

**APPLICATION FOR CHILD SEXUAL ABUSE MEDICAL EXAMINATION
FUNDING ASSISTANCE**

INSTRUCTIONS

Fiscal Year 2021



**CHILD SEXUAL ABUSE AND EXPLOITATION
PREVENTION BOARD**

CHILD VICTIMS' TRUST FUND

DEADLINE FOR FILING:

April 22, 2020
4:30 p.m. E.D.T.

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OBJECTIVE

The Kentucky Child Sexual Abuse and Exploitation Prevention Board (the Board), the "Grantor," funded through the Child Victims Trust Fund (CVTF), in accordance with KRS 15.935, seeks to contribute to the protection of children of the Commonwealth from sexual abuse by providing financial support for case management activities associated with the performance of medical examinations of those children believed to be victims of such abuse. The Board has determined that the most effective use of its limited resources is administration of the Child Sexual Abuse Medical Reimbursement Program (the CSAMR Program) to provide financial support to Grantees whose primary purpose is the protection of these children, and whose organization is designed to achieve that end.

The Board will contract with eligible Grantees who meet the conditions of the CSAMR Program "to fund the cost of medical examinations of victims of suspected child sexual abuse to the extent the fee for an examination is a service not eligible to be paid for by Medicaid or private insurance." KRS 15.935(1)(b). Specifically, funds are available to support only the cost of case management aspects of the medical exam including, but not limited to, such activities as scheduling the medical examination with a physician, responding to individuals and agencies having a legitimate role in the case, assessing the patient's service needs, medical billing, and preparing and maintaining case records.

Based on surveys regarding the cost of child sexual abuse examinations and the sources of payment, the Board has determined that a reasonable average cost for case management is \$75 per examination. Eligible Grantees may apply for funding at \$75 per medical examination and provide the Board with a Best Faith Estimate of the total estimated number of examinations per fiscal year. Reimbursement awards from the Board are limited by the amount of appropriated funding for the fiscal year, the total number of grants made available by the Board for the fiscal year and the total estimated number of examinations requested by all Grantees.

The Board will consider grantee's Best Faith Estimate when determining the amount of funding to award grantee but *will also consider the number of exams funded to the grantee the previous year as well as the amount of funding the Board has available for funding for the fiscal year.*

ELIGIBILITY

1. An eligible provider, the "Grantee," is an incorporated non-profit agency whose primary purpose is to provide prevention, intervention and treatment services to sexually abused children (or both physically and sexually abused children) and their families, within a child-focused multidisciplinary team approach.
2. The Grantee must demonstrate capability of providing medical examinations for children alleged to have been sexually abused.
3. The Grantee must be enrolled with the Cabinet for Health and Family Services as a specialized children's services clinic and *must be* the CHFS designated Children's Advocacy Center for that region. *See KRS 620.045(2).*
4. Pursuant to 40 KAR 6:020, the CSAMR grant must be used to "supplement and not replace existing funds received from sources for child sexual abuse medical examinations."
5. The CSAMR contract may be renewed annually depending upon the availability of appropriated funds to the Board for this purpose and the willingness of both parties to continue the program. In addition, the following conditions will be considered for each Grantee's application: successful

performance of the grant requirements by the Grantee throughout the period of the previous contract and the demonstrated ability to perform the required activities during the subsequent program period.

6. Examinations, conducted pursuant to the terms of the CSAMR contract, are eligible for case management fees if the victim is a resident of Kentucky or the alleged incident of abuse occurred in Kentucky. Only one case management fee may be claimed per child per sexual abuse incident.
7. **The Child Sexual Abuse and Exploitation Prevention Board (the Board) reserves the right to deem ineligible any application that is incomplete or does not follow instructions.**
8. **The Board reserves the right, in its sole discretion, to reject any and all grant applications or to cancel the availability of funding in its entirety, if no funds are available, either through an enacted budget or a legal spending plan.**

DEFINITIONS

For the purposes of the Fiscal Year 2021 Application for Child Sexual Abuse Medical Examination Funding Assistance, the following definitions apply:

1. **Child Sexual Abuse Medical Examination** means an examination to determine child sexual abuse which includes a medical history taken from the child and a nonimplicated parent, guardian or primary caretaker; a physical examination with detailed attention to the anogenital area; a colposcopic examination (if clinically indicated); and a mental health screening provided within 24 hours or if paid through Medicaid, on the same day and at the same location as the physical examination. *See 907 KAR 3:160.* For the purposes of funding assistance for child sexual abuse medical examinations, the definition of child sexual abuse medical examination also includes the case management associated with the physical examination. *See 40 KAR 6:020.*
2. **Medical Assistant** means an individual who holds a minimum one-year postsecondary Certificate or Diploma in Medical Assisting, or a two-year postsecondary Associate in Applied Science Degree in Medical Assisting from an accredited college, community college or technical college.
3. **Nurse** means a person who holds a Baccalaureate or Associate degree in Nursing and is licensed as an "Advanced Registered Nurse Practitioner" (ARNP), "Registered Nurse" (RN), or a "Licensed Practical Nurse" (LPN) in the Commonwealth of Kentucky by the Board of Nursing pursuant to KRS 314.011.
4. **Physician** means an individual who holds a doctor of medicine or a doctor of osteopathy and is to practice medicine in the Commonwealth of Kentucky by the Kentucky Medical Association pursuant to KRS 311.550.
5. **Sexual Assault Nurse Examiner (SANE)** means "a registered nurse who has completed the required education and clinical experience and maintains a current credential from the board as provided under KRS 314.142 to conduct forensic examinations of victims of sexual offenses under the medical protocol issued by the State Medical Examiner pursuant to KRS 216B.400(4)."
6. **Unlicensed Nursing Personnel** means an individual who is engaging in "the performance of delegated nursing acts" under the supervision of a physician, a SANE or a nurse pursuant to KRS 314.011(13). Unlicensed nursing personnel must be trained on delegated nursing acts, as well as supervised at all times, by the physician, SANE or nurse.

TERMS OF THE PROGRAM

1. The Grantee agrees to provide case management services relating to child sexual abuse medical examinations.
2. Every Grantee shall be responsible for maintaining accurate, current financial and program records. Two program reports are required: the monthly invoice form and the final annual report form. Grant recipients may be required to submit additional reports as deemed appropriate by the Board or its staff. **Failure to submit the proper reports within the stipulated timeframe may result in the forfeiture of remaining grant funds, where applicable, and shall be a factor in the consideration of future applications.**
 - a. Monthly invoices are required to be sent electronically on the form and in the manner provided by the CSAMR program Administrator. A monthly invoice is due no later than close of business on **the fifteenth day** of the following month. The Executive Director of the Grantee Agency must sign the monthly invoice certifying the number of examinations performed during each month and the accuracy of the request for reimbursement. The monthly invoice must provide information for each child served including the child's date of birth, gender, county of residence; the name of the medical personnel performing the examination and the Grantee assigned case number. **If no medical examinations were performed by the Grantee during an individual month, the Grantee must still submit a monthly invoice reflecting this information.** Any monthly invoices submitted **after close of business June 30, 2021 shall not be eligible for payment.**

By submitting the FY 2021 Application for Child Sexual Abuse Medical Examination Funding Assistance, all Grantees agree and understand that each Grantee Agency may be subject to a random search of medical examination case information relating to administration of the CSAMR Program.
 - b. A final report is due by **close of business July 15, 2021**. The final report shall reflect: the total child sexual abuse medical examination budget for the fiscal year including amount and all sources of revenue for examinations; the total amount expended on the examinations and the number of examinations conducted. *See 40 KAR 6:020*. The final report should also contain an acknowledgement from the director of the CAC that the reports submitted throughout the year are a true and accurate representation of the medical examinations performed by the CAC.
3. Each Grantee shall comply with all statutory and administrative requirements of KRS 15.900 to 15.935, 920 KAR 2:040, 907 KAR 3:160, KRS 314.011(14), and KRS 314.142 relating to child sexual abuse medical examinations and specialized children's services clinics. The Board reserves the right to deem ineligible any application from a Grantee that is not in full compliance with all applicable Kentucky Revised Statutes or Kentucky Administrative Regulations. **Additionally, any grantee who fails to comply with the terms of the agreement as well as all statutory and regulatory mandates will be subject to the forfeiture of CSAMR grant funds and will not be eligible for CSAMR medical reimbursement funding for the two years following such non-compliance.**
4. Pursuant to 920 KAR 2:040, a child sexual abuse medical examination may only be performed by a licensed physician or a Sexual Assault Nurse Examiner (SANE), if the child is fourteen (14) years of age or older. *See 920 KAR 2:040, Section 8 (a) and (b); See also 907 KAR 3:160, KRS 314.011(14), KRS 314.142*. Persons who may assist with performance of child sexual abuse medical examinations are as follows: a licensed ARNP, RN, or LPN; a medical assistant; or unlicensed nursing personnel acting under the

