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April 15, 2024

Senate Health and Social Services Committee
Alaska Senate
State Capitol, Room 205
Juneau, AK 99801

RE: Follow up to inquiries to SHSS committee meeting 3.26.24

Dear Chair Wilson and Honorable Members,

Thank you for your question regarding the provisions in SB 231 Minors & Resident Psychiatric Treatment Centers

Does physical restraint include protection from self-harm?

Residential Psychiatric Treatment Centers (RPTC)s must follow state licensing regulations including 7 AAC 50.435, and 7 AAC 503.870 which pertain to physical restraint. These regulations require RPTCs to document and report the use of restraint and isolation.

- 7 AAC 50.435 sets guidelines for behavior management in childcare facilities, including restrictions on the use of certain disciplinary techniques such as the use of restraint and isolation to ensure the safety and well-being of residents and the requirements for documenting incidents involving physical restraint.
- 7 AAC 50.870 requires the evaluation of a resident's history and experiences that may affect their response to isolation or restraint, including any history of abuse, neglect, or trauma. It also emphasizes the need to develop a treatment plan that seeks to avoid repeating or recalling trauma or emotional harm to the resident.

What about when physical harm/marks? Evaluated during interview/inspection? Photos? Documentation? Evaluation to mitigate harm? Is this codifying current practice? Is there a process for looking at multiple instances?

State licensing regulations for RPTCs require documentation of restraint and isolation (7 AAC 50.870, 7 AAC 50.435) and immediate reporting of death, serious injury, or illness (7 AAC 50.140). AS 47.32.200 specifies the notification requirements and timelines for RPTCs to inform the department, as the licensing authority, about staff criminal charges or convictions, as well as allegations of abuse, neglect, or misappropriation. Furthermore, to be paid by Medicaid, RPTCs must follow 7 AAC 140.400(a)(6), which requires compliance with federal regulations on restraint and seclusion, 42 C.F.R. 483.350 - 483.376. Key relevant requirements include:

- Within one hour of initiating an emergency safety intervention, a qualified professional must assess the resident's well-being, including physical and psychological status, behavior, appropriateness of intervention measures, and any complications (42 CFR 483.358).
- After removing a restraint, a qualified professional must immediately evaluate the resident's well-being (42 CFR 483.362).
- Staff must document all injuries resulting from interventions (42 CFR 483.372).
- The facility must maintain records of each emergency safety situation, interventions used, and outcomes (42 CFR 483.385).

What is the timeframe for reporting an incident of Seclusion and Restraint (S&R)? Is that in regulations?

State licensing requirements (7 AAC 50.870) mandate that a RPTC must document the circumstances leading to each incident of physical restraint or isolation of a resident. Additionally, the RPTC must make records available to the Division of Health Care Services (HCS) for review of the use of isolation or restraint, as determined necessary to identify and prevent abuse or inappropriate or unnecessary use.

Treatment facilities must report the use of seclusion or restraint, including emergency medications, to the guardian and the Department of Health within 24 hours. The Division of Behavioral Health (DBH) receives these reports via fax or email from the treatment facility. Depending on the incident, DBH takes appropriate action, which can include tracking incidents, problem-solving with care providers and guardians, and following up to inquire about the circumstances or appropriateness of the use.

To be paid by Medicaid, RPTCs must follow 7 AAC 140.400(a)(6), which requires compliance with federal PRTF regulations on restraint and seclusion, 42 C.F.R. 483.350 - 483.376. Key relevant requirements include:

- Facilities must promptly notify the parents or legal guardians of a minor who has been restrained during an emergency safety intervention and document this notification in the record (42 CFR 483.366).
- Facilities must annually attest to their compliance with CMS standards regarding restraint and seclusion (42 CFR 483.374).
- Facilities must report serious occurrences, such as a resident's death, serious injury, or suicide attempt, to the State Medicaid agency and, if not prohibited by State law, the State-designated Protection and Advocacy system. Reports must be made by the end of the next business day, and parents/guardians must be notified as soon as possible but no later than 24 hours after the occurrence (42 CFR 483.374).

In regulation, do you already have inspection practices codified and do they include review of restraint to see if there are patterns?

Division of Behavioral Health (DBH) enrolls Psychiatric Residential Treatment Facilities (PRTFs) in the Medicaid Program, while the Residential Licensing (RL) section within Health Care Services (HCS) licenses RPTCs (a state license type).

