



AKCHILD & FAMILY

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## CONSUMER HANDBOOK



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## Welcome

Dear Parents or Guardians and Youth,

Welcome to AK Child & Family. We would like to extend a warm welcome and are honored to have the opportunity to work with you and your family. This handbook was created to help acquaint you with the services we offer and to provide information on programming details. Please use this handbook as a general reference and understand that, due to the youth specific development of treatment plans, application of different services in this handbook may vary from youth to youth based on need. If you are unable to find the information you need in this handbook or have additional questions, please consult with your child's treatment team, visit our website at [www.akchild.org](http://www.akchild.org), or call our office at (907) 346-2101. At AK Child & Family, we strive to provide quality care and treatment for children and families. We are committed to working collaboratively to create a supportive environment that not only promotes wellness and resilience but also strengthens connections among home, school, and the community for all youth.

Families and youth are encouraged to be active participants during treatment. Additionally, we do encourage constructive suggestions and appreciate comments that will help us to better serve the families we work with.

Sincerely,



Rachel Cooper  
Chief Clinical Officer



## Language Options

ATTENTION: Free language assistance services available if needed.

### Spanish:

ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística.

### Yupik:

NICUGNIQERCI: quantukuvet Yugtun, akilirnailngurmek ikayurtetangqertuq mumigcistenek.

### Hmong:

LUS CEEV: Yog tias koj hais lus Hmoob, cov kev pab txog lus, muaj kev pab dawb rau koj.

### Samoan:

MO LOU SILAFIA: Afai e te tautala Gagana fa'a Sāmoa, o loo iai auaunaga fesoasoan, e fai fua e leai se totogi, mo oe

### Tagalog

PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad.

### Russian:

ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода.

### Korean:

주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다.

### Japanese:

限ら英語力を持つ個人のためのコミュニケーション支援を要請し、可用性に応じて提供されます。

### Laotian:

ໂປດຊາບ: ຖ້າວ່າທ່ານເວົ້າພາສາລາວ, ການບໍລິການຊ່ວຍເຫຼືອດ້ານພາສາ, ໂດຍບໍ່ເສັຽຄ່າ, ແມ່ນມີພ້ອມໃຫ້ທ່ານ.

### Chinese:

注意：如果您使用繁體中文，您可以免費獲得語言援助服務。

### Vietnamese:

CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn.

### Thai:

เรียน: ถ้าคุณพูดภาษาไทยคุณสามารถใช้บริการช่วยเหลือทางภาษาได้

### German:

ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung.

### French:

ATTENTION : Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement.

### Italian:

ATTENZIONE: In caso la lingua parlata sia l'italiano, sono disponibili servizi di assistenza linguistica gratuiti.

### Polish:

UWAGA: Jeżeli mówisz po polsku, możesz skorzystać z bezpłatnej pomocy językowej.

# About AK Child & Family

## Our Mission

Based on the spirit of Christ’s love, AK Child & Family provides quality care and treatment for children and families who need special assistance to develop self-esteem and the ability to live in harmony with others.

## Our Values: The SPIRIT of AK Child & Family

- Students** We provide therapeutically sound, cost-effective services with treatment decisions driven by the needs of youth and families.
- Positive** We provide a safe, nurturing environment that promotes growth for youth, families, and staff.
- Integrity** Our daily decisions are made with honesty, compassion, and concern for youth, families, and each other.
- Respect** We recognize individual efforts and contributions to our success. We ensure youth, families, and staff are treated with dignity and respect.
- Innovation** We provide services through creative, solution-focused problem-solving. Personal growth is a lifelong process fostering innovation and creativity.
- Teamwork** Communication and mutual accountability are hallmarks of our teamwork. We rely upon each other and the community to be successful.

## Our Dedication to Trauma-Informed Care

AK Child & Family recognizes a large proportion of youth and families have been impacted by trauma, and we are responsive to this need by providing trauma-informed care. To this end, we strive to provide services that reflect the six principles of trauma-informed approach: (1) safety; (2) trustworthiness & transparency, (3) peer support; (4) collaboration & mutuality, (5) empowerment & choice; and (6) cultural, historical, & gender issues.

## Sanctuary Certification

AK Child & Family is a sanctuary certified agency. Sanctuary certification is a process to ensure every aspect of our agency is aligned with best practices and trauma-informed care. It symbolizes an organization’s commitment to providing a higher level of care, a trauma-sensitive environment for the people served, and a better work environment for employees. Sanctuary certification is designed to promote, sustain, and strengthen an organization’s commitment to the maintenance of a trauma-informed culture for all of its stakeholders.



The Sanctuary Model rests on four "pillars" that enable organizations to practice congruently:

- Shared Knowledge – Trauma Theory: Scientifically-grounded knowledge about trauma, adversity, and attachment
- Shared Values – Sanctuary Commitments: A set of values that lead individuals and organizations away from trauma-reactive behaviors
- Shared Language – S.E.L.F. Framework: A trauma-informed way of making decisions, problem-solving and planning
- Shared Practice – Sanctuary Toolkit – A set of practical and simple interventions that reinforce the language and philosophy of the Sanctuary Model



## The Sanctuary Commitments

The Sanctuary Model's seven commitments outline the way that staff and clients agree to interact with one another:

- **Emotional Intelligence** – Managing feelings so we don't hurt ourselves or others.
- **Social Responsibility** – Agreeing to take care of ourselves and each other.
- **Social Learning** – Respecting and sharing ideas and learning from each other.
- **Democracy** – Everyone has a voice in decision making with input from all levels.
- **Nonviolence** – Physical, emotional, moral, and social safety for ourselves and others.
- **Open Communications** – Saying what we mean and not being mean when we say it.
- **Growth and Change** – Overcoming negative patterns produced by trauma creates hope for a better future.



## ***S.E.L.F.***

S.E.L.F. stands for safety, emotion, loss, and future. S.E.L.F. is the framework to begin problem-solving and acknowledging behaviors and events. It provides an outline for youth, family, and organizational growth and change.

## ***Sanctuary Toolkit***

The Sanctuary tools help support the Sanctuary Commitments and assist us in managing and processing trauma and conflict. Some of the first tools your youth will learn about are as listed below.

### **Safety Plans**

The first phase of trauma recovery is creating safety and positive emotional connections. Safety plans are practical steps to put our values into practice. Every client and staff member creates, carries, and uses a safety plan to manage emotions and keep themselves and others safe. The plan includes five activities to do alone or with others.

### **Community Meetings**

A Community Meeting is a deliberate, repetitive transition ritual intended to psychologically move people from some activity that they have been doing into a new group psychological space. For all members of any group, it provides a predictable bridge that directly and indirectly reinforces community norms. A community meeting is based on three questions: “How are you feeling?”, “What is your goal?”, and “Who can help you with that goal?” and is conducted at the beginning of meetings or at times of transition.

### **Seeking Out Solutions Meeting**

The Seeking out Solutions Meeting is an important Sanctuary tool that draws upon the entire treatment team’s knowledge, expertise, and wisdom to problem solve.

Anyone who is associated with our agency can call a Seeking Out Solutions Meeting, including students and families. To do so, complete a Seeking Out Solutions Meeting request form and submit to your clinical therapist, case manager, or program supervisor. A facilitator will work with you throughout the Seeking Out Solutions meeting process, including developing a problem statement and determining who needs to be at the table.

A Seeking Out Solutions Meeting serves many functions. It provides structure for problem-solving, assists in developing social responsibility and a pathway for people to have their voices heard (democracy), helps teams develop future goals, provides opportunities for individuals to address concerns in a healthy and proactive way, and empowers people to break out of the reenactment triangle.

### **Sanctuary Groups**

Sanctuary-based curriculums that address safety, emotions, loss, and future (S.E.L.F) as a framework to address problems, as well as the seven commitments to facilitate healing from

trauma and to reduce its impact: nonviolence, emotional intelligence, social learning, open communication, social responsibility, democracy, and growth and change.

### **Self-Care Plans**

Self-Care Plans are tools and activities that we can use to maintain balance and health while dealing with the stressful demands of life and work.

## **Our Programs & Services**

AK Child & Family brings hope to young lives and families through a broad range of trauma-informed mental health services. Our residential, community-based treatment programs and treatment foster homes (1) offer the structure, care, and expertise and (2) develop therapeutic relationships to help young people facing significant challenges to build strong, positive, healthy lives.

A young person coming into our care receives an individualized treatment plan that helps establish the direction of treatment. Each young person will also have a multidisciplinary treatment team. This team includes a variety of people who are committed in supporting the youth through their treatment. A parent or family member, guardian, caseworker, probation officer, teacher, clergy, or close friend are some examples of people who might be on a treatment team. Beyond our caring and professional staff, the decision of who is part of the treatment team is guided largely by the youth and their parent/legal guardian.

Our staff and treatment foster parents receive extensive training. Our Training Department brings professional development not only to our staff but also to organizations across the state. In addition to on-site training, staff members frequently attend conferences with leading professionals from across the country. This focus on professional development ensures each young person and family receives the high-quality care they deserve.

AK Child & Family uses tools from the Sanctuary Model of trauma-informed care in all programming. As ambassadors of the Sanctuary Model, we agree to the seven Sanctuary Commitments to create a safe environment where youth, families, and staff learn to manage difficult emotions.

## **Orientation**

On admission day, youth will be introduced to program specifics, including:

- Day-to-day schedule of events
- Youth's role in developing the treatment plan with their treatment team
- Rules and regulations applicable to our youth program
- Rights and responsibilities
- The operation of the program and/or behavior management plan

Our residential, treatment foster care, and home-based services all have orientation that is unique to their programming.



# 1. Program-Specific Descriptions

## ***Psychiatric Residential Treatment Program***

AK Child & Family Residential Treatment is here to assist youth with understanding their early trauma and maladaptive behaviors in a relationship-based, structured environment with 24-hour supervision. The milieu provides strength-based individualized services with therapeutic relationships with staff. Youth have self-discoveries and healing that will support their individualized goals. AK Child & Family works with families and guardians to provide the family system a healing experience as applicable.



Our residential treatment program is housed on two campuses – Jesse Lee Campus and Maplewood Campus – that have six cottages. The ages and genders served in each cottage are contingent upon the needs of the youth in the community.

Families and youth play an integral role in establishing treatment direction. This process actually starts during preadmission when intake therapists discuss with the family/guardian and youth the reason for referral and desired treatment outcomes. An initial plan of care is created that addresses orientation to the program, student rights, safety planning, and participation in the therapeutic process.

Within 14 days of admission and based upon a comprehensive assessment, an interdisciplinary team will develop an individualized treatment plan that addresses presenting issues and establishes goals. The treatment team includes the youth, a variety of people who are important in the youth’s life, and the AK Child & Family treatment professionals who provide care.

## **The Psychiatric Residential Treatment Team**

### **Clinical Services**

A master’s level clinical therapist (CT) is available in house for all youth and families enrolled in our residential program. The CT assigned to the student leads trauma-responsive family, individual, and group therapy; provides ongoing assessment and treatment planning services; and provides crisis intervention services as needed. AK Child & Family provides 24/7 on-call clinical consultative services to help support the program milieu. The on-call clinician is assigned from our established clinical staff on a rotating basis.



### **Treatment Program Supervisors**

Treatment program supervisors (TPS) typically have an educational background in the field of psychology, social work, education, or another related field. Through co-leadership with the CTs, the TPS is responsible for implementing trauma-responsive clinical aspects of programming in the milieu. The TPS supervises and leads the residential behavioral health specialists, facilitates staff meetings; coordinates unit programming to meet the individualized needs of

students; and supports the trauma-responsive therapeutic environment. The TPS has regular contact with students and strives to help create a safe and secure environment for students in the unit.

### **Residential Behavioral Health Specialists**

The residential behavioral health specialists (RBHSs) are primarily responsible for therapeutic interaction and supervision of youth placed in residential treatment units. They provide the day-to-day care and implement therapeutic interventions as identified in the youth's treatment plan. Under the supervision of the treatment program supervisor and working closely with CTs, RBHSs are responsible for implementing appropriate trauma-responsive treatment strategies with youth, educating youth on their treatment objectives, and documenting progress toward goals.

### **Nursing Services**

AK Child & Family maintains registered nursing (RN) staff on site for the provision of nursing services and the coordination of physician services for all residential youth. Our RN staff coordinate trauma-responsive health care delivery for youth in our care with members of the treatment team. This includes the initial and ongoing assessment of behavioral/health needs, the facilitation of medical interventions, and all procedures associated with health care delivery. The RN is the liaison between the medical director, advanced nurse practitioner (ANP), professional contract staff, and the direct care providers. AK Child & Family provides 24/7 emergency on-call nursing consultative services to help support the clinical and milieu staff.

