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**OFFICE OF THE LIEUTENANT GOVERNOR
ALASKA**

MEMORANDUM

TO: Triptaa Surve, Project Coordinator
Department of Health

FROM: April Simpson, Alaska Administrative Code Coordinator
Office of the Lieutenant Governor

A handwritten signature in blue ink, likely belonging to April Simpson, is written over the "FROM:" line.

DATE: December 9, 2025

RE: Filed Permanent Regulations: Department of Health

Department of Health regulations re: Subacute Mental Health Facility Licensing (7 AAC 12)

Attorney General File:	2024200100
Regulation Filed:	12/9/2025
Effective Date:	1/8/2026
Print:	257, April 2026

cc with enclosures: ToniMarie Gonzales, Paralegal
Department of Law

Lisa Gorman, Alaska Legal Analyst
LexisNexis



THE STATE
of **ALASKA**
GOVERNOR MIKE DUNLEAVY

Department of Law

CIVIL DIVISION

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December 5, 2025

The Honorable Nancy Dahlstrom
Lieutenant Governor
State of Alaska
P.O. Box 110015
Juneau, AK 99811-0015

Re: 7 AAC 12: *Health - Subacute Mental Health Facility Licensing*
Our file: 2024200100

Dear Lieutenant Governor Dahlstrom:

The Department of Law has reviewed the attached regulations of the Department of Health against the statutory standards of the Administrative Procedure Act. Based upon our review, we find no legal problems. This letter constitutes the written statement of approval under AS 44.62.060(b) and (c) that authorizes your office to file the attached regulations. The regulations were adopted by the Department of Health after the close of the public comment period.

The regulations establish standards for licensure of subacute mental health facilities: a new category of health facility created under ch. 41, SLA 2022 (SCS CSHB 172(FIN)).

The August 7, 2024 public notice and the December 1, 2025 adoption order both state that this action is not expected to require an increased appropriation. Therefore, a fiscal note under AS 44.62.060 is not required.

We made two technical corrections, to the header and to add a note to the publisher, in accordance with AS 44.62.060. The corrections are incorporated into the attached regulations.

Sincerely,

STEPHEN J. COX
ATTORNEY GENERAL

By: **Rebecca C. Polizzotto**
Rebecca C. Polizzotto
Chief Assistant Attorney General
Legislation, Regulations, and
Legislative Research Section

Digitally signed by
Rebecca C. Polizzotto
Date: 2025.12.05
15:06:03 -09'00'

RCP/SCW/bhp

CC w/enclosure: Triptaa Surve, Project Coordinator
Department of Health

Laura O. Russell, Assistant Attorney General
Department of Law

Steven C. Weaver, Assistant Attorney General
Department of Law

ORDER ADOPTING CHANGES TO REGULATIONS
OF THE DEPARTMENT OF HEALTH

The attached sixty-three pages of regulations, dealing with Subacute Mental Health Facility Licensing, are adopted and certified to be a correct copy of the regulation changes that the Department of Health adopts under the authority of AS 18.20.010, AS 18.20.060, AS 47.05.010, AS 47.30.660, AS 47.30.700, AS 47.30.705, AS 47.30.707, AS 47.30.708, AS 47.30.709, AS 47.30.725, AS 47.30.825, AS 47.30.833, AS 47.30.838, AS 47.30.839, AS 47.30.840, AS 47.30.912, AS 47.32.010, AS 47.32.020, AS 47.32.030, AS 47.32.040, AS 47.32.050, AS 47.32.100, AS 47.32.110, AS 47.32.130, AS 47.32.140, AS 47.32.150, AS 47.32.200, AS 47.32.900, and after compliance with the Administrative Procedure Act (AS 44.62), specifically including notice under AS 44.62.190 and 44.62.200 and opportunity for public comment under AS 44.62.210.

This action is not expected to require an increased appropriation.

In considering public comments, the Department of Health paid special attention to the cost to private persons of the regulatory action being taken.

The regulation changes adopted under this order take effect on the 30th day after they have been filed by the lieutenant governor, as provided in AS 44.62.180.

Digitally signed by Heidi Hedberg
Hedberg
Date: 2025.12.01 09:46:52
-09'00'

Heidi Hedberg, Commissioner
Department of Health

April Simpson for

FILING CERTIFICATION

I, Nancy Dahlstrom, Lieutenant Governor for the State of Alaska, certify that on December 9, 2025, at 9:45 a.m., I filed the attached regulations according to the provisions of AS 44.62.040 - 44.62.120.

for 
Lieutenant Governor Nancy Dahlstrom

Effective: January 8, 2026.

Register: 257, April 2026.

FOR DELEGATION OF THE LIEUTENANT GOVERNOR'S AUTHORITY

I, NANCY DAHLSTROM, LIEUTENANT GOVERNOR OF THE STATE OF ALASKA, designate the following state employees to perform the Administrative Procedures Act filing functions of the Office of the Lieutenant Governor:

April Simpson, Regulations and Initiatives Specialist

**IN TESTIMONY WHEREOF, I have
signed and affixed the Seal of the State of
Alaska, in Juneau, on May 15th, 2023.**



A handwritten signature in blue ink, appearing to read "Nancy Dahlstrom", is written over a horizontal dotted line.

**NANCY DAHLSTROM
LIEUTENANT GOVERNOR**

7 AAC 12.215(d)(2) is amended to read:

(2) admit and discharge patients in accordance with AS 47.30.660 - 47.30.915 if the hospital is a designated evaluation and stabilization facility or a designated evaluation and treatment facility [AS 47.30];

(Eff. 11/19/83, Register 88; am 1 / 8 / 2020, Register 257)

Authority: AS 18.20.010 AS 47.32.010 AS 47.32.030

AS 18.20.060

The article heading of Article 9 in 7 AAC 12 is changed to read:

Article 9. Subacute Mental Health Facilities.

(((Publisher: To reflect the new article number, please renumber the article numbers that follow in 7 AAC 12)))

7 AAC 12 is amended by adding new sections to read:

Section

- 375. Scope
- 377. Organizational structure
- 379. Licensure, compliance, and enforcement
- 380. Environmental requirements
- 381. Infection control
- 382. Dietary services
- 383. Staffing
- 384. Admission, transfer, and discharge

- 385. Required services
- 387. Treatment services
- 389. Restraint and seclusion
- 391. Patient rights
- 393. Medical record service
- 395. Risk management
- 399. Definitions

7 AAC 12.375. Scope. A subacute mental health facility that operates as a crisis stabilization center or a crisis residential center is subject to the provisions of 7 AAC 12.375 - 7 AAC 12.399. A center may be a crisis stabilization center, crisis residential center, or collocated center. (Eff. 1 / 8 / 2026, Register 257)

Authority: AS 47.05.010 AS 47.32.010 AS 47.32.030
AS 47.30.660 AS 47.32.020 AS 47.32.900

7 AAC 12.377. Organizational structure. (a) A crisis stabilization center or a crisis residential center shall develop, implement, and maintain a statement that clearly defines the center's purpose. The statement must include

- (1) the center's program philosophy;
- (2) the center's program goals and objectives;
- (3) the patient demographics that the center accepts for care, including age, sex, and other characteristics;
- (4) the geographic area that the center serves;

- (5) the types of services that the center provides;
- (6) the center's admission criteria;
- (7) the needs, problems, situations, or patterns that the center's program addresses;

and

- (8) the center's organizational chart that clearly delineates the lines of authority.

(b) A center shall provide supervision and services that

- (1) conform to the department's regulations;
- (2) meet the needs of each patient as identified and addressed in the patient's

treatment plan;

- (3) protect each patient's rights; and
- (4) promote each patient's social, physical, and mental well-being.

(c) A center shall maintain information or documentation related to compliance with 7 AAC 12.375 - 7 AAC 12.399 and shall make that information or documentation available to the department upon request.

(d) A center shall have an identifiable governing body with the responsibility for and authority over the center's policies and operations. The center shall maintain documentation that lists the governing body's

- (1) membership, including each member's contact information;
- (2) length of a term of membership;
- (3) officers, if any; and
- (4) terms of office for each officer.