- RL conducts inspections and investigation under 7 AAC 50.900. On-site inspections are conducted every other year.
    - Licensing regulations require RPTCs to immediately report death, serious injury, or illness of a child in care, and attempted or threatened suicide (7 AAC 50.140). They are not required under licensing regulations to report seclusion or restraint. However, RPTCs must document the circumstances leading to each incident of physical restraint or isolation of a resident and make those records available to HCS for review of the use of isolation or restraint, as determined necessary to identify and prevent abuse or inappropriate or unnecessary use (7 AAC 50.870 (g)(2)).
- DBH receives frequent reports of seclusion and restraint as required by Medicaid regulation (7 AAC 140.400(a)(6)).

How many residential psychiatric treatment centers are licensed and operating in the state that would be impacted by this legislation?

There are five in state RPTCs licensed by HCS-Residential Licensing.

Would youth in Alaska Psychiatric Institute (API) be included in this bill?

As the bill is currently written, neither NorthStar Hospital (NSH) nor Alaska Psychiatric Institute (API) would be included. North Star Hospital and API are licensed as specialized hospitals under AS 47.32, with a psychiatric sub-specialization under 7 AAC 12.215.

There are potentially 100 youth out of state at Residential Psychiatric Treatment Centers (RPTC), would this legislation cover those?

No. This legislation would only impact RPTCs licensed under AS 47.32. AS 47.32 applies only to in-state facilities.

Relevant Statutes & Regulations:
Statutes:

- AS 47.32.010(a) The purpose of this chapter is to establish centralized licensing and related administrative procedures for the delivery of services in this state by the entities listed in (b) and (c) of this section. (b) The following entities are subject to this chapter and regulations adopted under this chapter by the Department of Health: (3) residential psychiatric treatment centers.
- AS 47.32.900(18): “residential psychiatric treatment center” means a secure or semi-secure facility, or an inpatient program in another facility, that provides, under the

direction of a physician, psychiatric diagnostic, evaluation, and treatment services on a 24-hour-a-day basis to children with severe emotional or behavioral disorders.

Regulation:

- 7 AAC 140.400(a) To be eligible for payment for providing residential psychiatric treatment center (RPTC) services, a provider must (1) be enrolled as an RPTC in accordance with 7 AAC 105.210; (2) if located in this state, be licensed by the department under AS 47.32; (3) if located out of state, meet the licensing and accreditation requirements of the jurisdiction in which the RPTC is located.
- 7 AAC 50.820. Orientation and training. (a) A residential psychiatric treatment center shall have a comprehensive written training plan, and shall submit it to the department, for the orientation, ongoing training, and development of staff members. (b) The orientation portion of the training plan required by (a) of this section must provide that (1) a new caregiver employee or volunteer who has less than six months of previous full-time experience working with emotionally disturbed persons in a residential setting is to receive at least 40 hours of orientation and training, as described in (4) of this subsection, and at least 40 hours of child care experience in the facility, working under supervision, before being assigned to independently carry out a particular caregiving job; (2) a new caregiver employee or volunteer who has at least six months of previous full-time experience working with emotionally disturbed persons in a residential setting is to receive at least 20 hours of orientation and training, as described in (4) of this subsection, and at least 20 hours of child care experience in the facility, working under supervision, before being assigned to independently carry out a particular caregiving job; (3) a new administrative, clerical, housekeeping, janitorial, or other support employee, if the employee's job involves even minimal contact with children in care, is to receive orientation and training as described in (4) of this subsection; for each job class, the residential psychiatric treatment center shall determine the hours of training and topics appropriate to the duties of persons in that job class, including interaction or contact by those persons with children in care; (4) orientation and initial training of persons as required in (1), (2), and (3) of this subsection is to include, at a minimum, orientation to (A) the purpose, goals, policies and procedures of the treatment center; (B) working conditions and regulations; (C) responsibilities and rights of employees or volunteers; (D) the facility's policy and procedures for resident and family grievances; (E) psychiatric treatment for children with severe mental, emotional or behavioral disorders; (F) the security plan of the facility as described in 7 AAC 50.805; and (G) the theory and practical application of techniques for de-escalating violent, destructive, angry, or runaway behavior by out-of-control residents while protecting the safety of the employee or volunteer and of other residents; and (5) the facility may acknowledge and give credit for prior training that the employee or volunteer received, and that is the equivalent of parts of the orientation and training required by the facility's training plan, if the prior training occurred no more than two years before the individual became an employee or volunteer. (c) The portion of the training plan required by (a) of this section for ongoing staff training and development must provide each caregiver employee or supervisor of caregivers, after that individual's first year of employment at the facility, is to receive at least 40 hours of training each subsequent year of employment; that training must address, at a minimum, the following areas: (1) security procedures; (2) supervision and

