

State of Alaska – Department of Health
Subacute Mental Health Facility Temporary Licensure
Application & Attestation*

**An individual application must be submitted for each crisis stabilization center and/or crisis residential center*

Applicant Information

Facility Name _____ Date _____

Address _____
Street Address Unit/Suite

City State ZIP Code

Facility Phone _____ Facility Email _____

Administrator _____ Phone _____

Facility Type (choose one): Crisis Stabilization Center (CSC) Crisis Residential Center (CRC)

Is the entity collocated with another facility type other than a CRC/CSC, such as a hospital? Yes No

If yes, what is the name of the other facility? _____

If applying for both CRC and CSC, are they collocated in the same building? Yes No

If yes, what is the name of the other CRC/CSC? _____

Is the facility currently accredited? Yes No

If yes, what is the name of the accreditation organization? _____

What is the date of the current accreditation cycle? _____

Temporary Licensing Requirements

This section identifies requirements that shall be attested to, pending regulatory authorization, to receive a temporary licensure prior to the approval of licensing regulations. All requirements below must be met to ensure safety and delivery of care to patients in CRCs and CSCs. For purposes of this application, a “subacute mental health facility”, “crisis stabilization center”, and “crisis residential center” have the meanings given in AS 47.32.900 and “center” means either a crisis stabilization center or a crisis residential center. A subacute mental health facility may operate as both a crisis residential center and a crisis stabilization center if the crisis residential center and crisis stabilization center do not share common care areas.

If the facility is unable to attest to current compliance with any of the following items, please indicate by crossing out the item and provide an explanation in the designated Notes section under “Attestation and Signature.”

Organizational structure.

- A center shall have an identifiable governing body comprised of one or more individuals with the responsibility for and authority over the policies and operations of the center and ensure a safe environment and treatment are provided in accordance with nationally recognized standards of practice.
- A center shall ensure statewide criminal background checks are conducted as required in 7 AAC 10.900 – 7 AAC 10.990.

Environmental requirements.

- The center shall ensure daily environment of care rounds are made to ensure safety and mitigate any ligature risk.
- The center shall maintain the physical environment in such a way to promote a safe environment.
- The center shall have adequate lighting, heating/cooling, bathroom facilities, beds or chairs based on provider type (CRC versus CSC) and a private and designated space, exclusive of common space, to be used for physical examinations, counseling sessions, and other staff and patient discussions.
- The center shall have at least one seclusion room that is used for no more than one patient at a time.
- Centers with both voluntary and involuntary admissions shall have delayed egress on all exterior doors in accordance with Nation Fire Protection Association Standards set out in NFPA 101 (2021 edition).
- Centers with solely involuntary admissions may have special locking arrangements on all exterior doors in accordance with Nation Fire Protection Association Standards set out in NFPA 101 (2021 edition).
- The center shall prevent unauthorized access by patients to areas of hazards.

Infection control.

- A center shall provide best practice infection control measures for the general environment, laundry, dietary, and medical issues surrounding infections.

Dietary.

- A center shall provide dietary services onsite or contract out dietary services.
- A center shall meet the hydration and nutritional needs of each patient per the plan of care.

Staffing.

- A center shall ensure the following staffing requirements are met. The center shall have:
 - Administrator*
 - Clinical Director*
 - Nurse Manager*
 - Authorized Licensed Prescribers*
 - Registered Nurse (at least one at all times per facility type)
 - Licensed Mental Health Professionals (to meet the needs of patients)
 - Non-Licensed or Non-Certified Staff (to ensure a safe environment and milieu)
- The center shall ensure staff coverage is maintained, ensuring the continual safety, protection, direct care, and supervision of patients, and in consideration of the acuity of the patients; the ages and needs of the patients; the time of day; the size, location, physical environment, and nature of the center.
- The center shall provide adequate orientation and training to all staff as applicable to their job duties.

** May be shared with a collocated CRC/CSC.*

Admission, transfer, discharge requirements.

- A center shall not refuse admission to an individual based on race, national origin, ethnicity, religion, sexual orientation, or disability.
- A center shall admit only those individuals whose needs, pursuant to mental health and medical screening, can be fully met by the center.
- A center shall develop and implement policies and procedures for diverting individuals when the center is at capacity.
- A center shall develop, implement, and adhere to patient discharge and transfer policies and procedures that comply with state and federal laws.

Required services.