(e) A center's governing body shall

- (1) hold a formal meeting at least twice each year and maintain written minutes of

each formal meeting;

(2) maintain bylaws or other written policies that specify the frequency of meetings and quorum requirements;

(3) ensure that the center complies with applicable federal, state, local, and municipal laws and regulations;

(4) review and approve the center's annual budget and maintain funding and fiscal resources to ensure the provision of services;

(5) designate a qualified person to act as the center's administrator; the governing body shall

(A) delegate authority to the administrator to manage the center;

(B) delegate authority to the administrator to select a clinical director; and

(C) evaluate the performance of the administrator at least annually;

(6) consult with the center's administrator and clinical director to develop, and review annually, written policies that include

(A) the center's philosophy and goals;

(B) services the center currently provides;

(C) personnel practices and job descriptions; and

(D) fiscal management practices;

(7) meet with designated department representatives, as required;

(8) inform the department, or the department's designee, before initiating a substantial change to the services the center provides;

(9) ensure that criminal background checks are conducted as required in 7 AAC 10.900 - 7 AAC 10.990;

- (10) ensure that the center maintains a complete record of
- (A) the center's authority to operate under state law;
 - (B) each lease, contract, or purchase-of-service agreement to which the center is a party;
 - (C) the center's insurance policies;
 - (D) the center's annual operating budget;
 - (E) the center's master list of community resources;
 - (F) ownership of the center;
 - (G) accidents, incidents, abuse, or neglect allegations; and
 - (H) the center's daily census log of patients who receive services; and
- (11) ensure that each contract or service agreement to which the center is a party
- (A) is in writing;
 - (B) is reviewed at least annually;
 - (C) is fulfilled according to the contract's or service agreement's terms;
 - (D) states that the center is responsible for all services that are provided under the terms of the contract or service agreement;
 - (E) states that each service that is provided under a contract or service agreement
 - (i) meets the requirements of applicable laws and regulations; and
 - (ii) is provided only by qualified providers and personnel; and
 - (F) specifies the party responsible for screening, orienting, training, developing, and supervising personnel who provide direct care services under the agreement. (Eff. 1 / 8 / 2026, Register 257)

Authority: AS 47.05.010 AS 47.32.010 AS 47.32.900
AS 47.30.660 AS 47.32.030

7 AAC 12.379. Licensure, compliance, and enforcement. (a) An individual or entity shall obtain a license from the department under AS 47.32 and this section before the individual or entity may operate a center, unless the individual or entity is exempt under (b) of this section. The department may bring an action to enjoin a center's operation if the individual or entity fails to obtain a license as required under AS 47.32 and 7 AAC 12.375 - 7 AAC 12.399.

(b) A facility is exempt from the requirement to obtain a license under AS 47.32 and 7 AAC 12.375 - 7 AAC 12.399 if the facility is owned and operated by

(1) the United States Indian Health Service; or

(2) a tribal organization as defined in 25 U.S.C. 5304(I) under a funding agreement under 25 U.S.C. 5385 (Indian Self-Determination and Education Assistance Act) and P.L.106-260 (Tribal Self-Governance Amendments of 2000 (Title V)).

(c) An applicant shall submit a complete application for an initial license, biennial license renewal, or modification of a previously approved license application on a form provided by the department. The department will return an incomplete application to the applicant for completion and resubmission. An application

(1) for an initial license or biennial license renewal

(A) must include

(i) applicable documents and information required under 7 AAC 12.375 - 7 AAC 12.399;

(ii) the name and address of each owner, officer, director, partner,

member, or principal of the business organization that owns the entity for which licensure is sought; and

(iii) the fees established under 7 AAC 12.615; and

(B) is subject to an on-site review and inspection conducted by the department; after the inspection is complete, the department will

(i) approve an application that meets the applicable requirements;

(ii) deny an application that does not meet the applicable requirements; or

(iii) extend the application period for not more than 90 days if the center is temporarily unable to comply with the applicable requirements but is taking appropriate steps to achieve compliance;

(2) for modification of information included in a previously approved application

(A) must be submitted to the department not fewer than 90 days before the proposed modification date; and

(B) may be subject to an on-site inspection conducted by the department; and

(3) may be denied if

(A) the application contains false or fraudulent information;

(B) the applicant fails or refuses to provide required documents or information; or

(C) the center or a center's employee

(i) permitted, aided, or abetted a criminal act related to center operations covered by the license;

(ii) engaged in conduct or practices detrimental to the health, welfare, or safety of patients or employees; or

(iii) participated in, offered to participate in, or implied an offer to participate in a rebate, kickback, or fee-splitting arrangement or a substantially similar arrangement.

(d) The department may approve, deny, or place a condition on a license. If the department

(1) denies an application or places a condition on a license, the department will notify the applicant in writing by certified mail; an applicant may appeal a department decision by requesting a hearing on a form provided by the department or in a format approved by the department not more than 15 days after the applicant receives the department's notification; or

(2) approves an application, the center shall post

(A) the copy of the approved license in a conspicuous place on the premises where the copy may be readily viewed by patients, staff, and the public; and

(B) notice of a department-issued variance near the approved license, if applicable.

(e) A center may not transfer a license without department approval.

(f) A center shall permit the department to access the center to conduct a standard inspection, investigate a complaint, or investigate a suspected violation of licensing requirements. The center shall allow the department unobstructed and immediate access to

(1) inspect and duplicate the facility's records, personnel records, and patient medical records;

(2) observe care practices;

(3) inspect and photograph the building or the premises; and

(4) interview a staff member, contractor, volunteer, patient, patient's legal guardian, chosen representative, family member, or parent of a minor patient.

(g) If a center denies the department access to the center, the department may petition the court for an order to permit access or may take other action, including revoking the center's license.

(h) After inspecting a center, the department will issue a report under AS 47.32.120. If the department issues an inspection report that shows a violation, the center shall submit a plan of correction to the department. For each violation identified in the report, the center's plan of correction must include

(1) a description of the center's planned corrective action for patients who were affected by the deficient practice;

(2) the method the center will use to identify other patients who may have been affected by the deficient practice;

(3) the measures or systemic changes the center will implement to prevent the deficient practice from recurring;

(4) the center's plan to monitor the corrective action and evaluate the action's efficacy to prevent the deficient practice from recurring;

(5) the center's completion date for each corrective action;

(6) the center's designee who will oversee the correction of each violation; and

(7) the signature of the center's administrator, or the signature of a person responsible for the center's operation and plan of correction.

(i) After the department reviews a center's plan of correction, the department will either

approve the plan or determine that the plan is insufficient. If the department determines that the plan is insufficient, the department may

(1) request additional information regarding corrective action described in the center's plan;

(2) require the center to amend the plan as the department specifies; or

(3) require the center to comply with a directed plan of correction developed under (j) of this section.

(j) If the department develops a directed plan of correction for a center to cure a violation, the department will notify the center in writing. In its notice, the department will include a copy of the directed plan of correction and a description of enforcement action the department may take. A directed plan of correction must include

(1) a description of each violation;

(2) a description of each action the center shall take to correct each violation; and

(3) the deadline for the center to cure the violation.

(k) A center that is licensed under 7 AAC 12.375 - 7 AAC 12.399 may request a waiver of a biennial inspection by the department under AS 47.32.030(a)(3)(D) and 47.32.060 if the center holds a current accreditation from a nationally recognized organization that meets the standards of AS 47.32 and 7 AAC 12.375 - 7 AAC 12.399, as determined by the department. The center shall submit the waiver request on a form provided by the department for each licensing period during which the accrediting organization inspected the center. For each waiver request,

(1) the center shall include a copy of the accrediting organization's most recent inspection report, and a plan of correction and proof of corrective action if applicable; and

(2) the department

(A) will waive the biennial inspection for the remainder of the licensing period in which the accrediting organization conducted an inspection if the center

(i) passed that inspection; or

(ii) corrected the deficiency in the accrediting organization's inspection report; or

(B) may revoke an approved inspection waiver if the center fails to fulfill a correction plan under this section.

(I) A center shall keep a paper or electronic copy of each inspection document for not fewer than three years from the inspection date and shall make each document available to any interested person upon request.

(m) The department may respond to a complaint or take other enforcement action, including enforcement action against a center that retaliates against a person who files a complaint.

(n) A center has the right to appeal an enforcement action not more than 15 days after the center receives notice of the department's action. The center shall submit a written appeal request to the department, in accordance with the notification deadline requirements in AS 47.32.200.

(o) The general variance procedures set out in 7 AAC 10.9500 - 7 AAC 10.9535 apply to a center described in 7 AAC 12.375 - 7 AAC 12.399. (Eff. 1 / 8 / 2026, Register 257)

Authority:	AS 47.05.010	AS 47.32.040	AS 47.32.140
	AS 47.30.660	AS 47.32.050	AS 47.32.150
	AS 47.32.010	AS 47.32.100	AS 47.32.200
	AS 47.32.020	AS 47.32.110	AS 47.32.900
	AS 47.32.030	AS 47.32.130	

7 AAC 12.380. Environmental requirements. (a) A center shall conduct

(1) daily environment-of-care rounds to assess the physical environment to ensure the safety and well-being of each patient admitted to the center; and

(2) an annual ligature risk assessment to mitigate ligature risk.

(b) A center shall prohibit smoking inside the center.

