Sexual Assault Forensic Examination (SAFE) Program

Missouri Department of Public Safety
OFFICE FOR VICTIMS OF CRIME

Notice

The following presentation is for reference and guidance only.

It is designed to answer frequently asked questions about

claim submission and eligibility requirements for the reimbursement of sexual assault forensic exams.

The information in this presentation is based on

Missouri statute 595.220 RSMo and

rules and regulations 11 CSR 30-12.010.

Purpose

To reimburse eligible medical providers for charges incurred while performing a forensic exam to gather evidence of the crime from persons who have been victims of sexual assault in Missouri.

Eligibility Requirements

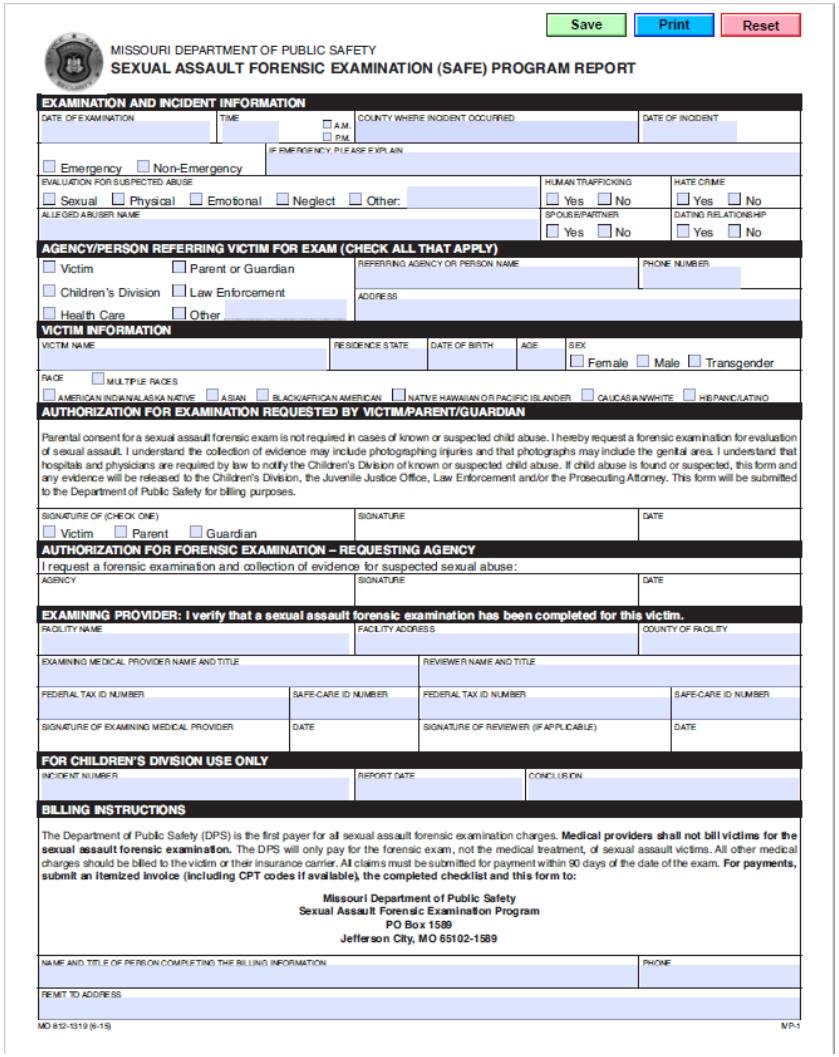
- Crime must have occurred in Missouri or, if unknown, the patient must be a Missouri resident

- Medical providers must submit claims for reimbursement to the SAFE Program within 90 days of the forensic exam

  Email: SAFE-CPAFE@dps.mo.gov
  Fax: (573) 526-4940
  Mail: PO Box 1589
  Jefferson City, MO 65102

- Claim documents:
  1. SAFE Program Report
  2. Procedural checklist
  3. Itemized billing statement

SAFE Program Report



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MISSOURI DEPARTMENT OF PUBLIC SAFETY

SEXUAL ASSAULT FORENSIC EXAMINATION (SAFE) PROGRAM REPORT

EXAMINATION AND INCIDENT INFORMATION

DATE OF EXAMINATION | TIME ☐ A.M. ☐ P.M. | COUNTY WHERE INCIDENT OCCURRED | DATE OF INCIDENT

☐ Emergency ☐ Non-Emergency | IF EMERGENCY, PLEASE EXPLAIN

EVALUATION FOR SUSPECTED ABUSE: ☐ Sexual ☐ Physical ☐ Emotional ☐ Neglect ☐ Other: | HUMAN TRAFFICKING ☐ Yes ☐ No | HATE CRIME ☐ Yes ☐ No