treatment of child residents; (3) regulations and procedures for use of restraints, isolation, or physical force as applied to a resident; (4) resident rights and responsibilities; (5) fire and emergency procedures; (6) interpersonal relations and communication skills; (7) the theory of treatment of mental, emotional, or behavioral disorders of the types with which residents of the facility are diagnosed; (8) social and cultural lifestyles of children in the various communities or groups from which the residents of the facility came; (9) child growth and development; (10) the theory and treatment of fetal alcohol syndrome and fetal alcohol effect; (11) the theory and practical application of techniques for de-escalating violent, destructive, angry, or runaway behavior by out-of-control residents while protecting the safety of the employee and the safety of other residents or employees; (12) first aid and cardiopulmonary resuscitation (CPR). (d) The training plan required by (a) of this section must provide that each part-time employee and regular volunteer working or volunteering less than 40 hours per week is to receive training appropriate to that individual's assignments, and that volunteers working the same schedule or number of hours as full-time paid employees are to receive the same training as full-time employees. (e) The facility shall maintain written records documenting training sessions held or external training sessions attended, the participation of individual employees or volunteers, the hours involved, and other in-service training or external training activities in which each employee or volunteer was involved. (f) A training program must be presented by persons who are qualified in the areas in which they are conducting training. (g) A residential psychiatric treatment center shall designate one administrative, managerial, or supervisory staff person to be the training director responsible to plan and implement employee and volunteer training programs.

- 7 AAC 50.435. Behavior guidance. (a) A facility shall help a child to develop age appropriate patterns of behavior that foster constructive relationships and increasing ability to deal with everyday life. (b) A facility shall provide for positive reinforcement, redirection, and the setting of realistic expectations and clear and consistent limits. (c) A facility may not use discipline or a behavior management technique that is cruel, humiliating, or otherwise damaging to the child. (d) A child in care may not be (1) removed from the other children for more than 10 minutes if the child is a young child, except as provided in (e) of this section; (2) disciplined in association with food or rest; (3) punished for bedwetting or actions in regard to toileting or toilet training; (4) subjected to discipline administered by another child; (5) deprived of family contacts, mail, clothing, medical care, therapeutic activities designated in the child's plan of care, or contact with the child's placement worker or legal representative; (6) subjected to verbal abuse, to derogatory remarks about the child or members of the child's family, or to threats to expel the child from the facility; (7) placed in a locked room; (8) physically restrained, except when necessary to protect a young child from accident, to protect persons on the premises from physical injury, or to protect property from serious damage; and then only passive physical restraint may be used; (9) mechanically restrained, except for a protective device such as a seatbelt; or (10) chemically restrained, except on the order of a physician and subject to the provisions of 7 AAC 50.440. (e) Deleted 7/1/2000. (f) Corporal punishment may not be used on a child in care. (g) A residential child care facility shall set out rules to help children develop self control and conform to acceptable patterns of behavior, and give a copy of the rules to a child upon the child's admission. (h) A residential child care facility may not isolate a child for more than one hour unless