supervision of a licensed physician, SANE or nurse. **Due to the sensitive nature of child sexual abuse cases and issues of confidentiality, any failure to comply with 920 KAR 2:040, 907 KAR 3:160, KRS 314.011(14) or KRS 314.142, relating to persons authorized to perform medical examinations, may result in the forfeiture of remaining CSAMR grant funds, where applicable, and shall be a factor in the consideration of future applications.**

5. As a grantee, the Grantee Agency is responsible for updating the CSAMR Program Administrator of any personnel changes during the given contract period for which the Grantee participates as a regional designated Children's Advocacy Center.
6. Each physician must agree to attend a minimum of four (4) hours of continuing education units biennially on topics related to forensic medical examinations in child sexual abuse cases and provide training certificates, or proof of attendance, to the Grantee. The Executive Director of the Grantee Agency is responsible for retaining on-site documentation which reflects compliance with this training requirement.
7. **Upon the termination of an existing contract or upon entering a new agreement or employment with any individual who will be performing or assisting with the performance of the CSAMR Program, the Grantee shall notify the Board in writing and mail the Board copies of all required documentation for any new Grantee staff member(s),** as required by the CSAMR contract. Failure to provide notice to the Board within 30 days of the termination of a contract, or upon entry into a new contract, may result in forfeiture of remaining CSAMR grant funds or the current fiscal year and shall be a factor in consideration of future grant applications.
8. With respect to any physician, SANE, ARNP, RN, LPN, medical assistant, or unlicensed nursing personnel employed or contracted by the Grantee Agency, the Grantee shall provide the following documentation:

For **each** physician or SANE, the Grantee must provide:

- Proof of active licensure by the Kentucky Medical Association or Board of Nursing, as applicable
- Any current certificates of attendance at continuing education course on child sexual abuse forensic medical examinations
- A written Contract for Services, or Memorandum of Understanding, between the physician or SANE and Grantee, regardless of whether of payment is exchanged for performance of child sexual abuse medical examinations
- A signed physician's or nurse's agreement, as applicable

For **each** ARNP, RN, or LPN, the Grantee must provide:

- Proof of active licensure by the Kentucky Board of Nursing
- Any current certificates of attendance at continuing education course on child sexual abuse forensic medical examinations, if applicable
- A signed nurse's agreement

For **each** medical assistant, the Grantee must provide:

- Proof of a certificate, diploma or Associate Degree an accredited college, community college or technical college
- A signed medical assistant's agreement

For **each** unlicensed nursing personnel, the Grantee must provide:

- A signed unlicensed nursing personnel agreement

A signed Child Victims' Trust Fund Annual Confidentiality and Non-Disclosure Agreement shall be completed by all persons including medical personnel involved in the child sexual abuse medical examination program.

All documentation is subject to review and shall be maintained by the Grantee on-site for the annual site review.

9. Each person performing, or assisting with, child sexual abuse medical examinations on behalf of the Grantee must sign the Application for Child Sexual Abuse Medical Examination Funding Assistance and agree to testify, if required by the Grantee, regarding any medical findings or procedures related to his or her participation in any child sexual abuse medical examinations performed on such victims of child sexual abuse. **The Grantee's eligibility for the CSAMR Program is contingent upon agreement and compliance with this requirement by all medical personnel participating in child sexual abuse medical examinations on behalf of the Grantee.**
10. The Grantee shall provide the Board with a copy of the organization's annual independent audit which verifies the total grant amount received from the Board as well as other state and federal grants in the corresponding fiscal year. The audit shall include a schedule of all grant activity showing beginning receivables, revenues, open and ending receivables. The Grantee shall ensure that no conflicts of interest exist and the independent audit is prepared annually by a licensed independent accounting agency, or individual, which is not associated or affiliated with the Grantee in any manner. Under the requirements of the CSAMR grant, it is not sufficient for Grantee's Executive Director or a member of Grantee staff to perform the internal audit submitted to the Board.