ALLEGED ABUSER NAME | SPOUSE/PARTNER ☐ Yes ☐ No | DATING RELATIONSHIP ☐ Yes ☐ No

AGENCY/PERSON REFERRING VICTIM FOR EXAM (CHECK ALL THAT APPLY)

☐ Victim ☐ Parent or Guardian ☐ Children's Division ☐ Law Enforcement ☐ Health Care ☐ Other

REFERRING AGENCY OR PERSON NAME | PHONE NUMBER | ADDRESS

VICTIM INFORMATION

VICTIM NAME | RESIDENCE STATE | DATE OF BIRTH | AGE | SEX ☐ Female ☐ Male ☐ Transgender

RACE ☐ MULTIPLE RACES

☐ AMERICAN INDIAN/ALASKA NATIVE ☐ ASIAN ☐ BLACK/AFRICAN AMERICAN ☐ NATIVE HAWAIIAN OR PACIFIC ISLANDER ☐ CAUCASIAN/WHITE ☐ HISPANIC/LATINO

AUTHORIZATION FOR EXAMINATION REQUESTED BY VICTIM/PARENT/GUARDIAN

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 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 Public Safety for billing purposes.

SIGNATURE OF (CHECK ONE) ☐ Victim ☐ Parent ☐ Guardian | SIGNATURE | DATE

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.

FACILITY NAME | FACILITY ADDRESS | COUNTY OF FACILITY

EXAMINING MEDICAL PROVIDER NAME AND TITLE | REVIEWER NAME AND TITLE

FEDERAL TAX ID NUMBER | SAFE-CARE ID NUMBER | FEDERAL TAX ID NUMBER | SAFE-CARE ID NUMBER

SIGNATURE OF EXAMINING MEDICAL PROVIDER | DATE | SIGNATURE OF REVIEWER (IF APPLICABLE) | DATE

FOR CHILDREN'S DIVISION USE ONLY

INCIDENT NUMBER | REPORT DATE | CONCLUSION

BILLING INSTRUCTIONS

The Department of Public Safety (DPS) is the first payer for all sexual assault forensic examination charges. **Medical providers shall not bill victims for the sexual assault forensic examination.** The DPS will only pay for the forensic exam, not the medical treatment, of sexual assault victims. All other medical charges should be billed to the victim or their insurance carrier. All claims must be submitted for payment within 90 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:**

Missouri Department of Public Safety
Sexual Assault Forensic Examination Program
PO Box 1589
Jefferson City, MO 65102-1589

NAME AND TITLE OF PERSON COMPLETING THE BILLING INFORMATION | PHONE

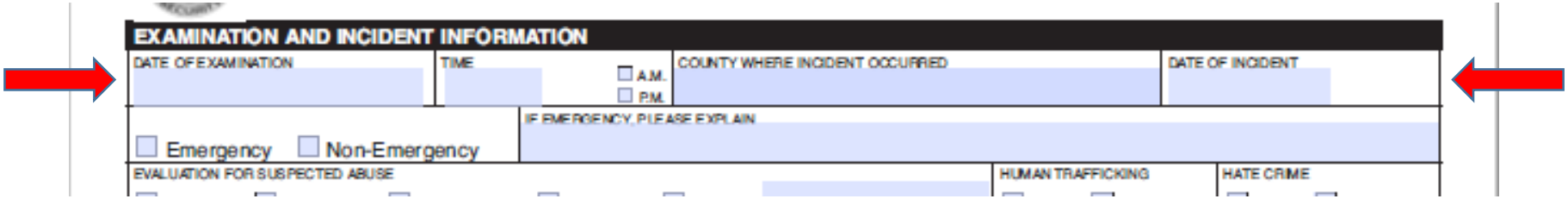
REMIT TO ADDRESS

MO 812-1319 (6-15) MP-1

Available at dps.mo.gov

- Scroll down to:
  Director's Office Programs
- Click on link for:
  Office for Victims of Crime
- Click on link for:
  Crime Victims' Compensation (CVC)
- Click on link for:
  Sexual Assault Forensic Examination (SAFE)
- Click on link for:
  Forms & Applications
- Click on link for:
  SAFE Program/Application

Emergency vs. Non-emergency



- ONLY applies to patients age 0-13 years
- **Emergency forensic exam** - An examination of a person age 0-13 years that occurs within 5 days of the alleged sexual offense
  - **Requires** one emergency reason
    - Transfer of trace biological material
    - Child at risk of pregnancy
    - Child complains of pain in the genital or anal area
    - Evidence or complaint of anogenital bleeding or injury
- **Non-emergency forensic exam** - An examination of a person age 0-13 years that occurs more than 5 days after the alleged sexual offense
  - **Requires** signature of SAFE-CARE provider who either performed or reviewed exam