the facility has established an isolation procedure as part of the facility's behavior guidance policy required by 7 AAC 50.425(a) that (1) includes the provisions under (i) of this section; (2) addresses the provision of (j) of this section, if applicable; (3) describes the circumstances under which a child may be isolated for more than one hour; and (4) includes other less restrictive responses to be used before isolation for more than one hour. (i) A residential child care facility shall document in the child's file the circumstances leading to each incident of physical restraint of a child or isolation of a child exceeding one hour. (j) A residential child care facility may not isolate a child in a locked room except that, with prior approval of the department, a locked behavior-management room may be used under the following conditions: (1) the locked behavior-management room must meet the approval of the appropriate municipal or state fire safety authority, must be suicide-resistant, must have break-resistant glass and security screening on its windows, and may not have less space than 50 square feet; and (2) the facility's policies and procedures regarding the use of its locked behavior-management room must incorporate the following requirements: (A) the locked behavior-management room may be used only if a child is out of control and is in danger of harming the child's self or others, and the facility staff has exhausted all less restrictive alternatives; (B) the locked behavior-management room may be used only for the time necessary to change the behavior compelling its use; (C) the locked behavior-management room may be used only on the order of a professional mental health clinician; the clinician must set out in the order a maximum time limit for initial use of the room for isolation of a particular resident, not to exceed two hours for a child 10 years of age or older, and not to exceed one hour for a child less than 10 years of age; after that initial period the clinician may not continue the isolation of the resident in the locked behavior-management room unless (i) the clinician executes a separate order for each period of continued isolation, and sets out in that order a maximum time limit not to exceed the applicable initial time limit set out in this subparagraph; (ii) the clinician makes a face-to-face assessment of the child before executing an order described in (i) of this subparagraph; and (iii) within any 24-hour period, the resident is kept in isolation, whether continuous or intermittent, for no more than eight hours, if the child is 10 years of age or older, and for no more than four hours, if the child is less than 10 years of age; (D) no more than one child may be placed in the locked behavior-management room at a time; (E) a staff member of the facility shall observe the child at intervals of 15 minutes or less and record the observation in a behavior management log; (F) the behavior management log must include the name of the child, the time of the child's placement in the locked behavior-management room, the name of the staff member responsible for the placement, a description of the specific behavior requiring the use of the locked behavior-management room, and the time of the child's removal from the locked behavior-management room; the behavior management log must be signed by the professional mental health clinician who recommended its use; (G) for each use in which a child remains in the locked behavior-management room for longer than one hour, the behavior management log must contain hourly supervisory approval and the reasons for the continued use of the locked behavior-management room beyond the first hour; (H) use of the locked behavior-management room may not exceed the time limit established by the mental health professional; (I) when a child less than 10 years of age is placed in the locked behavior-management room, a staff member shall be physically present in the room; however, the staff member may move to an area outside

and immediately adjacent to the room if (i) the child's behavior and affect indicate that the removal of the staff member from the room will allow the child to better gain self-control; (ii) before leaving the room, the staff member ensures that the child is safe; and (iii) by personal observation, including both sight and sound, the staff member continuously monitors the child from immediately outside the window in the door or outside another window that looks into the room; for purposes of this subparagraph, personal observation does not include staff observation of the child over a video monitor; and (J) the facility shall ensure that the personal needs of the child placed in the locked behavior-management room are met and that the child has prompt access to washroom and toilet facilities.

- 7 AAC 50.870. Behavior management. (a) A residential psychiatric treatment center shall comply with the behavior guidance requirements of 7 AAC 50.435. (b) As a part of the resident's assessment under 7 AAC 50.825(b) and development of the resident's treatment plan under 7 AAC 50.840, the residential psychiatric treatment center shall evaluate the history and experiences of the resident that may affect how the resident would respond to isolation or restraint, including any history of abuse, neglect, or other trauma, and shall develop a treatment plan for the resident that takes into account the factors described in this subsection and that seeks to avoid repeating or recalling the trauma or emotional harm to the resident if any use of restraint or isolation is anticipated to be used to manage the resident's behavior or if restraint or isolation are ever used in an emergency situation with the resident. The resident's caregivers shall be informed of the types or manner of restraint or isolation which should not be used with the particular resident. (c) A residential psychiatric treatment center may not use restraint or isolation upon a resident for the convenience of the staff, or to compel the resident's cooperation with the resident's treatment plan; (d) If a residential psychiatric treatment center uses restraint or isolation upon a resident, the facility shall direct its clinical staff to discuss the incident that led to the use of restraint or isolation with the resident, the resident's parents, the facility staff, involved in or affected by the incident, and any residents involved in or affected by the incident, to assist the resident and staff to understand why the incident occurred and what actions or responses could have prevented it. The discussion must occur within 24 hours after the incident. (e) In the behavior-management log required by 7 AAC 50.435(j)(2)(F), and after the incident of restraint or isolation has ended, the residential psychiatric treatment center shall document (1) the specific and less restrictive alternatives used by staff before the incident to attempt to prevent the need for restraint or isolation of the resident; and (2) whether the type of behavior by the resident or the use of restraint or isolation as a response to the resident's behavior were anticipated in the resident's treatment plan; (f) If either the type of behavior by the resident which led to the incident or the necessity to use restraint or isolation as a response were not previously anticipated, and were not specified in the resident's treatment plan, the residential psychiatric treatment center shall direct the facility's clinical staff to make and document a determination of whether the clinical staff should redesign the resident's treatment plan to better prevent similar behavior and to provide for specific and less restrictive alternatives to be used by staff in the future, and shall review the incident and any amendments to the treatment plan with the child's treatment team at the team's next scheduled meeting or sooner if the severity or repetition of the restraint episodes with the child warrant earlier review. (g) The residential psychiatric treatment center shall (1)