### **Psychiatric Services**

AK Child & Family has a psychiatrist and an advanced nurse practitioner (ANP) who are available to provide medication consultation; support the development of psychosocial, functional, and developmental assessments; and advocate for youth and family needs. There is a monthly rotating schedule for the ANP or psychiatrist to meet with the youth receiving residential care. A behavioral health approach is taken regarding the care of youth, where the nurses are the primary point of contact for medical and medication-related information that is relayed to the medical director. The CTs work together with our Nursing Department for a team-oriented and holistic approach to care.

### **Medical Director**

AK Child & Family has a medical director who specializes in psychiatric care of children and adolescents. The medical director is available 24/7 on an on-call basis for consultative services with the registered nurses and the ANP. The medical director oversees agency policy and procedure.

### **Questions surrounding medical care**

If you have questions regarding the medical care of the youth in our residential program, please contact the Nursing Department.

## Treatment While in Psychiatric Residential Programs

Treatment may include, but is not limited to, journaling, individual therapy, family therapy, milieu treatment, recreational therapy, and issue-specific groups such as substance abuse. Treatment also includes Sanctuary group therapy, which is a trauma-informed curriculum that introduces youth to a variety of topics and issues that may include managing S.E.L.F. (safety, emotions, loss, and future) and the seven Sanctuary Commitments of nonviolence, emotional intelligence, social learning, open communication, social responsibility, democracy, and growth and change. If the treatment team agrees that a youth may benefit from additional specialized services that are not offered in house, community providers may be utilized.

## School While in Psychiatric Residential Programs

Depending on the needs of the youth, they may attend one of our self-contained on-campus Anchorage School District classrooms, or they may be mainstreamed into a local community school. Staff at AK Child & Family provide educational supports by facilitating the enrollment process and encouraging each youth to succeed at school. The professionals on the treatment team will work closely with the youth and parent/guardian to evaluate and identify the most appropriate school placement.

## Therapeutic Recreation & Alternative Therapies While in Psychiatric Residential Programs

At AK Child & Family, we recognize the impact physical movement has on the mind and body, and how therapeutic recreation can lead to improved mental health and reduce symptoms of trauma such as insomnia, intrusive thoughts, muscle tension, and stress.



When a youth enters our residential program, their fitness and nutrition levels are assessed collaboratively with the recreation supervisor and Nursing Department, and fitness options are created to meet their needs. Key elements to our therapeutic recreation program are learning about healthy choices, learning to solve conflict by practicing teamwork, developing self-confidence, practicing healthy sportsmanship, and strengthening body and spirit. Our goal is to expose youth to many different activities and provide them with opportunities to develop habits for lifelong healthy living.

Our therapeutic recreation and alternative therapies can include, but are not limited to, outdoor activities and being in nature, gardening, community outings, yoga and other meditative options, gym with a basketball court, and various other activities to help improve symptoms of trauma.

## ***Level II Residential Child Care Program***

AK Child & Family's level II program is a residential treatment program designed for adolescent boys ages 12-18. Youth in this program demonstrate an inability to adjust and progress in their homes with outpatient supports or in the therapeutic treatment home environment, but do not meet the criteria for a psychiatric residential level of care. Youth participating in the level II program need the structured group environment to develop social skills, support their education, and establish healthy coping mechanisms.

## **The Level II Residential Child Care Program Team**

### **Treatment Program Supervisors**

Treatment program supervisors (TPS) typically have an educational background in the field of psychology, social work, education, or another related field. The TPS is responsible for implementing trauma-responsive clinical aspects of programming in the milieu and support scheduling of on site and community activities. The TPS supervises and leads the residential behavioral health specialists, facilitates staff meetings; coordinates unit programming to meet the individualized needs of students; and supports the trauma-responsive therapeutic environment. The TPS has regular contact with students and strives to help create a safe and secure environment for students in the unit.

### **Residential Behavioral Health Associates**

The residential behavioral health associates (RBHAs) are primarily responsible for therapeutic interaction and supervision of youth placed in residential treatment units. They provide the day-to-day care and implement therapeutic interventions as identified in the youth's treatment plan. Under the supervision of the treatment program supervisor, RBHAs are responsible for implementing appropriate trauma-responsive treatment strategies with youth, educating youth on their treatment objectives, and documenting progress toward goals.

## **Treatment While in Level II Residential Child Care Program**

Youth placed in the level II program work in collaboration with on site and community clinicians to support the development of individualized treatment plans to meet their specific needs. Treatment plans are developed within 15 days of placement, finalized within 30 days, at reviewed at least every three months with the members of the treatment team. Treatment plans are monitored and supported by the TPS and RBHS team to ensure youth are working towards goals and have the internal and community supports to move them towards success.

## **School While in Level II Residential Child Care Program**

Youth in the level II program may attend on site school provided by the Anchorage School District, or attend local schools within the school district. Education is specialized based on youth needs and goals.

## **Community Involvement While in Level II Residential Child Care Program**

Youth in the level II program are encouraged to engage in community activities like after school sports, employment, tutoring etc. As is determined by youth needs and clinical recommendation, youth may utilize opportunities in the community to practice social skills and work towards independence. Youth may be transported by agency staff, or access community transportation to support community involvement. In addition, recreation and community activities may be coordinated by the TPS and RBHS team to support social skill development with peers within the level II community.

## **Medical Care While in Level II Residential Child Care Program**

Youth in the Level II program access medical care through community providers. Youth can either continue receiving care from their preferred provider, or coordinate a provider through the treatment team.

### ***Community Programs***

#### **Therapeutic Treatment Home Services**

Therapeutic Treatment Home Services (TTHS) program is an intensive, trauma-responsive, individualized behavioral health service provided to a youth in a family setting, using specially trained and intensively supervised therapeutic treatment parents. The TTHS program places a youth with a therapeutic treatment parent (TxP), who is carefully selected and contracted by AK Child & Family, trained, and matched to the youth's needs. The TxP is empowered to act as a key agent to implement the youth's treatment plan, provide intensive oversight, facilitate trauma-informed behavioral interventions, provide medication monitoring, and maintain contact with the parent or guardian and other members of the treatment team, as well as make available an array of therapeutic activities and assist in the successful transition from TTHS to reunification with the youth's family. When a family is not available for reunification, the TxP and the treatment team assists the youth with transition to independent living or alternative permanency placement.

#### **Home-Based Program**

Home-based services work with youth and their family in their home and community environment. A supportive and collaborative team approach serves to preserve the unity of the family without the need for out-of-home placement. Home-based services rely on intensive case management services in a wraparound service delivery model that provides trauma-informed behavioral interventions, clinical therapy services, in-home support, 24/7 on-call emergency services and short-term therapeutic treatment home services as needed. The home-based services model engages the community in providing available supports and activities as well as empowering the youth and family to rely on their own strengths and resources to address well-being and change.



## CARES Wrap-Around Program

Our CARES Wraparound with Intensive Services is a community-based prevention and diversion model, using high fidelity wraparound to serve families with at least one child under the age of 18 at risk for higher level of care. CARES engages and builds upon families' strengths using the wraparound principles to prevent children from entering or penetrating deeper into the formal child welfare and/or juvenile justice system. CARES identifies family's strengths and needs, convenes customized family team meetings inclusive of natural and community supports, and drafts an individualized and well-coordinated plan of care to improve family functioning and reduce the likelihood of higher levels of care. The model focuses on family strengthening by using measurable goals and outcomes that result in family stabilization and preservation support so that children may remain in their homes, community, and schools – free from system involvement.

## The Community Programs Treatment Team

### Clinical Services

A CT is available for those youth and families whose needs are best met within the AK Child & Family system. Family and individual therapy is available at our facility or in the home, depending upon individualized needs of the youth and their family. A CT will also participate in each treatment plan meeting as a directing clinician to support the course of care.

### Case Management

Each youth and their family are assigned a case manager (CM) who becomes a coordinator, advocate, and support in the acquisition of needed treatment services, whether through AK Child & Family or another service provider. These services may include medical, psychiatric, mental health, educational, vocational, social, and community-based supports, related assessments, and post-discharge follow-up activities.

### Behavioral Health Services

Behavioral health services are available both individually and in a group setting. Individual behavioral health support pairs a child with an adult community programs behavioral health specialist (CPBHS) to work on social skills, communication, goal setting, independent living, anger management, and other treatment issues. Group activity therapy follows a trauma-informed Sanctuary-based curriculum that introduces youth to a variety of topics and issues, which may include managing S.E.L.F. and the seven Sanctuary Commitments of nonviolence, emotional intelligence, social learning, open communication, social responsibility, democracy, and growth and change.



### 24 hour On-Call Services

There is a 24-hour on-call system available to help families deal with crisis when it occurs, as it pertains to their youth's treatment process.

Independent Providers

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AK Child & Family works with independent providers outside of the AK Child & Family system as needed to support in areas that may be outside the scope of AK Child & Family services, but have been identified as a need for the youth in care. These services are typically medical care, and are generally provided off site and are billed separately and independently from AK Child & Family Services.

## 2. Social Responsibilities of the Treatment Team

### AK Child & Family's Social Responsibility for Care & Treatment

Upon admission, youth will be assigned to a program. This can include enrollment to a residential unit, a treatment home, or assignment of a case manager for home-based services. Within the required timeframe specific to the enrolled program, treatment plans will be developed, and youth will be oriented to the treatment program. The youth, placing guardian, and/or state assigned care worker will be encouraged to participate in the development of the treatment plan. Treatment team members play a critical role and are strongly encouraged to be active participants, which includes attending any scheduled treatment meetings. Goals and objectives will be developed and an anticipated length of stay will be determined. AK Child & Family will follow all indicated regulations regarding the nature and frequency of reports to the youth's parent(s)/guardian regarding the treatment progress. If any member of the treatment team is not able to participate, the reasons will be documented in the youth's medical record.

Treatment team members, in addition to individuals defined in the above program descriptions, may include, but are not limited to:

- Both Residential and Community Programs
- Parents, Guardians, or Foster Parents
- Youth
- Family Members/Family Friends
- Case/Social Worker (SW)
- Indian Child Welfare Act (ICWA) Worker or other Tribal Representative
- Teacher/Mentor/Coach
- Guardian Ad Litem (GAL)
- Probation Officer (PO)

Questions and concerns should be brought to the attention of the CT/case manager at the earliest possible time. If this communication fails to result in satisfactory solution, please see AK Child & Family's policy for Consumer Problem Resolution and Grievance Procedures, which Appendix A of this handbook.

### Reasonable & Prudent Parent Standards

The State of Alaska has implemented the Reasonable and Prudent Parent Standards. These standards allow foster parents and assigned decision makers in residential services (typically the assigned clinicians) to use their knowledge of the child's age and developmental level in making reasonable decisions in a child's life, including giving permission for the following:

- Trips less than 72 hours that don't take the family out of state (not applicable for residential services).
- Normal recreation activities for the family/residential program.

- Activities lasting less than 72 hours requiring a signed permission slip (not applicable for residential services).
- Overnight activities and sleepovers using a foster parent's best judgment to consider circumstances such as youth's current needs, mental status, maladaptive behaviors, and mental readiness (not applicable for residential services).
- Participation in extracurricular, social, and/or cultural activities that fit the community norm and are not considered high risk, plus the arranging of transportation to and from such activities.
- Participation in organized sports and moderate-risk activities that are both usual in the community and appropriate for the youth.

For all placements, the treatment team will discuss these different areas and any limitations for the child. For private placements, the parent or legal guardian will provide consent to the foster parents using reasonable and prudent parenting standards.

### **AK Child & Family's Social Responsibility for Mandatory Reporting**

AK Child & Family respects your right to privacy and will adhere to confidentiality guidelines. However, it is important to note that all employees and contracted staff at AK Child & Family are mandated reporters of suspected abuse and neglect. Thus, all AK Child & Family employees or contracted employees are bound by law to report to appropriate medical and law enforcement personnel when youth are at risk of harm to self or others. If it is suspected that a child has been abused or neglected, it is mandated by law that we report the event to the Office of Children's Services. If the organization is court ordered by a law enforcement officer or the court to disclose information, we will be legally required to do so.

According to Alaska Statute 47.17.290, child abuse or neglect includes:

*...physical injury or neglect, mental injury, sexual abuse, sexual exploitation or maltreatment of a child under the age of 18 by a person under circumstances that indicate that the child's health or welfare is harmed or threatened...mental injury means an injury to the emotional well-being, or intellectual or psychological capacity of a child...*

This means that if anyone reports possible abuse or neglect to a staff member, or if a staff member witnesses possible abuse or neglect, that staff member, no matter what their position is within the agency, is mandated by law to report the event to the Office of Children's Services. This reporting will occur whether the youth being admitted has been the victim or the perpetrator of the possible abuse or neglect. This reporting overrides the confidentiality assumed in the psychotherapist-client relationship.

