AKCHILD & FAMILY

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CONSUMER HANDBOOK



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

ATTENTION : Free language assistance services are available if needed.

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

Yupik:
NIICUGNIQERCI: qantukuvet Yugtun, akilirnailngurmek ikayurtetangqertuq mumigcistenek.

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

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

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

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

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

Japanese:
必見: 日本語をご利用の方は、言語支援サービスを無料でご利用いただけま。

Laotian:
ໃບດຊາບ: ຖ້າວ່າ ທ່ານເວົ້າພາສາ ລາວ, ການບໍ່ວິການຊ່ວຍເຫຼືອດ້ານພາສາ, ໂດຍບໍ່ເສັງຄ່າ, ແມ່ນມີພ້ອມໃຫ້ທ່ານ.

Chinese:
注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電

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

Thai:
เรียน: ถ้าคุณพูดภาษาไทยคุณสามารถใช้บริการช่วยเหลือทางภาษาได้ฟรี โทร

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

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

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

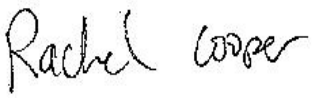
Polish:
UWAGA: Jeżeli mówisz po polsku, możesz skorzystać z bezpłatnej pomocy językowej.

Dear Parents/Guardians and Youth,

Welcome to AK Child & Family. We would like to extend a warm welcome and are honored to have the opportunity to work with you and your family. This handbook was created to help acquaint you with the services we offer and to provide information on programming details. Please use this handbook as a general reference and understand that, due to the youth specific development of treatment plans, application of different services in this handbook may vary from youth to youth based on need. If you are unable to find the information you need in this handbook or have additional questions, please consult with your child's treatment team, visit our website at www.akchild.org or call our office at (907) 346-2101. At AK Child & Family, we strive to provide quality care and treatment for children and families and are committed to working collaboratively to create a supportive environment that promotes wellness and resilience and also strengthens connections between home, school and the community for all youth.

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

Sincerely,



Rachel Cooper
Chief Clinical Officer

About AK Child & Family

Our Mission

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

Our Values: The SPIRIT of AK Child & Family

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

Our Dedication to Trauma-Informed Care

AK Child & Family recognizes a large proportion of youth and families have been impacted by trauma, and we are responsive to this need by providing trauma-informed care. To this end, we strive to provide services that reflect the following Trauma-informed Care principles: Safety, Trustworthiness, Collaboration & Empowerment, Family & Youth Voice and Choice, Language Access & Cultural Competency.

Our Programs & Services

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

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

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

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

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

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

S.E.L.F.
S.E.L.F. stands for Safety, Emotion, Loss, and Future. S.E.L.F. is the framework to begin problem solving and acknowledging behaviors and events. It provides an outline for youth, family and organizational growth and change.

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

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

Community Meetings
A Community Meeting is a deliberate, repetitive transition ritual intended to psychologically move people from some activity that they have been doing into a new group psychological space. For all members of any group, it provides a predictable bridge that directly and indirectly reinforces community norms. A community meeting is based on 3 questions; "How are you feeling?", "What is your goal", and "Who can help you with that goal?" and is conducted at the beginning of meetings or at times of transition.

Sanctuary Groups
Sanctuary based curriculums that address Safety, Emotions, Loss and Future as a framework to address problems, as well as the Seven Commitments (Non-violence, Emotional Intelligence, Social Learning, Open Communication, Social Responsibility, Democracy, and Growth and Change).

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

Orientation
On admission day, youth will be introduced to program specifics. This can include, but is not limited to:

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

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

Program Specific Descriptions

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

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

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

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

The Residential Treatment Team



Clinical Services

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



Treatment Program Supervisors (TPS)

Treatment program supervisors (TPS) typically have an educational background in the field of psychology, social work, education or another related field. Through co-leadership with the clinical therapists, the TPS is responsible for implementing trauma responsive clinical aspects of programming in the milieu. The TPS provides supervision and leadership for the psychiatric treatment counselors, along with facilitation of staff meetings; coordination of unit programming to meet the individualized needs of students; and support of the trauma-responsive therapeutic environment. The TPS has regular contact with students and strives to help create a safe and secure environment for students in the unit.

Psychiatric Treatment Counselors (PTC)

The Psychiatric Treatment Counselor (PTC) is primarily responsible for therapeutic interaction and supervision of youth placed in residential treatment units. They provide the day to day care and implement therapeutic interventions as identified in the youth's treatment plan. Under the supervision of the treatment program supervisor and working closely with clinical therapists, PTCs are responsible for implementing appropriate trauma responsive treatment strategies with youth, educating youth on their treatment objectives, and documenting progress towards goals.