document the information gathered and the amendments to treatment plans made under (d) and (f) of this section in the resident's file and in a file that aggregates all incidents of restraint or isolation for all residents; and (2) make the records described in (1) of this subsection available to the division for review of the use of isolation or restraint by the facility as the division determines necessary to identify and prevent abuse or inappropriate or unnecessary use of isolation or restraint with residents.

- 7 AAC 50.875. Medications. A residential psychiatric treatment center subject to this chapter must also comply with the applicable provisions of 7 AAC 10.1070 regarding medications.
- 7 AAC 50.900. Compliance and enforcement.

The department will conduct inspections and investigations of a facility subject to this chapter to determine compliance with AS 47.32, 7 AAC 10.1000 - 7 AAC 10.1095, and this chapter as provided in AS 47.32 and 7 AAC 10.9600 - 7 AAC 10.9620 and will take enforcement action as appropriate under AS 47.32.

- 7 AAC 10.1070. Medications. (a) Subject to 12 AAC 44.965, or another applicable statute or regulation, an entity listed in 7 AAC 10.1000(b) shall meet each applicable requirement of this section unless the entity has an onsite pharmacist and consequently follows a more stringent procedure for that requirement, including a procedure required under 12 AAC 52, or by federal law, and the department has been informed in writing of the more stringent procedure and has approved its use for purposes of this section. (b) If, as part of health-related services provided in an assisted living home, the home supervises the self-administration of medications, supervision must be performed in accordance with AS 47.33.020. (c) Except as provided in (d) and (g)(4) of this section, an entity subject to this section shall (1) ensure that each stored medication, including each nonprescription medication, is in its original container and properly labeled with the name of the adult or child for whom it is intended, the name of the medication, the dosage, expiration date, and directions for administration; except as provided in 7 AAC 10.1000(c), the requirements of this paragraph do not apply to nonprescription medication used communally in a foster home or foster group home; (2) store medications in a manner that prevents access by unauthorized persons; (3) store controlled substances in a locked, permanently affixed storage container; for a controlled substance that requires refrigeration, the storage container must be locked; the entity shall establish written procedures for maintaining a record that accurately accounts for the receipt and each use of each controlled substance, and for periodically reconciling the record; except as provided in 7 AAC 10.1000(c), the requirements of this paragraph do not apply to a child care facility; (4) store medications, including controlled substances, in accordance with the manufacturer's recommendations; and (5) ensure that nonprescription medications and health products, including nonaspirin fever reducers, naturopathic remedies, vitamin and mineral supplements, diaper ointments and powders, sunscreen, and insect repellent, are used only at the dose, duration, or method of administration specified on the manufacturer's label. (d) The provisions of (c) of this section do not apply to a medication that a resident of an assisted living home is allowed to keep in that resident's room. (e) The following entities subject to this chapter may be delegated the task of administration of medicine under 12 AAC 44.965: (1) a foster home for an adult; (2) a foster group home for adults; (3) an assisted living home. (f) An entity not listed in (e) of this section