### **Parent & Guardian's Social Responsibility for Care & Treatment**

Parents or guardians are a crucial part of treatment. Support and collaboration with the AK Child & Family treatment program is essential for effective treatment. Participation in various treatment activities is expected within ability and geographical limitations.

Regularly required participation expected of a parent or guardian includes, but is not limited to, the items listed below:

- All Programs
  - Participating in treatment plan development, treatment plan reviews, and continuing care planning
  - Following through with developing positive social supports
  - Helping plan for discharge from the first day of service provision
  - Providing treatment passes for the youth discharge planning
  - Attending treatment team meetings
- Residential Only
  - Attending family therapy sessions
- Community Programs Only
  - Participating in therapeutic behavioral health services with the case managers
  - Conscientious application of home-based programs designed by staff and parents or guardians

## **Youth's Rights & Social Responsibilities for Care & Treatment**

Youth who are enrolled in any of our programs are responsible for respecting themselves and others, as well as for actively participating in treatment during their stay. This includes:

- Participating in treatment plan development/reviews and treatment activities.
- Making an effort to work through presenting problems identified that contributed to admission into services.
- Practicing safety by expressing themselves in safe ways and letting others know if they do not feel safe.
- Following the rules and expectations of the program.
- Practicing the Sanctuary Seven Commitments.
- Learning and using the Sanctuary Tools.
- Making an effort to get along with others.
- Respecting the privacy of other residents.
- Familiarizing themselves with AK Child & Family's Student and Consumer Rights and Responsibilities Policy, which can be found in Appendix B of this handbook.

## **The Treatment Team's Commitment to Safety**

At AK Child & Family, we believe that when people feel unsafe, they cannot concentrate on the things that are important to progress in treatment. Because of this, we take extra care to focus on the safety of everyone involved in our program, including youth, staff, and any visitors.



Criminal activity and/or possession of illegal materials while in any AK Child & Family treatment program will result in immediate contact with the appropriate law enforcement agency. Behavior that is potentially life-threatening, aggressive toward staff, significantly destructive, and other related behaviors will be reviewed by the case manager/clinician and the program director. Individual consequences related to unsafe behaviors and restrictions will be determined based on the severity of the incident, clinical recommendations, and the individual's willingness to work on treatment concerns surrounding the incident. Parents or guardians will be notified of the incident and consequences. If appropriate, the treatment plan will be modified. Depending on the severity of the behavior, law enforcement and/or emergency psychiatric intervention may be utilized. In some cases, restitution may be sought, depending upon the extent of the property damage.

### Resolution of Treatment Concerns

If you have concerns or questions about the quality or safety of AK Child & Family, we want to hear from you. First, try to speak directly with staff involved. However, if the matter remains unresolved, please see AK Child & Family's Consumer Problem Resolution & Grievance Procedures, which can be found in Appendix A of this handbook.



### Treatment Planning & Coordination

#### ***Assessment, Evaluation, & Treatment***

AK Child & Family assesses and treats the social, emotional, and behavioral problems of Alaska's youth in our care. Evaluation and treatment is an ongoing process throughout the duration of placement in our care.

As a prerequisite to admission, AK Child & Family will obtain a signed consent to evaluate and treat the social, emotional, and behavioral problems of the youth. This evaluation may include gathering past evaluations from other providers, recommending specific evaluations with community specialists, and in-house evaluation services.

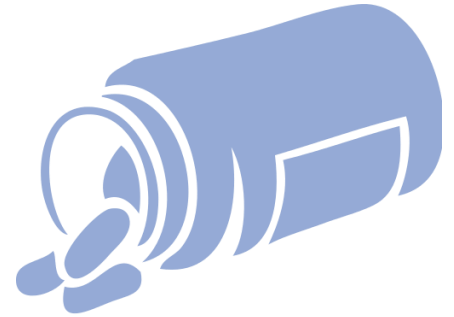
Assessments provided either in house or through referrals to community specialists may include:

- Psychiatric evaluations
- Monitoring of drug treatment, including laboratory tests
- Psychological evaluations, including testing
- Case management and home-based services
- Neurological evaluations
- Educational and vocational evaluation, including testing
- Speech, language, and hearing evaluations, including testing
- Sensory-motor evaluations, including testing

- Sleep studies
- Other(s) as needed

Depending on the needs of the youth and which program they are enrolled in, treatment may include:

- Individual, group, and/or family therapy, including psychiatric consultation as specified
- Case management
- Skills development
- Psychotropic and/or other medication
- Milieu therapy
- Trauma work
- Behavior modification
- Sanctuary based curriculums that address S.A.F.E. as a framework to address problems, as well as the Seven Commitments.
- Other(s) as needed



### ***Co-Occurring Disorders (Addressing Substance Abuse Needs)***

Individuals who are diagnosed with both a substance use disorder and a mental health disorder are often referred to as having co-occurring disorders. The combination of a mental health disorder and substance abuse or dependence is very common. Studies indicate that more than half of young people with a substance abuse diagnosis also have a diagnosable mental illness.

Co-occurring disorders can sometimes be difficult to diagnose. Symptoms of substance abuse or addiction can mask symptoms of mental illness, and symptoms of mental illness can be confused with symptoms of addiction. Alcohol or drug abuse is diagnosed when substance use interferes with functioning at home, at school, and in social relationships; when substance use creates or worsens a medical condition; or when substance use occurs in dangerous situations. At AK Child & Family, we recognize that co-occurring mental health and substance use affect one another, and to be most effective, both disorders should be treated at the same time.

In cases where drug or alcohol use is suspected and/or to provide support for an alcohol- and drug-free lifestyle, urinalysis may be requested. Results of the drug and alcohol screen will be reviewed by the case manager/clinician and/or the program director to determine if adjustments to the treatment plan are needed. Consents for urinalysis will be obtained at the time of intake. If urinalysis testing is ordered by the court, consent is not necessary.

### **Discharge Planning**

The youth, parent or guardian, and the youth's treatment team, as appropriate, will be involved in discharge planning. We are required by the State of Alaska to begin discharge planning from the first day of treatment as treatment is a time-limited service. Discharge planning begins with the development of the treatment plan and continues throughout treatment. When indicated,

the treatment team will participate in the development of a written discharge plan. Discharge planning is a collaborative process that includes ongoing service authorization, as well as specific designation of responsibility for services after discharge from the facility, which will be documented throughout the discharge planning process. If attendance of the youth is clinically contraindicated, the reasons for nonattendance will be documented in the youth's medical record. All planned discharges will be preceded by at least 7 days' notice to the placing worker. At any time during a youth's treatment, the custodial parent or guardian can regain care of the child upon request. If you chose to remove your child from AK Child & Family prior to the completion of treatment, programming staff will be available to assist you with the transition and provide consultation regarding the impact of choosing to end services. Please keep in mind that planned discharges allow sufficient time for transitions with medications (if applicable) and step-down services, while abrupt unplanned discharges do not. Leaving treatment against clinical advice may expose youth to risk of an inadequately treated diagnosis and safety concerns.

### **Access to Youth Records**

Parent(s), guardians, or youth over the age of 18 (or emancipated) have the right to access or obtain a copy of their treatment/medical record. If a parent, guardian, or youth would like to review a portion of the treatment record, a request can be made directly to our Medical Records Department, or you may obtain the Request to Access or Copy Medical Records form from your clinician or case manager. AK Child & Family will complete the release of requested records as soon as possible and no more than 30 days from date request is received.

For additional information regarding medical records and privacy practices, please review the Notice of Privacy Practices in Appendix C of this handbook.

### **Medical Services & Medication Management (residential services only)**

#### ***Medical Services***

As part of admission, parents or guardians consent to AK Child & Family and its representatives facilitating provision of necessary medical care (including dental and vision) to students in treatment. All surgical procedures will require separate consent. All emergency treatment will be communicated to parents or guardians as soon as possible, and no later than the next business day.

Medical expenses will be billed by the health-care provider first to the student's private insurance carrier and then to Medicaid as applicable. Fees associated with provision of necessary medical care are the responsibility of the placing party and/or the State of Alaska.

#### ***Approach to Medication***

AK Child & Family uses a holistic approach to youth care, of which medication is one treatment modality. In some cases, medication may be the least-restrictive and/or most beneficial approach to treatment. The decision to use medications is made with the input of youth, parents or guardians, and members of the treatment team. A youth's medication regimen is overseen by AK Child & Family's physician and/or ANP(s) (for psychiatric residential) and by

community providers (for level II residential). AK Child & Family will use the least number of medications and lowest-dose possible to attain a safe and stable treatment environment.

### ***Consent***

Prior to implementing any psychoactive medication changes in dose, discontinuation, or initiation, an AK Child & Family medical provider will review with a legal guardian with authority and obtain consent. Discussion of side effects with the guardian is a requirement in order for the RN or community provider to obtain medication consent. Over-the-counter medications may be implemented without contacting the guardian if these are among those preapproved by the guardian at admission.

On admission, parents or guardians acknowledge their responsibility to provide accurate and updated contact information so that they can be reached for medication consent. The nurse will document in the electronic health record (EHR) all attempts to obtain consent, conversations with guardians where consent is not given, and those in which the guardian does consent. Only in rare situations of extreme urgency, AK Child & Family may move forward with a psychoactive medication change after three failed attempts to reach the guardian for consent by the method they provided. This decision is solely made out of AK Child & Family's obligation to the student's safety at the discretion of physician or ANP (for psychiatric residential) and/or the community provider (for level II residential).

If nonpsychoactive medications (e.g., antibiotics or activated charcoal in the event of poisoning) are identified as time-sensitive and medically necessary, medications will be started immediately. Nursing will attempt to inform parents no later than the next business day and immediately in emergencies that involve poison control or an Emergency Medical Service (EMS).

Parents or guardians may refuse previously given consent at any point in treatment. AK Child & Family is committed to acting in the best interest of the student, to include:

- Working with the youth/legal guardian to identify alternative methods of achieving treatment goals.
- Upon reasonable notice, terminating the placement.
- In rare circumstances, initiating action to secure a court order to provide the treatment or medication.

### ***Collaboration***

At any point, parents or guardians can request to meet with an AK Child & Family medical provider or community provider to discuss medications as needed. Parents or guardians are also invited to participate in Plan of Care meetings, where medication efficacy and potential changes to student medications are discussed among members of a multidisciplinary care team.

## 3. General Program

### Spiritual Life

The Spiritual Life Program is offered in the Psychiatric Residential Services program, although all youth in all of our programs have access to spiritual and/or religious activities in the community. There are three positions within the Department: A Spiritual Life director (full-time), a Spiritual Life minister (part-time), and a music and special ministries coordinator (part-time).



The Spiritual Life Program is designed to help youth on their journey of healing their trauma history and self-discovery with the goals of connecting them to self, others, and the world; assisting youth in finding meaning and purpose in life; and supporting development of personal well-being. The Spiritual Life Program is voluntary, nondenominational, culturally sensitive, and open to all residential youth. A foundation of unconditional welcoming and acceptance sets the tone for all Spiritual Life work.

Many of the youth choose to take part in at least one or more Spiritual Life activities during their stay.

Some of the Spiritual Life activities that take place on a regular basis are:

- Sunday Chapel
- Midday Devotions
- Story Time
- Fellowship Group
- Monthly Sweat Lodge
- Ceremonies and Drum Circles
- Seasonal Labyrinth Walks
- One on One Counseling
- Private Memorial Services
- Off-campus Church Passes
- Sacred Writing Deliveries
- Notes of Encouragement
- Prayer Boxes
- Email Prayer Chain



Spiritual Life also coordinates special events such as our Spring & Fall Spiritual Life Retreat at Birchwood Camp, Outdoor Winter Solstice Chapel, Easter Celebrations, and twice-yearly Variety Shows.

Spiritual Life is also here to support youth during times of grief and loss. Youth in treatment often have experienced emotional turmoil and spiritual exploration can help them develop healthy perspectives, find strength in difficult times, and provides a foundation for self-esteem.

AK Child & Family is a faith-based mission supported by the United Methodist Church, American Baptist Churches USA, the Evangelical Lutheran Church of America, and Anchorage Christian Church (Disciples of Christ). Denominational, church, and individual gifts provide the funding for the Spiritual Life Program.