SAFE-CARE Provider

Sexual assault forensic examination - child abuse resource education

"SAFE-CARE provider", a physician, advanced practice nurse, or physician's assistant licensed in this state who provides medical diagnosis and treatment to children suspected of being victims of abuse and who receives:

(a) Missouri-based initial intensive training regarding child maltreatment from the SAFE CARE network;

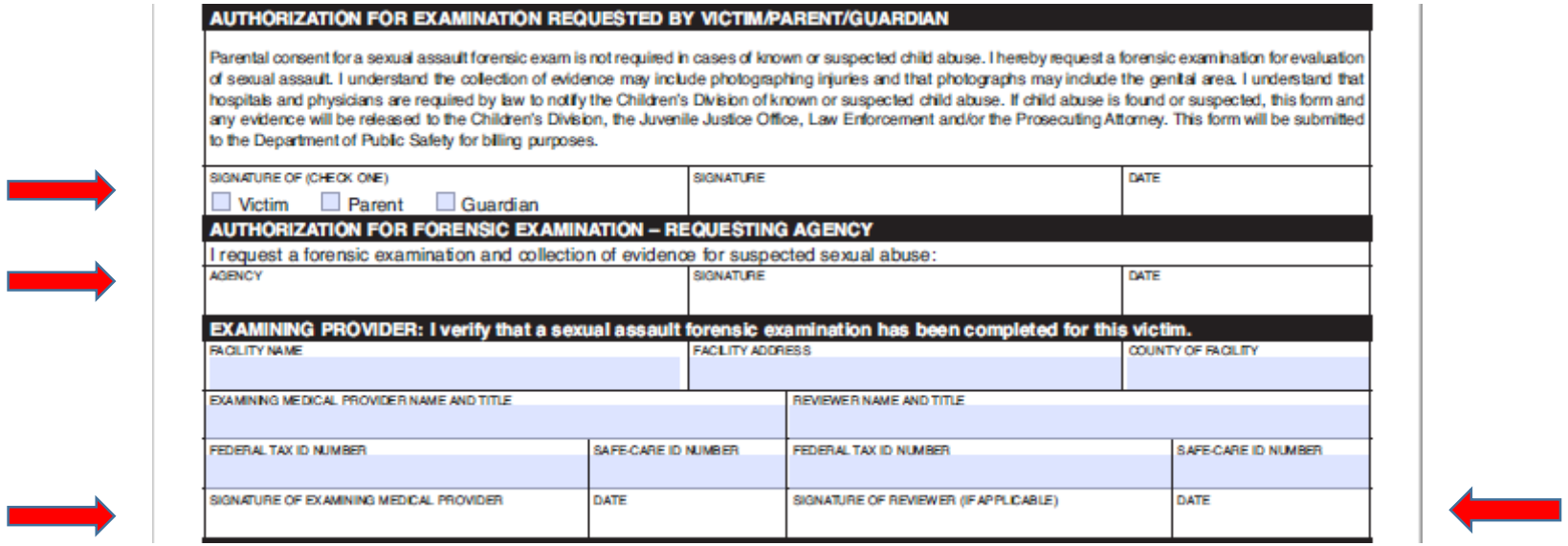
(b) Ongoing update training on child maltreatment from the SAFE CARE network;

(c) Peer review and new provider mentoring regarding the forensic evaluation of children suspected of being victims of abuse from the SAFE CARE network;

SAFE-CARE provider training is conducted through the SAFE-CARE Network by Missouri KidsFirst and the Missouri Department of Health and Senior Services.

Required signatures

- Victim, parent, or guardian consenting to the forensic exam, or if not available or if verbal consent, then the agency requesting the exam
- Medical provider performing the forensic exam
- If applicable, SAFE-CARE provider reviewing the forensic exam
  - Only for a non-emergency exam on a child age 0-13 years if exam was not performed by a SAFE-CARE provider



AUTHORIZATION FOR EXAMINATION REQUESTED BY VICTIM/PARENT/GUARDIAN

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 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 Public Safety for billing purposes.

SIGNATURE OF (CHECK ONE) ☐ Victim ☐ Parent ☐ Guardian	SIGNATURE	DATE

AUTHORIZATION FOR FORENSIC EXAMINATION – REQUESTING AGENCY

I request a forensic examination and collection of evidence for suspected sexual abuse:

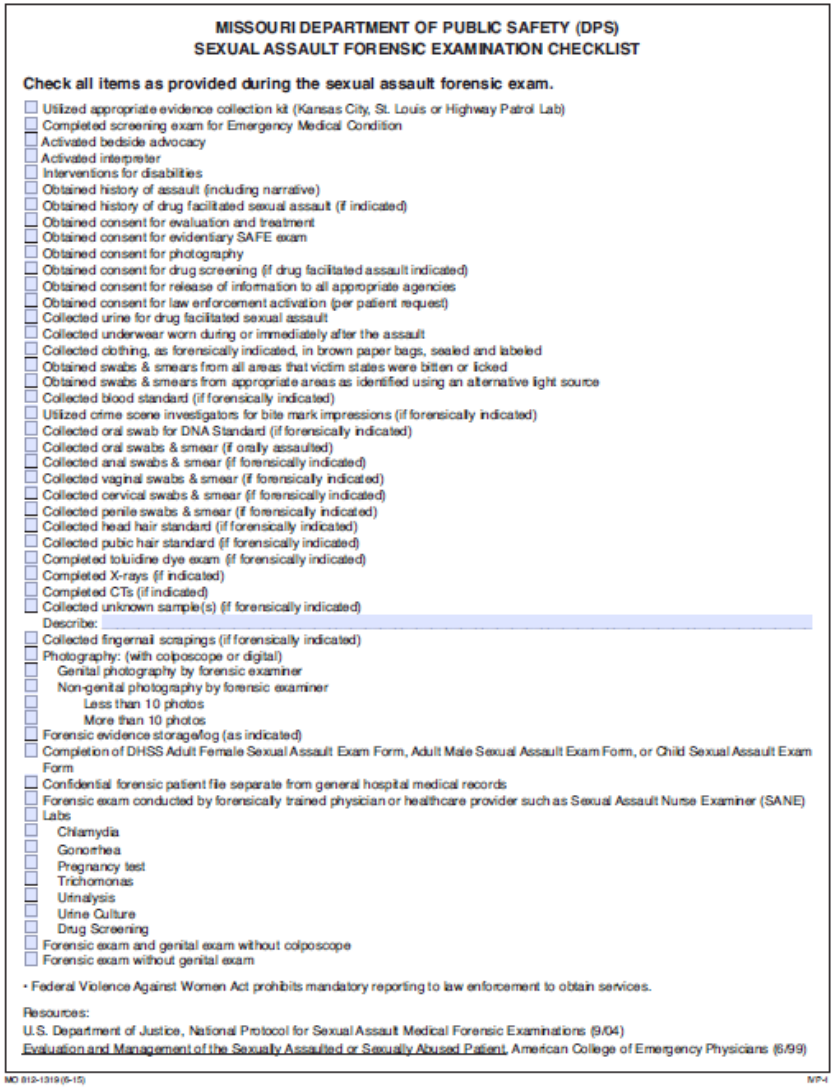
AGENCY	SIGNATURE	DATE

EXAMINING PROVIDER: I verify that a sexual assault forensic examination has been completed for this victim.

FACILITY NAME	FACILITY ADDRESS	COUNTY OF FACILITY

EXAMINING MEDICAL PROVIDER NAME AND TITLE		REVIEWER NAME AND TITLE	
FEDERAL TAX ID NUMBER	SAFE-CARE ID NUMBER	FEDERAL TAX ID NUMBER	SAFE-CARE ID NUMBER
SIGNATURE OF EXAMINING MEDICAL PROVIDER	DATE	SIGNATURE OF REVIEWER (IF APPLICABLE)	DATE

Procedural checklist



MISSOURI DEPARTMENT OF PUBLIC SAFETY (DPS)
SEXUAL ASSAULT FORENSIC EXAMINATION 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 Sexual Assault Nurse Examiner (SANE)
- ☐ Labs
  - ☐ Chlamydia
  - ☐ Gonorrhea
  - ☐ Pregnancy test
  - ☐ Trichomonas
  - ☐ Urinalysis
  - ☐ Urine Culture
  - ☐ Drug Screening
- ☐ Forensic exam and genital exam without colposcope
- ☐ Forensic exam without genital exam

• 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)

MO 812-1319 (6-15) IVP-4

Indicate each procedure performed during the forensic exam.

Procedural checklist – drug facilitated

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

- ☐ Labs
  - ☐ Chlamydia
  - ☐ Gonorrhea
  - ☐ Pregnancy test
  - ☐ Trichomonas
  - ☐ Urinalysis
  - ☐ Urine Culture
  - ☐ Drug Screening
- ☐ Forensic exam and genital exam without colposcope
- ☐ Forensic exam without genital exam

Drug screen testing for patients age 14 years or older is only eligible if a drug-facilitated crime is indicated.