Nursing Services

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

Advanced Nurse Practitioner (ANP)

AK Child & Family has an ANP who is available to provide compressive physical examinations and screening; support the development of psychosocial, functional and developmental assessments; and advocate for youth and family needs.

Medical Director

AK Child & Family has a medical director who specializes in psychiatric care of children and adolescents.

The medical director is available 24/7 on an on-call basis for consultative services with the registered nurses and the Advanced Nurse Practitioner. There is a monthly rotating schedule for the medical director to meet with the youth receiving residential care. A behavioral health approach is taken regarding the care of youth, where the nurses are the primary point of contact for medical and medication related information that is relayed to the medical director. The clinical therapists work hand in hand with our Nursing Department for a team-oriented and holistic approach to care. If you have questions regarding the medical care of the youth in our residential program, please contact the Nursing Department.

Treatment While in Residential Programs

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

School While in Residential Programs

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

Therapeutic Recreation and Alternative Therapies While in Residential Programs

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

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

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

Community Programs

Treatment Foster Care Program

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



Home-Based Program

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

The Community Programs Treatment Team

Clinical Services:
A master's level clinical therapist (CT) is available for those youth and families whose needs are best met within AK Child & Family. Family and individual therapy is available at our facility or in the home, depending upon individualized needs of the youth and their family.

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

Activity Therapy:
Activity therapy is available both individually and in a group setting. Individual activity therapy pairs a child with an adult activity therapist (AT) to work on social skills, communication, goal setting, independent living, anger management and other treatment issues. Group activity therapy follows a trauma informed Sanctuary based curriculum that introduces youth to a variety of topics and issues that may include managing SELF (safety, emotions, loss, and future); and the seven Sanctuary Commitments of non-violence, emotional intelligence, social learning, open communication, social responsibility, democracy, and growth and change.



24 hour on-call services:
There is a 24-hour on-call system available to help families deal with crisis when it occurs.

Social Responsibilities of the Treatment Team

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

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

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

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

Outside Provider definition:
A medical provider who is not employed by AK Child & Family and that provides medical services or process. These services provided are generally off-site and are billed separately and independently from AK Child & Family services.

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

Reasonable and Prudent Parent Standards

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

- Trips less than 72 hours that don't take the family out of state (not applicable for residential services).
- Normal recreation activities for the family/residential program.
- Sign permission slips for activities lasting less than 72 hours (not applicable for residential services).
- Give permission for overnight activities and sleepovers using a foster parent's best judgment to consider circumstances such as youth's current needs, mental status, maladaptive behaviors and mental readiness (not applicable for residential services).
- Permission for participation in extracurricular, social, and/or cultural activities that fit the community norm and are not considered high risk, plus the arranging of transportation to and from activities.
- Permission for participation in organized sports and moderate risk activities that are both usual in the community and appropriate for the youth.

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

AK Child & Family's Social Responsibility for Mandatory Reporting

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

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

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

child…

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

Parent and Guardian's Social Responsibility for Care and Treatment

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

Regularly required participation includes, but is not limited to:
<u>All Programs</u>
- Participation in treatment plan development, treatment plan reviews, and continuing care planning
- Follow through with developing positive social supports
- Treatment passes for the youth discharge planning
- Treatment team meetings

<u>Residential Only</u>
- Attendance at family therapy sessions

<u>Community Programs Only</u>
- Participation in therapeutic behavioral health services with the case managers
- Conscientious application of home-based programs designed by staff and parents/guardians

Youth's Rights & Social Responsibilities for Care and Treatment

Youth that are enrolled in any of our programs are responsible for respecting themselves and others, and actively participating in treatment during their stay. This includes:
- Participating in treatment plan development/reviews and treatment activities.
- Making an effort to work through presenting problems identified that contributed to admission into services.
- Practicing safety by expressing themselves in safe ways and letting others know if they do not feel safe
- Following the rules and expectations of the program.
- Practicing the Sanctuary 7 commitments.
- Learning and utilize the Sanctuary Tools taught.
- Making an effort to get along with others.
- Respecting the privacy of other residents.
- Familiarizing themselves with AK Child & Family's Student Rights and Responsibilities Policy which can be found in the appendix of this handbook.