While AK Child & Family is a faith-based mission, we do not proselytize or evangelize. Our youth and staff come from diverse religious, ethnic, and cultural backgrounds. If a youth needs spiritual support that is outside of the experience of our Spiritual Life staff, we seek out assistance from community members, Native elders, clergy, or others who can assist in their spiritual journey.

### Off-Campus Public Performance

AK Child & Family tries to maintain a balance between privacy for our youth from the public and opportunities for community interaction and involvement. There are occasions when AK Child & Family youth, contingent upon their clinical status, may wish to participate in community activities that involve public performance. Examples of public performance include, but are not limited to, Native Youth Olympics and Fur Rendezvous Events. Participation in such events is allowed per our policy as long as the parent/guardian approves.

### Food Service

For residential service programs only. AK Child & Family follows the National School Lunch Program requirements for providing youth with nutritious and balanced meals. In addition, AK Child & Family provides youth with healthy snacks. Meals and snacks are developed in consultation with a registered dietician and take into account any food allergies and sensitivities that the youth may have. Preplanned menus are located in the kitchen of every residential unit. Parents, guardians, and visitors are welcome to review the menu when they visit.

### Employment

For treatment foster care homes. If clinically indicated, youth will be allowed to hold community jobs under the following conditions:

- The work assignment will be included in the youth's treatment plan.
- The youth will voluntarily perform the work activities.

- Work activities will comply with federal, state, and local laws and regulations.

For psychiatric residential services. Under certain circumstances, youth may be given the opportunity to work within the treatment units on jobs that are valued at varying amounts and that are time-limited. Additional work opportunities may be available to youth if clinically approved as long as the work fits with in the treatment plan for the youth.



For level II residential services. Under certain circumstances, youth may be given the opportunity to work independently in the community. These opportunities may be available to youth if approved and the youth has demonstrated the ability to maintain safety in the community independently.

## **Personal Belongings, Money, & Clothing Inventory,**

Residential services and treatment foster care homes only. Youth bring personal items to AK Child & Family at their own risk. The facility will not be responsible for any loss or damage to them. It is recommended that expensive items be kept at home to avoid the possibility of damage or loss.

We ask that families/guardians do not give money directly to youth. Any spending money should be given to the youth's treatment program supervisor, unit staff, or treatment foster parent to store for safekeeping. Youth can receive allowances while in treatment. The amount of the allowance and parameters surrounding earning allowance will be contingent upon the expectations of the particular program that the youth is enrolled. Personal funds in excess of \$100 belonging to the youth will be placed in a savings account under the youth's name and an individual approved by the treatment team.

Clothing or items that display inappropriate themes (e.g., drugs, racism, violence, sex, or alcohol) will not be accepted for a youth in treatment at AK Child & Family programs. These items will be given to parents or guardians or stored safely. At discharge, the items will be returned to the youth.

AK Child & Family will make efforts to return clothing inventory and personal belongings left behind to the youth through their parents or guardians. Personal belongings that have not been retrieved 30 days after discharge may be discarded unless other arrangements have been made and agreed upon in advance.

### ***Tools and Equipment***

On occasion, youth may use hand tools, power tools, and power equipment if their behavior status warrants and clinical assessment determines youth's safety. Since the use of tools and equipment may involve risk of injury, their use will be carried out under the direct supervision of staff.

## ***Transportation***

Residential services and treatment foster care homes: AK Child & Family frequently uses community resources in the Anchorage area to provide off-ground activities for youth. This includes, but is not limited to, hiking, picnicking, and other approved community activities. Staff can transport youth in their own vehicles or in AK Child & Family-approved vehicles as long as staff meet AK Child & Family requirements for driving youth.

Residential services only: To enhance learning experiences, AK Child & Family school programs will occasionally include off-campus field trips. These experiences will be conducted in accordance with the guidelines established by the Anchorage School District.

Therapeutic treatment homes only: Public transportation may be required for youth to complete activities detailed in their treatment plan. Public transit is most often used between the TTHS home and school/work, or between the TTHS home and shopping/recreational centers.

## ***Video/Audio Recording***

Video and audio recordings are occasionally used as a part of treatment (e.g., to provide the youth feedback regarding their social interaction) and in staff training (e.g., to allow staff to obtain feedback for their performance or to demonstrate particular treatment procedures during staff training).

Any recordings will be treated as confidential material, and all standards of confidentiality are applicable. Video and/or audio recordings will only be used with signed consent by youth and parent/guardian.

## ***Communication***

The CT/case manager, in consultation with the parent, guardian, or therapeutic treatment parent and placement worker (if any and appropriate) will develop a youth contact list of individuals with whom contact is consistent with treatment. Parents or guardians and/or authorized representatives of the responsible placement agency may contact the youth at any time; however, specific visiting times that the youth may be available will be suggested and encouraged. The youth may be engaged in a variety of treatment activities at various times of the day, so coordination of visits and phone calls assist in maintaining structure in the program.

Parents or guardians and placing worker (if any) will be notified if the youth is involved in a serious illness, accident, seizure, pregnancy, 10-hour absence without notice, detention, death, or other emergency. Please make sure that the youth's treatment team professionals have your most current contact information in the event it changes.



## **Modes of Communication**

Common modes of communications within the treatment team include telephone calls, voicemail, and mail using the U.S. Postal Service. AK Child & Family also uses encrypted email.

Although we recognize that texting is a convenient and common communication tool, it is not a preferred method to communicate treatment needs of the youth in our care. Text messages are not secure, and the sender cannot know with certainty that the message has been received by the intended recipient. In addition, AK Child & Family cannot control nor be held responsible for a telecommunication vendor/wireless carrier that may store the text messages.

For more information regarding confidentiality surrounding the different modes of communication, please review the Notice of Privacy Practices in Appendix C of this handbook.

### ***Telephone Calls***

If indicated, telephone calls may be supervised. If a call becomes inappropriate, it may be terminated. If this occurs, staff will explain the reasons for terminating the call and, if appropriate, will arrange for contact at a later time.

In residential services, youth are allowed telephone calls with individuals on their contact list. The frequency and duration of calls that are initiated by the youth are determined by the program they are in. Phone call rules are:

- Individuals on the youth contact list may call the youth at designated times. Emergency calls will be accepted any time.
- Calls will be limited to 10 minutes to ensure that all youth have the opportunity to use the telephone.
- If staff has reason to question the identity of a caller, they will ask the caller to hang up. They will be able to call back using the approved number on the contact list.

### ***Visitation***

#### **Therapeutic Treatment Homes**

- Visitation will be determined by the youth's behavior, treatment plan, and other factors relating to their clinical status.
- Visits must be arranged in advance with the treatment parents.
- If indicated on the treatment plan, visits may be supervised by the treatment parent. Visits that become disruptive to treatment will be terminated.

#### **Residential Services**

- On-ground visits may take place during most normal waking hours. The frequency and duration are determined by the schedule of the program the youth is in. Visitors are encouraged to arrange their visits in advance to ensure the youth will be available and to minimize disruption to the treatment schedule.
- Off-ground passes will be determined by the youth's treatment team, program level, treatment plan, and other factors. Passes must be arranged in advance with the youth's CT. No youth will be allowed to leave the facility unless prior arrangements have been made for passes.

- If indicated on the treatment plan, visits may be supervised by AK Child & Family staff. Visits that become disruptive to treatment will be terminated.

### ***Mail***

- All AK Child & Family youth are free to send and receive mail unless specified in a court order.
- AK Child & Family staff will not censure or open mail that is addressed to the youth unless the staff thinks that something dangerous or illegal may be in the letter or package.
- In the event that AK Child & Family staff suspect that a youth may be receiving contraband through the mail, AK Child & Family will follow the youth's rights process for receiving mail. The student right process can be found in Appendix B.
- Mail addressed to and from attorneys, the courts, or public officials is privileged. Staff may not open or read such mail, if it is addressed to the youth, without the youth's permission.



## **Pets & Animals**

### ***Residential***

AK Child & Family does not allow family pets in the cottage although there are select cottages on both the Maplewood and Jesse Lee campuses that do have freshwater fish tanks for youth to enjoy. The fish tanks are maintained only by AK Child & Family staff. Parents and youth are encouraged to talk to the assigned CT on ways the youth can maintain contact with family pets.

### ***Therapeutic Treatment Homes***

Many of our therapeutic treatment parents have pets in their homes. All therapeutic treatment parents are required to provide AK Child & Family with current pet vaccination records, and parents or guardians are made aware of any pets in the home prior to placement. Parents and youth are encouraged to work with the treatment team and treatment parents on ways the youth can maintain contact with family pets.



## 4. Billing for AK Child & Family Services

### *Applicable to Both Residential Programs & Community Programs*

During the intake process, the parent or guardian must provide AK Child & Family with all insurance information. This ensures accurate billing for services provided to the youth. If there are changes to insurance coverage at any time during treatment, the parent or guardian must provide AK Child & Family with the updated insurance information to ensure continuity of billing and payment.

Most private health insurance plans and Medicaid cover the services AK Child & Family provide to our youth. When a youth has coverage under a private health insurance plan through a parent or guardian, AK Child & Family is required to seek reimbursement from that payer.

If a youth is also covered by Medicaid, any deductible and coinsurance amounts remaining after private insurance pays will be submitted to Medicaid. In cases, where a youth has private insurance and is not eligible for Medicaid, the parent or guardian may be responsible for any deductible and coinsurance amounts remaining after the private insurance plan processes the claim.

AK Child & Family will make every effort to determine which services your insurance plan will cover. However, we cannot guarantee payment; private insurance plans are a contract between the insurance company and the insured parent or guardian. If you need assistance understanding what services your private insurance plan covers, you should contact your private insurance plan. If you need help determining what services Medicaid covers, you should contact the appropriate Medicaid District Office. Contact information for these offices is located in Appendix F of this handbook.

### *Information for Students in our Residential Programs*

The majority of expenses incurred during a student's stay in our residential programs are covered by private insurance and Medicaid. However, there are some specific circumstances where a family may be financially responsible for services provided to the student:

- AK Child & Family works with Genoa Pharmacy to obtain prescribed medications for student in our residential programs. At times, the physician overseeing the student's care may prescribe vitamins or supplements. Examples might include vitamin D or melatonin.
  - o The cost of vitamins and supplements may be covered in part by private insurance plans but are not covered by Medicaid. If covered by private insurance, the parent or guardian is responsible for any co-pay amount remaining after private insurance pays. The amount remaining after private insurance payment cannot be billed to Medicaid.
  - o If private insurance does not cover the cost for prescribed vitamin or supplement prescriptions, the parent or guardian is responsible for the cost.





- o If Medicaid is the only payer of services, the parent or guardian is responsible for the cost of prescribed vitamin or supplement prescriptions. Medicaid does cover prescribed medication required to treat or manage the student's condition.
- o A parent or guardian may elect not to fill prescriptions for vitamins or supplements not covered by insurance or Medicaid. Should the parent or guardian make this decision, please discuss this choice with the Director of Admissions to complete an Informed Consent, which documents this decision.
- A student in AK Child & Family's psychiatric residential program will see either our staff physician or ANP at least once each month for monitoring of prescription medication. Additionally, the ANP may provide annual physicals or treatment for minor injuries or illnesses a student may have when in our program. These services are billed separately from the services for the student's residential program stay and should be covered by private insurance and/or Medicaid.
- A student in AK Child & Family's level II residential program will be seen for prescription monitoring by either our staff physician, ANP, or by an outpatient provider. This is also true for annual physicals or to treat minor illnesses or injuries a student may have while in our program. These services are billed separately from the services for the student's residential program stay and should be covered by private insurance and/or Medicaid.
- While in AK Child & Family's care, a student may require services from an external provider. Examples of this may include visits to physicians, dentists, or vision appointments. The student may receive these services from the parent or guardian's provider of choice within the community.
  - o When a student has an appointment with an external provider, the AK Child & Family staff member accompanying the youth will give the insurance information on file to the provider's office to facilitate billing. However, the parent or guardian is responsible for ensuring the external provider has accurate insurance information for the student.
  - o The parent or guardian is responsible for all deductible, coinsurance, and co-pay amounts resulting from the visit to the external provider. For questions regarding billing for medical, dental, or vision services received from an external provider, the parent or guardian should contact the student's provider directly. Some medical and dental services are not covered by Medicaid. Please refer to the Consent for Required Medical and Dental and Emergency Service, which was signed at intake regarding responsibility for payment of these services.

### ***Information for Students Transferred from our Residential Programs into Community Programs***

There may be a change in a youth's Medicaid eligibility if they transfer between AK Child & Family programs. The parent or guardian should check with the appropriate Medicaid District Office (listed in Appendix F of this handbook) to ensure the youth's continued eligibility for Medicaid. If there are changes to insurance coverage, the parent or guardian must provide AK

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Child & Family with the updated insurance information to ensure continuity of billing and payment.

