DEPARTMENT OF HEALTH AND SOCIAL SERVICES

Division of Behavioral Health

RESIDENTIAL BEHAVIORAL REHABILITATION SERVICES HANDBOOK 2019

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http://dhss.alaska.gov/dbh/Pages/Residentialcare/forms.aspx

Effective Date: 7/1/2019

PURPOSE AND APPLICABILITY OF HANDBOOK

This Residential Behavioral Rehabilitation Services (RBRS) Handbook is intended to provide guidance for providers, and to set out requirements that are in addition to the provisions of the applicable statutes and regulations that govern residential care for children and youth (RCCY) facilities.

See Appendix 1 for a list of applicable statutes and regulations referred to in this handbook. The statutes and regulations apply to all providers of residential care for children and youth. The requirements of this handbook are additional requirements that apply to RBRS providers who provide services for children/youth who are utilizing a RBRS funded bed.

The handbook includes procedures developed by the Department of Health and Social Services (the department) which may require change over time. Because the handbook is adopted by reference in department regulations, it is itself a regulation.

Providers are encouraged to submit proposed changes and suggestions for improvement to the department at any time. The department welcomes such participation in making the handbook an easy-to-use resource for providers, and will give serious consideration to all such suggestions when developing a revision for the public review process.

Please check the DBH/RCCY Web site http://dhss.alaska.gov/dbh/Pages/Residentialcare/forms.aspx for current information about the handbook, applicable forms, provider meeting schedules, and other provider information.

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RESIDENTIAL BEHAVIORIAL REHABILITATION SERVICES (RBRS)

The purpose of RBRS is to remediate specific dysfunctions which have been explicitly identified in an assessment and individualized written treatment plan that is regularly reviewed and updated. RBRS services also build the strengths and resiliency of children/youth and families.
RBRS services are provided to children/youth in residential settings to treat debilitating psychosocial, emotional, and behavioral disorders. RBRS provide intervention, stabilization, and development of appropriate coping skills upon the recommendation of a provider listed in 7 AAC 135.800(a)(4)(B)(1)-(ix) within the scope of their practice as prescribed by applicable law.

RBRS services are "client-centered" and are provided within the residential care system individually, in groups and in the family. Services must include the recipient's biological, adoptive, foster or identified family unless this is clinically inappropriate or a post-discharge placement has not been identified. RBRS services continue post-discharge to ensure a successful transition back into a community setting.

Service Components Provided in Residential Care

These services may be provided in a variety of settings to children who live in residential care under 7 AAC 50 and consist of interventions to help children/youth acquire essential skills. Service components include:

(1) short-term crisis stabilization services described in 7 AAC 135.170;
(2) case management described in 7 AAC 135.180;
(3) therapeutic behavioral health services for children described in 7 AAC 135.220;
(4) recipient support services described in 7 AAC 135.230;
(5) day treatment services for children described in 7 AAC 135.250; and
(6) medication administration services described in 7 AAC 135.260.

RBRS services include meaningful discharge planning for post discharge family treatment services and crisis prevention planning and support.

GENERAL RBRS PROGRAM REQUIREMENTS

Acceptance of Referrals

- A residential childcare facility must comply with all statutes and regulations that apply to the operation of a residential childcare facility.
- Non-custody recipients may not be removed prematurely from a facility in order to make room for a custody child/youth. Once a custody or non-custody child/youth enters a facility, the child/youth will be given every opportunity to succeed and finish the child's/youth's treatment plan.
- Youth who are waitlisted will retain the person's place in line for services and will not be displaced or given less consideration than for youth living in closer proximity to the facility or for any other reason.
- Not later than five business days of receiving a referral for placement, the RBRS provider shall determine whether a referral packet is complete and, if not, notify the referral agent of the specific omissions. The provider shall accept or reject a completed referral not later than five business days of its receipt and, if rejecting the referral,

provide written statements to the referral agent.

- A RBRS provider may refuse a placement only if the facility cannot appropriately serve the recipient with reasonable accommodations due to the recipient's special needs or the facility's lack of capacity or the recipient does not meet medical necessity criteria in the opinion of the facility staff.
- RBRS providers are not to discharge recipients or refuse the recipient's placement unless the recipient presents an imminent risk of harm to the recipient or others for which the provider is not qualified to respond under the level of care for which the provider has entered into an agreement or the recipient no longer meets medical necessity criteria.

Target Population

The Target Population for all RBRS levels of care includes:

- Children/youth who are in department custody, are Alaska Medicaid eligible, and have been reviewed by the department;
- Children/youth who are not in department custody, are Alaska Medicaid eligible and have been reviewed by the department;
- Children/youth between the ages of 6 and 20 years old. A child younger than six years of age may only be served in a facility licensed to provide emergency shelter care (Level II).

Recipients in the target population must have a primary mental, emotional or behavioral disorder and may have co-occurring developmental disabilities that prevent them from functioning at developmentally appropriate levels in their home, school, or community. The recipients must meet the criteria for the specific level of care the recipient is being admitted to. They may exhibit symptoms such as:

- anti-social behaviors that require close supervision and intervention and structure
- mental disorders with persistent non-psychotic or psychotic symptoms
- drug and alcohol abuse, or
- sexual or other behavior problems that severely or chronically impair their ability to function in typical family, work, school, or other community roles.

Recipients may be victims of severe family conflict and show behavioral disturbances related to the substance abuse, mental illness, or both of the parents. Recipients may also have physical and mental birth defects from prenatal maternal alcohol or drug use or alcohol related or drug related neurological defects.

Required Approval for Admitting a Recipient to Residential Child Care

Admissions Approval for Level II Facility

- For Level II Emergency Assessment and Stabilization Centers, a recipient may enter placement on the recipient's own or may be brought by police, a parent, a community RBRS provider, or an Office of Children's Services (OCS) or Division of Juvenile Justice (DJJ) worker.
- For recipients in department custody, placement in a Level II facility must be approved by the recipient's OCS or DJJ worker within 24 hours of placement.
- The RBRS Provider will notify the fiscal agent of the admission to obtain an initial service authorization.

RESIDENTIAL LEVEL OF CARE II-IV OVERVIEW

The department has established levels of care for RBRS. A detailed description of each level follows the summary overview set out in the following table. All RBRS levels of care provide 24-hour RBRS and treatment for recipients with emotional and behavioral disorders seven days a week. All RBRS levels of care are staffed 24-hours a day by professional staff. ALL RBRS levels of care are strongly encouraged to provide home-based services when appropriate to each recipient's identified family, providing training, support, and resources to enable the family to assume care of the recipient after discharge. The department encourages and supports organizations providing home-based services for follow-up outpatient care as a best practice.