The Treatment Team's Commitment to Safety

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

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

Resolution of Treatment Concerns

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

Treatment Planning and Coordination

Assessment, Evaluation and Treatment

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

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



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

- Psychiatric evaluations
- Monitoring of drug treatment, including laboratory tests
- Psychological evaluations, including testing
- Case management and home-based services
- Neurological evaluations

- Educational and vocational evaluation, including testing
- Speech, language and hearing evaluations, including testing
- Sensory-motor evaluations, including testing
- Sleep studies
- Other(s) as needed

Depending on the needs of the youth and which program they are enrolled in, treatment may include:
- Individual, group, and/or family therapy, including psychiatric consultation as specified
- Case management
- Skills development
- Psychotropic and/or other medication
- Milieu therapy
- Trauma work
- Behavior modification
- Sanctuary based curriculums that address Safety, Emotions, Loss and Future as a framework to address problems, as well as the Seven Commitments (Non-violence, Emotional Intelligence, Social Learning, Open Communication, Social Responsibility, Democracy, and Growth and Change).
- Other(s) as needed

Co-Occurring Disorders (Addressing Substance Abuse Needs)

Individuals who are diagnosed with both a substance use disorder as well as a mental health disorder are often referred to as having co-occurring disorders. The combination of a mental health disorder and substance abuse or dependence is very common. Studies indicate that more than half of young people with a substance abuse diagnosis also have a diagnosable mental illness. Co-occurring disorders can sometimes be difficult to diagnose. Symptoms of substance abuse or addiction can mask symptoms of mental illness, and symptoms of mental illness can be confused with symptoms of addiction. Alcohol or drug abuse is diagnosed when substance use interferes with functioning at home, at school, and in social relationships; when substance use creates or worsens a medical condition or when substance use occurs in dangerous situations. At AK Child & Family, we recognize that co-occurring mental health and substance use impacts one another and to be most effective, both disorders should be treated at the same time.

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

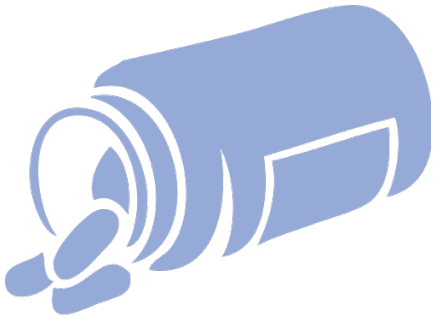
Discharge Planning

The youth, parent/guardian, community therapist/clinical therapist/coaching parent/life-skills specialist/placing worker/treatment parent/case manager, as appropriate, will be involved in discharge planning. This

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

Access to Youth Records

Parent(s), guardians or youth over the age of 18 (or emancipated) have the right to access or obtain a copy of their treatment/medical record. If a parent, guardian or youth would like to review a portion of the treatment record, a request can be made directly to our Medical Records Department or you may request the Request to Access or Copy Medical Records form from your clinician or case manager. AK Child & family has up to 30 days to respond to your request.



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

Medical Services /Medication Management

For residential services only. The youth, parent/guardian and placing worker (if any) will be fully informed regarding the risks, side effects, benefits of medication treatment and procedures, and alternative treatment procedures that are available. Even when consent for the treatment has been given, the individual(s) providing the consent have the right to refuse specific medications and treatment.

When a specific treatment or medication is refused, or when written consent for needed treatment or medication is not given, AK Child & Family may:

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

General Programming

Spiritual Life

The Spiritual Life Program is offered in Residential Services, although all youth in all of our programs have access to spiritual and/or religious activities in the community. There are 3 positions within the Department. A full-time Spiritual Life Director and 2 part-time Spiritual Life staff positions, that of Spiritual Life Minister, and Music and Special Ministries Coordinator.



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

Many of the youth choose to take part in at least one or more Spiritual Life activities during their stay.
Some of the Spiritual Life activities that take place on a regular basis are:

- Sunday Chapel
- Mid-day Devotions
- Storytime
- Meditation Group
- Student Choirs
- Monthly Sweatlodge
- Ceremonies and Drum Circles
- Seasonal Labyrinth Walks
- 1 on 1 Counseling
- Private Memorial Services
- Off-campus Church Passes
- Sacred Writing Deliveries
- Notes of Encouragement
- Prayer Boxes
- E-mail Prayer Chain



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

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

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

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

Off-Campus Public Performance

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

Food Service

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

Employment

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

- The work assignment will be included in the youth's treatment plan.
- The youth will voluntarily perform the work activities.
- Work activities will comply with federal, state, and local laws and regulations.

For residential services. Under certain circumstances youth may be given the opportunity to work within the treatment units on jobs that are valued at varying amounts and are time-limited.

Clothing Inventory, Personal Belongings and Money

Residential services and treatment foster care homes only. Youth bring personal items to AK Child & Family at their own risk. The facility will not be responsible for any loss or damage to them. It is recommended that expensive items be kept at home in order to avoid the possibility of damage or loss. We ask that families and/or guardians do not give money directly to youth. If families/guardians would like

to provide youth with spending money, the money should be given to the youth's treatment program supervisor, unit staff or treatment foster parent to store for safe keeping. Youth can receive allowances while in treatment. The amount of the allowance and parameters surrounding earning allowance will be contingent upon the expectations of the particular program youth is enrolled. Personal funds in excess of one hundred dollars belonging to the youth will be placed in a savings account under the youth's name and an individual approved by the treatment team.