may administer medication if (1) within the scope of the person's own license; (2) under other legal authority; or (3) under the supervision of another licensed health care provider. (g) An entity authorized to administer medication may do so only under the following conditions: (1) the entity must first obtain written permission for the administration of prescription medication from the adult or that adult's representative, or the parent of a child in care upon admission into the entity, or when a new medication is prescribed; if the department is the child's legal guardian, the entity must first obtain written permission from the department; (2) the entity may administer prescription medication and special medical procedures only in the dosage, at the intervals, or in the manner prescribed by a physician or other person legally authorized to prescribe medication or medical procedures; (3) if an entity providing care for children has not obtained written permission from the child's parent for the administration of a commonly used nonprescription medication or medication contained in the first aid kit required by 7 AAC 10.1075, the entity shall document telephone permission to administer that medication; a foster home, a foster group home, or an entity providing care for a child for whom the department is the legal guardian is not required to obtain permission from the child's parent for the administration of nonprescription medication, but shall administer nonprescription medication as authorized by the department in the placement agreement; (4) the entity shall have a written policy for the use of any commonly used nonprescription medication for oral or topical use kept on hand by the entity for the communal use of any adult or child in care for whom the medication may be indicated; the requirements of this paragraph do not apply to an assisted living home serving two or fewer residents; (5) prescription medicine must be kept in (A) the original container showing the date filled, the expiration date, instructions, and the physician's or other medical professional's name; or (B) medicine sets filled by a pharmacist, a licensed medical professional, or a resident's representative; the prescription date filled, the expiration date, instructions, and the physician's or other medical professional's name must be affixed to or stored with each medicine set; (6) in an entity with one or more employees, only one designated employee in each shift may administer medication, the designated employee shall record and initial the time each dose is administered; (7) unused medication must be returned to the parent of a child in care when the medication is no longer needed, except that an entity providing care for a child for whom the department is the legal guardian shall discard the unused medication (A) in a manner that prevents access by children in care; and (B) in accordance with instructions from the manufacturer, if any; (8) an assisted living home shall ensure that unused medication is properly discarded and shall notify the resident or resident's representative of the disposal of the medication. (h) The entity shall ensure that medication requiring refrigeration is grouped together, stored in a manner to prevent contamination of food, and labeled as required by this section. A residential child care facility or an assisted living home that provides care for six or more residents shall keep medication in a separate refrigeration unit that is not used to store food. (i) In addition to complying with the other requirements of this section, a residential psychiatric treatment center (1) shall ensure that the record of the prescription and administration of prescription and nonprescription medications is kept in each child's files and in another master medications file arranged to show in chronological order the prescription and administration of medications to each child, with records sorted by each child's name, showing each diagnosis for each child;

(2) shall make the records described in (1) of this subsection available for department review for the purpose of identifying and preventing abuse, or inappropriate or unnecessary use of prescription or nonprescription medications; (3) may not use a medication for the purpose of sedating or controlling the behavior of a child; however, subject to 7 AAC 50.870, a medication may be used for chemical restraint in a residential psychiatric treatment center; in this paragraph, "chemical restraint" has the meaning given in 7 AAC 50.990; (4) may not administer a psychotropic or neuroleptic class medication to a child unless the use of the medication is part of the child's treatment plan developed under 7 AAC 50.840 and use of the medication has been consented to by the child's parent, Indian custodian, or guardian after both the clinical director and the prescribing physician have given sufficient information and counseling to the parent, Indian custodian, or guardian to ensure that the parent, Indian custodian, or guardian can give an informed consent to or refusal of the use of the medication; the information and counseling must discuss the option of not using the medication, the potential benefits and disadvantages of the medication, and alternative medications or therapies that might reasonably be used to treat the same condition; and (5) may not discharge or threaten to discharge a child because the child's parent, Indian custodian, or guardian declines to give consent to the use of any recommended medication. (j) In this section, (1) "controlled substance" means a drug, substance, or immediate precursor included in the schedules set out in AS 11.71.140 - 11.71.190; (2) "Indian custodian" has the meaning given in 25 U.S.C. 1903(6).

- 7 AAC 50.990. Definitions.

  (5) "chemical restraint" means a drug that is administered to manage a resident's behavior in a way that reduces the safety risk to the resident or others, that has the temporary effect of restricting the resident's freedom of movement, and that is not a standard treatment for the resident's medical or psychiatric condition;

  (12) "corporal punishment" means the infliction of bodily pain as a penalty for a disapproved behavior; it includes shaking, spanking, delivering a blow with a part of the body or an object, slapping, punching, pulling, or any other action that seeks to induce pain;

  (20) "isolation" means the involuntary confinement or seclusion of a resident alone in a locked behavior-management room;

  (24) "locked behavior-management room" means a room or area in which a child is isolated by locking the door to the room, or by stationing staff in or outside the room or area for the purpose of preventing the child from leaving the room;