Level II – Emergency Stabilization and Assessment Center (ESAC)

1. ***Level II Program Description:***
   - Level II RBRS are short-term crisis stabilization and assessment units that provide an interim placement for children or youth.
   - Treatment is short term for generally up to 30 days. Recipients are in immediate danger or need stabilization and assessment of needed services. The emphasis is on diagnostics and future placement based on therapeutic needs of the child/youth.
   - The goals of emergency stabilization and assessment centers must include:
     - Stabilize the recipient's behavior and assess for treatment needs;
     - Assist the recipient in dealing with the crisis of emergency placement;
     - Assure the recipient is available for scheduled court appearances (if applicable);
     - Provide a comprehensive assessment of the recipient's care and treatment;
     - Provide coordination of medical treatment and supervision of medication delivery;
     - Maintain the recipient's education;
     - Participate in the post ESAC placement planning.
2. ***Level II Services***

   Therapeutic behavioral health services will be provided to recipients, including:
   - Crisis stabilization, diagnosis, individual, family and group psychotherapy,
   - Individual treatment planning focused on returning the client to a community setting.
   - Planned individual and group therapeutic behavioral health services
   - Family engagement, education, skill development, referral, mediation, transition and after-care planning, consultation and in-home services (as appropriate)
   - Maintain and improve the child/youth's educational progress and develop an individualized educational program for each child/youth (coordinate with school the IEP team as needed).
   - Participate in developing a plan for subsequent placement.
3. ***Level II Admission Criteria***

   Most youth meet 7AAC 135.160 or 7AAC 135.170:
   - which includes the need to reduce symptoms of the acute mental, emotional, or behavioral disorder,
   - to prevent harm to the recipient or others,
   - to prevent further relapse or deterioration of the recipient's condition; or
   - to stabilize the recipient within the family system or current placement if one exists
4. ***Level II Continuing Care Criteria***

- Client continues to exhibit behavior consistent with admission criteria;
- Client requires additional assessments which are still being completed;
- Client is awaiting an appropriate level of care based on the assessments that have been completed;
- Continued placement will not harm the client.

Level III Residential Treatment and Level IV – Residential Diagnostic Treatment

1. Level III and IV Program Description and Services

Level III - Residential Treatment Program Description and Services	Level IV - Residential Diagnostic Treatment Program Description and Services
Level III RBRS are long-term placements to provide a therapeutic environment in which specific behaviors or issues are addressed within a treatment plan. Level III service is for recipients in need of, and able to respond to, therapeutic interventions and who cannot be treated effectively in their own family, a foster home, or in a less restrictive and structured setting. Many recipients have had multiple placements in less structured facilities. They may have a history of inability to adjust and progress in a public school and may require a self-contained classroom environment to develop the educational, social, behavioral, and coping skills necessary to return to a less structured placement. Recipients may attend school in the community; or may require additional tutoring and a behavior management program to resolve social or behavioral problems before to going home or emancipation. Therapeutic behavioral health services will be provided to recipients. Individual, group and family psychotherapy will be provided as needed. Program components must include: 1. Individualized, strength based treatment plan, including crisis prevention; 2. Planned individual and group therapeutic behavioral health services;	Level IV RBRS are small therapeutic facilities providing structured supervision in a more restrictive environment. Level IV serve children/youth identified as having more intensive needs prior to placement. In this more structured setting, staff develop a diagnostic picture of a recipient who may have multiple diagnoses due to placement in several facilities, or who may have been in such crisis that a true diagnostic picture was difficult to ascertain. Most recipients will continue treatment in the program once a clear diagnostic picture is obtained, however some may move to a different level of care once the assessment process is completed. Level IV RBRS may be short or long-term, but are intended to serve recipients who: 1. exhibit more serious and destructive behaviors, 2. have been identified as having more intensive needs, and/or 3. need a more structured setting with psychiatric services available and/or a more accurate diagnosis. Intensive treatment services include crisis intervention, accurate diagnosis (behavioral issues, physical health, mental health, substance abuse, other), behavioral stabilization, individual, group and family psychotherapy and management.

Level III - Residential Treatment Program Description and Services	Level IV - Residential Diagnostic Treatment Program Description and Services
3. Family engagement, education, skill development, referral, mediation, transition and after-care planning, consultation and in- home services (as appropriate); 4. Community experiences; 5. Ongoing individual, group, and family psychotherapy as identified in treatment plan; 6. Maintain and improve the child/youth's educational progress and develop an individualized educational program for each child/youth (coordinate with school the IEP team as needed).	Therapeutic behavioral health services will be provided to recipients, including: 1. Behavioral stabilization and management, and accurate diagnosis (i.e. chronic, episodic, or manageable); 2. Comprehensive individual treatment planning focused on continued care and the recipient's long-term needs; 3. Planned individual and group therapeutic behavioral health services; 4. Family engagement, education, skill development, referral, mediation, transition and after-care planning, consultation, and in- home services (as appropriate); 5. Crisis intervention and stabilization; 6. Maintain and improve the child/youth's educational progress and develop an individualized educational program for each child/youth (coordinate with school the IEP team as needed); 7. Develop independent living skills; 8. Develop a plan for subsequent placement.

2. Level III and IV Admission Criteria

- For Level III and IV, a behavioral health assessment that meets 7AAC 135.110 must have been completed in the previous 90 days or upon admission which indicates client is Severely Emotionally Disturbed (SED).
- The symptoms and impairments must be the result of a psychiatric or co-occurring substance abuse disorder.
- If admission is delayed due to being in a detention setting and waiting on a court hearing; an updated assessment will be completed which indicates the continued need for the Level III or IV being requested.
- If a recipient's symptoms are not precisely within the timeframes below, a provider may request that they be reviewed and determined by the department on a case-by-case basis and a written decision will be sent to the provider.
- A discharge plan must begin at admission with a specific discharge date and specific providers identified to help facilitate the discharge in a timely manner.