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

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

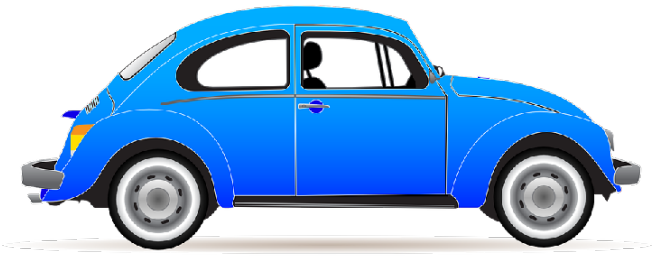
Tools and Equipment

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

Transportation

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

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



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

Audio/Video Recording

Video and audio recordings are occasionally used as a part of treatment (e.g. to provide the youth feedback regarding his/her social interaction) and in staff training (e.g., to allow staff to obtain feedback for his/her

performance or to demonstrate particular treatment procedures during staff trainings). Video and/or audio recordings may be used only with signed consent. Any recordings will be treated as confidential material and all standards of confidentiality are applicable. Video and/or audio recording will only be used with signed consent.

Communication

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

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

Modes of Communication

Common modes of communications within the treatment team include telephone calls, voicemail and mail using the US Postal Service. Email can be used after a parent or guardian authorizes use through a consent form.

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

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

Telephone Calls

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

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

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

Visitation

Treatment Foster Care Homes

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

Residential Services

- On-ground visits may take place during most normal waking hours. The frequency and duration are determined by the schedule of the program they are in Visitors are encouraged to arrange their visits in advance to ensure the youth will be available and to minimize disruption to the treatment schedule.
- Off-ground passes will be determined by the youth's treatment team, program level, treatment plan and other factors. Passes must be arranged in advance with the youth's clinical therapist. No youth will be allowed to leave the facility unless prior arrangements have been made for passes.
- If indicated on the treatment plan, visits may be supervised by AK Child & Family staff. Visits that become disruptive to treatment will be terminated.

Mail

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



Pets & Animals

Residential:
AK Child & Family does not allow family pets in the cottage, although there are select cottages on both the Maplewood and Jesse Lee campuses that do have fresh water fish tanks for youth to enjoy. The fish tanks

are maintained only by AK Child & Family staff. Parents and youth are encouraged to talk to the assigned clinical therapist on ways the youth can maintain contact with family pets.



Treatment Foster Care:
Many of our treatment foster parents have pets in their homes. All treatment parents are required to provide the agency with current shot records and parents/guardians are made aware of any pets in the home prior to placement. Parents and youth are encouraged to work with the treatment team and treatment parents on ways the youth can maintain contact with family pets.

Billing for AK Child & Family Services

Applicable to both Residential & Community Programs:

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



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

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

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

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

1. AK Child & Family works with Genoa Pharmacy to obtain prescribed medications for student in our Residential Program. At times, the physician overseeing the student's care may prescribe vitamins or supplements. Examples might include vitamin D or melatonin.

The cost of vitamins and supplements may be covered in part by private insurance plans but are not covered by Medicaid. If covered by private insurance, the parent or guardian is responsible for any copay amount remaining after private insurance pays. The amount remaining after private insurance payment cannot be billed to Medicaid.

If private insurance does not cover the cost for prescribed vitamin or supplement prescriptions, the parent or guardian is responsible for the cost.

If Medicaid is the only payer of services, the parent or guardian is responsible for the cost of prescribed vitamin or supplement prescriptions. Medicaid does cover prescribed medication required to treat or manage the student's condition.

A parent or guardian may elect not to fill prescriptions for vitamins or supplements not covered by insurance or Medicaid. Should the parent or guardian make this decision, please discuss this choice with the Director of Admissions to complete an Informed Consent which documents this decision.

2. A student in AK Child & Family's Residential Program will see either our staff physician or advanced nurse practitioner (ANP) at least once each month for monitoring of prescription medication. Additionally, the ANP may provide annual physicals or treatment for minor injuries or illnesses a student may have when in our program. These services are billed separately from the services for the student's Residential Program stay and should be covered by private insurance and/or Medicaid.

3. While in AK Child & Family's care, a student may require services from an external provider. Examples of this may include visits to physicians, dental or vision appointments. The student may receive these services from the parent or guardian's provider of choice within the community.