In the event there is no private insurance coverage and a youth is no longer eligible for Medicaid, AK Child & Family may provide services on a sliding fee scale. Information regarding our service fees and the sliding fee scale, please review the Fee for Services and Sliding Fee Scale Procedure in Appendix D of this handbook.

## 5. Appendices

### **A. Food Services Wellness Policy: Residential Services:**

AK Child & Family strives to provide wellness policies that include nutrition, physical activity, and education to promote healthy students. AK Child & Family participates in the federal school meal programs, including the School Breakfast Program, National School Lunch Program (including after-school snacks). While dinners are not included in the federal school meal program, they are expected to be nutritious and well-balanced. We strive to provide an environment that is conducive to growth and that allows students to succeed.

#### **DEFINITIONS:**

- I. Smart Snack Nutrition Standards- a part of the Healthy Hunger-free Kids Act of 2010 that provide science-based nutrition standards for all foods and beverages sold to students in school during the school day.
- II. MyPlate- MyPlate is a reminder to find your healthy eating style and build it throughout your lifetime. Everything you eat and drink matters. The right mix can help you be healthier now and in the future. MyPlate offers ideas and tips to help you create a healthier eating style that meets your individual needs and improves your health, providing a colorful visual of the 5 food groups.

#### **PROCEDURE:**

- I. Procedures for administering breakfast, lunch and snacks follow the federal school meal programs, including the School Breakfast Program, National School Lunch Program.
  - a. All marketing and advertising of foods or beverages on school property must meet the Smart Snacks Nutrition Standards.
  - b. The beverages offered on campus during the day will be water (no restriction on size), Low-fat milk/ milk substitute and 100% juice.
- II. Dinners are expected to be nutritious and well balanced, following similar guidelines of other meals of offering a variety of healthy options.
- III. Food is never to be used as a reward or consequence, however periodically special meals/snacks will be provided as treats.

- a. When this occurs, they will only be counted for national school lunch program/snack when the food meets reporting requirements.

#### IV. Meal process:

- a. AK Child & Family's meal schedule will allow each student adequate time to eat their meals, time spent acquiring the meal is not included in the time to consume the meal. Each student shall have at a minimum 10 minutes for each student to consume the breakfast meal, and 20 minutes for each student to consume the lunch meal.
- b. Student entering the program during non-meal times are given a full meal upon request regardless of time of day.
- c. All student will be fed three meals a day.

#### V. Nutrition Promotion

- a. AK Child & Family's goal is to provide optimum nutritional support to each student that is consistent with their growth needs and treatment plan. Nutritious foods will be offered to meet the health and nutrition needs of student.
- b. Student that may require nutrition intervention are evaluated by a Registered Dietician and a nutritional assessment is conducted in accordance with AK Child & Family's Nutrition Screening and Assessment Procedure. .
  - i. Staff will support any nutrition interventions recommended by dietician by ensuring food that meets recommendation is available for the student.
  - ii. While the student is responsible for making decisions, staff will support the student by discussing as needed the recommendations.
- c. AK Child & Family will accommodate religious, ethnic, cultural, and medical needs in meal planning.
- d. All foods and beverages given away to student on campus during the day (as defined by USDA) outside of reimbursable meals, must meet the Smart Snacks Nutrition Standards. For more information on the specific standards and a list of approved snacks, visit the USDA Food and Nutrition Service website (<https://www.fns.usda.gov/healthierschoolday/tools-schools-focusing-smart-snacks>).

#### VI. Nutrition Education

- a. AK Child & Family plays a role in helping students make healthy food choices. They will serve reimbursable meals that meet the USDA meal pattern requirements. AK Child & Family's nutrition promotion and education goal is to ensure students are taught the basic nutrition standards for healthy eating including "MyPlate" and Dietary Guidelines for Americans.
  - i. For more information visit the USDA Choose My Plate.gov website at (<https://www.choosemyplate.gov/dietary-guidelines>). Materials are made available and informational posters concerning smoking, health, nutrition are displayed around campuses.
- b. The Purchasing Manager and Purchasing Assistant, through the Alaska Department of Education & Early Development's e-learning service will complete the following trainings: NSLP Meal Pattern Requirements and NSLP Production Records.
- c. Based on the above curricula, the Purchasing Manager, together with the Training Department and TPSs will develop trainings as needed for direct care staff.
- d. In turn, TPSs or designee will train direct care staff.
- e. AK Child & Family's wellness activities to promote student wellness goals include educating and training staff to become knowledgeable in the area of nutrition or ongoing professional development for teaching nutrition, providing physical activities and/or nutrition services or programs designed to benefit staff health, and encouraging staff to participate in all activities with the students.

## B. Consumer Problem Resolution and Grievance Procedures

### POLICY

AK Child & Family is committed to and fosters open communication among all of our stakeholders. Consumers who have a complaint or a disagreement involving any aspect of care or treatment are encouraged to seek immediate resolution.

### DEFINITIONS

- **Consumer:** The youth directly receiving services and treatment and their family or guardian. Clients denied services, placing workers, and any third party with a legitimate interest will also be considered consumers and are entitled to initiate any procedure detailed in this document.
- **Seeking Out Solutions (SOS) Meeting:** A Sanctuary conflict resolution or problem-solving tool that can be initiated by any party to assist with resolving concerns at any point in time.
- **Student Rights Complaint:** A complaint by consumers addressing actions or situations that may violate elements of the Student and Consumer Rights and Responsibilities Policy (Appendix B of this handbook).
- **Grievance:** A claim by a consumer that they have been adversely affected by a misinterpretation or misapplication of any AK Child & Family policy (outside of the student right policy) or state or federal regulations. In addition, if a consumer is not satisfied with the outcomes of their Student Right Complaint, it can be escalated to the grievance process.

### PROCEDURE

- I. Consumers of any program or service at AK Child & Family, irrespective of funding source, or any third party with legitimate interest has the right to seek problem resolution without intimidation or fear of retaliation.
- II. Consumers will be notified of the student rights process and grievance procedures through the following:
  - A. At the time of admission, each youth, their family or guardian, and placing worker (if appropriate) will be given access to the Consumer Handbook (also located on AK Child & Family website), which includes this Consumer Problem Resolution and Grievance Procedures (Appendix A) and Student and Consumer Rights and Responsibilities (Appendix B) policies.
    1. The parent/ guardian will be provided the names and contact information of the key staff members (e.g., case manager, unit supervisor, and/or program director).



- B. Admitting staff will review these documents and provide a verbal summary to the youth and other adults at admission. Procedures will be explained in a language understandable to all present. Staff will also be available to answer any questions.
  - C. If a consumer is denied services, the director of admissions has the responsibility to inform the consumer of their rights to problem resolution and grievance procedures.
- III. All consumers are encouraged to begin the student rights/complaint of grievance procedures by addressing concerns with their case manager, clinician or unit supervisors (as applicable by program) prior to the initiation of a formal grievance or student's rights complaint.
- A. The consumer is encouraged to first discuss their Student Right complaint or grievance directly with the staff member.
  - B. If the issue cannot be resolved during the staff discussion, the staff member or the consumer may request a discussion with the immediate supervisor.
- IV. If the consumer feels the matter remains unresolved after speaking to the supervisor and the topic is related to student rights, they may initiate a student rights complaint by following the Student and Consumer Rights and Responsibly Policy (Appendix B).
- V. If the consumer feels the matter remains unresolved after speaking to the supervisor and the topic is related to other AK Child & Family policies or procedures, is regulatory in nature, or the student rights concern persists after completing the student rights process, the consumer can contact the director of the program to discuss the matter or request an SOS meeting.
- VI. If the matter still remains unresolved following discussions with the respective program director, the consumer may file a grievance with the chief clinical officer (CCO).
- A. A grievance may be filed in several ways with the CCO, including:
    - 1. Use of the written grievance form (included in this Consumer Handbook).
    - 2. Conveying verbally the request for a grievance procedure either in person with the CCO, by phone or by email.
  - B. All efforts will be made to conduct a meeting with the CCO within 5 business days from receipt of the grievance in the method preferred by the consumer (e.g., telephonic or in person).
    - 1. The consumer will be notified by phone or email and in writing of any need to extend these timelines.
- VII. If the matter still remains unresolved following discussions with the CCO, the consumer may file a grievance with the chief executive officer (CEO).
- A. A grievance may be filed in several ways with CEO, including:
    - 1. Forwarding the written grievance form.

2. Conveying verbally the request for a grievance procedure either in person with the CEO, by phone, or by email.
  - B. All efforts will be made to conduct a meeting with the CEO within 5 business days from receipt of the grievance in the method preferred by the consumer (e.g., telephonic or in person).
    1. The consumer will be notified by phone or email and in writing of any need to extend these timelines.
- VIII. If the matter remains unresolved following a meeting with the CEO, the consumer may request resolution through the chair of the board of directors.
- A. This level of grievance may be filed through the compliance officer in several ways, including:
    1. Forwarding the written grievance form included in this Consumer Handbook
    2. Conveying by phone or email the request for a grievance meeting.
    3. Accessing the compliance email through the “contact us” portal on AK Child & Family’s website.
  - B. All efforts will be made to conduct a meeting with the board chair or their designee within 5 business days from receipt of the grievance in the method preferred by the consumer (e.g., telephonic or in person).
    1. The consumer will be notified by phone or email and in writing of any need to extend these timelines.
- IX. A consumer may designate, through written consent and release of information, a representative or advocate to assist in all steps of the grievance process.
- A. A consumer can request a specific AK Child & Family staff member to provide assistance, or
  - B. A written request can be made to an advocacy resource such as the Disability Law Center of Alaska or NAMI Alaska. AK Child & Family will support this process as needed, and the consumer may use these resources at this or any stage of the grievance process.
- X. Should the complaint involve an allegation of abuse, neglect, or unnecessary seclusion or restraint, AK Child & Family will follow the mandated reporting process to external regulatory bodies.
- XI. The compliance officer will maintain all documentation related to items VI, VII, and VIII associated with the communication, filing, actions taken, and resolution of the grievance.
- XII. Others will only be notified of grievance on a need-to-know basis. Consumer confidentiality will be maintained as much as possible; however, depending on the

nature of the concern, the concern may be reported to external agencies as required by statute and regulation.

XIII. In addition to the procedures described above, any consumer or interested third party may contact the following organizations listed below:

- A. State Licensing for Residential Services is the Division of Healthcare Services Certification & Licensing  
(Anchorage: 1-907-269-3640)
- B. State Licensing for Community Programs is the Office of Children's Services  
(Anchorage: 1-907-269-4000)
- C. State Division of Behavioral Health  
(Anchorage 1-907-269-7826)
- D. The Joint Commission: (Accreditation body of AK Child & Family)  
(Phone: 1-800-994-6610 or by email ([complaint@jointcommission.org](mailto:complaint@jointcommission.org))).

# Consumer Grievance



AK Child & Family is committed to, and fosters open communication among all of our stakeholders. Consumers of any program or service at AK Child & Family or any third party with legitimate interest have the right to seek problem resolution without intimidation or fear of retaliation. If you have shared your concerns with a supervisor and the matter remains unresolved, please contact the program director. If the program director is unable to resolve the concern, this form may be used to file a grievance with AK Child & Family's Chief Clinical Officer.

Student Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Your Name: \_\_\_\_\_ Today's Date: \_\_\_\_\_

Please indicate your relationship to student:

Parent     Guardian     Power of Attorney     Self     Other \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: \_\_\_\_\_

E-mail: \_\_\_\_\_ Preferred method of contact:  
 Mail     Phone     E-mail

Please describe your grievance: *(indicate any AK Child & Family staff with whom you have shared this concern)*

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Please mail, fax, or e-mail this form to: AK Child & Family, Attn: Chief Clinical Officer  
4600 Abbott Road, Anchorage, AK 99507  
(907) 348-9230 (fax) / info@akchild.org



## **C. Student and Consumer Rights and Responsibilities**

### POLICY

AK Child & Family will ensure the human, civil, constitutional, and statutory rights of students and families are protected while at AK Child & Family. These rights apply to all consumers of AK Child & Family treatment and other third parties with a legitimate interest without regard to services used or funding sources. Any student, family member, or third party with a legitimate interest may file an allegation of a rights violation without intimidation or fear of retaliation.

It is the responsibility of all AK Child & Family direct care staff and contracted direct care providers to be knowledgeable about consumer rights and all the processes associated with filing and reporting an allegation of a possible rights violation. It is also the responsibility of staff to encourage more informal problem resolution as a first action.

