**Sexual Assault Transfer Plan Form**

**Sexual Assault Transfer Plan**

Note: All transfer plans shall conform to the requirements of the federal Emergency Medical Treatment and Active Labor Act (42 USC 1395dd).

Instructions: This form describes the minimum components of a Sexual Assault Transfer Plan as part of an area wide 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 hospital. The completed plan shall be sent to:

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

**PART A**

Name of Transfer Hospital: \_\_\_\_\_

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

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

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

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

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

Number of adult sexual assault survivors transferred last year; \_\_\_\_\_

Number of adolescent sexual assault survivors transferred last year: \_\_\_\_\_

Number of pediatric sexual assault survivors transferred last year: \_\_\_\_\_

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

**Sexual Assault Transfer Plan Form**

**Page 2**

Area-wide plan with name of treatment hospital and or pediatric health care facility with written transfer agreement:

---

Distance of transfer hospital/pediatric health care facility from transferring hospital:

---

Number of treatment hospitals with 20-mile radius: \_\_\_\_\_

Is the County in which the hospital is located less than 1,000,000? Yes No

If yes is the hospital located within a 20-mile radius of the 4-year public university?

Yes No

**PART B**

1. Describe the procedures that will be taken to ensure privacy and support for the survivor. Services shall be in accordance with Section 545.65 of the Regulations.
2. Attach a copy of the emergency department treatment record that shall be used as required by Section 545.65 of the Regulations.
3. Describe the process to ensure, pediatric survivors will receive treatment within 90 minutes of the patient arriving at the treatment hospital or pediatric health care facility.

**PART C**

Review and sign the Conditions of Approval:

**CONDITIONS OF APPROVAL**

The following conditions of approval shall apply to all hospitals providing transfer services to sexual assault survivors. These conditions are enumerated below to ensure that all transfer hospitals are informed and aware of their responsibilities in accordance with the Regulations and the Act.

1. The hospital shall provide an appropriate medical screening examination and initial stabilizing treatment. (See Section 545.65 of the Regulations.)
2. The hospital shall provide pre-transfer and transfer services to sexual assault survivors in accordance with Section 545.65 of the Regulations.
3. The Hospital shall have a written agreement with a treatment hospital and may also

include an approved pediatric health care facility.

**Sexual Assault Transfer Plan Form**

**Page 3**

4. The hospital shall provide 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 hospital shall seek reimbursement only from the Department of Healthcare and Family Services (HFS) according to procedures established by HFS for that purpose (Hospital Services, 89 Ill. Adm. Code 148).
5. The hospital shall comply with the Emergency Medical Treatment Act [210 ILCS 70] and the federal Emergency Medical Treatment and Active Labor Act (42 USC 1395dd).
6. The hospital shall submit billings to HFS on properly authenticated vouchers supplied by HFS for all eligible survivors for whom hospital emergency services were provided pursuant to its Transfer Plan.
7. The hospital shall maintain and preserve all survivor medical records for sexual assault survivor under the age of 18 for a period of 60 years after the sexual assault survivor reaches the age of 18. For sexual assault survivors 18 years of age or older, records shall be retained by the hospital for a period 20 years after the date the record was created.
8. The hospital 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.

FOR THE HOSPITAL:

---

Administrator