Itemized billing statement

Must include:

- Patient name
- Account number
- Diagnosis codes
  - Common codes include, but are not limited to:
    - T74.21XA – Adult sexual abuse, confirmed
    - T74.22XA – Child sexual abuse, confirmed
    - T76.21XA – Adult sexual abuse, suspected
    - T76.22XA – Child sexual abuse, suspected
    - Z04.41 – Observation following alleged adult rape or seduction
    - Z04.42 – Observation following alleged child rape or seduction
- Facility name and remit to address
- Forensic exam charges including description and cost

Reimbursable forensic charges

- Facility fee
  - Emergency room or clinic visit
- Professional fee
  - Eligible medical provider who performs forensic exam and, if appropriate, the SAFE-CARE provider who reviewed the exam
- Lab fees
  - Dependent upon age of patient and if crime was drug-facilitated
    - Age 0-13 years: STD, HIV, pregnancy, or drug screen
    - Age 14+ years: drug screen only if drug facilitated

Reimbursement Limits

- Hospitals
  - Up to $900
    (includes facility and professional fees)
- Clinics / Child Advocacy Centers
  - Up to $650
    (includes facility and professional fees)
- Labs
  - Up to $200
    (for exams conducted at either hospital, clinic/CAC or a separate facility)

Unallowable charges

- Charges for medical treatment of any injuries or health concerns, including but not limited to:
  - Testing for STD or HIV (unless patient is under age 14)
  - Treatment/prophylaxis of STD or HIV
  - Antibiotics / immunizations
  - Pregnancy testing (unless patient is under age 14)
  - Emergency contraception
  - Wound care / laceration repair
  - Fractures / sprain treatment
  - Surgical procedures
  - Discharge instructions or outpatient follow-up

SAFE Program

- Primary payor for forensic exam charges
  - Health insurance carrier may be billed as secondary
  - Forensic exam charges may NOT be billed to the patient
  - Medical treatment charges may be billed to the patient
    - Refer patient to the Crime Victims' Compensation Program

      Website: dps.mo.gov
      Email: cvc@dps.mo.gov
      Phone: 1-800-347-6881

Questions?

Child Physical Abuse Forensic Examination (CPAFE) Program

Missouri Department of Public Safety
OFFICE FOR VICTIMS OF CRIME

Notice

Guidance for the CPAFE Program is based on

Missouri statute 334.950.1 RSMo and
rules and regulations 11 CSR 30-12.020

Purpose

The CPAFE Program was established to cover the cost of the professional fee for SAFE-CARE providers who

- Perform a forensic exam to collect or preserve evidence on children age 0-17 years who have been a victim of alleged abuse or
- Provide a case review
  - Defined as a written record review or evaluation of previously gathered photographs, medical records and investigative information provided by a multi-disciplinary team

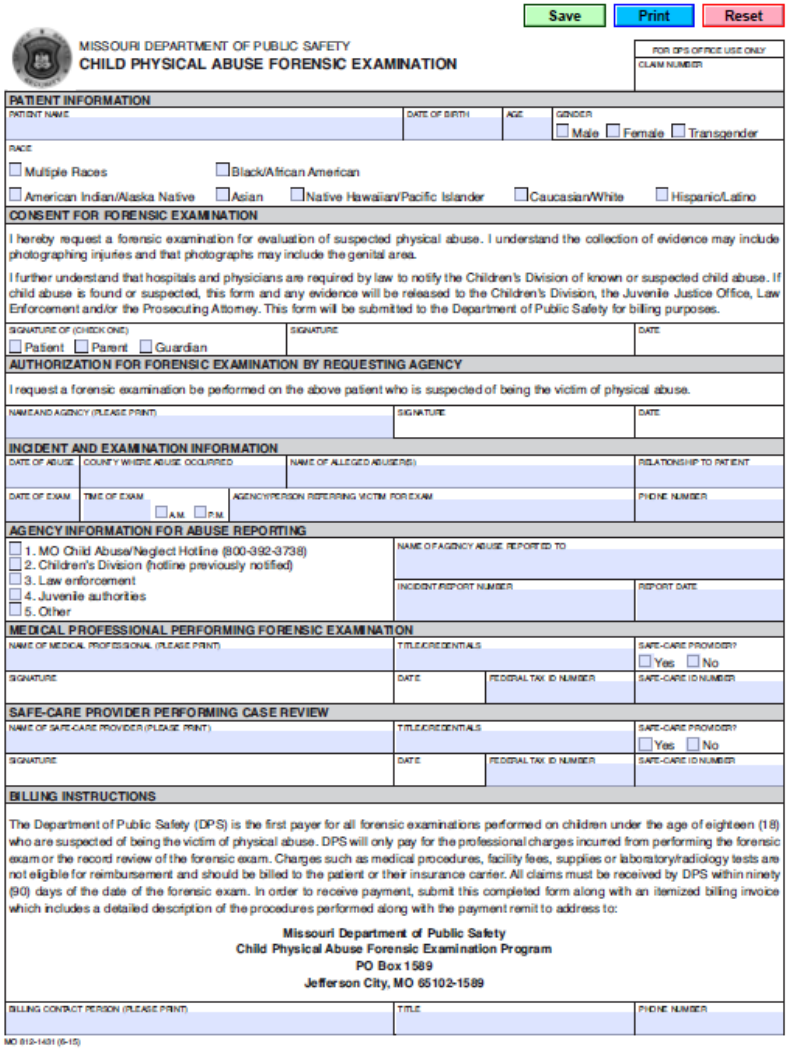
Eligibility Requirements

- Crime must have occurred in Missouri or, if unknown, the patient must be a Missouri resident
- Patient must be age 17 years or younger
- Only child physical abuse is covered
- Claims must be submitted to the CPAFE Program within 90 days of the forensic exam or the case review