(c) A center's interior

(1) must have an environment that protects the health, safety, and security of each patient that includes

(A) routinely cleaning the entire center;

(B) adequate lighting;

(C) performing routine facility maintenance to keep the center in good and safe order according to applicable manufacturer recommendations, including equipment, fixtures, plumbing, electrical, and furnishings;

(D) adequate heating, ventilation, and cooling systems that operate safely and ensure a comfortable environment; and

(E) electric receptacles in patient care areas that are tamper-resistant or equipped with ground fault circuit interrupters;

(2) must have a sufficient number of bathrooms to meet the needs of the center's patients and allow for a patient's individual privacy in accordance with the patient's plan of care; each bathroom must contain

(A) a wash basin with hot and cold running water, a soap dispenser, and paper towels or an automatic dryer;

(B) a toilet with a toilet seat and an adequate toilet paper supply;

- (C) plumbing, piping, and ductwork that is
 - (i) recessed or enclosed; and
 - (ii) inaccessible to patients;
 - (D) a shatterproof mirror that is secured to the walls at a convenient height; and
 - (E) other amenities necessary to meet each patient's basic hygienic needs;
- (3) must have a sufficient number of bathtubs or showers, but not less than one bathtub or shower, to meet each patient's bathing needs, with hot and cold water and slip-proof surfaces;
- (4) must have separate and secure storage areas that are inaccessible to patients and for
- (A) patient possessions that may not be accessed during a patient's stay;
 - (B) records and other confidential information; and
 - (C) hazardous, flammable, or combustible materials;
- (5) must have designated space for administrative functions that is separate from patient common areas;
- (6) must have designated space that allows clinical staff to
- (A) complete tasks while remaining accessible to patients; and
 - (B) observe and monitor patient activity within the unit;
- (7) must have designated private space that is exclusive of patient common areas, for
- (A) physical examinations;
 - (B) counseling sessions; and

(C) other staff and patient discussions;

(8) must have at least one designated space with reduced visual and auditory stimulus that

(A) is used for de-escalation;

(B) is used for not more than one patient at a time; and

(C) allows for continual visual observation and monitoring of the patient either directly or by video and audio;

(9) may have a seclusion room if the seclusion room

(A) is used for not more than one patient at a time;

(B) allows for continual visual observation and monitoring of the patient either directly or by video and audio;

(C) has a monolithic ceiling;

(D) has flat walls that are free of protrusions and angles;

(E) does not contain electrical receptacles; and

(F) is a dedicated space;

(10) must have windows that are fabricated with laminated safety glass or protected by polycarbonate, laminate, or safety screens;

(11) must have door hinges that are designed to minimize ligature risk;

(12) must have door handles that point downward in the latched or unlatched position, except for specifically designed anti-ligature hardware;

(13) must have tamper-resistant fasteners on windows and doors; and

(14) must have visual and complete physical separation between adult and pediatric patient care areas, sleeping areas, and patient common areas, if the center provides

services to both populations; if temporary partitions are used, the partitions must

- (A) extend from floor to wall;
- (B) be sound dampening;
- (C) be lockable; and
- (D) be consistent with exit egress requirements.

(d) A center shall comply with applicable federal, state, and local building, fire, and safety laws, regulations, and codes. If a conflict or inconsistency arises in law, regulation, or code, the center shall comply with the most restrictive provision. The center shall maintain building, fire, and safety compliance records for department inspection.

(e) A crisis stabilization center shall have a space for chairs or recliners in an observation area. The space may be a permanent configuration or rearranged based on the needs of the patients in the center. The observation area

- (1) must have at least three feet of space between each chair or recliner;
- (2) must have at least six feet of clearance at the foot of each chair or recliner; and
- (3) may position the head of each chair or recliner at a wall.

(f) A crisis residential center shall

- (1) have sleeping areas that are exclusive of observation rooms, examination rooms, meeting rooms, and other common areas;
- (2) have a designated space that is exclusive of sleeping areas and common space to allow private and small group discussions and counseling sessions between individual patients and staff;
- (3) ensure that each patient closet, bedroom, or bathroom that is equipped with a door has a lock that can be readily opened by staff from both sides;

(4) have a designated space for dining, visitation, leisure, and recreational activities;

(5) have access to laundry facilities or contract with a laundry service to launder a patient's clothing;

(6) have access to laundry facilities or contract with a laundry service to launder linens; and

(7) have a clean linen storage area and a separate area to store soiled linen until the linen may be laundered.

(g) A center's exterior space, including any exterior structure, must

(1) have adequate lighting;

(2) be maintained to prevent elopement, injury, suicide, or the introduction of contraband;

(3) be in good repair and free from any reasonably foreseeable hazard to health or safety;

(4) include a perimeter security system designed to monitor and control visitor access and patient egress; and

(5) keep trash collection receptacles and incinerators in an area that is not accessible to patients.

(h) A center shall ensure that an unsafe area is adequately separated from a patient area by a barrier such as a fence, wall, or natural barrier. An "unsafe area" includes

(1) a steep grade;

(2) an open pit;

(3) a high voltage booster; or

(4) a high-speed road.

(i) If a center has an outdoor area for patient use, the center shall secure the area to prevent

(1) unauthorized patient access to the outdoor area; and

(2) patient elopement.

(j) A center shall have appropriate exterior signage that is visible to the public and clearly

(1) indicates that the center provides only behavioral health services;

(2) indicates that the center is not a hospital or emergency department; and

(3) identifies the center's legal or operational name. (Eff. 1 / 9 / 2020.)

Register 257)

Authority: AS 47.05.010 AS 47.32.010 AS 47.32.030

AS 47.30.660 AS 47.32.020 AS 47.32.900

7 AAC 12.381. Infection control. (a) A center shall appoint an infection control committee that is responsible for the maintenance and supervision of an infection control program. The committee members shall be representatives from the center's

(1) medical staff;

(2) administrative staff;

(3) nursing staff; and

(4) other service staff.

(b) A center's infection control committee shall establish and maintain the infection control program's

(1) written procedures to diagnose, report, investigate, review, and maintain

infection records for patients and personnel, including the procedures set out in the federal Centers for Disease Control guidelines;

(2) written procedures for the center's departments that incorporate principles or practices to reduce the risk of infection in patient care services and patient care areas;

(3) system for reporting communicable diseases in accordance with 7 AAC 27 and other applicable federal and state regulations;

(4) written isolation and body substance isolation techniques for known or suspected communicable diseases or infections; and

(5) written policies for disposal of infectious waste in accordance with

(A) universal precautions; and

(B) other standardized best practices.

(c) An infection control committee shall meet at least semiannually and shall retain written minutes of all meetings for not fewer than three years.

(d) An infection control committee shall approve proposed disinfectant-detergent formulas and policies and procedures for the disinfectant-detergent's use.

(e) A center shall maintain adequate cleaning supplies, cleaning equipment, and staff to maintain a safe and sanitary environment.

(f) A center that is owned and operated by a parent health care organization may rely on the parent organization's infection control committee to meet the requirements of this section if the parent health care organization's infection control committee

(1) meets the requirements of this section; and

(2) consists of at least one medical staff member and one nursing staff member

from the center. (Eff. 1 / 8 / 2020, Register 257)

Authority: AS 47.05.010 AS 47.32.020 AS 47.32.040
AS 47.30.660 AS 47.32.030 AS 47.32.900
AS 47.32.010

7 AAC 12.382. Dietary services. (a) A center shall

(1) meet each patient's hydration needs; and
(2) store, prepare, distribute, and serve all food in a safe and sanitary condition as set out under 18 AAC 31 (Alaska Food Code) and applicable local food codes.

(b) A crisis residential center shall

(1) directly employ or contract with a dietitian licensed under AS 08.38 to provide dietary services and approve the center's menus;

(2) provide food

(A) that is of sufficient quantity and quality to meet each patient's nutritional needs, dietary restrictions, and religious restrictions;

(B) in accordance with the orders of the patient's admitting provider;

(C) in accordance with 18 AAC 31; and

(D) that is served in a manner that maintains the patient's safety and security and is free of identified contraband; and

(3) provide at least three meals and an evening snack each day.

(c) A center may provide meal preparation and meal service on site or under contract with a food management company. If the center provides meal preparation or meal service under contract, the center shall ensure that the food service company

(1) is compliant with the requirements of this section; and

(2) possesses required state and local food licenses and permits. (Eff.

1 / 8 / 2026, Register 257)

Authority: AS 47.05.010 AS 47.32.010 AS 47.32.030
AS 47.30.660 AS 47.32.020 AS 47.32.900
AS 47.30.833

7 AAC 12.383. Staffing. (a) A center shall comply with the provisions of 7 AAC 10.900 - 7 AAC 10.990 (barrier crimes and conditions; background checks).

(b) A center's professional staff shall

- (1) be accountable to the governing body;
- (2) be responsible for the quality of clinical care provided each patient;
- (3) adhere to ethical conduct standards and professional practices;
- (4) comply with policies and procedures approved by the governing body; and
- (5) maintain an organizational chart that identifies staff names and titles and

hierarchy of oversight.

(c) A center's direct care staff shall

- (1) have the appropriate qualifications to provide the services required by each patient's treatment plan;
- (2) practice only within the scope of the staff member's license, certification, or training; and
- (3) have current certification in cardiopulmonary resuscitation.