However, *in certain circumstances* (i.e., the grantee is not required by law or statute to complete an annual independent audit due to the size or assets of the organization), the Board **may** consider current financial statements and internal budget reports. Any such financial statements **must** include a statement as to why the organization is exempt from the requirement to complete an independent audit AND should include an internal budget report verifying the total CVTF grant amount, as well as any and all other state and federal grants received by the Grantee.

11. The Grantee shall maintain *on-site* the results of criminal background checks from the Kentucky State Police (KSP) or Administrative Office of the Courts (AOC), pursuant to KRS 17.160 & KRS 17.165, for each person with access to or participating in the administration of the CSAMR Program, including physicians, nurses, medical assistants, unlicensed nursing personnel and Grantee staff. Grantees must provide verification that the required background checks were completed and submit the Background Verification Form that will be provided with the contract if the grant is awarded.

The results of the background checks must be **no older than two years**. Upon hiring any new medical personnel or staff for the CSAMR Program, the Grantee shall send the Board verification of the KSP or AOC criminal background check. In addition, the Grantee shall update all criminal background checks for current Grantee and CSAMR program staff biennially.

The Grantee shall also maintain on-site Central Registry Check (CA/N) background checks—which are administered by the Cabinet for Health and Family Services. See 920 KAR 2:040 Section 3(2) (e).

Applicants shall report any background check returned with anything other than minor traffic offenses to the CSAMR Program Administrator for further review. The applicant agency shall report any abuse, neglect or exploitation substantiation or criminal charge that is brought to its attention during the funding period. **Failure to comply with this contract requirement may result in the forfeiture of**

remaining grant funds, where applicable, and shall be a factor in the consideration of future applications.

12. The Grantee shall maintain a copy of the Grantee's completed FY 2021 Application for Child Sexual Abuse Medical Examination Funding Assistance on-site.
13. The Grantee shall provide the Board a report of the Grantee's total cost per child sexual abuse medical examination, including the cost of physicians' fees, agency overhead, case management activities, labs, medical staffing, etc. Proof of the total cost per exam for the CSAMR Program should be submitted through the most recent final Medicaid Cost Report or an itemized budget report.
14. The Grantee shall provide the Board a copy of the agency staffing chart or personnel diagram. In addition, the Grantee shall provide a list of its current Board members, including each Board member's qualifications and community affiliations.
15. The Grantee shall provide a job description and qualifications of each position involved in the administration of the CSAMR Program. The Grantee shall maintain copies of all job descriptions of each person involved in the administration of the CSAMR Program on site for purposes of the Board annual site review.

PUBLIC RELATIONS REQUIREMENT

The Child Victims' Trust Fund receives its revenues from the state income tax refund check-off, a small portion of the purchase and renewal price for the "I Care About Kids" license plate, and private donations. To ensure the continuing generation of funds, it is imperative that all Grantees develop and implement a Public Relations Plan to promote CVTF revenue programs in every county throughout the Grantee's service region. Collaboration with local media, other community groups or community agencies is required in the development of this plan.

Every Grantee must, at a minimum, complete the following requirements.

1. **Promotion of CVTF Logo, income tax refund check-off and the "I Care About Kids" License Plate in community locations and government agencies.** The Grantee must select two or more locations from the following list of "Target Locations" and post information regarding the CVTF revenue programs at these locations. The Grantee may also choose to advertise the CVTF programs from the list of "Other Locations." If the Grantee wishes to publicize the CVTF in a location not listed below, please contact the CSAMR Program Administrator for prior approval.
 - a. **Target Locations**
 - County Clerk's Offices and Division of Motor Vehicles offices
 - Courthouses, including, but not limited to, Family, Circuit and District Courts
 - Police Departments
 - Pediatrician offices, childcare centers
 - Libraries, Community Centers, youth clubs, e.g. YMCA or Boys & Girls Club
 - Health Departments/free clinics
 - b. **Other Locations**
 - Semi-professional sports teams, i.e. Lexington Legends, Louisville Bats
 - Children's clothing stores and large shopping malls

- Tax preparation firms
2. **Promotion Verification Form.** Grantees shall use the Promotion Verification Form, which will be mailed to all Grantees with the CSAMR Grant Award Letter, when promoting the CVTF revenue programs. The Grantee must have an appropriate representative from each posting site sign a Promotion Verification Form verifying publication of the CVTF revenue programs at this location. The signed Promotion Verification Form must be maintained on-site for the annual CSAMR site review. The Grantee must submit a short summary describing the progress of the Public Relations Plan, along with the signed Promotion Verification Form, to the CSAMR Program Administrator no later than January 31, 2021.
 3. **The Grantee shall display the CVTF logo and statement crediting CVTF funding on all published Grantee materials.** The CVTF logo must be included on all of the Grantee's printed materials referencing a CVTF program, such as brochures or agency websites. In addition to the CVTF logo, all materials discussing the Grantee's CSAMR Program shall include the following statement: "*Child sexual abuse medical examinations are made available, in part, by a grant from the Child Victims' Trust Fund.*" An electronic copy or a printed label depicting the CVTF logo and funding statement may be obtained from the CVTF staff and placed on existing brochures.