Level III - Residential Treatment Admission Criteria	Level IV - Residential Diagnostic Treatment Admission Criteria
Meet two from the functional group and at least two from the other groups *Functional Issues: In home, school or community setting:* 1. Aggressive /assaultive behavior to peers or adults within the last six months not accounted for by another diagnosis or due to the effects of a substance or medical condition. (Examples: biting, kicking, pinching, bullying, cruelty to animals, destruction of property or threatening behavior) 2. Property destruction in the home, school, or community within the last 6 months; 3. Suicidal statements, without a plan or stated intent to follow through; 4. Has been abusive to self within the previous two months as evidenced by cutting the skin, pulling out hair, picking, scratching, or rubbing the skin to create sores or scars or burning or branding the skin; 5. Running behavior that puts the client at substantial risk; 6. Increased anxiety as evidenced by not being able to perform up to developmental expectations for the past three months (not caused by developmental issues); 7. Depressed, irritable or manic mood for at least 6 months as evidenced by anxiety, depressed/irritable mood, and withdrawal from normal activities or family; 8. Neglects to take responsibility for daily hygiene and needs direct assistance/ direction to complete activities of daily living (not due to developmental issues); 9. Not able to maintain appropriate sexual boundaries for the past year as evidenced by inappropriate sexual play with inanimate objects, explicit sexual comments, sexual contact or penetration toward peers or adults/caregivers;	***Meet two from the functional group and at least two from the other groups*** *Functional Issues: In home, school or community setting:* 1. Aggressive /assaultive behavior to peers or adults within the last 3 months grossly out of proportion to any precipitating psychosocial stressors, not accounted for by another diagnosis or due to the effects of a substance or medical condition.(Examples: punching a wall, throwing or smashing items, frequent and/or uncontrollable tantrums of yelling and screaming, aggressive impulses that resulted in seriously assaultive acts); and/or 2. Threats to harm others with the means to do so; 3. Substantial property destruction within the last three months grossly out of proportion to precipitating psychosocial stressors, not accounted for by another diagnosis or a substance or medical condition in the home, community, or school and/or charges were filed; 4. Suicidal gestures or statements, without a plan or stated intent to follow through; 5. Abusive to self in the previous four weeks as evidenced by cutting the skin, pulling out hair, picking, scratching, rubbing the skin to create sores or scars, burning, branding the skin; 6. Running behavior that puts the client at substantial risk in previous two months; 7. Increased anxiety as evidenced by not being able to perform up to developmental expectations for the past two months (not due to developmental issues);

Level III - Residential Treatment Admission Criteria	**Level IV - Residential Diagnostic Treatment Admission Criteria**
10. Criminal behaviors including the intolerance of adult authority or stealing from family, friends, and stores, which may or may not result in legal charges; 11. Failure to abide by conditions of probation *Environmental Issues: in home, school, or community within the last six months* 1. Serious stressors in "family system" due to frequent moves, numerous disruptions, severe conflict or issues of abuse or divorce 2. Inability to meet physical needs; 3. Criminal behaviors by parents or family members occurring within the family or neighborhood; 4. Exposure to alcohol abuse or use of illegal substances in "family setting" or "community network"; 5. Exposure to domestic violence in "family setting"; 6. Family/caregivers unable or unwilling to participate in services for client; 7. Other family problems such as emotional instability, neglect, abuse, or absence. *Response to Services: at the least restrictive level of care in home, school or community* 1. Under stress, client has shown significant vulnerability to external stressors; 2. Decompensates when under pressure due to family issues, turmoil in day-to-day living environment including educational setting; 3. Unable to maintain changes during transitions even with intensive supports. Co-occurrence: Has a co-occurring condition, which does not allow maintenance in a less restrictive level of care (substance abuse disorder, medical condition, developmental disability, traumatic brain injury, FASD, etc.).	8. Depressed, irritable or manic mood for at least two months, as evidenced by; changes in appetite or eating pattern, unexplained weight loss, anger outbursts with increased frequency or intensity, excessive guilt, excessive preoccupation with death, diminished ability to concentrate or make a decision, feelings of hopelessness, helplessness or worthlessness, or no longer engages with friends; or family; 9. Not able to maintain appropriate sexual boundaries for the past four months (longer if youth has been in a restrictive setting). As evidenced by: inappropriate sexual play with inanimate objects, sexual comments, sexual contact such as rubbing or touching others, inducing others to touch offenders private parts, penetration such as digital, penile or with an object, and/or adjudicated sexual offense. 10. Criminal behaviors including the intolerance of adult authority during the past six months; *Environmental Issues: in home, school, or community* 1. Serious stressors in "family system" due to frequent moves, numerous disruptions, severe conflict, or issues of abuse; 2. Inability to meet physical needs; 3. Criminal behaviors by parents or family members occurring within the family or neighborhood; 4. Exposure to alcohol abuse or use of illegal substances in "family setting" or "community network"; 5. "Family system" unable to participate in services or to provide a safe and therapeutic setting for client; 6. Other family problems such as emotional instability, neglect, abuse, or absence; Co-occurrence: Has a co-occurring condition, which does not allow maintenance in a less restrictive level of care (substance abuse disorder, medical condition, developmental disability, traumatic brain injury, FASD, etc.).

3. Level III and IV Continuing Care Requirements

Level III and IV treatment programs must include a transitional and continued care component. Transitional services include preparing the recipient for transition to the next placement or release. Continued care includes development and delivery of individualized plans designed to meet each recipient's medical, psychological, social, behavioral, educational, and developmental needs during the first 90 days after discharge. Continued care plans must include ALL of the following:

- Placement in an age appropriate living situation;
- A plan for appropriate therapeutic services in the community setting including medication supervision, crisis diversion, in-home and family services (as appropriate), and community supports;
- An educational transition plan that includes timely exchange of educational records, and a plan for delivery of necessary school supports;
- Coordination with the child/youth's social worker or juvenile probation officer to assure appropriate placement supervision and other community services;
- Individual Safety Plan that includes a Crisis Plan for the family if the youth is in need of (short term)stabilization that provides a diversion option from acute care, with the goal of providing time for stabilization in working with that family in a way that focuses on youth returning to the home setting, and
- The RBRS provider is encouraged to use the services of the OCS Independent Living Specialist and the Family Preservation grantee if those services exist in the provider's community.