(d) A center's staff shall include

- (1) a center administrator who

(A) meets one of the following qualifications:

(i) holds a master's degree in a human services or healthcare field and has at least one year of qualifying experience in the behavioral health field;

(ii) holds a bachelor's degree in a human services or healthcare field and has at least two years of qualifying experience in the behavioral health field;

(B) is a full-time employee;

(C) is responsible for

(i) supervising and managing the center's daily operations;

(ii) reviewing each accident and incident report and identifying hazards to the clinical director;

(iii) participating in the development of new programs and modifications; and

(iv) working collaboratively with the clinical director regarding clinical decisions;

(D) may function as the sole administrator for a center that operates as a collocated center; and

(E) may not have other job responsibilities that would impede the ability to administer and operate the center;

(2) a clinical director who

(A) has expertise in managing medical and psychiatric conditions and who is a physician or physician assistant who holds an active license under AS 08.64 or an advanced practice registered nurse who is licensed under AS 08.68;

(B) is responsible for developing and implementing policies and procedures and overseeing clinical services and treatment;

(C) may function as the sole clinical director for a center that operates as a colocated center; and

(D) may function as the licensed prescriber, if all requirements of (3) of this subsection are met;

(3) a licensed prescriber who

(A) is responsible for managing the psychiatric and medical care of each patient;

(B) is licensed

(i) under AS 08.64 as a physician or physician assistant; or

(ii) under AS 08.68 as an advanced practice registered nurse and has an unrestricted license and prescriptive authority;

(C) has expertise in managing medical and psychiatric conditions; and

(D) may function as the sole licensed prescriber for a colocated center;

(4) a sufficient number of registered nurses to meet the needs of each patient, and

who

(A) shall be on duty during the center's hours of operation; a facility that operates as a colocated center shall have at least

(i) one registered nurse on duty if the combined census is 16 patients or fewer; or

(ii) two registered nurses on duty, one for each center, if the combined census is more than 16 patients;

(B) are currently licensed under AS 08.68;

(C) have at least one year of qualifying experience providing direct care to patients with a behavioral health or medical diagnosis; and

(D) are responsible for providing nursing services in accordance with accepted standards of practice, the center's policies, and individual patient treatment plans;

(5) a sufficient number of mental health professionals to meet the needs of each patient, and who

(A) have at least one year of qualifying experience in providing direct care to patients with behavioral health diagnoses;

(B) are responsible for

(i) providing direct care to each patient and may serve as primary counselor to a specified caseload;

(ii) serving as resource persons for other professionals and unlicensed staff; and

(iii) attending and participating in individual treatment planning and discharge planning; and

(C) are responsible for participating in the development of plans of care; and

(6) a sufficient number of non-licensed or non-certified staff to meet the needs of each patient, and who

(A) are at least 18 years old;

(B) have a high school diploma or general educational development

(GED);

(C) provide services in accordance with center policies, documented education, training and experience, and the patient plans of care; and

(D) shall be supervised by nursing or mental health professional staff.

(e) During a center's hours of operation,

(1) the center's administrator or qualified designee shall be on site or on call;

(2) the center's clinical director or qualified designee shall be on site or on call;

(3) the facility shall assign a registered nurse to assume responsibility for oversight of nursing staff and nursing services;

(4) a licensed prescriber shall be on site or on call;

(5) qualified direct care staff members shall be on site and available to ensure each patient's health, safety, and well-being; and

(6) staff coverage shall be maintained to ensure each patient's continual safety, protection, direct care, and supervision in consideration of

(A) patient acuity;

(B) patient ages and needs;

(C) the time of day; and

(D) the center's size, location, and physical environment.

(f) Except as allowed under (d)(4)(A) of this section, a direct care staff member who is on duty to meet a center's minimum staffing requirement may not provide or be available to provide services to a collocated center or collocated facility. In this subsection, "on duty" means present in the center and available to perform the duties of the staff member's position.

(g) A center shall develop an orientation and annual in-service training program that

includes the following requirements:

(1) for all center staff,

(A) an orientation that includes job-specific training, before the staff member may work in the center;

(B) in-service training, based on the center's and patients' needs;

(C) as part of both orientation and in-service training, information about

(i) confidentiality;

(ii) patient rights;

(iii) the grievance process;

(iv) fire and disaster plans;

(v) basic emergency care for accidents and emergencies;

(vi) the center's mission, vision, and core values;

(vii) personnel policies and procedures;

(viii) abuse, neglect, and misappropriation prevention, identification, and reporting;

(ix) duties and responsibilities of each employee;

(x) standards of conduct required by the center, including professional boundaries;

(xi) maintaining a clean, healthy, and a safe environment, and safe and therapeutic milieu; and

(xii) infectious diseases and universal precautions; and

(D) orientation and in-service training that is provided by individuals who are qualified by education, training, and experience;

(2) for all direct care staff, crisis services and intervention training upon hire and at least annually that includes

(A) an overview of mental health and substance abuse, including an overview of behavioral health settings and levels of care;

(B) detecting signs of illness or dysfunction that warrant medical or nursing intervention;

(C) side effects and adverse reactions commonly caused by psychotropic medications;

(D) basic skills required to meet the health needs and challenges of each patient;

(E) components of a crisis cycle;

(F) recognizing the signs of anxiety and escalating behavior;

(G) crisis intervention and the use of non-physical intervention skills, including

(i) de-escalation;

(ii) mediation conflict resolution;

(iii) active listening; and

(iv) verbal and observational methods to ensure patient safety;

(H) therapeutic communication;

(I) the disease process and signs and symptoms of mental or emotional disorders;

(J) levels of observation;

(K) regulations, standards, and policies related to seclusion and restraint,

including the safe application of physical and mechanical restraints and physical assessment of the restrained patient; and

(L) exercises for direct care staff to demonstrate techniques to manage the delivery of patient care services; each direct care staff member shall demonstrate competency in patient care techniques before the staff member may provide services to patients; and

(3) for all nursing staff, in-service training that focuses on psychopharmacology and psychotropic medications, including side effects and possible adverse reactions.

(h) A center shall develop a performance evaluation process and complete an annual performance evaluation for each employee.

(i) A center shall maintain a personnel file for each staff member. A personnel file must contain

(1) the employee's employment application and resume, including contact information and employment history;

(2) reference letters from former employers or personal references or written documentation based on telephone contact with references;

(3) evidence of current professional credentials, licenses, or certifications, as applicable;

(4) annual performance evaluations, including evidence of competency in performing assigned tasks;

(5) personnel actions, other appropriate materials, reports, and notes relating to the individual's employment;

(6) the employee's start and termination dates;

- (7) proof of required orientation and in-service training completion;
- (8) results of criminal background checks, if required;
- (9) job description and performance expectations; and
- (10) a written confidentiality agreement, signed by the employee. (Eff.

1 / 8 / 2026, Register 257)

Authority: AS 47.05.010 AS 47.32.010 AS 47.32.030
AS 47.30.660 AS 47.32.020 AS 47.32.900

7 AAC 12.384. Admission, transfer, and discharge. (a) A center may not refuse admission to an individual based on race, national origin, ethnicity, religion, sexual orientation, or disability.

(b) The center shall

- (1) admit an individual only if the individual's needs may be met by the center, based on physical and mental health screening;
- (2) develop and implement policies and procedures for diverting an individual when the center is at capacity that include notifying emergency medical services, police, or other entities, as necessary;
- (3) establish admission requirements that include
 - (A) the availability of appropriate physical accommodations;
 - (B) voluntary admission or legal authority for involuntary admission; and
 - (C) written documentation of consent to treatment under voluntary admission, if applicable; and

(4) request documentation of the patient's condition from the referring emergency department, agency, facility, or other source before admission, if applicable.

(c) A center shall conduct an initial evaluation of each patient who presents for treatment.

The evaluation must

(1) be performed by a mental health professional;

(2) be initiated not more than 30 minutes and completed not later than three hours after the patient's arrival;

(3) be used to determine the patient's eligibility for and the appropriateness of services provided by the crisis stabilization center; and

(4) include

(A) an assessment of whether the patient is an imminent danger to self or others;

(B) an assessment of risk for imminent withdrawal;

(C) a breath analysis and urine drug screen, in accordance with the crisis stabilization center's policies and procedures;

(D) a check of vital signs;

(E) a clinical assessment of the patient's current condition to determine the patient's primary medical problems and whether acceptance to the crisis stabilization center or transfer to another medical provider is more appropriate for the patient's condition or circumstances; and

(F) a brief patient medical history.

(d) A center shall develop, implement, and adhere to patient discharge and transfer policies and procedures that comply with state and federal laws.