When a student has an appointment with an external provider, the AK Child & Family staff member accompanying the youth will give the insurance information on file to the provider's office to facilitate billing. However, the parent or guardian is responsible for ensuring the external provider has accurate insurance information for the student.

The parent or guardian is responsible for all deductible, coinsurance and/or copay amounts resulting from the visit to the external provider. For questions regarding billing for medical, dental or vision services received from an external provider, the parent or guardian should contact the student's provider directly. Some medical and dental services are not covered by Medicaid. Please refer to the Consent for Required Medical and Dental and Emergency Service which was signed at intake regarding responsibility for payment of these services.

<u>Information for Students Transferred from our Residential Program into Community Programs:</u>

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

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

Appendices

CONSUMER PROBLEM RESOLUTION AND GRIEVANCE PROCEDURES

POLICY

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

DEFINITION

For purposes of this document, a consumer is the youth directly receiving services/treatment and his/her family/guardian. Clients denied services, placing workers and any third party with a legitimate interest will also be considered consumers and are entitled to initiate any procedure detailed in this document.

PROCEDURE

I. Consumers of any program or service at AK Child & Family, irrespective of funding source, or any third party with legitimate interest have the right to seek problem resolution without intimidation or fear of retaliation.

II. Consumers will be notified of their right to problem resolution or grievance procedure through the following:

A. At the time of admission, each youth, their family and placing worker (if appropriate) will be given a copy of the Consumer Handbook, which includes the Consumer Problem Resolution and Grievance Procedure. The admitting staff member will also indicate
the names and contact information of the youth's supervisor and program director.

B. Admitting staff will review these documents and provide a verbal summary to the youth and other adults at admission. Procedures will be explained in a language understandable to all present. Staff will also be available to answer any questions.

C. If a consumer is denied services, the Director of Admissions has the responsibility to inform the consumer of their rights to problem resolution and grievance procedures.

III. All consumers are encouraged to begin the problem resolution procedures informally prior to the initiation of a formal grievance.

A. The consumer is encouraged to first discuss their complaint directly with the staff member. If the issue cannot be resolved at that level, the staff member or the consumer
may request a discussion with the immediate supervisor.

B. If the consumer feels that the matter remains unresolved, he/she may contact the director of the program to request a problem resolution meeting. This meeting will be conducted within 5 business days of the request being made and can be conducted either in person or by telephone, consumer's preference.

IV. If the matter still remains unresolved following discussions with the respective program director, the consumer may file a grievance with the Chief Executive Officer (CEO).

A. A grievance may be filed in several ways including:

1. Use of the written grievance form included in the Consumer Handbook.

2. Conveying verbally the request for a grievance procedure either in person with the CEO, by phone or by email.

B. A consumer may designate through written consent and release of information, a representative or advocate to assist in all steps of the grievance process.

1. A consumer can request a specific AK Child & Family staff member to provide assistance, or

2. A written request will be made to an advocacy resource such as the Disability Law Center or NA MI-Alaska. The Director of Admissions maintains a current list of advocacy organizations and will provide them upon the request of the consumer. The consumer may use these resources at this or any stage of the grievance procedure.

C. The consumer will be notified by phone, email or by writing within 24 business hours of receipt of the grievance that resolution process has been initiated.

D. All effort will be made to conduct a meeting with the CEO within 5 business days from receipt of the grievance in the method preferred by the consumer, e.g. telephonic or in person. The consumer will be notified by phone or email and in writing of any need to extend these timelines.

V. If the matter remains unresolved following a meeting with the CEO, the consumer may request resolution through the Chair of the Board of Directors.

A. This level of grievance may be filed with the Compliance Officer in several ways including:

1. Use of the written grievance form included in the Consumer Handbook

2. Conveying by phone or email the request for a grievance meeting.

B. The consumer will be notified within 24 business hours of receipt of the grievance that resolution process at this level has been initiated.

C. All effort will be made to conduct a meeting with the Board Chair or his/her designee within 5 business

days from receipt of the grievance in the method preferred by the consumer, e.g. telephonic or in person. The consumer will be notified by phone or email and in writing of any need to extend these timelines.

VI. If the matter remains unresolved following either a meeting with the Chair of the Board of Directors or his/her designee or if 30 days have expired from the filing of the first level of the grievance procedure, the Compliance Officer will contact the Department of Health and Social Services, Division of Behavioral Health for technical assistance. The consumer will be immediately notified of this request.

VII. Should the complaint involve an allegation of abuse, neglect or unnecessary seclusion or restraint, the consumer may request that the grievance be taken immediately to the level of the Board of Directors. This can be done through contact with the Compliance Officer.