Level III - Residential Treatment Continued Care Criteria	Level IV - Residential Diagnostic Treatment Continued Care Criteria
Child/youth's symptoms and impairment result from a psychiatric disorder and the clinical or treatment circumstances are consistent with one of the following: 1. Has exhibited behavior consistent with admission criteria within the past six weeks, or 2. Has exhibited new symptoms or behaviors that meet admission criteria and the treatment plan has been revised to incorporate new goals; 3. Treatment plan has objectives appropriate for Level III related to improving behavioral and social/emotional functioning; 4. Client is participating in the treatment process; 5. Family is participating in the treatment process;	Child/youth's symptoms and impairment result from a psychiatric disorder and the clinical or treatment circumstances are consistent with one of the following: 1. Has exhibited behavior consistent with admission criteria within the past six weeks; or 2. History, clinical presentation and progress strongly suggest that discharge to lower level of care presents a high likelihood of deterioration, high risk behavior and the inability to make progress on goals; 3. Treatment plan has objectives for level 4 related to improving behavioral and social/emotional functioning 4. Client is participating in treatment; 5. Family is participating in the treatment process;

Level III - Residential Treatment Continued Care Criteria	Level IV - Residential Diagnostic Treatment Continued Care Criteria
6. Vigorous efforts are being made to affect a timely discharge to another level of care; AND	6. Vigorous efforts are being made to affect a timely discharge to another level of care; AND
7. Continued placement is more likely to be beneficial to the client than to be harmful; OR	7. Continued placement is more likely to be beneficial to the client than to be harmful; OR
Client does not meet the above criteria but:	Client does not meet the above criteria but:
8. Has clearly defined treatment goals necessary for discharge which can be completed in 30 days and no lower level of care can accomplish the goals; OR	8. Has clearly defined treatment goals necessary for discharge which can be completed in 30 days and no lower level of care can accomplish the goals; OR
9. Discharge to lower level of care available within 30 days and continued care will avoid an additional transition	9. Discharge to lower level of care available within 30 days and continued care will avoid an additional transition.

RESIDENTIAL CARE FOR CHILDREN AND YOUTH – GRANT PROGRAM INFORMATION AND STANDARDS

ADMINISTRATION and PERSONNEL

Governance
If a facility is not governed by a board or other body, policy for the operation and management of the facility shall be determined by the operator of the facility or by the administrator if the authority to determine policy is delegated to the administrator by the operator.

Responsibilities of a Governing Body of Residential Child Care Facilities
Governing entities of a Residential Child Care Facility must comply with 7 AAC 50.100. If a residential child care facility is governed by a board or other body, the board or other body shall comply with 7AAC 50.100. Implementation of the policies of the facility is the responsibility of the administrator.

Staff Qualifications
All staff having contact with children or youth in residential care must meet all statutory, regulatory and licensing requirements for staff. The general staff qualifications for residential child/youth care RBRS providers are described in the following regulations and statutes (see Appendix 2):

- 7 AAC 50.210, Qualifications and Responsibilities of Persons Having Regular Contact with Children in a Facility;
- 7 AAC 50.220 – 7 AAC 250, Caregiver Age Requirements and Additional Staff Qualifications in Residential Child care Facilities and Additional Qualifications For Adolescent Caregivers; and
- AS 47.05.300 – 47.05.390 and 7 AAC 10.900 – 7 AAC 10.990 (Barrier Crimes, Criminal History, Checks, and Centralized Registry).

Note: Residential child care providers (staff) who do not meet the minimum qualification requirements may after submitting a variance to licensing to verify if the hiring is approved.

CPR Requirements
Must meet the requirements of licensing.

Personal Restraint
Federal regulations (42 CFR 483.352) definition of restraint
Personal restraint means the application of physical force without the use of any device, for the purposes of restraining the free movement of a resident's body. The term personal restraint does not include briefly holding without undue force a resident in order to calm or comfort him or her, or holding a resident's hand to safely escort a resident from one area to another.

Staff Orientation Requirements
A facility with one or more employees or contractors shall provide a minimum eight-hour orientation that must begin at the time of employment and be completed within eight weeks and include:
1. The facility's policies and procedures, including responsibilities of the caregiver;
2. Satisfying special needs of specific children/youth, where appropriate;
3. Emergency procedures and health and safety measures

Staff Training Requirements
A residential child care facility shall ensure that all employees receive a minimum of 15 hours of training a year. A caregiver may count orientation and pre-service training hours required that exceed six hours toward the 15 hour requirement. Training hours required in this section are clock hours and may include any training that is relevant to the caregiver's primary job responsibilities.
A facility may count informal training that increases caregiver skills.
Documentation must include the date, subject, method of training, and the name of the person who conducted the training.

Facilities are encouraged to include Core Training Components in meeting the 15-hour training requirement. Core Training Components are as follows:
- Professional role of child care workers;
- Child development;
- Relationship building;
- Communication Skills;
- Teaching Discipline;
- Clinical Diagnoses;
- De-escalation and crisis intervention including nationally recognized de-escalation techniques.
- Clinical Issues such as FASC, trauma, substance abuse, etc.

***The department recognizes that programs have unique needs and challenges that preclude a one-size-fits-all approach to care training. Programs may request approval to use alternative methods for achieving care training for entry-level child/youth care workers. The department will contract to provide core training to RBRS providers at no cost to the employee.**

OVERSIGHT, FINANCIAL REIMBURSEMENT, AND MEDICAID PAYMENTS
There are multiple entities involved with management and oversight of residential care. The

following table outlines responsible parties regarding various issues related to the program oversight of residential care facilities:

Division	Issues of Concern	Contact	Authority
DHSS, Health Care Services	Licensing of Facility	Residential Licensing	Authorize facility licensure to operate
DHSS, Division of Behavioral Health	Program Oversight, budget management, Medicaid Program administration	RCCY Program Manager Medicaid Section	Authorize payments under provider agreement including Individualized Service Agreements (ISA) Medicaid Program and Authorizations
DOA, Grants and Contracts	Processes grant documents and core payment	RCCY Grant's Administrator	Receive and process grant documents and quarterly core payment

Medicaid Enrollment for Residential Care RBRS Providers
All DBH grantees that provide residential child care and Residential Behavioral Rehabilitation Services are enrolled as a Medicaid RBRS Provider under the Residential Behavioral Rehabilitation Services category. The Medicaid Enrollment Form is completed and signed by an authorized grantee representative and returned to the Medicaid fiscal agent along with the signed Grant Award. Each RBRS grant will have an enrollment with a separate provider number.

Authorization of services for residential care for RBRS providers
All RBRS providers will authorize services through the Qualis web site. The guidance as to how to have services authorized may be accessed at: http://www.qualishealth.org/healthcare-professionals/alaska-medicaid-behavioral-health

Other Medicaid Services Billable under this Residential Care System
The only Medicaid behavioral health services that may be billed concurrently with RBRS are Clinic Services described in 7 AAC 135.010(b). Mental health rehabilitation services (e.g., case management, family/individual/ group skills development, day treatment, or recipient support services) are included under the service components for RBRS and may not be billed on the same day as RBRS.