(e) A center shall have a written discharge plan for each patient to provide continuity of services that includes

- (1) the patient's transfer or referral to outside resources, continuing care appointments, and crisis intervention assistance;
- (2) documented attempts to involve the patient and, subject to 7 AAC 12.391(b)(13), the patient's legal guardian, chosen representative, family member, or parent of a minor patient, in the discharge planning process;
- (3) the patient's goals and activities to sustain recovery;
- (4) the patient's signature, or the patient's parent or guardian, if applicable; a copy of the discharge plan must be provided to the individual who signed the plan;
- (5) the name, dosage, and frequency of the patient's medications ordered at the time of discharge;
- (6) the patient's prescriptions for medications ordered at time of discharge; and
- (7) the disposition of the patient's possessions, funds, and medications, if applicable.

(f) A crisis residential center shall discharge a patient

- (1) when the patient's treatment goals are achieved as documented in the patient's treatment plan;
- (2) when the patient's condition or treatment needs are not consistent with the services the center is authorized or able to provide; or
- (3) according to the crisis residential center's written discharge criteria.

(g) A crisis residential center shall complete a discharge summary not more than 30 days after a patient is discharged that includes

(1) the patient's presenting needs and issues identified when the patient was admitted;

(2) the services the patient received;

(3) the crisis residential center's assessment of the patient's progress towards goals;

(4) the circumstances of the patient's discharge; and

(5) recommended continuity of care following patient discharge, including supporting documentation, and referral information.

(h) A center that transfers a patient shall

(1) request and receive approval from the receiving facility before the patient may be transferred;

(2) notify the receiving facility if the patient has significant medical or psychiatric conditions or complications and provide other necessary information for the patient's care before the patient arrives; and

(3) transfer all requested patient information and documents to the receiving facility. (Eff. 1 / 8 / 2026, Register 257)

Authority: AS 47.05.010 AS 47.30.708 AS 47.32.030
AS 47.30.707 AS 47.32.010 AS 47.32.900

7 AAC 12.385. Required services. (a) A center shall have access to laboratory services to meet each patient's needs, including the ability to

(1) conduct a breath analysis for immediate determination of blood alcohol level;

(2) conduct a dipstick urine drug screen; and

(3) obtain rapid laboratory results.

(b) A center shall

(1) maintain a Centers for Medicare and Medicaid Services Clinical Laboratory Improvement Amendments (CLIA) certificate of waiver under 42 C.F.R. 493.35 - 493.37 or a registration certificate under 42 C.F.R. 493.43 - 493.45 for the provision of on-site laboratory services or on-site point of care testing; or

(2) provide for laboratory services through a contracted laboratory that has a Centers for Medicare and Medicaid Services Clinical Laboratory Improvement Amendments (CLIA) certification.

(c) A center shall have access to pharmaceutical services to meet each patient's needs.

(d) A center shall ensure that on-site or contracted pharmaceutical services are compliant with AS 08.80 and 12 AAC 52.

(e) A center shall develop, implement, and comply with written policies and procedures in accordance with applicable federal, state, and local laws and ordinances that govern

(1) safe administration and handling of prescription and non-prescription medication;

(2) medication storage, recording, and control;

(3) disposal of discontinued or expired medication and containers with worn, illegible, or missing labels;

(4) prescription medication use, including

(A) medical monitoring when medication is administered to identify specific target symptoms;

(B) a procedure to provide information on each medication's anticipated

results, potential benefits and side effects, and potential adverse reactions that may result from not taking the medication as prescribed, to center staff and the patient, patient's legal guardian, chosen representative, or parent of a minor patient, if applicable;

(C) involving a patient, and if applicable, patient's legal guardian, chosen representative, or parent of a minor patient in decisions concerning medication; and

(D) training staff to recognize a medication's potential side effects;

(5) abbreviations and symbols approved for use in the center;

(6) recording and reporting medication errors and adverse drug reactions to

(A) the patient's physician or prescriber; and

(B) the clinical director;

(7) reporting and resolving inventory discrepancies or the misuse or abuse of controlled substances, in accordance with federal and state law;

(8) emergency pharmaceutical services; and

(9) the emergent or urgent procurement, including the acceptable time frame for procurement, of medication when the required medication is not available on site.

(f) A center shall

(1) allow medication to be administered only by a licensed health care professional whose scope of practice includes the administration of medication;

(2) allow medication to be administered only according to a licensed prescriber's order;

(3) keep medication in a locked, illuminated, and clean cabinet, closet, or room that is

(A) maintained at a controlled temperature according to the manufacturer's

recommendation; and

(B) accessible only to a licensed health care professional authorized to administer medications;

(4) store medication that requires refrigeration in a refrigerator or refrigeration unit separate from refrigerators or refrigeration units that store food, beverages, or laboratory specimens;

(5) administer medication only upon the written or verbal order of a licensed prescriber;

(6) require the licensed prescriber to sign a verbal order not more than 24 hours after making the verbal order;

(7) immediately report, and document the patient's medical record, medication errors, adverse drug reactions, or interactions with other medication, food, or beverages taken by the patient to

(A) the patient's physician or licensed prescriber;

(B) the supervising pharmacist; and

(C) the clinical director;

(8) keep controlled substances in a locked cabinet or compartment separate from other medications;

(9) maintain current and accurate records on the receipt and disposition of controlled substances;

(10) reconcile controlled substances at least twice a day; reconciliation shall be completed by

(A) a licensed health care professional authorized to administer controlled

substances; or

(B) an automated system that provides reconciliation;

(11) report discrepancies in controlled substance inventories to the center's administrator, clinical director, and supervising pharmacist in accordance with federal and state laws;

(12) develop and utilize a process to obtain medication within a time frame that meets each patient's needs; and

(13) develop and utilize a process to provide pharmaceutical services 24 hours a day. (Eff. 1 / 8 / 2026, Register 257)

Authority: AS 47.05.010 AS 47.32.010 AS 47.32.900
AS 47.30.912 AS 47.32.030

7 AAC 12.387. Treatment services. (a) A center shall

(1) operate 24 hours a day, seven days a week; and

(2) provide

(A) individual crisis assessment;

(B) psychiatric evaluation services;

(C) nursing services;

(D) therapeutic interventions to decrease and stabilize a presenting crisis;

(E) identification of a crisis's contributing factors;

(F) withdrawal symptom stabilization, if applicable;

(G) 24-hour observation;

(H) advocacy, networking, and support to provide linkage and referral to

appropriate community-based services; and

(I) medication services, including prescription, administration, and management.

(b) A crisis residential center shall develop patient-specific centered treatment plans.

(c) A crisis stabilization center shall operate with an adequate number of chairs or recliners.

(d) A crisis residential center shall operate with not more than 16 licensed beds.

(e) A center that administers psychotropic medication shall administer the medication in accordance with AS 47.30. (Eff. 1 / 8 / 2020, Register 257)

Authority: AS 47.05.010 AS 47.30.839 AS 47.32.030
AS 47.30.660 AS 47.32.010 AS 47.32.900
AS 47.30.838

7 AAC 12.389. Restraint and seclusion. (a) A center may use restraint or seclusion only if

(1) restraint or seclusion is ordered by a physician or other licensed practitioner who

(A) is responsible for the patient's care; and

(B) meets the training requirements established by the center;

(2) restraint or seclusion is necessary for the immediate physical safety of the patient, a staff member, or another patient;

(3) less restrictive interventions have been attempted or have been determined to be ineffective;

(4) the center uses the restraint or seclusion in a manner that complies with patient rights established in 7 AAC 12.391;

(5) the restraint or seclusion type or technique is the least restrictive intervention that will be effective;

(6) the restraint or seclusion is imposed and monitored by staff who meet the training requirements in this section;

(7) the restraint or seclusion is documented in accordance with the requirements of this section;

(8) the restraint or seclusion is implemented in accordance with safe and appropriate techniques as set out in center policy; and

(9) the restraint or seclusion is discontinued at the earliest possible time.

(b) A restraint does not include a

(1) medical device, including

(A) an orthopedically prescribed device;

(B) a surgical dressing or bandage;

(C) a protective helmet; or

(D) another device or method used to

(i) permit the patient to participate in activities without the risk of physical harm; or

(ii) protect the patient from falling out of a bed or chair; or

(2) technique that involves physically holding a patient for the purpose of conducting routine physical examinations or tests.

(c) An order for restraint or seclusion

(1) may not be written

(A) as a standing order; or

(B) for an as-needed basis;

(2) may be renewed only in accordance with the following limits for up to a total of 24 hours:

(A) four hours for an adult 18 years of age or older;

(B) two hours for a child or adolescent at least nine years of age and under 18 years of age;

(C) one hour for a child under nine years of age; and

(3) may be renewed only if the physician or other licensed practitioner who is responsible for the patient's care and authorized by center policy to order restraint or seclusion performs an in-person assessment of the patient before renewing an order for restraint or seclusion to manage violent or self-destructive behavior.