- A center shall have laboratory services to meet the needs of its patients either onsite with CLIA waiver or through contracted services that meets all local, state, and federal laws. Laboratory services shall include

breath analysis to determine blood alcohol level, dipstick urine drug screen, and obtain rapid laboratory results as needed.

- A center shall have pharmaceutical services to meet the needs of its patients either onsite or through contracted services that meet all local, state, and federal laws. A center shall develop, implement, and comply with written policies and procedures in accordance with applicable local, state, and federal, laws and ordinances that govern the safe administration, physician ordering, storage, and disposal of medications.

Treatment services.

- A center shall operate on a 24-hour basis / 7 days a week and provide services to either adults or minors but not both in the same unit or wing.
- A center shall provide the following services:
 - emergency screening
 - individual crisis assessment
 - psychiatric evaluation services
 - nursing services
 - crisis intervention and stabilization services that include therapeutic interventions to decrease and stabilize the presenting crisis
 - identification and resolution of the contributing factors to the crisis when possible
 - stabilization of withdrawal symptoms if appropriate
 - 24-hour observation
 - advocacy, networking, and support to provide linkages and referrals to appropriate community-based services
 - medication services, including prescription, administration, and management
 - follow-up care
- A center shall administer psychotropic medications according to the requirements of AS 47.30.
- A center shall administer court-ordered medications in accordance with AS 47.30.839.
- A crisis residential center shall develop patient-specific centered treatment plans.
- A crisis stabilization shall operate with an adequate number of chairs or recliners.
- A crisis residential center shall operate no more than 16 licensed beds per center.

Seclusion and restraints.

- The center shall develop, implement, and comply with center-specific written policies and procedures governing the safe use and implementation of seclusion and restraints, as well as training requirements. These policies and procedures are required to be submitted with this application.
- A center shall administer seclusion and restraints in a safe manner by trained staff in accordance with Appendix A of this document.
- A center or organization that does not have experience with seclusion or restraints shall contact the department for additional training.

Patient rights.

- The center shall develop, implement, and comply with policies and procedures that protect its patients rights and respond to questions and grievances pertaining to these rights. These policies and procedures are required to be submitted with this application.
- A copy of the patient's rights shall be posted in the center and accessible to all patients.
- A center's patient and, if applicable, the patient's parent or legal guardian or chosen designated representative, have the following rights:
 - to be informed of the patient's rights and responsibilities at the time of or shortly after admission;
 - to have a family member, chosen representative or their own physician notified of admission at the patient's request to the center;
 - to receive treatment and medical services without discrimination based on race, age, religion, national origin, gender, sexual orientation, disability, marital status, diagnosis, ability to pay or source of payment;
 - to be free from abuse, neglect, exploitation and harassment;
 - to receive care in a safe setting;
 - to receive the services of a translator or interpreter, if applicable, to facilitate communication between the patient and the staff;
 - to be informed of the patient's own health status and to participate in the development, implementation and updating of the patient's treatment plan;

- to make informed decisions regarding the patient's care in accordance with federal and state laws and regulations;
- to consult freely and privately with the patient's legal counsel or to contact an attorney at any reasonable time;
- to be informed, in writing, of the policies and procedures for initiation, review and resolution of grievances or patient complaints;
- to submit complaints or grievances without fear of reprisal;
- to have the patient's information and medical records, including all computerized medical information, kept confidential in accordance with federal and state statutes and rules/regulations;
- to be given a copy of the center's rules and regulations upon admission or shortly thereafter;
- to receive treatment in the least restrictive environment that meets the patient's needs;
- to be subject to the use of restraint and/or seclusion only in accordance with federal and state law, rules, and regulations;
- to contact department at any reasonable time;
- to obtain a copy of these rights as well as the address and phone number of department at any time;
- to be provided with personal hygiene products, including but not limited to, shampoo, deodorant, toothbrush, toothpaste, and soap, if needed and safe to do so;
- to have private visits by an individual of the patient's choice, unless medical, psychiatric, or legal reasons allow for the center or the department to impose reasonable restrictions;
- to be provided with indoor and/or outdoor recreational and leisure opportunities per the patient's current plan of care as deemed safe by an interdisciplinary team; and to participate in the development of a plan of care, or discharge plan, and to receive instructions for self-care and treatment that include explanation of adverse symptoms and necessary precautions, as appropriate.

Medical record service.