  Email: SAFE-CPAFE@dps.mo.gov
  Fax: (573) 526-4940
  Mail: PO Box 1589
  Jefferson City, MO 65102

- Claim documents include:
  - CPAFE Program claim form
  - Itemized billing statement

CPAFE claim form



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MISSOURI DEPARTMENT OF PUBLIC SAFETY
CHILD PHYSICAL ABUSE FORENSIC EXAMINATION

FOR DPS OFFICE USE ONLY
CLAIM NUMBER

PATIENT INFORMATION

PATIENT NAME | DATE OF BIRTH | AGE | GENDER ☐ Male ☐ Female ☐ Transgender

RACE
☐ Multiple Races ☐ Black/African American
☐ American Indian/Alaska Native ☐ Asian ☐ Native Hawaiian/Pacific Islander ☐ Caucasian/White ☐ Hispanic/Latino

CONSENT FOR FORENSIC EXAMINATION

I hereby request a forensic examination for evaluation of suspected physical abuse. I understand the collection of evidence may include photographing injuries and that photographs may include the genital area.

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 Public Safety for billing purposes.

SIGNATURE OF (CHECK ONE) ☐ Patient ☐ Parent ☐ Guardian | SIGNATURE | DATE

AUTHORIZATION FOR FORENSIC EXAMINATION BY REQUESTING AGENCY

I request a forensic examination be performed on the above patient who is suspected of being the victim of physical abuse.

NAME AND AGENCY (PLEASE PRINT) | SIGNATURE | DATE

INCIDENT AND EXAMINATION INFORMATION

DATE OF ABUSE | COUNTY WHERE ABUSE OCCURRED | NAME OF ALLEGED ABUSER(S) | RELATIONSHIP TO PATIENT

DATE OF EXAM | TIME OF EXAM ☐ A.M. ☐ P.M. | AGENCY/PERSON REFERRING VICTIM FOR EXAM | PHONE NUMBER

AGENCY INFORMATION FOR ABUSE REPORTING

☐ 1. MO Child Abuse/Neglect Hotline (800-392-3738)
☐ 2. Children's Division (hotline previously notified)
☐ 3. Law enforcement
☐ 4. Juvenile authorities
☐ 5. Other

NAME OF AGENCY ABUSE REPORTED TO
INCIDENT/REPORT NUMBER | REPORT DATE

MEDICAL PROFESSIONAL PERFORMING FORENSIC EXAMINATION

NAME OF MEDICAL PROFESSIONAL (PLEASE PRINT) | TITLE/CREDENTIALS | SAFE-CARE PROVIDER? ☐ Yes ☐ No
SIGNATURE | DATE | FEDERAL TAX ID NUMBER | SAFE-CARE ID NUMBER

SAFE-CARE PROVIDER PERFORMING CASE REVIEW

NAME OF SAFE-CARE PROVIDER (PLEASE PRINT) | TITLE/CREDENTIALS | SAFE-CARE PROVIDER? ☐ Yes ☐ No
SIGNATURE | DATE | FEDERAL TAX ID NUMBER | SAFE-CARE ID NUMBER

BILLING INSTRUCTIONS

The Department of Public Safety (DPS) is the first payer for all forensic examinations performed on children under the age of eighteen (18) who are suspected of being the victim of physical abuse. DPS will only pay for the professional charges incurred from performing the forensic exam or the record review of the forensic exam. Charges such as medical procedures, facility fees, supplies or laboratory/radiology tests are not eligible for reimbursement and should be billed to the patient or their insurance carrier. All claims must be received by DPS within ninety (90) days of the date of the forensic exam. In order to receive payment, submit this completed form along with an itemized billing invoice which includes a detailed description of the procedures performed along with the payment remit to address to:

Missouri Department of Public Safety
Child Physical Abuse Forensic Examination Program
PO Box 1589
Jefferson City, MO 65102-1589