### PROCEDURE

The director of admissions will maintain the policy and procedures regarding consumer rights and responsibilities. The director of admissions will also ensure that these rights and responsibilities are disseminated to all students and their families and that all allegations of student right violations are investigated.

Upon admission to all AK Child & Family programs, each student and parent or guardian, treatment parent and placing worker (if applicable) will be given a copy of this Student and Consumer Rights and Responsibilities and sign an acknowledgment of the receipt of this document. A copy of these rights and responsibilities, written in language understandable by most students, will be posted in AK Child & Family buildings. In addition to the rights and responsibilities, processes for problem resolution and the initiation of an investigation are reviewed.

The list of student and consumer rights and responsibilities and processes for initiating an investigation will be explained during the admission process in a language understood by the student.

The student, parent, guardian, or treatment parent and placing worker (if applicable) will be encouraged to ask questions about any right or procedure. It is the responsibility of the AK Child & Family staff at admission to explain and answer any questions from the student and their parents, guardians, or treatment parents. The program director will be contacted if there are any questions that cannot be addressed to the satisfaction of any party.

Allegations of rights violations may be made in several ways. The student, parent, or interested third party may write down a simple note explaining the violation. Other options include telephoning or emailing the Director of Admissions. If the allegation is made after front desk hours generally, Monday-Friday, 8:30 am to 4:30 pm), the clinical administrator on-call for the

specific program will be paged. This administrator will determine whether immediate action is warranted.

If a complaint involves an allegation of abuse or neglect the reader is directed to the AK Child & Family policy and procedure titled “Assessment and Reporting: Abuse and Neglect.”

The Director of Admissions or designee will investigate all allegations and will speak with the student initiating the complaint. If possible, this will happen within 24 hours of the receipt of the complaint. If an allegation does not involve student rights, a referral will be made to the supervisor for problem resolution. Pending the nature of the complaint, the Human Resources Department may also become involved. Student rights investigations will be shared with the respective program director and other applicable staff.

Student/consumer rights are as follows:

For all AK Child & Family Programs:

1. Your color, race, sex, sexual orientation, gender, gender identity, or the church you attend, will have no effect on your treatment plan or the way you are treated.
2. You will not be punished in any physical way. The staff will not make fun of you, hurt you with their words, nor embarrass you. They will not allow others to do this. Other students will not be allowed to punish you. You will be treated with respect.
3. You have the same rights as every other student. You will have a plan for your treatment while you are here, that is just for you. This is called a treatment plan and it will be written to try to help you with problems and to make sure that you stay here only as long as you need to. You, your parent(s) or guardian(s), your placing worker (if you have one), and your therapist will all get together to talk about your treatment plan. You will also have meetings to talk about any changes that are needed to the treatment plan.
4. During any of these meetings, it is important for you to speak up and let everyone know how you are feeling and what you are thinking about your treatment. It is OK to tell your team if you disagree with something.
5. You, your parents(s), or guardian(s) may have another therapist or doctor review your treatment plan if you have any questions.
6. Your cultural values and traditions will be respected in your treatment.
7. Unless a judge orders us to, no information about you will be given or told to anyone outside of AK Child & Family unless you, your parent(s) or guardian(s), have given AK Child & Family permission to do this in writing. The only exception to this is in the case of mandated reporting (the reader is directed to the AK Child & Family policy and procedure titled “Assessment and Reporting: Abuse and Neglect”).



8. You, your parent(s), or guardian(s) can look at your records during reasonable times and when it does not get in the way of your treatment activities. If this is denied, the reason will be given to you in writing.
9. You, your parent(s), or guardian(s), can make a complaint if you think your rights have been denied or that decisions about you are wrong.
10. You have the right to file a complaint with AK Child & Family's licensing agencies. You also have the right to file a complaint directly with the Joint Commission of Accreditation of Healthcare Organization (JCAHO). You can file a complaint without intimidation or fear of retaliation.
11. You have a right to access advocacy services and a list of advocacy resources will be provided to you when requested.

Additional Students Rights for Residential Services or Family Treatment Homes:

1. You shall have personal privacy unless it may cause harm to yourself, others, or property. AK Child & Family's staff or treatment parent(s) will knock before entering your room or bathroom. (In Residential Services, night staff will not knock when making room checks so they do not wake you up.) Your room can only be searched with you and another staff present. If staff think that you may have something dangerous like a weapon in your room, two staff may conduct the search without you.
2. You shall live in a safe, healthy, and caring place. You shall have three meals a day of healthy food to help your body grow and a comfortable place to sleep. Your unit and your room will have nice, safe furnishings. Food or sleeping times will never be used as punishment.
3. You will be allowed to wear your own clothes and use your own things as long as they are not dangerous and do not go against AK Child & Family's rules. You will have a safe place to store your personal items. You can spend some of your own money with AK Child & Family's staff or treatment parent(s) supervision, as long as what you want to buy is not dangerous and does not go against AK Child & Family's rules.
4. You will have some physical activity every day and will be allowed to go outside unless you are sick or hurt or if the weather is bad. Sometimes if there is a danger outside (like a moose), you won't be able to go out until the danger is gone. When a doctor says that you need to stay in bed or can't go outside, you will be checked on often until the doctor says you can once again get up from bed or go outside.
5. You have a right to visits from and telephone calls with your family unless it would be harmful to you. If it would be harmful to you to have visits or telephone calls with some people, your parent(s), guardian(s), or placing worker will review this and let you know why you can't contact these people. We will always tell you and your family when telephone calls are supervised and why they are supervised.

6. You can attend the religious services and activities, if you choose. When the staff feels you can participate in the community, you may ask to attend religious services and activities off campus. Your parent(s) or guardian(s) must approve this.
7. You have the right to play with or interact with other children in your age group, as long as AK Child & Family's staff or treatment parents approve it.
8. You will be able to meet in private with your parent(s), guardian(s), attorney, guardian ad litem, clergyperson, and placing worker unless it might cause you harm. If you are not allowed to do this, the reason will be explained to you.
9. You have the right to receive and send mail. AK Child and Family will provide letter writing materials for people on your contact list. Your mail will not be opened unless staff think that something dangerous may be in a letter or package. If this happens, the mail will be opened in front of you and two staff. Your mail will not be read unless you ask a staff member to read it. If you receive mail from someone who may seriously interfere with your treatment, mail may be held from you but only after getting permission from the placing worker (Office of Children's Services or the Division of Juvenile Justice) if applicable and your parent or legal guardian.
10. Mail addressed to and from attorneys, the courts, or public officials is privileged. Staff may not open or read such mail, if it is addressed to you, without your permission.
11. If there are any restrictions placed on who you can have contact with, these restrictions will be reviewed by your treatment team. You have the right to have input into this review.
12. You will receive appropriate medical treatment quickly if you are sick, hurt, or complain of pain.
13. You will not be given medicine that you do not need nor will you be given more medicine than you need.
14. If you are 18 years of age, you have the right to vote. A staff member or treatment parent will help you if you ask.
15. You will be told about the rules in your program and about the consequences if you choose not to follow these rules.
16. You will not be fingerprinted unless the law requires it.
17. You may talk to an attorney at any reasonable time. VII. Student responsibilities are as follows:

For all AK Child & Family Programs:

1. You are responsible for following the rules of the program.
2. You are responsible to keep yourself and others safe and not to damage property.
3. It is your responsibility to not share any information about other students and their families with anyone outside of AK Child & Family.

4. You are responsible for following the laws of Anchorage, Alaska and the United States.
5. You are responsible for taking your medication. If you feel that the medication is not right for you, you need to talk to a staff member or treatment parent(s) about your concerns.
6. You are responsible for telling a staff person or treatment parent if you know of or hear about something that could hurt you or another person.
7. You are responsible for treating the staff, treatment parents, and other students in the same way you wish them to treat you (with respect).
8. Additional Student Responsibilities for Residential Services or Family Treatment Homes:
9. You are responsible for keeping yourself and your clothes neat and clean.
10. You are responsible for keeping your room neat and completing day-to-day housekeeping activities within your program.
11. You are responsible for acting in a responsible manner when you are outside your unit or outside your Family Treatment Home.
12. You are responsible for calling the program or treatment parent(s) if something unexpected happens while you are on a visit outside your unit or outside your Family Treatment Home.

#### Procedures for Reporting Student Rights Violations or Concerns

1. Monday-Friday, 8:30-4:30: Complaints may be filed in writing, telephonically or in person. If the complaint is made in writing, the staff will call the front desk at the Gilbert Center and ask to speak to the Director of Admissions or designee about a student rights complaint. If the complaint is made in writing, it will be placed in the Director of Admissions or designee's mailbox. If the student wishes to make a verbal complaint, the staff will contact the Director of Admissions or designee and allow the student to speak with this staff or leave a message. A time will be scheduled to begin the investigation if within 24 business hours, if possible.
2. Any other time: If a student needs to report an allegation when the Director of Admissions or designee is not available, the staff or treatment parents should notify the on-call Clinician immediately. If the student resides in an AK Child & Family Treatment Home, the student can call the on-call staff directly. On-call staff will determine the need for immediate action. If the complaint does not present imminent risk, that staff will notify the Director of Admissions the next business day.

## **D. Notice of Privacy Practices**

THIS NOTICE DESCRIBES HOW MEDICAL/CLINICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

If you have any questions about this Notice, please contact our Privacy Officer: Telephone: 907-346-2101 Mail: 4600 Abbott Road, Anchorage AK 99507

### **OUR PLEDGE REGARDING PROTECTED HEALTH INFORMATION (PHI)**

“Protected Health information” is information about you, including demographic information, that may identify you and that relates to your past, present or future physical or mental health condition and related health care services. We understand that your PHI is personal. We are committed to protecting your PHI and to sharing the minimum necessary information required to accomplish this purpose. We create a record of the care and services you receive through AK Child & Family. This notice applies to all PHI compiled about you while you are receiving services at AK Child & Family.

This Notice of Privacy Practices describes how we use and disclose your protected health information to carry out treatment, payment, or health care operations and for other purposes that are permitted or required by law (see in the body of the Notice). It also describes your rights to access and control your protected health information.

We are required to abide by the terms of this Notice of Privacy Practices. We may change the terms of our notice, at any time. Whenever there is a material change to the uses and disclosures of protected health information, we will make the revised Notice available for your review.

### **USES AND DISCLOSURES OF PROTECTED HEALTH INFORMATION**

When you come to AK Child & Family, you will need to complete several forms and provide data. We are required to compile much of this information by our funders. Your protected health information may be used and disclosed by our organization, our office staff, and others outside of our office who are involved in your care and treatment for the purpose of providing services to you.

Your protected health information may also be used and disclosed to pay your health care bills and to support the operation of the provider’s practice.

Following are examples of the types of uses and disclosures of your protected health care information. These examples are not meant to be exhaustive, but to describe the types of uses and disclosures that may be made by AK Child & Family:

- A. Treatment: We will use and disclose your protected health information to provide, coordinate, or manage your health care services. This includes the coordination or management of your health care. We will share information that you provide with supervisors or our internal team members so that they can assist in determining the best course of care and services for you.
  
- B. Payment: Your protected health information will be used, as needed, to obtain payment for the services that we provide. This may include certain activities that your health insurance plan or other payer may request before it approves or pays for the health care services we recommend for you such as: making a determination of eligibility or coverage for insurance benefits, reviewing services provided to you for medical necessity and undertaking utilization review activities (review of your care on an ongoing basis). For example, obtaining approval for an admission may require that your relevant protected health information be disclosed to the health plan/payor to obtain approval for the admission. We may also disclose your information to another provider involved in your care as part of ensuring your eligibility for services.
  
- C. Health Care Operations: We may use or disclose, as needed, your protected health information for our own health care operations in order to provide quality care to all consumers, to assess staff training needs or to ensure the efficiency of program operations. Health care operations include such activities as:
  - o Quality assessment and improvement activities
  - o Employee review activities
  - o Training programs, including those in which students, trainees, or practitioners in health care learn under supervision
  - o Accreditation, certification, licensing, or credentialing activities
  - o Review and auditing, including compliance reviews, record reviews, legal services and maintaining compliance programs
  - o Business management and general administrative activities

In certain situations, we may also disclose patient information to another provider or health plan for their health care operations.

- D. Other Uses and Disclosures: As part of treatment, payment, and health care operations, we may also use or disclose your protected health information for the following purposes:
  - o To remind you of an appointment
  - o To inform you of potential treatment alternatives or options
  - o To inform you of health-related benefits or services that may be of interest to you

## OTHER PERMITTED USES AND DISCLOSURES

- A. **Others Involved in Your Health Care:** We may use or disclose protected health information to your guardian or personal representative or any other person that is legally responsible for your care. We may use or disclose your protected health information to an authorized public or private entity to assist in disaster relief efforts and to coordinate uses and disclosures to family or other individuals involved in your health care.
  