VIII. The Compliance Officer will maintain all documentation associated with the communication, filing, actions taken and resolution of the grievance. Following the resolution of the grievance, all documentation will be treated as any other part of the consumer medical record containing protected health information. (The reader is directed to the policies regarding the medical record and protected health information.)

IX. Consumer confidentiality will be maintained throughout the grievance procedure. Only with a signed release from the consumer will information be given to any third party, e.g. request for an advocate.

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

A. State Licensing for Residential Services is the Division of Healthcare Services Certification & Licensing (Anchorage: 1- 907-269-3640)

B. State Licensing for Community Programs is the Office of Children's Services (Anchorage: 1-907-269-4000)

C. Disability Law Center of Alaska (1-800-994-1234) or by email (akpa@dlcak.org)

D. The Joint Commission: by phone (1-800-994-6610) or by email (complaint@ jointcommission.org).

Revision implementation date: 02/18/08, 5/15/13, 04/14/16
Origination date: 08/01/07

Consumer Grievance

AK CHILD & FAMILY

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

Student Name: _____ **Date of Birth:** _____

Your Name: _____ **Today's Date:** _____

Please indicate your relationship to student:

☐ **Parent** ☐ **Guardian** ☐ **Power of Attorney** ☐ **Self** ☐ **Other** _____

Address: _____ **City:** _____

State: _____ **Zip:** _____ **Phone:** _____

E-mail: _____ **Preferred method of contact:** ☐ **Mail** ☐ **Phone** ☐ **E-mail**

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

_____ _____

Signature *Date*

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

STUDENT AND CONSUMER RIGHTS AND RESPONSIBILITIES

POLICY

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

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

PROCEDURE

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

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

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

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

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

IV. If a complaint involves an allegation of abuse or neglect the reader is directed to the AK Child & Family

policy and procedure titled "Assessment and Reporting: Abuse and Neglect."

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

VI. Student/consumer rights are as follows:

<u>For all AK Child & Family Programs:</u>

1.Your color, race, sex, sexual orientation, gender, gender identity, or the church you attend, will have no effect on your treatment plan or the way you are treated.

2.You will not be punished in any physical way. The staff will not make fun of you, hurt you with their words, nor embarrass you. They will not allow others to do this. Other students will not be allowed to punish you. You will be treated with respect.

3.You have the same rights as every other student. You will have a plan for your treatment while you are here, that is just for you. This is called a treatment plan and it will be written to try to help you with problems and to make sure that you stay here only as long as you need to.You, your parent(s) or guardian(s), your placing worker (if you have one), and your therapist will all get together to talk about your treatment plan. You will also have meetings to talk about any changes that are needed to the treatment plan. During any of these meetings, it is important for you to speak up and let everyone know how you are feeling and what you are thinking about your treatment. It is OK to tell your team if you disagree with something.

4. You, your parents(s), or guardian(s) may have another therapist or doctor review your treatment plan if you have any questions.

5. Your cultural values and traditions will be respected in your treatment.

6. Unless a judge orders us to, no information about you will be given or told to anyone outside of AK Child & Family unless you, your parent(s) or guardian(s), have given AK Child & Family permission to do this in writing. The only exception to this is in the case of mandated reporting (the reader is directed to the AK Child & Family policy and procedure titled "Assessment and Reporting: Abuse and Neglect).

7. You, your parent(s), or guardian(s) can look at your records during reasonable times and when it does not get in the way of your treatment activities. If this is denied, the reason will be given to you in writing.

8. You, your parent(s), or guardian(s), can make a complaint if you think your rights have been denied or that decisions about you are wrong.

9. You have the right to file a complaint with AK Child & Family's licensing agencies. You also have the right to file a complaint directly with the Joint Commission of Accreditation of Healthcare Organization (JCAHO). You can file a complaint without intimidation or fear of retaliation.

10. You have a right to access advocacy services and a list of advocacy resources will be provided to you when requested.

Additional Students Rights for Residential Services or Family Treatment Homes:

11. You shall have personal privacy unless it may cause harm to yourself, others, or property. AK Child & Family's staff or treatment parent(s) will knock before entering your room or bathroom. (In Residential Services, night staff will not knock when making room checks so they do not wake you up.) Your room can only be searched with you and another staff present. If staff think that you may have something dangerous like a weapon in your room, two staff may conduct the search without you.

12. You shall live in a safe, healthy and caring place. You shall have three meals a day of healthy food to help your body grow and a comfortable place to sleep. Your unit and your room will have nice, safe furnishings. Food or sleeping times will never be used as punishment.

13. You will be allowed to wear your own clothes and use your own things as long as they are not dangerous and do not go against AK Child & Family's rules. You will have a safe place to store your personal items. You can spend some of your own money with AK Child & Family's staff or treatment parent(s) supervision, as long as what you want to buy is not dangerous and does not go against
AK Child & Family's rules.