- A center must keep records on all patients admitted or accepted for treatment. The medical records, including x-ray films, are the property of the center and are subject to the requirements of AS 18.05.042, 7 AAC 43.030, and 7 AAC 43.032. This section does not affect other statutory or regulatory requirements regarding access to, use of, disclosure of, confidentiality of, or retention of record contents, or regarding maintenance of health information in patients' records by health care providers. A center must maintain originals or accurate reproductions of the contents of the originals of all records in a form that is legible and readily available:
 - for at least seven years after discharge of the patient, except that the records of a patient who was a minor at the time services were rendered must be retained until the minor has reached the age of 21 years, or seven years after discharge, whichever is longer;
 - upon request, to the attending physician or other practitioner responsible for treatment, a member of the center's medical staff, or a representative of the department; and
 - upon the patient's written request, to another practitioner.

- Each patient medical record must include, as appropriate:
 - an identification sheet which includes the
 - patient's name;
 - medical record number;
 - patient's address on admission;
 - patient's date of birth;
 - patient's sex;
 - patient's marital status;
 - patient's religious preference;
 - date(s) of service;
 - name, address, and telephone number of a contact person;
 - name of the patient's attending physician;
 - initial diagnostic impression;
 - date of discharge and final diagnosis; and
 - source of payment;
 - a medical and psychiatric history and examination;
 - consultation reports and reports of special studies;
 - a method of documentation which includes medication, treatment, and diet orders signed by a physician;
 - progress notes for each service or treatment received;
 - nurses' notes which must include
 - an accurate record of care given;

- a record of pertinent observations and response to treatment including psychosocial and physical manifestations;
 - an assessment at the time of admission;
 - a discharge plan;
 - the name, dosage, and time of administration of a medication or treatment, the route of administration and site of injection, if other than by oral administration, of a medication, the patient's response, and the signature of the person who administered the medication or treatment; and
 - a record of any restraint or seclusion used, showing the duration of usage;
 - court orders relevant to involuntary treatment;
 - laboratory reports;
 - radiology reports;
 - consent forms;
- A center must create, maintain, and implement policies or procedures to protect the information in medical records from loss, defacement, tampering, or access by unauthorized persons. These policies and procedures are required to be submitted with this application.
 - Medical records must be readily available and assessable, and organized.
 - A patient's written consent is required for release of information that is not otherwise authorized by law to be released without consent.
 - A center must comply with P.L. 104-191 (Health Insurance Portability and Accountability Act 1996).

Risk management.

- Shall submit all policies and procedures that are required in this document with the application.
- The center shall develop, implement, and comply with center-specific written policies and procedures governing all requirements of this document, including:
 - protection of the health, safety, and wellbeing of each patient;
 - providing treatment in order for patients to achieve optimal stabilization;
 - access to care that is medically necessary;
 - uniform screening for patient placement and quality assessment, diagnosis, evaluation, and referral to appropriate level of care;
 - operational capability and compliance;
 - delivery of services that are cost-effective and in conformity with current standards of practice;
 - confidentiality and security of all patient information, records, and files;
 - prohibition of illegal or coercive inducement, solicitation, and kickbacks;
 - patient rights;
 - grievance process;
 - emergency preparedness;
 - abuse and neglect;
 - incidents and accidents, including medical emergencies;
 - universal precautions;
 - documentation of services;
 - admission, including descriptions of screening and assessment procedures;
 - transfer and discharge procedures;
 - behavior management;
 - infection control practices that meets current state and federal infection control guidelines;
 - transportation, if applicable, for transfers;
 - quality assurance;
 - medical and nursing services;
 - emergency care;
 - photography and video of patients; and
 - contraband.
- The center shall develop, implement, and comply with written personnel policies concerning:
 - recruitment, screening, orientation, ongoing training, development, supervision, and performance evaluation of staff including volunteers;
 - written job descriptions for each staff position, including volunteers;
 - employee grievance procedures;
 - abuse reporting procedures that require
 - staff to report any allegations of abuse or mistreatment of patients pursuant to state and federal law; and