- B. **Communication Barriers:** We may use and disclose your protected health information if we attempt to obtain an authorization from you but are unable to do so due to substantial communication barriers that we cannot overcome and we determine, using professional judgment, that you intend to provide authorization to share information.

## OTHER REQUIRED USES AND DISCLOSURES

We may use or disclose your protected health information in the following situations without your authorization. These situations include:

- A. **In Connection With Judicial and Administrative Proceedings:** We may disclose your protected health information in the course of any judicial or administrative proceedings in response to an order of a court or magistrate as expressly authorized by such order or in response to a signed authorization.
  
- B. **To a Designated Hospital for Emergency Services (Involuntary Commitment):** We may disclose protected health information to assure continuity of care.
  
- C. **To Report Abuse, Neglect, or Domestic Violence:** We may notify government authorities if we believe that a student is the victim of abuse, neglect, or domestic violence. We will make this disclosure only when specifically required or authorized by law or when the student agrees to the disclosure.
  
- D. **Health Oversight Activities:** We may disclose protected health information to a health oversight agency for activities authorized by law, such as audits; civil, administrative, or criminal investigations, proceedings or actions; inspections; licensure or disciplinary actions; or other activities necessary for appropriate oversight as authorized by law. We will not disclose your health information if you are the subject of an investigation and your health information is not directly related to your receipt of health care or public benefits.
  
- E. **In a Medical or Psychological Emergency:** We may disclose protected health information to direct medical service or mental health personnel if a medical or psychological emergency arises.
  
- F. **For Research Purposes:** We may disclose your protected health information to researchers when their research has been approved by an institutional review



board that has reviewed the research proposal and established protocols to ensure the privacy of your protected health information. At this time, AK Child & Family does not maintain an institutional review board and does not participate in research as defined in this manner.

- G. Fundraising Purposes: We do not send out fundraising solicitation to students or families who receive services; however, if a student or family previously made a donation, they may receive such solicitation. The individual has the right to opt out of such fundraising communications at any time.
- H. When Legally Required: We will disclose your protected health information when we are required to do so by any federal, state, or local law.
- I. Imminent Threat to Health or Safety: Consistent with applicable federal and state laws, we may disclose your protected health information, if we believe that the use or disclosure is necessary to prevent or lessen a serious and imminent threat to the health or safety of a person or the public.
- J. To Department of Health and Social Services. We will disclose protected health information to the State of Alaska Department of Health and Social Services for health oversight, licensing, and audit activities specifically identified in Alaska law.
- K. Data Breach Notification Purposes: We may use your contact information to provide legally required notices of unauthorized acquisition, access, or disclosure of your health information. We may send notice directly to you and/or the Department of Health.
- L. Business Associates: There are some services provided through contracts with business associates. Examples could include attorneys, consultants, or a copy service used when making copies of your health record. When these services are contracted, we will disclose information to these business associates so that they can perform their jobs, and so they can bill for the services rendered. To protect the medical information about you, however, we require the business associate to appropriately safeguard the information.
- M. For all other disclosures of your PHI, we must obtain a written authorization for release of information from you. This includes but is not limited to:
  - o Marketing Purposes, including subsidized treatment communications
  - o Disclosures that constitute a sale of PHI
  - o Most uses and disclosures of psychotherapy notes
  - o Other uses and disclosures not described in this Notice of Privacy Practices
- N. This authorization must include:
  - o Specific person to whom the information is being released
  - o Purpose of the release
  - o Date of the release – time frame
  - o Specific information or documents that are being released

- o Opportunity to revoke consent

## YOUR RIGHTS REGARDING PROTECTED HEALTH INFORMATION

Following is a statement of your rights with respect to your protected health information and a brief description of how you may exercise these rights.

- A. **Right to Inspect and Copy:** You have the right to inspect and receive a copy of your protected health information. We may have to charge you for copying. This means you may inspect and obtain a copy of protected health information about you that is contained in a designated record set. A “designated record set” contains PHI and billing records and any other records that we use for making decisions about you. If we perceive that providing you access to your record constitutes a danger to self or a danger to others, we can use our professional judgment regarding access. You have the right to receive records in electronic format, if they are available. There are risks associated with transmitting unencrypted records via email such as another person intercepting or eavesdropping on those messages.
- B. **Right to Request Restrictions:** You have the right to request a restriction of your protected health information. This means you may ask us not to use or disclose any part of your protected health information for the purposes of treatment, payment, or health-care operations. You may request restrictions on PHI disclosures to your health plan for health services paid out-of-pocket in full. You may also request that any part of your case record not be disclosed to family members or friends who may be involved in your care or for notification purposes as described in this Notice of Privacy Practices. Your request must state the specific restriction requested and to whom you want the restriction to apply.

We are not required to agree to a restriction that you may request, other than plan for health services paid out-of-pocket in full. If we believe it is in your best interest to permit use and disclosure of your protected health information, your protected health information will not be restricted. If we agree to the requested restriction, we may not use or disclose your protected health information in violation of that restriction unless it is needed to provide emergency treatment.

- C. **Right to Request Confidential Communications:** You have the right to request to receive confidential communications from us by alternative means or at an alternative location. You must make this request in writing. We will accommodate reasonable requests. We may also condition this accommodation by asking you for information as to how payment will be handled or specification of an alternative address or other method of contact. We will not request an explanation from you as to the basis for the request. We are not required to honor your request, but if we do not do so, we will explain in writing.
- D. **Right to Amend:** You may have the right to amend your case record. This means you may request an amendment of the information in your record for as long as we maintain this information. This request must be in writing and provide a reason for the amendment. In certain cases, we may deny your request for an amendment. If

we deny your request for amendment, we will do so in writing. You have the right to file a statement of disagreement with us and we may prepare a rebuttal to your statement and will provide you with a copy of any such rebuttal. Please contact your provider if you request an amendment.

- E. **Right to an Accounting of Disclosures:** You have the right to receive an accounting of certain disclosures we have made, if any, of your protected health information. This right applies to disclosures for purposes other than treatment, payment, or health-care operations as described in this Notice of Privacy Practices. By law, it excludes disclosures we may have made to you, to family members or friends involved in your care, or for notification purposes. You have the right to receive specific information regarding these disclosures that occurred after April 14, 2003. You may request a shorter time frame.
- F. **Right to a Paper Copy of This Notice:** You have the right to obtain a paper copy of this notice from us, even if you have agreed to accept this notice electronically.

## COMPLAINTS

You may complain to us or to the Secretary of Health and Human Services if you believe your privacy rights have been violated. You may file a complaint in writing, with AK Child & Family by notifying our Privacy Officer of your complaint. We will not retaliate against you for filing a complaint.

You may contact our Privacy Officer at (907) 346-2101 for further information about the complaint process.

You may contact the Secretary of Health and Human Services at 200 Independence Avenue, S.W. Washington, DC 20201, or reach the Secretary by phone at (202) 690-7000.

## CHANGES TO THIS NOTICE

We reserve the right to change this notice. We reserve the right to make the revised or changed notice effective for PHI information we already have about you as well as any information we receive in the future. We will post a copy of the current notice in all of our buildings. The notice will contain on the first page, in the top right-hand corner, the effective date. You will be offered a copy of the current notice when you visit our offices for services.

## E. Fees for Services

### Usual and Customary Fee for Service Rates

AK Child & Family will seek reimbursement for services performed from all available resources, including private insurance companies, service recipients, and Medicaid, as the payer of last resort.

The parent or guardian is obligated to provide AK Child & Family with all private insurance and/or Medicaid information. AK Child & Family will seek reimbursement for services rendered based on the insurance information provided. In cases where youth are only covered by private insurance (no Medicaid coverage), the parent/guardian will be responsible for any deductible and coinsurance amounts and noncovered services.

In instances where the cost of necessary treatment creates a financial hardship, we encourage parents or guardians to apply for our sliding fee scale rates. If there are no available resources to cover the cost of necessary treatment, we encourage parents or guardians to apply for our Partnership in Treatment (PIT) fund (see Appendix E of this handbook). Additional information about the sliding fee scale or PIT fund can be obtained from the Director of Admissions.

The usual and customary rates for AK Child & Family services are as follows

#### a. Community Programs

| Service  | Duration                    | Code     | Rate  |
|--|-----------------------------|----------|-------|
| <b>Clinic Services</b>                             |                             |          |       |
| 1. Individual Psychotherapy                        | 30 minutes                  | 90832    | \$145 |
| 2. Individual Psychotherapy                        | 45 minutes                  | 90834    | \$275 |
| 3. Individual Psychotherapy                        | 60 minutes                  | 90837    | \$295 |
| 4. Multi-Family Group Psychotherapy                | 30 minutes                  | 90849-U7 | \$80  |
| 5. Multi-Family Group Psychotherapy                | 60 minutes                  | 90849    | \$160 |
| 6. Group Psychotherapy                             | 30 minutes                  | 90853-U7 | \$40  |
| 7. Group Psychotherapy                             | 60 minutes                  | 90853    | \$75  |
| 8. Family Psychotherapy without youth              | 30 minutes                  | 90846-U7 | \$125 |
| 9. Family Psychotherapy without youth              | 60 minutes                  | 90846    | \$245 |
| 10. Family Psychotherapy with youth                | 30 minutes                  | 90847-U7 | \$130 |
| 11. Family Psychotherapy with youth                | 60 minutes                  | 90847    | \$255 |
| 12. Psychological Testing Evaluation Services      | 60 minutes                  | 96130-HO | \$150 |
| 13. Psychological Testing Evaluation Services      | 60 minutes<br>(each addt'l) | 96131-HO | \$150 |
| 14. Neuropsychological Testing Evaluation Services | 60 minutes                  | 96132    | \$175 |
| 15. Neuropsychological Testing Evaluation Services | 60 minutes<br>(each addt'l) | 96133    | \$175 |
| 16. Treatment Plan Review                          | Review                      | T1007-V2 | \$150 |
| 17. Mental Health Intake Assessment                | Assessment                  | H0031    | \$600 |

| Service  | Duration        | Code        | Rate  |
|--|-----------------|-------------|-------|
| <b>Clinic Services</b>   |                 |             |       |
| 18. Integrated MH & SA Intake Assessment                             | Assessment      | H0031-HH    | \$600 |
| 19. Psychiatric Assessment – Diagnostic Evaluation                   | Assessment      | 90791       | \$600 |
| 21. Facilitation of Telemedicine                                     | Case            | Q3014       | \$95  |
| 22. Screening, Brief Intervention and Referral for Treatment (SBIRT) | 15 – 30 minutes | 99408       | \$65  |
| <b>Rehabilitation Services</b>                                       |                 |             |       |
| 1. SIT Crisis Intervention   | 60 minutes      | S9484       | \$150 |
| 2. SIT Crisis Intervention   | 15 minutes      | S9484-U6    | \$45  |
| 3. Therapeutic BH Services – Individual                              | 15 minutes      | H20019      | \$30  |
| 4. Therapeutic BH Services – Group                                   | 15 minutes      | H20019-HQ   | \$15  |
| 5. Therapeutic BH Services – Family with student                     | 15 minutes      | H20019-HR   | \$30  |
| 6. Therapeutic BH Services – Family without student                  | 15 minutes      | H20019-HS   | \$30  |
| 7. Case Management   | 15 minutes      | T1016       | \$35  |
| 9. Facilitation of Telemedicine                                      | Case            | Q3014       | \$95  |
| 10. Therapeutic Treatment Home Service                               | Day             | H2020-V2    | \$350 |
| 11. Treatment Plan Review  | Review          | T1007-V2    | \$150 |
| 13. Individual Peer Support Services                                 | 15 minutes      | H0038       | \$35  |
| 14. Family Peer Support Services with student                        | 15 minutes      | H0038-HR    | \$35  |
| 15. Family Peer Support Services without student                     | 15 minutes      | H0038-HS    | \$35  |
| 16. Oral Medication Admin (onsite) 1                                 | Day             | H0033       | \$100 |
| 17. Oral Medication Admin (offsite) 1                                | Day             | H0033-HK    | \$115 |
| 18. Screening, Brief Intervention and Referral for Treatment (SBIRT) | 15 – 30 minutes | 99408       | \$65  |
| 19. Day Treatment for Children                                       | 60 minutes      | H2012       | \$38  |
| 22. Intensive Case Management  | 15 minutes      | H0023-V2    | \$35  |
| 23. Community Recovery Support Services – Group                      | 15 minutes      | H2021-HQ-V2 | \$15  |
| 24. Community Recovery Support Services – Individual                 | 15 minutes      | H2021-V2    | \$30  |