(d) A patient who is placed in restraint or seclusion shall be

(1) given adequate hydration, food, and access to bathroom facilities;

(2) monitored continuously by a staff member; the staff member shall document the patient's condition at least every 15 minutes; and

(3) monitored at least hourly by a physician, other licensed practitioner, or trained staff who meets the training requirements established by the center and who evaluates the

(A) patient's immediate situation;

(B) patient's reaction or response to the intervention;

(C) patient's medical and behavioral condition; and

(D) need to continue or terminate the restraint or seclusion.

(e) A center shall notify the legal guardian of an adult patient, if applicable, or the parent or legal guardian of a minor placed in a restraint or seclusion intervention not more than 24 hours after the termination of the restraint or seclusion. The center shall include in the notification of restraint or seclusion

- (1) the reason for the use of restraint or seclusion;
- (2) the type or method of restraint or seclusion used;
- (3) medication administered during the use of restraint or seclusion;
- (4) the length of time the restraint or seclusion was used;
- (5) a nurse or physician medical and behavioral evaluation of the patient

following the termination of restraint or seclusion; and

- (6) a description of any injury sustained while restraint or seclusion was used.

(f) A center shall document each use of restraint or seclusion. Documentation of each use of restraint or seclusion must include

- (1) the physician's or other licensed practitioner's order to use restraint or seclusion;
- (2) the documentation of continuous monitoring;
- (3) a description of the patient's behavior, conditions, or symptoms that warranted the use of restraint or seclusion;
- (4) the type of restraint or seclusion used;
- (5) the less restrictive interventions attempted;
- (6) the use of any pharmacological intervention, including the name of the medication, dose, and route and time of delivery;
- (7) the patient's response to pharmacological intervention;

(8) the rationale for renewal orders, if applicable;

(9) a patient evaluation conducted not more than one hour after the restraint or seclusion is implemented, including the

(A) patient's immediate condition;

(B) patient's reaction or response to the restraint or seclusion;

(C) patient's medical and behavioral condition; and

(D) need to continue or terminate the restraint or seclusion; and

(10) notification under (e) of this section, including

(A) the name and credentials of the staff member who notified an adult patient's legal guardian, if applicable, or a minor's parent or guardian;

(B) the name of the parent or legal guardian who was notified; and

(C) the date and time the parent or legal guardian was notified.

(g) A center shall establish and implement a restraint and seclusion training plan that

(1) requires a staff member to successfully complete training and demonstrate competencies

(A) as part of new employee orientation for all staff;

(B) annually after the initial orientation; and

(C) before the staff member performs any action related to restraint or seclusion;

(2) requires staff to demonstrate competency in

(A) techniques to identify staff and patient behaviors, events, and environmental factors that may trigger circumstances that require use of restraint or seclusion;

(B) the use of nonphysical and less restrictive intervention before using restraint or seclusion;

(C) choosing the least restrictive intervention based on an individualized assessment of the patient's medical or behavioral status or condition;

(D) the safe application and use of restraint or seclusion used in the center;

(E) monitoring and assessing the physical and psychological well-being of the patient who is restrained or secluded, including

(i) respiratory and circulatory status;

(ii) skin integrity;

(iii) vital signs;

(iv) recognizing and responding to signs of physical and psychological distress;

(v) clinical identification of specific behavioral changes that indicate that restraint or seclusion is no longer necessary; and

(vi) any requirements established by facility policy;

(F) providing care to a patient who is restrained or secluded; and

(G) documenting restraint or seclusion; and

(3) maintains training records in each staff member's employee record.

(g) A center shall report to the department, not more than 24 hours after the death, a patient death that occurred

(1) while the patient was in restraint or seclusion; or

(2) during the 24 hours after the patient's restraint or seclusion was terminated.

(Eff. 1 / 8 / 2020, Register 257)

Authority: AS 47.05.010 AS 47.30.912 AS 47.32.030
AS 47.30.709 AS 47.32.010 AS 47.32.900
AS 47.30.838

7 AAC 12.391. Patient rights. (a) A center shall develop, implement, and comply with policies and procedures that

- (1) protect each patient's rights;
- (2) respond to questions and grievances pertaining to patient rights;
- (3) comply with AS 47.30.825, this section, and other state law and regulations regarding patient rights; and
- (4) comply with AS 47.30.700, 47.30.705(d), this section, and other state law and regulations regarding minors' rights.

(b) A center's patient has the right to

- (1) be informed of patient rights and responsibilities at the time of admission or shortly after admission;
- (2) have a patient, patient's legal guardian, chosen representative, family member, or parent of a minor patient, or the patient's own physician notified of the patient's admission to the center upon request;
- (3) 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;
- (4) be free from abuse, neglect, exploitation, or harassment;
- (5) be free from physical or mental abuse, corporal punishment, or the imposition

of any form of restraint or seclusion as a means of coercion, discipline, convenience, or retaliation by the staff;

(6) receive care in a safe setting;

(7) receive translator or interpreter services to facilitate communication between the patient and the staff, if applicable;

(8) be informed of the patient's health status and to participate in the development of, implementation of, and updates to the patient's treatment 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;

(9) make informed decisions regarding the patient's care in accordance with federal and state laws and regulations;

(10) consult freely and privately with the patient's legal counsel or to contact an attorney at any reasonable time;

(11) be informed, in writing, of the policies and procedures for initiation, review, and resolution of a grievance or patient complaint;

(12) submit a complaint or a grievance without fear of reprisal;

(13) keep the patient's information and medical records confidential in accordance with federal and state laws and regulations, including all computerized medical information;

(14) receive a copy of the center's rules and regulations upon admission or shortly after admission;

(15) receive treatment in the least restrictive environment that meets the patient's needs;

(16) be subjected to restraint or seclusion only in accordance with federal and

state law and regulations;

(17) contact the department at any reasonable time;

(18) obtain a copy of patient rights and the department's address and telephone number at any time;

(19) receive personal hygiene products, including shampoo, deodorant, toothbrush, toothpaste, and soap, if needed and safe for the patient to use or possess; and

(20) have reasonable communication with and visits by an individual of the patient's choice unless the center or the department imposes reasonable restrictions for medical, psychiatric, safety, or legal reasons.

(c) A patient's legal guardian or chosen designated representative, or the parent of a minor patient, has the right to

(1) be informed of patient rights and responsibilities at the time of admission or shortly after admission;

(2) be informed of the patient's health status and to participate in the development of, implementation of, and updates to the patient's treatment 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;

(3) make informed decisions regarding the patient's care in accordance with federal and state laws and regulations;

(4) be informed, in writing, of the policies and procedures for initiation, review, and resolution of a grievance or patient complaint;

(5) submit a complaint or a grievance without fear of reprisal;

(6) receive a copy of the center's rules and regulations upon admission or shortly after admission; and

(7) obtain a copy of patient rights and the department's address and telephone number at any time.

(d) A center shall post a copy of the patient's rights in an area accessible to patients.

(e) A center shall establish written procedures to ensure a patient grievance or a patient's legal guardian's, chosen representative's, family member's, or parent of a minor patient's grievance is delivered to the center's administration. The center's administration shall acknowledge receipt of the grievance and take appropriate action. The center shall maintain a grievance log that includes action taken. The grievance log must be retained for not fewer than three years. (Eff. 1 / 8 / 2026, Register 257)

Authority:	AS 47.05.010	AS 47.30.725	AS 47.32.010
	AS 47.30.700	AS 47.30.825	AS 47.32.030
	AS 47.30.705	AS 47.30.840	AS 47.32.900
	AS 47.30.709	AS 47.30.912	

7 AAC 12.393. Medical record service. (a) A center shall keep a record for each patient who is admitted or accepted for treatment. Patient medical records are the center's property and are subject to the requirements of AS 18.05.042, 7 AAC 105.230, and 7 AAC 105.240. Nothing in this section affects statutes or regulations that govern patient medical record access, use, disclosure, confidentiality, or retention, or maintenance of health information in a patient's record by a health care provider. A center shall maintain the patient's original record or an accurate reproduction of the record's contents in a form that is legible and readily available for not fewer

than seven years after the patient is discharged, except that the records of a patient who was a minor at the time the center provided services must be retained until the minor reaches 21 years of age, or seven years after the patient is discharged, whichever is longer. The center shall provide the records to

(1) the attending physician, a practitioner responsible for the patient's treatment, a member of the center's medical staff, or a department representative upon request; or

(2) another practitioner upon the patient's written request.