A RBRS provider may provide and bill Medicaid for clinical services on the same day as RBRS when these services are documented in the recipients individual treatment plan of care as regarded as necessary and the RBRS provider follows all Medicaid requirements including eligibility and limits for service. Those RBRS providers who will directly provide Medicaid clinical services to recipients must also have a Medicaid Community Behavioral Health Provider number, or apply to obtain one, and seek Medicaid reimbursement for clinical services. The Medicaid reimbursements for clinical services a RBRS provider receives in addition to RBRS grant funds must be treated as grant income, and be used to enhance services, according to the provisions of 7 AAC 78.210 (see Appendix 2).

Payment Documentation Requirements
RBRS providers who receive a core payment from DBH for providing access to these Medicaid Reimbursable Rehabilitation Services must document that they were provided each day to each recipient. Documentation is required to be available upon request.

PROGRAM CORE AND RBRS FUNDING
To ensure ongoing capacity in a facility, RBRS providers are eligible for Core Capacity funding without regard to occupancy in a bed. Core funds use state general funds allocated on an annual basis through the legislative process, not Medicaid funds.

Core Capacity is funded through a grant award under 7 AAC 78 (see Appendix 2). This grant ensures the RBRS provider will be reimbursed for the amount expended in a fiscal year. No funding will be reimbursed over and above the total dollar amount identified on the provider's Cumulative Fiscal Report or above the provider's approved grant award.

Core funding is $50 per bed (x 365 days for a full year grant award) and is paid regardless of whether beds are utilized. Examples of payment structures are as follows:

Grant Based RCCY Payments	
Condition	**Payment**
Bed is not utilized by child/youth	Core $50 per day
Bed is utilized by child/youth	Core $50 per day
Bed has an approved "hold" for allowable absence*	Core $50 per day + RBRS Rate
Bed has an approved "hold" in anticipation of placement of child/youth*	Core $50 per day + 50% of RBRS Rate if at 80% utilization
* A listing of grant based daily payments, aside from the core payment, and their approval process are described in the 'Individualized Services and Residential Care for Children and Youth Provider Agreement' associated with this program.	

Funds awarded are based upon the level of RBRS provided. The base rates are:

Level of Care	**Core Capacity Grant**	**RBRS Rate**	**Combined Core and RBRS for Custody or Non-Custody Child/youth**
Level II Emergency Stabilization and Assessment	$50	$155	$205
Level III Residential Treatment	$50	$202	$252
Level IV	$50	$275	$325

Geographic Differential Rate
Geographic Differential Rates attempt to compensate rural RBRS providers for the difference in the cost of living in rural Alaska. Geographical differential rates are published with the Request for Proposals on an annual basis.

Examples of RCCY Funding Calculations
Each RBRS provider has an approved number of beds agreed upon in the grant agreement.

Core Funding: Each RBRS provider with a Residential Child Care Grant receives a percentage of the providers Core Capacity funding at the beginning of the grant fiscal year in the amount of $50 per bed per day for 365 days in a year. The RBRS provider must submit quarterly reports of expenditures to date to provide documentation of expenditures.

Quarterly Reports of Core grant funding expenditures must be submitted to the Grant Administrator by E-grants.

Note: The department will only pay actual expenditures; funds unexpended in any given fiscal year must be returned to the department.

A RBRS Monthly Report form must be submitted to the Residential Care Program Manager. Reports include Bring the Kids Home (BTKH), 5 and under, and community bed reporting mechanisms.

Any additional services provided to a client during the month must be pre-approved and the provider is responsible for submitting the executed approval form with their attendance sheet to the department for payment.

PROGRAM REPORTING REQUIREMENTS

RBRS providers must submit monthly and quarterly reports that provide information about services rendered and request for payment. These reports must be submitted on forms provided by the department. Forms referred to in this handbook are available on the DBH/RCCY Website http://dhss.alaska.gov/dbh/Pages/Residentialcare/forms.aspx

Daily Utilization Report (Submit by email)
RBRS providers are required to report changes to their facility population. An e-mail is sent to responsible facility staff daily to complete and submit changes. This daily email updates your bed count availability on the RCCY website: https://bedcount.dhss.alaska.gov/bedcount/.

Quarterly Reports
RBRS providers are required to turn in the following reports quarterly on forms provided by the department for submission of this information.

1. Program Narrative reporting program general status
2. Fiscal Report reporting use of Core Funds
3. Data Reports
    a. Total number of children/youth referred, accepted, and denied admission for quarter;
    b. If referral is refused provide the clinical rational for denial and DSM diagnosis;
    c. Total discharged after completing treatment;
    d. Total discharged without completing treatment;
    e. Number of ISA requests, ISA requests approved and denied and number of youth maintaining placement due to ISA support.
4. Individual Child/Youth Reports for any Child/Youth in Care During the Quarter
    a. Length of stay in treatment;
    b. Level II;
    c. Level III-IV;

d. Diagnosis at client discharge;
e. Significant progress toward individual treatment goals;
f. Average length of time from referral to admission into program.

5. Staff Reporting Criteria
   a. Staff training provided since last report;
   b. Report of any noncompliance with staff training requirements.
6. Program Evaluation Results

NOTE: Providers are required to utilize AK Aims as a reporting mechanism for RCCY activity. Use of AK Aims will make it possible for providers to utilize AK Aims for BRS data reporting; and a program narrative to report general program status in lieu of the narrative information outlined above.

The department requires that RBRS providers assess their services for effectiveness, efficiency, and customer satisfaction, and to have a plan for using that information to improve their service outcomes as documented in the facility's policy and procedures. *RBRS providers are required to use those instruments adopted by the Department of Health and Social Services, Division of Behavioral Health including:*

- *The Alaska Screening Tool (AST);*
- *The Client Status Review (CSR);*
- *The Behavioral Health Consumer Survey (BHCS);*

The RCCY/RBRS provider will report information, in a format as requested by the department.