**b. Psychiatric Residential Program**

| Services                          | Duration | Code    | Rate  |
|-----------------------------------|----------|---------|-------|
| Residential Psychiatric Treatment | Daily    | 134/183 | \$800 |

**c. Level II Residential Program**

| Services              | Duration | Code        | Rate  |
|-----------------------|----------|-------------|-------|
| Residential Treatment | Daily    | T2033-TF-V2 | \$500 |

*Rates listed in the above tables are effective as of 1/3/2023*

## Sliding Scale Fee Procedures

AK Child & Family encourages parents or guardians to apply for our sliding fee scale rates in instances where the cost of necessary treatment creates a financial hardship. AK Child & Family will not deny services for Community Program youth based on their inability to pay. The following sliding fee scale is available based on upon a completed verified income.



| Annual<br>Income        | Your Income as a % of Federal Income Level |           |        |           |        |           |        |          |
|-------------------------|--|-----------|--------|-----------|--------|-----------|--------|----------|
|                         | 100%                                       | 100%-135% |        | 136%-170% |        | 171%-204% |        | >205%    |
| Number in<br>House Hold | Applicable Discounts                       |           |        |           |        |           |        |          |
|                         | Nominal                                    | 75%       |        | 50%       |        | 25%       |        | Full pay |
| 1                       | 18,210                                     | 18,211    | 24,640 | 24,641    | 31,070 | 31,071    | 37,500 | 37,501   |
| 2                       | 24,640                                     | 24,641    | 31,070 | 31,071    | 37,500 | 37,501    | 43,930 | 43,931   |
| 3                       | 31,070                                     | 31,071    | 37,500 | 37,501    | 43,930 | 43,931    | 50,360 | 50,361   |
| 4                       | 37,500                                     | 37,501    | 43,930 | 43,931    | 50,360 | 50,361    | 56,790 | 56,791   |
| 5                       | 43,930                                     | 43,931    | 50,360 | 50,361    | 56,790 | 56,791    | 63,220 | 63,221   |
| 6                       | 50,360                                     | 50,361    | 56,790 | 56,791    | 63,220 | 63,221    | 69,650 | 69,651   |
| 7                       | 56,790                                     | 56,791    | 63,220 | 63,221    | 69,650 | 69,651    | 76,080 | 76,081   |
| 8                       | 63,220                                     | 63,221    | 69,650 | 69,651    | 76,080 | 76,081    | 82,510 | 82,511   |

**For families/households with more than 8 persons, add \$6,430 for each additional person**

Nominal fee Schedule per service  
 Service \$0-\$99      \$5.00 fee  
 Service \$100-\$199    \$10.00 fee  
 Service \$200>        \$20.00 fee

## Sliding Scale Fee Application

### FAMILY INFORMATION

Student Name: \_\_\_\_\_

Address and phone (if not at home): \_\_\_\_\_  
\_\_\_\_\_



Name of person applying to the Sliding Scale Fee on behalf of student: \_\_\_\_\_

Parent  Guardian  Other: \_\_\_\_\_

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

Home Phone Number: \_\_\_\_\_

Work Phone Number: \_\_\_\_\_

Employer: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

Name of second person applying to the Sliding Scale Fee on behalf of student (if applicable): \_\_\_\_\_

Parent  Guardian  Other: \_\_\_\_\_

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

Home Phone Number: \_\_\_\_\_

Work Phone Number: \_\_\_\_\_

Employer: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

### FINANCIAL INFORMATION

Monthly net income from all family sources: \_\_\_\_\_

Please attach the following:

- A schedule of monthly expenses
- Two most recent payroll check stubs from each wage earner in the family
- Last two year's tax returns from all family sources
- All potential funding sources for your child's treatment that you approached/explored, and the results of your effort.



Since income and expenses are a vital part of the application, is there additional information you feel we should know?



# BUDGET WORKSHEET

| Income (by source)  |  |
|---------------------|--|
|                     |  |
|                     |  |
|                     |  |
|                     |  |
|                     |  |
|                     |  |
| <b>Total Income</b> |  |



# Expenses

|                             |  |
|-----------------------------|--|
| Housing (Mortgage or Rent)  |  |
| Utilities:                  |  |
| Electricity                 |  |
| Gas                         |  |
| Water                       |  |
| Garbage                     |  |
| Telephone                   |  |
| Auto Loan                   |  |
| Auto Insurance              |  |
| Food and Household Supplies |  |
| Unreimbursed Medical Costs  |  |
| Clothing                    |  |
| Personal Expenses           |  |
| Other:                      |  |
|                             |  |
|                             |  |
|                             |  |
|                             |  |
|                             |  |
|                             |  |
|                             |  |

## STATEMENT OF COMMITMENT

I (We) understand that we must: 1) actively participate in the treatment process and 2) contribute financially to the cost of treatment at a level appropriate to family finances. Based on the program description and your assessment of your financial situation, what do you feel you are able to contribute to the cost of treatment? \_\_\_\_

I (WE) FURTHER UNDERSTAND THAT APPLICATION SLIDING SCALE FEE IS A LAST RESORT, AFTER ALL OTHER PAYMENT OPTIONS HAVE BEEN EXPLORED.

I (We) commit to the Statement of Commitment, have carefully completed this application, and to the best of my (our) knowledge and belief, have answered all questions correctly.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

## **F. Partnership in Treatment (PIT) Fund**

### POLICY

It is the policy AK Child & Family to:

- A. Encourage service recipients to apply for our Partnership in Treatment (PIT) fund when they are unable to adequately to pay for services.

### PROCEDURE

- A. AK Child & Family shall maintain a Partnership in Treatment (PIT) Fund, the goal of which is to provide children an opportunity for treatment when the family/guardian is unable to pay the cost of treatment. To that purpose, an equitable and facilitative process is established and maintained to accommodate families, within the capabilities of the Partnership in Treatment Fund, for whom the charges would significantly restrict or prohibit access to treatment.
  - 1. Notice of the availability of the Fund shall be included in AK Child & Family publications, fact sheets, program descriptions, or other written materials as deemed appropriate by the President & CEO. The Director of Admissions or designee shall inform parents or guardians who have requested information or applications and who do not have access to third party payer or other resources. Regular training will occur to increase awareness of the Fund throughout the agency.
  - 2. Any parent or guardian whose child has been accepted for admission to AK Child & Family may apply for funding through the Fund. An application form will be provided which may be submitted to the Fund Committee for review. If the application was received through a treating clinician/case manager, the supervisor will acknowledge the request for review by the Fund Committee.
  - 3. The Fund Committee shall consist of the Chief Finance Officer, the Director of Spiritual Life, and in consultation with the Director of the treatment program within which the services are being requested. The Fund Committee will be chaired by the Director of Admissions or designee as determined by the President & CEO.
  - 4. Funds shall be requested based on the length of stay estimated by the treating clinician. The estimated amount of the requested Fund will then be based on the lowest current daily rate charged in Residential Services or remaining balance following the sliding scale fee amount calculated for Community Programs or individual outpatient services.
  - 5. The following criteria shall be evaluated in determining approval of the fund: whether all other potential funding sources have been eliminated, financial

need of the family, the family's commitment to participation in treatment, estimated length of treatment relative to availability of funds, and any other extenuating circumstances that the committee deems appropriate. The Fund Committee shall make every good faith effort to evaluate each application in a fair and impartial manner. The Fund Committee will review the case with the treating clinician and clinical records for medical necessity as appropriate.

6. For funds to be granted, three of the four committee members must vote affirmative.
  7. Official minutes will be kept of all proceedings of the Fund Committee.
  8. The Fund Committee will review already granted funding if any of the following occur:
    - i. The family is not participating in active treatment as determined by the treating clinician;
    - ii. The student elopes from treatment;
    - iii. The estimated length of treatment is modified in any way;
    - iv. Additional information is provided regarding family financial need, change in family financial status, or correction of previously reported erroneous information.
- B. If the Fund Committee reviews a previously awarded fund candidate with a 75% affirmative vote, the committee may take the following action:
1. Rescind the fund amount awarded,
  2. Suspend the award pending additional information,
  3. Repeal the award, or
  4. Extend the award up to an additional 60 days.
- C. No monies from the fund may be extended to any payor other than the AK Child & Family Operating Fund, unless specifically directed by a formal resolution of the Board of Directors. Monies may be used for other services, such as services provided by ancillary providers and travel (e.g., psychological/ neuropsychological testing, dentistry) if the Fund Committee deems this is appropriate usage of the Fund and this use is critical in the care and treatment of the student or their family as a component of their treatment (e.g., travel for family therapy, participation in treatment plan reviews).

## G. District Medicaid Offices

Applications for Medicaid coverage can be submitted online, by mail, or in-person.

For Medicaid or Denali KidCare, contact the Division of Public Assistance. Various offices are listed below:

|   |   |   |
|---|---|---|
| <p><b>ANCHORAGE</b><br/>University Center<br/>3901 Old Seward Highway, Suite 131<br/>Anchorage, AK 99503<br/>Phone: 1-800-478-7778<br/>Fax: (907) 269-6520<br/>hss.dpa.offices@alaska.gov</p> | <p><b>BETHEL</b><br/>460 Ridgecrest Drive, Suite 121<br/>Mailing: P.O. Box 365<br/>Bethel, AK 99559<br/>Phone: 1-800-478-7778<br/>Fax: (907) 543-2650<br/>hss.dpa.offices@alaska.gov</p>          | <p><b>FAIRBANKS</b><br/>675 7<sup>th</sup> Ave, Station E<br/>Fairbanks, AK 99701<br/>Phone: 1-800-478-7778<br/>Fax: (907) 451-2923<br/>hss.dpa.offices@alaska.gov</p>  |
| <p><b>HOMER</b><br/>3670 Lake Street, Suite 200<br/>Homer, AK 99603<br/>Phone: 1-800-478-7778<br/>Fax: (907) 235-6176<br/>hss.dpa.offices@alaska.gov</p>                                      | <p><b>JUNEAU</b><br/>10002 Glacier Highway, Suite 201<br/>Mailing: P.O. Box 110642<br/>Juneau, AK 99811-0642<br/>Phone: 1-800-478-7778<br/>Fax: (907) 465-4657<br/>hss.dpa.offices@alaska.gov</p> | <p><b>KENAI</b><br/>11312 Kenai Spur Highway, Suite 2<br/>Kenai, AK 99611<br/>Phone: 1-800-478-7778<br/>Fax: (907) 283-6619 or 1-888-248-6619<br/>hss.dpa.offices@alaska.gov</p>  |
| <p><b>KETCHIKAN</b><br/>2030 Sea Level Drive, Suite 301<br/>Ketchikan, AK 99901<br/>Phone: 1-800-478-7778<br/>Fax: (907) 247-2135<br/>hss.dpa.offices@alaska.gov</p>                          | <p><b>KODIAK</b><br/>211 Mission Road, Suite 101<br/>Kodiak, AK 99615<br/>Phone: 1-800-478-7778<br/>Fax: (907) 486-3116 or 1-888-281-3116<br/>hss.dpa.offices@alaska.gov</p>                      | <p><b>LONG TERM CARE</b><br/>University Center<br/>3901 Old Seward Highway, Suite 131<br/>Anchorage, AK 99503<br/>Phone: (907) 269-8950 or 1-800-478-4372<br/>Fax: (907) 269-5608 or 1-855-869-5608<br/>dpalongtermcare.office@alaska.gov</p> |
| <p><b>NOME</b><br/>214 E. Front Street<br/>Mailing: P.O. Box 2110<br/>Nome, AK 99762<br/>Phone: 1-800-478-7778<br/>Fax: (907) 443-2307 or 1-888-574-2307<br/>hss.dpa.offices@alaska.gov</p>   | <p><b>SITKA</b><br/>304 Lake Street, Suite 101<br/>Sitka, AK 99835<br/>Phone: 1-800-478-7778<br/>Fax: (907) 747-8224<br/>hss.dpa.offices@alaska.gov</p>   | <p><b>WASILLA</b><br/>855 W. Commercial Drive<br/>Wasilla, AK 99654<br/>Phone: 1-800-478-7778<br/>Fax: (907) 373-1136 or 1-877-357-2538<br/>hss.dpa.offices@alaska.gov</p>  |

\*The Consumer Handbook contains only general guidelines and information. It is not intended to be comprehensive or to address all the possible applications of, or exceptions to, the general policies; state and federal regulations; certification standards and agency procedures described. For that reason, if you have any questions concerning the content of this handbook, or the applicability of a policy or practice to you, you should address your specific questions with your treatment team or contact our offices at 346-2101.





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