(b) Each patient medical record must include, as appropriate,

(1) an identification sheet that includes the patient's

(A) name;

(B) medical record number;

(C) address on the date of admission;

(D) date of birth;

(E) sex;

(F) marital status;

(G) religious preference;

(H) dates of service;

(I) parent's, legal guardian's, or other contact person's name, address, and telephone number;

(J) attending physician's name;

(K) initial diagnostic impression;

(L) date of discharge and final diagnosis; and

(M) source of payment;

- (2) a medical and psychiatric history and examination;
 - (3) consultation reports and special studies reports;
 - (4) a documentation method that includes orders signed by a licensed prescriber;
 - (5) progress notes for each service or treatment received;
 - (6) nurses' notes that must include
 - (A) an accurate record of care provided;
 - (B) a record of pertinent observations and response to treatment, including psychosocial and physical manifestations;
 - (C) an assessment when the center admits the patient;
 - (D) a discharge plan;
 - (E) the name and dosage, and the administration date, time, route, and location for each medication or treatment; each administration record entry must include the patient's response and the signature of the person who administered the medication or treatment; and
 - (F) a record of restraint or seclusion used that includes the duration of each restraint or seclusion;
 - (7) court orders relevant to involuntary treatment;
 - (8) laboratory reports;
 - (9) radiology reports; and
 - (10) consent forms.
- (c) A center shall develop, maintain, and implement policies and procedures to protect the information in medical records from loss, defacement, tampering, or access by unauthorized persons.

(d) A center shall keep medical records readily available, accessible, and organized.

(e) A patient's written consent, or a patient's parent's or legal guardian's written consent, if applicable, is required to release patient information that is not otherwise authorized by law to be released without consent.

(f) A center shall comply with P.L. 104-191 (Health Insurance Portability and Accountability Act 1996). (Eff. 1 / 8 / 2016, Register 257)

Authority: AS 47.05.010 AS 47.32.010 AS 47.32.900
AS 47.30.912 AS 47.32.030

7 AAC 12.395. Risk management. (a) A center shall develop, implement, and comply with center-specific written policies and procedures governing the requirements of 7 AAC 12.375 - 7 AAC 12.389, including

- (1) the protection of each patient's health, safety, and well-being;
- (2) the provision of treatment for patients to achieve optimal stabilization;
- (3) patient access to medically necessary care;
- (4) uniform physical and mental health screenings for
 - (A) patient placement and quality assessment;
 - (B) diagnosis;
 - (C) evaluation; and
 - (D) referral to an appropriate level of care;
- (5) operational capability and compliance;
- (6) the delivery of cost-effective services in conformity with current standards of practice;

- (7) confidentiality and security of patient information, records, and files;
- (8) prohibiting illegal or coercive inducement, solicitation, or kickbacks;
- (9) patient rights;
- (10) a patient grievance procedure;
- (11) emergency preparedness;
- (12) abuse or neglect;
- (13) incident or accident response, including medical emergencies;
- (14) universal precautions;
- (15) service documentation;
- (16) admission, including descriptions of physical and mental health screening and assessment procedures;
- (17) transfer and discharge procedures;
- (18) behavior management;
- (19) infection control practices that meet current state and federal infection control guidelines;
- (20) transportation for patient transfer, if applicable;
- (21) quality assurance;
- (22) medical and nursing services;
- (23) emergency care;
- (24) photographing or recording patients;
- (25) contraband; and
- (26) an operational and safety plan to prevent adult patients from visual or physical contact with minor patients; the plan must identify

- (A) areas for adult and minor patient use at separate times;
- (B) areas exclusively for adult or minor patient use; and
- (C) staff oversight protocols to implement the operational and safety plan.

(b) A center shall develop, implement, and comply with written personnel policies that include

(1) staff and volunteer

- (A) recruitment;
- (B) screening;
- (C) orientation;
- (D) ongoing training;
- (E) development;
- (F) supervision; and
- (G) performance evaluation;

(2) a written job description for each staff and volunteer position;

(3) an employee grievance procedure;

(4) an abuse reporting procedure that requires a staff member to report

(A) an allegation of patient abuse or mistreatment under state and federal law; and

(B) an allegation of patient abuse, neglect, exploitation, or misappropriation to appropriate state agencies;

(5) a non-discrimination policy;

(6) a policy that requires an employee to report signs or symptoms of a communicable disease or personal illness to the employee's supervisor, manager, or clinical director as soon as possible to prevent the spread of disease or illness to other individuals;

(7) a procedure to ensure that only qualified personnel provide care within the scope of the center's services;

(8) a policy that governs staff conduct and a procedure for reporting a law, rule, or professional and ethical code of conduct violation;

(9) a policy that governs staff organization related to the center's purpose, setting and location;

(10) a procedure to verify staff credentials are legal and from an accredited institution; and

(11) criminal background checks, adverse action, and registry checks under AS 47.05.300 - 47.05.390 (criminal and civil history) and 7 AAC 10.900 - 7 AAC 10.990 (barrier crimes and conditions; background checks).

(c) A center shall review written policies and procedures at least annually.

(d) A center shall implement policies and procedures in compliance with federal and state laws and regulations.

(e) A center shall develop and implement patient policies and procedures that include a clearly written list of rules that govern patient conduct in the center. The center shall

(1) provide a copy of the center's rules to each patient or the patient's parent or legal guardian, if applicable; and

(2) post the rules in a conspicuous location that is accessible to patients.

(f) A crisis stabilization center shall develop, implement, and comply with policies and procedures that

(1) consider a patient's chronological and developmental age, diagnosis, and severity of illness before the center assigns a chair to the patient; and

(2) assign a chair to each patient.

(g) A crisis residential center shall develop, implement, and comply with policies and procedures that

(1) consider a patient's chronological and developmental age, diagnosis, and severity of illness before the center assigns a sleeping area or bedroom to the patient; and

(2) assign a bed to each patient.

(h) A center shall have a written emergency preparedness plan to

(1) maintain continuity of the center's operations in preparation for, during, and after an emergency or disaster;

(2) conduct a hazard vulnerability assessment every two years;

(3) manage the consequences of a disaster or emergency that disrupts the center's ability to render care and treatment, or that threatens patient lives or safety; and

(4) comply with current state and federal infection control guidelines in preparation for, during, and after a public health emergency or disaster.

(i) A center shall

(1) post exit diagrams that show how to clear the building safely and in a timely manner;

(2) have a clearly labeled and legible master floor plan that indicates

(A) the areas for patient use as shelter or a safe zone during an emergency;

(B) the location of emergency power outlets, if applicable;

(C) the locations where emergency information is posted and accessible;

(D) the equipment and devices that an emergency generator will power during an emergency, if applicable; and

(E) the location of smoke or fire barriers and of smoke compartments; and

(3) provide emergency or disaster preparedness training to center employees; the training must

(A) include orientation, ongoing training, and participation in planned drills for all personnel;

(B) be developed based on high-risk disasters identified in the center's most recent hazard vulnerability assessment; and

(C) include a fire response plan.

(j) A center's emergency preparedness plan must include provisions for

(1) an evacuation plan that includes

(A) evacuating and delivering essential services to each patient;

(B) a method to notify the patient's legal guardian, chosen representative, family member, or parent of a minor patient, if applicable, that includes

(i) the date and approximate time of evacuation;

(ii) the location to which the patient will be or was evacuated, including the location's name and address; and

(iii) a telephone number that patient's legal guardian, chosen representative, family member, or parent of a minor patient may call for information regarding the patient's evacuation;

(C) transferring the patient's supplies, medications, clothing, and treatment plan to the location to which the patient is evacuated;

(D) transferring the evacuating patient's identification, including the patient's

(i) diagnoses;

(ii) medication, including dosage and administration times;

(iii) allergies;

(iv) special dietary needs or restrictions; and

(v) next of kin name and contact information, if applicable; and

(E) transporting or arranging for transportation during an evacuation;

(2) maintaining continuity of care during an emergency, including distributing and assigning responsibilities and functions among the staff;

(3) delivering essential care and services to each patient who is housed in the center or by the center at an alternate location during an emergency or disaster;

(4) determining when the center will shelter in place or evacuate in response to a disaster or emergency and the conditions the center will consider in making an evacuation determination; and

(5) necessary supplies that the center will provide during a shelter-in-place emergency, including

(A) drinking water or fluids; and

(B) non-perishable food.

(k) A center

- (1) shall follow and execute the emergency preparedness plan in response to a declared disaster or other emergency;
- (2) may not abandon a patient during a disaster or emergency;
- (3) shall review and update the emergency preparedness plan at least every two years, or if significant changes occur in the emergency preparedness planning process;
- (4) cooperate with the department and other government agencies in the event of an emergency or disaster and shall provide information as requested;
- (5) monitor weather warnings and watches and evacuation orders from local and state emergency preparedness officials;
- (6) submit a copy of the emergency preparedness plan for review to the department upon request; and
- (7) submit a post-disaster written summary to the department upon request; the summary must describe how the center followed and executed the emergency preparedness plan, including
 - (A) the type of emergency or disaster and the date the emergency or disaster occurred;
 - (B) the evacuation status of the staff and patients;
 - (C) the plan provisions applicable to the emergency or disaster;
 - (D) a list of each patient injury or death that occurred during a shelter-in-place event, evacuation, or temporary relocation, including the
 - (i) date;
 - (ii) time; and
 - (iii) cause and circumstances;

(E) a list of complete or partial service or structure losses; and

(F) a patient care impact report that includes incidents of inability to care for patients.