- staff to report any allegations of abuse, neglect, exploitation or misappropriation of a patient to appropriate state agencies;
 - procedures to ensure that only qualified personnel are providing care within the scope of the center's services;
 - policies governing staff conduct and procedures for reporting violations of laws, rules, and professional and ethical codes of conduct;
 - policies governing staff organization that pertain to the center's purpose, setting and location;
 - procedures to ensure that the staff's credentials are verified, legal and from accredited institutions; and
 - obtaining criminal background checks, adverse action, and registry checks.
- The center's emergency preparedness plan shall include:
 - an evacuation plan that includes:
 - provisions for the evacuation of each patient and delivery of essential services to each patient;
 - the center's method of notifying the patient's family or caregiver;
 - provisions for ensuring that supplies, medications, clothing, and a copy of the patient's treatment plan are made available at the location to which the patient is evacuated;
 - the procedure or methods that will be used to ensure that identification accompanies the patient; and
 - transportation or arrangements for transportation for an evacuation.
- The center shall develop and implement a safety plan that:
 - prohibits weapons of any kind on-site;
 - prohibits hazardous materials, and plastic bags in areas accessible by a patient;
 - ensures that poisonous, toxic, and flammable materials are maintained in appropriate containers and labeled as to the contents and securely stored in a locked cabinet or closet;
 - ensures that all equipment, furnishing and any other items that are in a state of disrepair are removed and inaccessible to patients until replaced or repaired; and
 - ensures potentially harmful materials such as cleaning solvents and detergents are used only by staff members; and
 - ensures that staff who use potentially harmful materials such as cleaning
- A center shall have a quality improvement plan and program that:
 - assures that the overall function of the center is compliant with federal, state, and local laws;
 - is meeting the needs of the patients of the area;
 - is attaining the goals and objectives established in the center's mission, vision, and core values;
 - maintains systems for effective monitoring, evaluating, identifying, correcting, and reassessing care practices that negatively affect quality of care and services provided or result in accident or injury to a patient or staff, and provisions for documenting deficiencies found and remedial actions taken;
 - improves individual outcomes and individual satisfaction; and
 - is updated on an ongoing basis to reflect changes, corrections and other modifications.
- The center shall report the following incidents in writing to the department within 24 hours of discovery:
 - any disaster or emergency or other unexpected event that causes significant disruption to program operations;
 - any death or serious injury of a patient that may potentially be related to program activities; or who, at the time of death or serious injury, was an active patient of the center; and
 - allegations of patient abuse, neglect, exploitation, and misappropriation of patient funds.

Attestation and Signature

The applicant, or the person authorized to submit the application on behalf of the facility, declares and certifies that the contents of this application and the information provided with it are true, accurate, and complete.

In addition, the applicant, declares and certifies that he or she has reviewed and has awareness of the regulatory requirements contained in 7 AAC 10.900 - 990 (Barrier Crimes, Criminal History Checks, and Centralized Registry), 7 AAC 10.9500 - 9535 (General Variance), 7 AAC 10.9600 - 9620 (Inspections and Investigations), AS 47.32.030 and AS 47.32.070-200 (Statutes for Licensing Procedures and Compliance), the applicable requirements of this document and the applicable local, state, and federal requirements.

The applicant understands this application for a temporary license does not replace the application that will be required after regulations have been adopted and approved by the state. Once regulations are adopted and approved, the entity will be required to complete and submit a full initial licensure for each provider type established.

The undersigned gives assurance that the facility is in compliance to the best of his/her knowledge, and he/she is prepared for an on-site inspection to validate compliance. Facility agrees to remain in compliance with the terms and conditions of the temporary license agreement and in the event of noncompliance, to contact HFLC for technical assistance and support.

If facility is unable to maintain compliance HFLC reserves the right to terminate the temporary license agreement.

If not currently prepared for an inspection, the facility will be ready for inspection by: _____

NOTES: please provide an explanation of each item for which the facility cannot currently attest to compliance, and include any requests for support or technical assistance. Additional pages may be attached if necessary.

Have you included a copy of all policies and procedures required by this document with the application: Yes No
 Have you included documentation of current good standing with your accreditation organization: Yes No

Signature**: _____ Date: _____

Printed Name: _____ Title: _____

** The individual is declaring they have authority to bind the facility to the truth of the information submitted in this application.