BILLING CONTACT PERSON (PLEASE PRINT) | TITLE | PHONE NUMBER

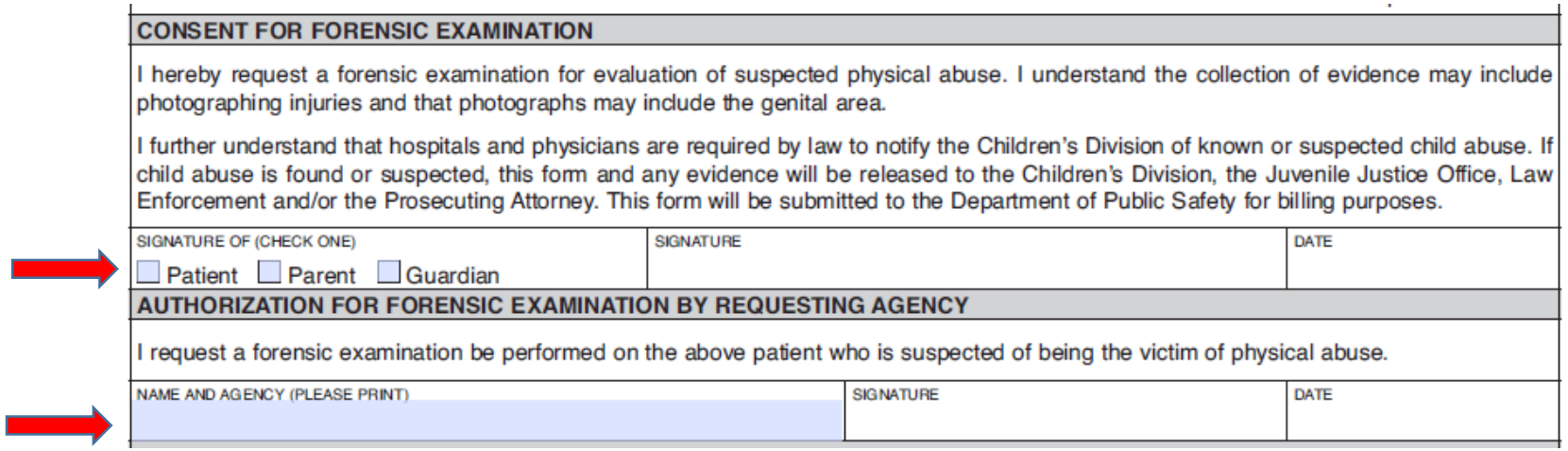
MO 812-1401 (6-15)

Available at dps.mo.gov

- Scroll down to:
  Director's Office Programs
- Click on link for:
  Office for Victims of Crime
- Click on link for:
  Crime Victims' Compensation (CVC)
- Click on link for:
  Child Physical Abuse Forensic Examination (CPAFE)
- Click on link for:
  Forms & Applications
- Click on link for:
  Claim Form/Application

Required signatures

Patient, parent, or guardian consenting to the forensic exam, OR if not available or if verbal consent, then agency requesting the exam



CONSENT FOR FORENSIC EXAMINATION

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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 Public Safety for billing purposes.

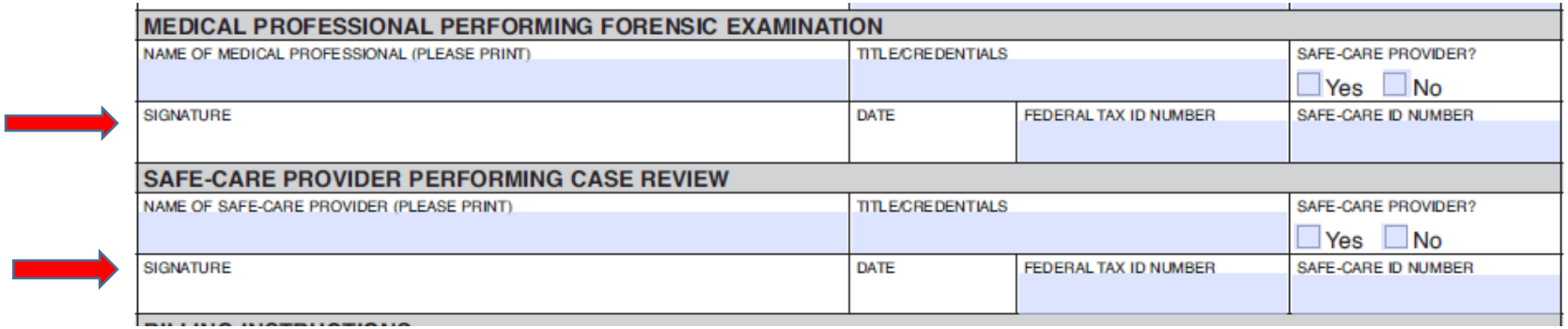
SIGNATURE OF (CHECK ONE)	SIGNATURE	DATE
☐ Patient ☐ Parent ☐ Guardian		

AUTHORIZATION FOR FORENSIC EXAMINATION BY REQUESTING AGENCY

I request a forensic examination be performed on the above patient who is suspected of being the victim of physical abuse.