(l) A center shall develop and implement a safety plan that

(1) prohibits weapons of any kind in patient care areas, except for a weapon in the possession of a local, state, or federal law enforcement or peace officer who is conducting an authorized duty;

(2) prohibits hazardous materials or plastic bags in areas accessible to patients;

(3) requires poisonous, toxic, or flammable material to be

(A) maintained in an appropriate and clearly labeled container;

(B) securely stored in a locked cabinet or closet; and

(C) used in a safe manner

(i) in accordance with federal and state law and regulations;

(ii) following manufacturer instructions; and

(iii) without endangering patients, staff, and visitors;

(4) requires equipment, furnishings, or other items that are in a state of disrepair to be removed and made inaccessible to patients until replaced or repaired;

(5) allows only staff members to use a potentially harmful material, including a cleaning solvent or detergent; and

(6) requires a staff member who uses a potentially harmful material, including a cleaning solvent or detergent, to be trained on the safe use of the material.

(m) A center shall ensure that a first aid kit is available in the center.

(n) A center shall provide additional supervision for each patient's safety, when necessary.

(o) A center shall pass required inspections and keep reports and other documentation on file to demonstrate compliance with applicable laws and regulations.

(p) A center shall have an ongoing safety program that includes

(1) continuously inspecting the center for possible hazards;

(2) continuously monitoring safety equipment and performing maintenance or repair when needed;

(3) investigating and documenting accidents or emergencies;

(4) fire control, evacuation planning, and other emergency drills; and

(5) performing fire and other emergency drills at least once a quarter and maintaining patient safety and security during each drill.

(q) A center shall have a quality assurance plan and program that

(1) keeps the center's overall function in compliance with federal, state, and local laws;

(2) meets the needs of each patient in the area;

(3) meets the goals and objectives established in the center's mission, vision, and core values;

(4) maintains a system to effectively monitor, evaluate, identify, correct, or reassess a care practice that

(A) negatively affects the quality of patient care or services provided;

(B) results in an accident or injury to a patient or staff member; and

(C) documents deficiencies found and remedial actions taken;

(5) improves individual outcomes and individual satisfaction; and

(6) is updated on an ongoing basis to reflect changes, corrections, or other modifications.

(r) A center's quality assurance plan must include

(1) a quarterly sample review of patient case records to ensure that

(A) individual treatment plans are current;

(B) records are accurate, complete, and current; and

(C) treatment plans have been developed and implemented as ordered;

(2) a quarterly review to identify risk factors that may affect the health, safety or welfare of each patient, including

(A) patient grievances, including grievance resolution;

(B) incidents that resulted in patient harm or elopement;

(C) allegations of abuse, neglect, or exploitation; and

(D) seclusion and restraint data; the center shall

(i) maintain and analyze seclusion and restraint data for patterns of occurrences and negative outcomes; and

(ii) develop and implement an action plan based on data analysis;

(3) a process to correct an identified problem and track improvement;

(4) a process to identify and implement opportunities for improvement;

(5) an internal evaluation procedure to collect data necessary for the plan's development; and

(6) semi-annual meetings of the center's quality assurance committee to evaluate the quality assurance process and activities; the committee must include the center administrator, clinical director, and at least two other staff members.

(s) A center shall maintain quality assurance activity documentation for not less than 12 months.

(t) A center shall report the following to the department in writing not more than 24 hours after the center becomes aware of the event:

(1) a disaster, emergency, or other unexpected event that causes significant program operation disruption;

(2) a patient's death or serious injury if

(A) the death or serious injury is potentially related to program activities;

and

(B) the patient was an active patient of the center;

(3) an allegation of patient abuse, neglect, exploitation, or misappropriation of patient funds. (Eff. 1 / 8 / 2026, Register 257)

Authority: AS 47.05.010 AS 47.32.010 AS 47.32.900
AS 47.30.660 AS 47.32.030

7 AAC 12.399. Definitions. In 7 AAC 12.375 - 7 AAC 12.399, unless the context requires otherwise,

(1) "approved application" means an application that has been completed and submitted with the appropriate fee, and that the department has determined is sufficient to allow a subacute mental health facility to commence operations;

(2) "center" means a crisis stabilization center, a crisis residential center, or a colocated center;

(3) "collocated center" means a subacute mental health facility that provides crisis stabilization center and crisis residential center services in the same building or in adjoining or adjacent buildings;

(4) "collocated facility" means a provider other than a subacute mental health facility that provides services in the same building as, or in a building that is adjoining or adjacent to, a center;

(5) "controlled substance" means

(A) a narcotic, depressant, hallucinogenic, or stimulant drug as set out in the schedules in AS 11.71.140 - 11.71.190; and

(B) a drug subject to 21 U.S.C. 801 - 971 (Controlled Substances Act of 1970), amended as of December 31, 2022;

(6) "crisis residential center" has the meaning given in AS 47.32.900;

(7) "crisis stabilization center" has the meaning given in AS 47.32.900;

(8) "monolithic ceiling" means a ceiling formed or composed of material without joints or seams;

(9) "on-site" or "on site" means physically present at a location in the center;

(10) "restraint" means

(A) any manual method, physical or mechanical device, material, or equipment that immobilizes or reduces the patient's ability to freely move arms, legs, body, or head; or

(B) a drug or medication that

(i) is used as a restriction to manage the patient's behavior or restrict the patient's freedom of movement; and

(ii) is not a standard treatment or dosage for the patient's condition;

(11) "seclusion" means the involuntary confinement of a patient

(A) for the management of violent or self-destructive behavior; and

(B) alone in a room or area from which the patient is physically prevented from leaving;

(12) "subacute mental health facility" has the meaning given in AS 47.32.900;

(13) "therapeutic communication" means a type of professional communication used by direct care staff to establish trust and rapport with a patient; therapeutic communication

(A) uses verbal and nonverbal techniques to assist a patient in a nonjudgmental way, while showing empathy and concern; and

(B) involves both verbal and nonverbal communication from the direct care staff to convey a message in a calm manner;

(14) "therapeutic milieu" means a structured environment that promotes a safe, secure place for people who need psychiatric services; a therapeutic milieu supports an individual's wellbeing and progress while seeking psychiatric treatment;

(15) "universal precautions" means the infection control precautions that are recommended by the United States Department of Health and Human Services, Centers for Disease Control and Prevention, to prevent the transmission of blood-borne pathogens. (Eff.

1 / 8 / 2026, Register 257)

Authority: AS 47.05.010 AS 47.32.010 AS 47.32.900
AS 47.30.660

Editor's note: The current procedures included in the federal CDC (Centers for Disease Control and Prevention) guidelines may be accessed at <https://www.cdc.gov/infectioncontrol/guidelines/index.html>.

7 AAC 12.615(a) is amended by adding a new paragraph to read:

- (8) for a subacute mental health facility that operates as a
 - (A) crisis stabilization center, \$750 plus \$150 per patient chair;
 - (B) crisis residential center, \$750 plus \$150 per bed.

7 AAC 12.615(c) is amended by adding a new paragraph to read:

- (8) for a subacute mental health facility that operates as a
 - (A) crisis stabilization center, \$1,500 plus \$300 per chair;
 - (B) crisis residential center, \$1,500 plus \$300 per bed.

7 AAC 12.615(d) is amended by adding a new paragraph to read:

(8) for a subacute mental health facility that operates as a crisis stabilization center or a crisis residential center, \$250.

(Eff. 6/29/2017, Register 222; am 1 / 8 / 2026, Register 257)

Authority:	AS 18.05.040	AS 47.32.030	AS 47.32.060
	AS 18.20.080	AS 47.32.040	AS 47.32.130
	AS 47.32.010	AS 47.32.050	AS 47.32.140
	AS 47.32.020		

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((Publisher: At the end of 7 AAC 12.615(a)(7), (c)(7), and (d)(7), please change the period to a semicolon.)))

7 AAC 12.990(2) is amended to read:

(2) "advanced practice registered nurse" means a person who is authorized to practice as an advanced practice registered nurse under AS 08.68.100, 08.68.850, and 12 AAC 44.380 - 12 AAC 44.490 [12 AAC 44.400];

7 AAC 12.990 is amended by adding a new paragraph to read:

(105) "mental health professional" has the meaning given in AS 47.30.915. (Eff. 11/19/83, Register 88; am 5/28/92, Register 122; am 5/4/97, Register 142; am 9/1/2000, Register 155; am 6/23/2006, Register 179; am 12/3/2006, Register 180; am 5/24/2007, Register 182; am 9/30/2007, Register 183; am 7/29/2011, Register 199; am 5/14/2021, Register 238; am 5/14/2021, Register 238; am 3/17/2022, Register 241; am 1 / 8 / 2026, Register 257)

Authority: AS 18.05.040 AS 47.32.010 AS 47.32.030

((Publisher: At the end of 7 AAC 12.990(104), please change the period to a semicolon.)))