  (26) "mechanical restraint" means a device attached or adjacent to the resident's body that the resident cannot easily remove and that restricts freedom of movement or normal access by the resident to the resident's body;

  (30) "passive physical restraint" means the least amount of direct physical contact by a caregiver, using methods approved by the department, to restrain a child from harming self or others;

  (31) "personal restraint" means the application of physical force without the use of any device, for the purpose of restricting the free movement of a resident's body;

  (32) "physical restraint" means the application of physical force without the use of any device, for the purpose of restricting the free movement of a child's body;

(41) "restraint" means a personal restraint, physical restraint, mechanical restraint, or chemical restraint;

- 7 AAC 50.140. Reports. (a) In addition to the notice of changes required by AS 47.32.200, a facility shall report the following planned changes to the licensing representative as soon as possible, but not later than 30 days before they are expected to occur: (1) change in the individual operating the facility; (2) change in the name of the individual operating the facility; (3) change in the name of the facility; (4) change of administrator; (5) change in the age or sex of the children served; (6) deletion or addition of a specialization under 7 AAC 50.600 - 7 AAC 50.650; (7) addition of an adult member to the licensee's household for 45 days or longer. (b) A facility shall immediately report the following occurrences in the facility to the licensing representative: (1) death of a child while in care; (2) except for situations described in (c) of this section, serious injury or illness of a child while in care; (3) fire or other disaster affecting the facility; (4) an unplanned change in an item listed in (a) of this section; (5) repealed 7/1/2022. (c) If approved in advance by the department, a facility regularly serving medically fragile children does not need to make the report required by (b)(2) of this section. (d) A full time care facility shall immediately report the following incidents involving a child in care to the child's placing worker: (1) death of a child in care; (2) attempted or threatened suicide by a child in care; (3) life-threatening illness or hospitalization of a child in care, unless the child is a medically-fragile child; (4) unapproved absence for more than 10 hours by a child in care; (5) the direct admission of a runaway child to a shelter home or to a residential child care facility with a specialization in serving runaway children. (e) A full time care facility shall report the following to the child's placing worker no later than the first working day that it is known: (1) pregnancy of a child in care; (2) severe distress, depression, suicidal threats, homicidal threats, or suicidal or homicidal ideation of a child in care; (3) nonemergency medical care requiring consent from the child's parent for the needed procedure, treatment, or prescription, even if there is not time to receive parental permission or parental rights have been terminated; in this paragraph "nonemergency medical care" includes surgery, anesthesia, and the administration of psychotropic medication, or another drug prescribed for mental illness or behavioral problems; (4) violation of a condition of probation by a child in care, if applicable; (5) allegations of criminal conduct by a child in care. (f) If a child in a full time care facility has no placing worker, the facility shall give the reports required in (d) and (e) of this section to the department.
- AS 47.32.200. Notices required of entities.

  (a) An entity shall provide the department with licensing authority for that entity with written notice of a change of mailing address at least 14 days before the effective date of the change.

  (b) An entity shall notify the department with licensing authority for that entity within 24 hours after having knowledge that an administrator, employee, volunteer, or household member, as required by the type of entity under department regulations, has been

  (1) convicted of, has been charged by information or complaint with, or is under indictment or presentment for an offense listed in regulations

adopted under AS 47.05.310 or a law or ordinance of this or another jurisdiction with similar elements; or
(2) found to have neglected or abused a child as described in AS 47.10.

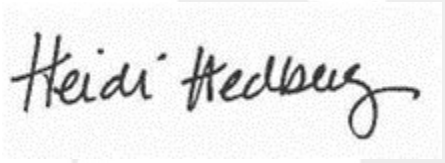
(c) An entity shall notify the department with licensing authority for that entity within 24 hours after having knowledge of any allegation or suspicion of abuse, neglect, or misappropriation of money or other property of an individual receiving services from the entity. The entity shall conduct an investigation and make a written report to that department within five days following notification to the department under this subsection.

(d) Not less than 20 days before the effective date of a decision to relinquish the entity's license, the entity shall notify the department with licensing authority for that entity of the decision.

(e) Not more than one day after signing a contract for sale of the licensed entity, the entity shall notify the department with licensing authority for that entity of the sale.

(f) Not less than 30 days before an entity wishes to change the location of the entity, the entity shall notify the department with licensing authority for that entity of the change.

Sincerely,



Heidi Hedberg
Commissioner