Optional Performance Improvement Activities
RCCY/RBRS providers are encouraged to utilize Building Bridges resources internally to inform program development and to improve outcomes. Suggested resources include:
"Evaluating and improving outcomes for youth who have received residential services": http://www.buildingbridges4youth.org/sites/default/files/Outcomes%20Tipsheet%20-%20Final.pdf

- Self-Assessment Tool for Staff and Advocates: http://www.buildingbridges4youth.org/sites/default/files/BB-SAT%20for%20staff%20%26%20advocates.pdf
- Self-Assessment Tool for Youth and Families: http://www.buildingbridges4youth.org/sites/default/files/BB-SAT%20for%20youth%20%26%20families.pdf

Guidelines for Supplemental Requests
In some cases, a child/youth placed in a residential child care facility require additional supervision or beds held for them for additional days to complete a medical or detention placement. All expenditures are based on documented needs of the child/youth and authorization must be requested before placement.
See the Approval Matrix for Additional Staff, Held Beds and Non-Custody Children under the General Program Requirements section of this handbook to ensure appropriate approvals are in place with regard to billing for services.

Approval Matrix for Additional Staff, Held Beds and Non-Custody Child/Youth*

Request	Additional staff/funding to maintain youth in care	Held Bed Prior to Placement *Note: Facility must be at 80 percent capacity or higher to qualify for held bed days.*	Placement of Non-Custody Children in Level II, III, or IV
Approval	0-7 days – Social Worker IV or Juvenile Probation Officer III Over 7 days - RCCY Program Manager	0-7 days - in Level II, III or IV: Children's Services Manager or Juvenile Probation Officer IV 0-7 or over 7 days RCCY Program Manager	All others - approval by RCCY Program Manager
Services	A supplemental rate to be paid in addition to the daily rate to meet staffing ratios, special needs, or to ensure safety	Ability to "hold" a bed while arranging for the child/youth's placement and payment eligibility	
Request	**Additional staff/funding to maintain youth in care**	**Held Bed Prior to Placement** *Note: Facility must be at 80 percent capacity or higher to qualify for held bed days.*	**Placement of Non-Custody Children in Level II, III, or IV**
Documentation	Submit treatment plan approved by supervising Social Worker or Juvenile Probation Officer. Justification must accompany attendance sheet for period in question	Submit treatment plan approved by supervising Social Worker or Juvenile Probation Officer. Justification must accompany attendance sheet for period in question	Non-custody placement form must be signed by parent or legal guardian Must apply for Medicaid immediately upon placement
Forms	**Additional Staff Request Form** must accompany attendance sheet for period in question	**Hold Bed Request Form** must accompany attendance sheet for period in question.	

*Forms are available at the DBH/RCCY Web site http://dhss.alaska.gov/dbh/Pages/Residentialcare/forms.aspx

Basic Care Requirements

Service activities and supervision for each recipient are based on an assessment and individual treatment plan that is monitored for beneficial behavioral changes in the recipient's life, and effectiveness in reducing the need for supervision, rehabilitation services, and residential care.

All RBRS providers of 24-hour residential child/youth care and Residential Behavioral Rehabilitation Services must deliver services at the basic care level. Basic care for children or youth is planned, structured supervision by professionally trained staff for 24-hour services.

Behavioral management approaches such as token economy systems, positive peer culture, or family reengineering are provided by professional staff able to include working with either the biological, foster, or adoptive family to aid in the transfer of the child/youth to their home or an alternate permanent residence. Staff using behavioral management approaches are also trained to alter interventions to work with children who experience co- occurring issues such as trauma, fetal alcohol spectrum disorders, or traumatic brain injury.

Basic services for recipients in residential childcare treatment contain elements common to all levels of residential care regardless of size, location, program category, or treatment modality. These elements include:

1. Ensure the provisions of appropriate medical, psychiatric, dental, and psychological evaluations and therapy as needed;
2. Assess each recipient placed in care and verify whether a health examination has been performed no later than one year before placement, or arrange for completion of a health exam no later than 30 days of placement;
3. Provide continuing medical and dental services according to the EPSDT schedule set out in 7 AAC 110.200 – 7 AAC 110.210 after 30 days in placement;
4. Obtain evidence of immunization records not later than 30 days after a recipient is placed in care;
5. Engages biological or foster families to participate actively in treatment and provides education and referral services to help family members understand and benefit from participation;
6. Assist in preservation of biological or foster families who are caring for children/youth with severe emotional or behavioral problems and promote timely reunification when appropriate and when children/youth are removed from the home or other types of placement;
7. Maintain children/youth as close to their family, community, and region as possible when planning subsequent care;
8. Provide healthy food, including healthy meal preparation and nutritional oversight;
9. Provide clothing as needed during the term of stay in care;
10. Provide personal incidentals including resident allowances and school supplies;
11. Provide daily supervision at a minimum as prescribed in 7 AAC 50.410;
12. Provide vocational, educational, and employment services either in the community or by service agreements – providers are strongly encouraged to work with their local community behavioral health centers to obtain assessments and continued care services;
13. Provide liability insurance with respect to the child/youth;
14. Provide administrative oversight of the program of care and services for residents, as well as for management;
15. Provide appropriate personnel, fiscal, and staff supervision;
16. Provide intake, individualized treatment planning, case review, resident supervision, counseling, and discharge planning;
17. Develop and maintain linkages with providers of ancillary services such as medical care, education, and community mental health services;
18. Ensure compliance with individual treatment plan reporting and monitoring requirements;
19. Ensure compliance with requirements for family participation in treatment;
20. Ensure compliance with requirements for discharge, transition planning and post-discharge services;
21. Provide group recreation and informal educational activities and the equipment and

personnel to conduct such activities;
22. Provide tutoring and/or supervised study and learning for school age residents;
23. Provide youth ages 14 and older and who are in their care for longer than three months in completion of the Ansell Casey Skills Assessment; assessment results should be used in case planning to identify services to improve life skills;
24. Ensure staff have an understanding of dosing, purpose, and side effects of all prescribed and over the counter medication.

Staffing

All levels of residential childcare programs must employ or otherwise provide for the services of a licensed provider listed in 7 AAC 135.800(a)(4)(B)(1)-(ix) for the purpose of providing consultation to staff, training, client assessment, and individual treatment planning. Facilities should have psychiatric services available for emergency care, medication prescription and monitoring. All other staff must meet the requirements as outlined in the section of this handbook dealing with Staff Qualifications.