14. You will have some physical activity every day and will be allowed to go outside unless you are sick or hurt or if the weather is bad. Sometimes if there is a danger outside (like a moose), you won't be able to go out until the danger is gone. When a doctor says you need to stay in bed or can't go outside, you will be checked on often until the doctor says you can once again get up from bed or go outside.

15. You have a right to visits from and telephone calls with your family unless it would be harmful to you. If it would be harmful to you to have visits or telephone calls with some people, your parent(s), guardian(s), or placing worker will review this and let you know why you can't contact these people. We will always tell you and your family when telephone calls are supervised and why they are supervised.

16. You can attend the religious services and activities, if you choose. When the staff feels you can participate in the community, you may ask to attend religious services and activities off campus. Your parent(s) or guardian(s) must approve this.

17. You have the right to play with or interact with other children in your age group, as long as AK Child & Family's staff or treatment parents approve it.

18. You will be able to meet in private with your parent(s), guardian(s), attorney, guardian ad litum, cler-

gyperson, and placing worker unless it might cause you harm. If you are not allowed to do this, the reason will be explained to you.

19. You have the right to receive and send mail. The agency will provide letter writing materials for people on your contact list. Your mail will not be opened unless staff think that something dangerous may be in a letter or package. If this happens, the mail will be opened in front of you and two staff. Your mail will not be read unless you ask a staff member to read it.If you receive mail from someone who may seriously interfere with your treatment, mail may be held from you but only after getting permission from the placing worker (Office of Children's Services or the Division of Juvenile Justice) if applicable and your parent or legal guardian.

Mail addressed to and from attorneys, the courts or public officials is privileged. Staff may not open or read such mail, if it is addressed to you, without your permission.

20. If there are any restrictions placed on who you can have contact with, these restrictions will be reviewed by your treatment team. You have the right to have input into this review.

21. You will receive appropriate medical treatment quickly if you are sick, hurt, or complain of pain.

22. You will not be given medicine that you do not need nor will you be given more medicine than you need.

23. If you are 18 years of age, you have the right to vote. A staff member or treatment parent will help you if you ask.

24. You will be told about the rules in your program and about the consequences if you choose not to follow these rules.

25. You will not be fingerprinted unless the law requires it.

26. You may talk to an attorney at any reasonable time. VII. Student responsibilities are as follows:

<u>For all AK Child & Family Programs:</u>

1.You are responsible for following the rules of the program.

2.You are responsible to keep yourself and others safe and not to damage property.

3. It is your responsibility to not share any information about other students and their families with anyone outside of AK Child & Family.

4. You are responsible for following the laws of Anchorage, Alaska and the United States.

5. You are responsible for taking your medication. If you feel that the medication is not right for you, you need to talk to a staff member or treatment parent(s) about your concerns.

6. You are responsible for telling a staff person or treatment parent if you know of or hear about something that could hurt you or another person.

7. You are responsible for treating the staff, treatment parents, and other students in the same way you wish them to treat you (with respect).

Additional Student Responsibilities for Residential Services or Family Treatment Homes:

8. You are responsible for keeping yourself and your clothes neat and clean.

9. You are responsible for keeping your room neat and completing day-to-day housekeeping activities within your program.

10. You are responsible for acting in a responsible manner when you are outside your unit or outside your Family Treatment Home.

11. You are responsible for calling the program or treatment parent(s) if something unexpected happens while you are on a visit outside your unit or outside your Family Treatment Home.

VIII. Procedures for Reporting Student Rights' Violations or Concerns

A. Monday-Friday, 8:30-4:30: Complaints may be filed in writing, telephonically or in person. If the complaint is made in writing, the staff will call the front desk at the Gilbert Center and ask to speak to the Director of Admissions or designee about a student rights complaint. If the complaint is made in writing, it will be placed in the Director of Admissions or designee's mailbox. If the student wishes to make a verbal complaint, the staff will contact the Director of Admissions or designee and allow the student to speak with this staff or leave a message. A time will be scheduled to
begin the investigation if at all possible, within 24 business hours.

B. Any other time: If a student needs to report an allegation when the Director of Admissions or designee is not available, the staff or treatment parents should notify the on-call Clinician immediately. If the student resides in an AK Child & Family Treatment Home, the student can call the on-call staff directly. On-call staff will determine the need for immediate action. If the complaint does not present imminent risk, that staff will notify the Director of Admissions the next business day.