Official State Use Only

State Official: _____ Date Received: _____

Were all required attachments included with application? Yes No

Application Status: Approved Denied Date of Status Decision: _____

Appendix A: Seclusion and Restraints Requirements

- **FREEDOM FROM ABUSE:** A patient has the right to be free from physical or mental abuse, corporal punishment, and to be free from restraint or seclusion, of any form, imposed as a means of coercion, discipline, convenience, or retaliation by staff. Restraint or seclusion may be imposed only to ensure the immediate physical safety of the patient, a staff member, or others and must be discontinued at the earliest possible time.
- **POLICY REQUIREMENTS:** The center must develop, implement, and train staff on a seclusion and restraint policy that implements the requirements of this section.
- **LEAST RESTRICTIVE INTERVENTION:** The type or technique of restraint or seclusion used must be the least restrictive intervention that will be effective to protect the patient, a staff member, or others from harm
- **SAFE USE AND APPLICATION:** Restraint or seclusion may be used only when less restrictive interventions have been determined to be ineffective to protect the patient, a staff member, or others from harm, must be implemented in accordance with safe and appropriate techniques as determined by center policy, and must be discontinued at the earliest possible time, in accordance with the patient's plan of care
- **SECLUSION & RESTRAINT ORDER:** The use of restraint or seclusion must be ordered by a physician or other licensed practitioner responsible for the care of the patient and the ordering practitioner must meet training requirements as specified by center policy. An order for restraint or seclusion cannot be written as a standing order or for an as-needed basis;
- **TIMING OF SECLUSION & RESTRAINTS:** An order for restraint or seclusion for the management of violent or self-destructive behavior that jeopardizes the immediate physical safety of the patient, a staff member, or others may be renewed only in accordance with the following limits for up to a total of 24 hours:
 - 4 hours for an adult 18 years of age or older;
 - 2 hours for a child or adolescent 9 to 17 years of age;
 - 1 hour for a child under 9 years of age;
- **ORDER RENEWAL:** An order for restraint or seclusion may be renewed for up to 24 hours; before writing a new order for the additional use of restraint or seclusion for the management of violent or self-destructive behavior, the physician or other licensed practitioner who is responsible for the care of the patient and authorized to order restraint or seclusion by center policy must see and assess the patient.
- **MONITORING OF PATIENT:** A patient who is placed in seclusion or in physical restraint shall be monitored continuously and their condition documented at least every 15 minutes and be given adequate hydration, food, and access to bathroom facilities. The condition of the patient who is restrained or secluded must be monitored not less than hourly by a physician, other licensed practitioner or trained staff that have completed the training at an interval determined by center policy.
- **DOCUMENTATION:** Use of restraint or seclusion must be documented and must include
 - a description of the patient's behavior and the intervention used;
 - alternatives or other less restrictive interventions attempted;
 - the patient's condition or symptoms that warranted the use of the restraint or seclusion;
 - the use of any pharmacological interventions that includes name of medication, dose, route, and time of delivery, and the patient's response to pharmacological intervention;
 - the rationale for renewal orders;
 - evaluation of the patient within one hour of implementation of restraint or seclusion, including the:
 - patient's immediate situation;
 - patient's reaction or response to the seclusion and/or restraint;
 - patient's medical and behavioral condition; and
 - need to continue or terminate the restraint or seclusion.
- **REPORTING REQUIREMENTS:** The center must report to the department, within 24 hours of the occurrence, a death that occurs while the patient is in restraint or seclusion, or if a death occurs within 24 hours of the termination of restraint or seclusion.

- **TRAINING REQUIREMENTS:** Staff must be trained and able to demonstrate competency in the application of restraints, implementation of seclusion, and the monitoring, assessment, and provision of care for a patient who is restrained or secluded
 - before performing any action related to seclusion or restraint;
 - as part of orientation; and
 - on a periodic basis consistent with center policy.

- The center must require appropriate staff to have education, training, and demonstrated knowledge based on the specific needs of the patient population in at least the following areas:
 - techniques to identify staff and patient behaviors, events, and environmental factors that may trigger circumstances that require the use of a restraint or seclusion;
 - the use of nonphysical intervention skills and choosing the least restrictive intervention based on an individualized assessment of the patient's medical, or behavioral status or condition;
 - the safe application and use of all types of restraint or seclusion used in the center, including training in how to recognize and respond to signs of physical and psychological distress;
 - clinical identification of specific behavioral changes that indicate that restraint or seclusion is no longer necessary; and
 - monitoring the physical and psychological well-being of the patient who is restrained or secluded, including but not limited to, respiratory and circulatory status, skin integrity, vital signs, and any special requirements specified by facility policy.

- Training records shall be maintained in the staff member's employee record.