FUNDING SCHEDULE

CSAMR grants are awarded once each fiscal year. Medical examinations must be completed during the 12-month funding period from July 1, 2020 through June 30, 2021. Grantees will be awarded a maximum amount of eligible funding for the fiscal year and will provide monthly invoices for reimbursement based on the number of medical examinations actually performed by the Grantee. *The CSAMR shall provide payment based upon the availability of funds. If no funds are available, either through an enacted budget or a legal spending plan, this agreement is null and void.*

ANNUAL ON-SITE REVIEWS

Grantees are subject to annual on-site reviews. Following the review, if applicable, the CSAMR Grant Administrator will send a letter of non-compliance to the Grantee noting any contract requirements or deficiencies discovered during the review. The Grantee must address any deficiencies within a timeframe of 30 working days, as established by Board policy. ***Failure to acknowledge and address deficiencies within the stipulated timeframe may result in the forfeiture of remaining grant funds, where applicable, and shall be a factor in the consideration of future applications. It should be noted that the annual on-site review is for administrative and compliance purposes. It is not a financial audit and should not be construed as such.***

APPLICATION DEADLINE

The Application for Child Sexual Abuse Medical Examination Funding Assistance is due **April 22, 2020 by 4:30 p.m. Eastern Daylight Time.** The notification of awards will be made in May/June 2020. Awards to successful applicants will be available beginning on July 1, 2020. The CSAEP Board assumes no responsibility for the timely delivery of applications or for incomplete applications.

All applications must be **received no later than close of business April 22, 2020, 4:30 p.m. Eastern Daylight Time.** Applications and/or attachments received after the deadline will not be accepted.

APPLICATION SUBMISSION

Applications are to be submitted via email as well as followed up with one original hard copy via U.S. post or parcel delivery before the deadlines stated below:

Submit one original of the entire application with all required attachments and the signed Statement of Cooperation and Assurance *via email* to ICareAboutKids@ky.gov on or before April 22, 2020.

A hardcopy of the application with original signatures and all required attachments and the signed Statement of Cooperation and Assurance must be received by the Executive Director of the Office of Child Abuse and Human Trafficking Prevention and Prosecution no later than **April 29, 2020**. Submit the application documents to:

Office of the Attorney General
c/o Office of Child Abuse and Human Trafficking Prevention and Prosecution
Executive Director
1024 Capital Center Drive
Frankfort, Kentucky 40601

GENERAL INSTRUCTIONS

All applicants must follow these instructions in preparing the Application for Child Sexual Abuse Medical Examination Funding Assistance. ***The Board reserves the right to deem ineligible for further review any application that does not adhere to the instructions contained in this document.***

- Please answer all questions and complete the application by typing the information requested in the spaces provided on the application. The Board recommends that all Grantees enter the data in electronic form, which allows as much space as needed for each question, and then print off the application to obtain all necessary signatures prior to submitting the final application. Handwritten applications will not be accepted by the Board.
- If the Grantee requires any special accommodations, please contact the Office of Victims Advocacy at 502-696-5320 for assistance.
- All sections of the application must be completed as requested. Alternate versions will **NOT** be considered.
- All answers should be *typed* in a standard font no smaller than 11-point size. Margins should be 1 inch. No deviations, including all caps, all bold, all italics, etc, will be accepted.
- All *Required Attachments*– including the statement of cooperation and assurances, confidentiality forms, Grantee agency brochures, etc. – must be submitted in their original format.
- Arrange the attachments that are associated with each position/employee together. For instance, all attachments associated with a particular individual should be arranged in the following format:
 - Job Description
 - Resume
 - Annual Confidentiality Agreement
 - Proof of Active Licensure
 - Any Contract for Services

- Any Certificates of Training
- Then, attach the next employees information in the same order and so on.