NAME AND AGENCY (PLEASE PRINT)	SIGNATURE	DATE

Required signatures, con't



MEDICAL PROFESSIONAL PERFORMING FORENSIC EXAMINATION			
NAME OF MEDICAL PROFESSIONAL (PLEASE PRINT)	TITLE/CREDENTIALS		SAFE-CARE PROVIDER? ☐ Yes ☐ No
SIGNATURE	DATE	FEDERAL TAX ID NUMBER	SAFE-CARE ID NUMBER
SAFE-CARE PROVIDER PERFORMING CASE REVIEW			
NAME OF SAFE-CARE PROVIDER (PLEASE PRINT)	TITLE/CREDENTIALS		SAFE-CARE PROVIDER? ☐ Yes ☐ No
SIGNATURE	DATE	FEDERAL TAX ID NUMBER	SAFE-CARE ID NUMBER

- Medical professional or SAFE-CARE provider performing the forensic exam
- SAFE-CARE provider who reviews forensic exam or performs a case review

Itemized billing statement

Must include:

- Patient name
- Account number
- Diagnosis codes
  - Common codes include but are not limited to:
    - T74.12XA – Child physical abuse, confirmed
    - T74.4XXA – Shaken baby syndrome
    - T74.92XA – Other child abuse and neglect
    - T76.12XA – Child physical abuse, suspected
    - T76.92XA – Child abuse, unspecified
    - Z04.72 – Abuse and neglect
    - Z04.8 – Observation following other inflicted injury
- Facility name and remit to address
- Description and cost of service

Reimbursement

Professional fee for SAFE-CARE provider ONLY

- Performance of forensic exam
  - Up to $750
- Review of forensic exam or case review
  - Up to $400

CPAFE Program

The SAFE-CARE provider's professional fee should NOT be billed to the patient's parent, guardian or health insurance.

11 CSR 30-12.020 (8)

SAFE or CPAFE Program

If the patient is a victim of both sexual assault and child physical abuse, only one claim per crime event may be reimbursed.

11 CSR 30-12.020 (11)

Program Guideline Comparison

MISSOURI CRIME VICTIM COMPENSATION PROGRAM
GUIDELINES FOR PROVIDERS *(effective 5/1/2020)*

SAFE-Provider Based	CPAFE-Provider Based	CVC-Victim Based
SAFE claims can only be submitted by providers. Providers submitting a SAFE claim for consideration **must** include the following: 1. a Sexual Assault Forensic Exam (SAFE) Program Report; and, 2. a Sexual Assault Forensic Exam) (SAFE) Procedural Checklist; and 3. an Itemized Bill. **NOTE:** The completed Form 1500 or Form UB-04 may serve as the itemized bill, but will not be accepted if not accompanied by items 1-3 above. SAFE claims are due no later than 90 days from the date of service.	CPAFE claims can only be submitted by providers. Providers submitting a CPAFE claim for consideration **must** include the following: 1. a Child Physical Abuse Forensic Exam (CPAFE) Form; and 2. an Itemized Bill. **NOTE:** The completed Form 1500 may serve as the itemized bill, but will not be accepted if not accompanied by both items noted above. CPAFE claims are due no later than 90 days from the date of service.	The CVC is victim-based and operates separate and apart from SAFE and CPAFE. Providers may send an itemized bill to the CVC program per the victim and/or claimant's request. Providers submitting information for consideration related to a CVC claim **must** include the following: 1. the CVC assigned case number (*i.e., CV2020-XXXX*); 2. the first and last name of the victim; 3. the victims date of birth; and 4. the Itemized Bill If the CVC assigned case number is unknown, the provider can request up to 10 case numbers by emailing the cvc@dps.mo.gov. The request must include the first and last name of the victim and the date of birth. **NOTE:** The Form 1500 or the Form UB-04 form ***DOES NOT*** qualify as an itemized bill for the CVC program and will not be accepted.
Completed SAFE claims can be mailed to SAFE, PO Box 1589, Jefferson City, MO 65101 ATTN: SAFE or emailed to SAFE-CPAFE@dps.mo.gov or faxed to 573/526-4940	Completed CPAFE claims can be mailed to CPAFE, PO Box 1589, Jefferson City, MO 65101 ATTN: SAFE or emailed to SAFE-CPAFE@dps.mo.gov or faxed to 573/526-4940	Itemized bills for CVC claims or requests for assigned CVC numbers and can be mailed to CVC, PO Box 1589, Jefferson City, MO 65101 ATTN: CVC or emailed to cvc@dps.mo.gov or faxed to 573/526-4940

CRIME VICTIMS' COMPENSATION

For more information or to request training/ technical assistance for your agency, please contact the Crime Victims' Compensation Program at cvc@dps.mo.gov or 573/526-6006

The CVC, SAFE and CPAFE Programs are not insurance programs and should not be considered as such in billing processes. Eligibility is based on specific crime events only.

For More Information

SAFE or CPAFE Programs
P.O. Box 1589
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