Level	Level of Care	Staff: Child / Youth Ratio and Requirements
II	Emergency Stabilization and Assessment Shelter (ESAS) ESAS for children under 30 months Awake Night Staff Awake Night Staff for under children 30 months	1:5 1:3 1:12 1:5
III	Residential Child/Youth Care Treatment Awake Night Staff	1:6 1:12
IV	Residential Diagnostic Treatment Awake Night Staff	1:4 1:12

Incident Reports

All RBRS providers at all levels must document behavioral incidents of child/youth residents. The recipients file must contain incident reports that impact any level of treatment (i.e. a child/youth's level of freedom, change in treatment plan, etc.)

Death or a suicide attempt of a recipient while in care must be reported immediately (<u>within a minimum of 24 hours</u>) to the Residential Care Program Manager and appropriate members of the recipients treatment team which include the parent or guardian, the OCS Social Worker/DJJ Probation Officer (or both if appropriate), Residential Licensing and the Medicaid Section at the Division of Behavioral Health. Other members of the recipient's treatment team may be included as appropriate.

It is the provider's responsibility to report all serious occurrences as indicated below using a form provided or approved by the department, and must follow the instructions on the form. Examples of incidents requiring report to the Residential Care Program Manager and appropriate members of the recipients treatment team which include the parent or guardian, the OCS Social Worker/DJJ Probation Officer (or both if appropriate), Residential Licensing and the Medicaid Section at the Division of Behavioral Health; include any event or crisis that may compromise the safety and security of the staff and/or residents of a program.

These events may include misconduct, sexual behavior, resident injury, assault, accidents, restraints or seclusions, self-injury, suicidality, runaway, or medication issues. Forms are available on the DBH/RCCY Web site:
http://dhss.alaska.gov/dbh/Pages/Residentialcare/forms.aspx.

Suicide Prevention

Recipients in need may sometimes pose a heightened risk of self-harm. The RBRS provider must maintain a suicide prevention program that provides for the identification and response to individuals at risk of self-harm and suicide. The program must include: staff training, identification/referral, assessment, communication, facility safety check, levels of observation, intervention, reporting, and follow-up mortality review.

The department provides training and guidance regarding Suicide Prevention through the department's RCCY Training Grant. RBRS providers may use the QPR (Question Persuade Refer) Alaska Gatekeeper suicide awareness and prevention curriculum, or a similar action-based curriculum that covers, at a minimum, suicide risk and protective factors, concrete steps to take when concerned about an individual, and information on referral resources.

Discharge Planning

Discharge planning for a recipient in care starts at the time of placement and should focus on a community-based discharge aimed at family reunification or alternative long-term placement. This includes identifying a specific provider and date of discharge at the time of admission. The length of stay of any youth in treatment is based on medical necessity.

Resources may be available in a community that will assist with family reunification, transitioning youth to another facility or to independent living. RBRS providers are strongly urged to be aware of the resources available in their community and to use those services that are available for transitioning activities. Discharge planning requires that the following be in place:

- A plan that outlines necessary services and supports that are available in the community and that the family and the youth have participated in developing;
- Appointments are in place for the services and supports;
- An appointment for medication follow up is in place, including assuring that the medication is available in the community pharmacy;
- An educational transition plan is in place and school records have been provided;
- A plan for follow up with the family for post-discharge services;
- A crisis diversion plan to assist the family when post-discharge problems start to occur.

Discharge

Discharges must comply with 7 AAC 50.340.

APPENDIX 1:

APPLICABLE STATUTES AND REGULATIONS APPLICABLE STATUTES

NOTES: A provider subject to this handbook may also be subject to state and federal statutory requirements that are not listed here. This list includes only those statutes referred to in this handbook.

The official version of the Alaska Statutes is the published version. An electronic version may be found in the Alaska State Legislature's InfoBase at http://www.legis.state.ak.us/basis/folio.asp, but that version may not always reflect recent amendments.

CHAPTER 32

AS 47.32. CENTRALIZED LICENSING AND RELATED ADMINISTRATIVE PROCEDURES

AS 47.32.010. Purpose and applicability
AS 47.32.020. Requirement to obtain a license
AS 47.32.030. Powers of the department; delegation to municipality
AS 47.32.040. Application for license
AS 47.32.050. Provisional license; biennial license
AS 47.32.060. License renewal
AS 47.32.070. Notice of denial or conditions; appeal
AS 47.32.080. Posting; license not transferable
AS 47.32.090. Complaints; investigation; retaliation
AS 47.32.100. Cooperation with investigation
AS 47.32.110. Right of access and inspection
AS 47.32.120. Report
AS 47.32.130. Enforcement action: immediate revocation or suspension
AS 47.32.140. Enforcement actions
AS 47.32.150. Hearings
AS 47.32.160. Immunity
AS 47.32.170. Criminal penalty
AS 47.32.180. Confidentiality; release of certain information
AS 47.32.190. Access to information
AS 47.32.200. Notices required of entities
AS 47.32.900. Definitions

CHAPTER 40

AS 47.40 PURCHASE OF SERVICES FOR MINORS

AS 47.40.011. Purchase of services.
AS 47.40.021. Licensing and supervision.
AS 47.40.031. Required accounting procedures.
AS 47.40.041. Grants.
AS 47.40.091. Definitions.

APPLICABLE REGULATIONS

NOTES: A provider subject to this handbook may also be subject to state and federal regulatory requirements that are not listed here. This list includes only those regulations referred to in this handbook.

The official version of regulations in the Alaska Administrative Code is the most current version of the regulations as published by the publisher. An electronic version may be found in the Alaska State Legislature's InfoBase at http://www.legis.state.ak.us/basis/folio.asp, but that version may not always reflect recent amendments.

The hyperlinks provided below to that InfoBase are to the versions of these regulations that were available online, as amended through March 2009. The InfoBase is updated shortly after each quarterly publication of revisions is received from the publisher, so it will be necessary to use the search function at the InfoBase to find the most current version available online.

Chapter 10

7 AAC 10 - Licensing, Certification, and Approvals

Article 1

Purpose, Applicability, and Administrative Provisions. (7 AAC 10.010 – 7 AAC 10.015)

10. Purpose of chapter.
15. Applicability of chapter.
20. Reserved.

Article 2

Barrier Crimes and Conditions; Background Checks. (7 AAC 10.900 - 7 AAC 10.990)

900. Purpose and applicability; exceptions.
902 Request for a background check
903. Limited disclosure of background check and variance review committee information
905. Barrier crimes and conditions
910. Request for background check
915. Background check.
920. Provisional valid background check.
925. Monitoring and notification requirements.
927. Request for a redetermination
930. Request for a variance.
935. Review of request for a variance.
940. Posting of variance decision required.
945. Revocation of valid criminal history check or variance.
950. Request for reconsideration.
955. Centralized registry.
960. Termination of association.
990. Definitions.

Article 4
Environmental Health and Safety. (7 AAC 10.1000 - 7 AAC 10.1095)

1000. Purpose and applicability.
1002. Caregivers.
1005. Pre-licensing inspection.
1010. Life and fire safety.
1015. Heating and heating devices.
1020. Water supply.
1022. Wastewater disposal.
1025. Solid waste disposal.
1030. Toilet facilities, sinks, showers, and bathing facilities.
1035. Premises.
1040. General cleaning and sanitation standards.
1045. Universal precautions.
1050. Caregiver hygiene.
1055. Incontinence care.
1060. Additional provisions for entities licensed to provide care for children.
1065. Food service and preparation.
1070. Medications.
1075. First aid kit and procedures.
1080. Firearms and ammunition.
1085. Smoking.
1090. Animals.
1093. Pesticide use and notification.
1095. Toxic substances; poisonous plants.

Article 5
General Variance Procedures. (7 AAC 10.9500 - 7 AAC 10.9535)

9500. Purpose and applicability.
9505. General variance.
9510. Request for a general variance.
9515. Notice requirements for general variance requests for assisted living homes.
9520. Evaluation of a request for a general variance.
9525. Grant or denial of a general variance.
9530. Posting of a general variance.
9535. Request for reconsideration of denial or revocation of a general variance.

Article 6
Inspections and Investigations. (7 AAC 10.9600 - 7 AAC 10.9620)

9600. Inspections and investigations.
9610. Plan of correction.
9615. Allegation of compliance.
9620. Hearings.

Article 7
General Provisions. (7 AAC 10.9990)

9990. Definitions.

Chapter 50
7 AAC 50 - Community Care Licensing

Article 1

Licensing Process (7 AAC 50.005 - 7 AAC 50.060)

5. Applicability.
10. Exemptions from licensure requirements.
15. Voluntary licensure; no license issued for certain exempt facilities.
20. Implementation.
25. Timeframes.
30. Application for license.
35. Application for foster home license.
40. Inspections and evaluations by organizations or individuals.
45. (Deleted).
50. Provisional foster home license issued under emergency conditions.
55. Variances for foster care by relatives.
60. Self-monitoring reports.

Article 2

Administration (7 AAC 50.100 - 7 AAC 50.140)

100. Responsibilities of a governing body in residential child care facilities.
110. Administrator or foster parent.
120. Facility operation and management.
130. Records.
140. Reports.

Article 3

Personnel (7 AAC 50.200 - 7 AAC 50.250)

200. Qualifications of administrator.
210. Qualifications and responsibilities of persons having regular contact with children in a facility.
220. Caregiver age requirements and additional qualifications for adolescent caregivers.
230. Additional staff qualifications in residential child care facilities.
240. Supervision of employees.
250. Orientation and training.

Article 4

Admission and Discharge (7 AAC 50.300 - 7 AAC 50.340)

300. Admission.
320. Admission in residential child care facilities.
330. Assessment and treatment plan in residential child care facilities.
340. Discharge in full time care facilities.

Article 5

Care and Services (7 AAC 50.400 - 7 AAC 50.460)

400. Supervision of children.
410. Supervision of children; child-to-caregiver ratios in residential child care facilities.
415. Supervision of children in foster homes.
425. Program in residential child care facilities.

430. Program in foster homes.
435. Behavior guidance.
440. Medications.
445. Reducing the spread of disease.
455. Health in full time care facilities.
460. Nutrition.

Article 6
Environment (7 AAC 50.500 - 7 AAC 50.540)
500. Effect of local ordinances.
510. Life and fire safety.
520. Environmental health and safety
530. Space.
540. Equipment and supplies.

Article 7
Specializations (7 AAC 50.600 - 7 AAC 50.650)
600. Approval of specializations.
610. Emergency shelter care in full time care facilities.
615. Emergency shelter care for runaway children in residential child care facilities.
620. Shelter home care for runaway children.
625. Wilderness and adventure experiences in residential child care facilities.
630. Boarding care in foster homes.
635. Boarding care in residential child care facilities.
640. Supervised transition living in full time care facilities.
645. Care for pregnant and parenting adolescents in full time care facilities.
650. Substance use treatment facilities.

Article 8
Maternity Homes (7 AAC 50.700 - 7 AAC 50.790)
700. Applicability.
710. Short term prematernal care.
720. Training.
730. Admission and planning.
740. Care and services.
750. Services regarding paternal involvement.
760. Parenting education.
770. Health.
780. Discharge and aftercare.
790. Safety precautions.

Article 9
Miscellaneous Provisions (7 AAC 50.900 - 7 AAC 50.990)
900. Compliance and enforcement.
990. Definitions.

Chapter 53

7 AAC 53 - Social Services

Article 5
Residential Child Care Facility Grants (7 AAC 53.902 – 7 AAC 53.999)

901. Request for proposals.
905. Grant proposals.
911. Evaluation of proposals and award of grants.
915. Alternate procedure for requesting and evaluating proposals.
921. Duration of grants.
925. Special provisions in residential child care facility grant agreements.
931. Financial records.
935. Books of account.
941. Allowable costs.
945. Depreciation and use allowance costs.
951. Related organizations and related parties.
955. Required financial reports.
961. Required facility reports.
965. Payment.
999. Definitions and general provisions.

Chapter 78

7 AAC 78 - Grant Programs

10. Scope of chapter.
20. Limitation.
30. Eligible applicants.
40. Solicitation for grant services.
50. Requests for proposals.
60. Submission of grant proposal.
90. Review of proposals.
92. Proposal evaluation committee.
93. Commissioner's decision on grant awards.
95. Alternate methods for solicitation and review of grant proposals.
100. Criteria for review of proposals.
110. Notification of award.
120. Equal employment opportunity.
130. Civil rights of recipients of services.
140. Duration.
150. Accounting requirements.
160. Costs.
170. Administrative policies of grantees.
180. Subcontracts.
190. Payment.
200. Reports.

210. Grant income.
220. Confidentiality.
230. Audit requirements.
240. Monitoring and evaluation.
250. Retention of records.
255. Transfer of records.
260. Changes in approved grant project.
270. Purchasing practices and procedures.
280. Property management.
290. Suspension and termination.
305. Request for appeal.
310. Appeal procedures.
315. Limitation of appropriations.
950. Definitions.