Notice of Privacy Practices

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

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

OUR PLEDGE REGARDING Protected Health Information (PHI)

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

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

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

I.USES AND DISCLOSURES OF PROTECTED HEALTH INFORMATION

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

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

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

A. Treatment: We will use and disclose your protected health information to provide, coordinate, or manage your health care services. This includes the coordination or management of your health care. We will share information that you provide with supervisors or our internal team members so that they can assist in determining the best course of care and services for you.

B. Payment: Your protected health information will be used, as needed, to obtain payment for the services that we provide. This may include certain activities that your health insurance plan or other payer may request before it approves or pays for the health care services we recommend for you such as: making a determination of eligibility or coverage for insurance benefits, reviewing services provided to you for medical necessity and undertaking utilization review activities (review of your care on an ongoing basis). For example, obtaining approval for an admission may require that your relevant protected health information be disclosed to the health plan/payor to obtain approval for the admission. We may also disclose your information to another provider involved in your care as part of ensuring your eligibility for services.

C. Healthcare Operations: We may use or disclose, as needed, your protected health information for our own health care operations in order to provide quality care to all consumers, to assess staff training needs or to ensure the efficiency of program operations. Health care operations include such activities as:

- Quality assessment and improvement activities
- Employee review activities
- Training programs including those in which students, trainees, or practitioners in health care learn under supervision
- Accreditation, certification, licensing, or credentialing activities
- Review and auditing, including compliance reviews, record reviews, legal services and maintaining compliance programs
- Business management and general administrative activities

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

D. Other Uses and Disclosures: As part of treatment, payment and health care operations, we may also use or disclose your protected health information for the following purposes:

- To remind you of an appointment
- To inform you of potential treatment alternatives or options
- To inform you of health-related benefits or services that may be of interest to you

II. OTHER PERMITTED USES AND DISCLOSURES

A. Others Involved in Your Healthcare: We may use or disclose protected health information to your guardian or personal representative or any other person that is legally responsible for your care. We may use or disclose your protected health information to an authorized public or private

entity to assist in disaster relief efforts and to coordinate uses and disclosures to family or other individuals involved in your health care.

B. Communication Barriers: We may use and disclose your protected health information if we attempt to obtain an authorization from you but are unable to do so due to substantial communication barriers that we cannot overcome and we determine, using professional judgment, that you intend to provide authorization

to share information.

III. OTHER REQUIRED USES AND DISCLOSURES

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

A. In Connection With Judicial and Administrative Proceedings: We may disclose your protected health information in the course of any judicial or administrative proceedings in response to an order of a court or magistrate as expressly authorized by such order or in response to a signed authorization.

B. To A Designated Hospital for Emergency Services (Involuntary Commitment): We may disclose protected health information to assure continuity of care.

C. To Report Abuse, Neglect or Domestic Violence: We may notify government authorities if we believe that a student is the victim of abuse, neglect, or domestic violence. We will make this disclosure only when specifically required or authorized by law or when the student agrees to the disclosure.

D. Health Oversight Activities: We may disclose protected health information to a health oversight agency for activities authorized by law, such as audits; civil, administrative or criminal investigations, proceedings or actions; inspections; licensure or disciplinary actions; or other activities necessary for appropriate oversight as authorized by law. We will not disclose your health information if you are the subject of an investigation and your health information is not directly related to your receipt of health care or public benefits.

E. In a Medical or Psychological Emergency: We may disclose protected health information to direct medical service or mental health personnel if a medical or psychological emergency arises.

F. For Research Purposes: We may disclose your protected health information to researchers when their research has been approved by an institutional review board that has reviewed the research proposal and established protocols to ensure the privacy of your protected health information. At this time, AK Child & Family does not maintain an institutional review board and does not participate in research as defined in this manner.

G. Fundraising Purposes: We do not send out fundraising solicitation to students or families who receive services; however, if a student or family previously made a donation, they may receive such

solicitation. The individual has the right to opt out of such fundraising communications at any time.

H. When Legally Required: We will disclose your protected health information when we are required to do so by any federal, state, or local law.

I. Imminent Threat to Health or Safety: Consistent with applicable federal and state laws, we may disclose your protected health information, if we believe that the use or disclosure is necessary to prevent or lessen a

serious and imminent threat to the health or safety of a person or the public.

J. To Department of Health and Social Services. We will disclose protected health information to the State of Alaska Department of Health and Social Services for health oversight, licensing, and audit activities specifically identified in Alaska law.

K. Data Breach Notification Purposes: We may use your contact information to provide legally- required notices of unauthorized acquisition, access, or disclosure of your health information. We may send notice directly to you and/or the Department of Health.

L. Business Associates: There are some services provided through contracts with business associates. Examples could include attorneys, consultants, or a copy service used when making copies of your health record. When these services are contracted, we will disclose information to these business associates so that they can perform their jobs, and so they can bill for the services rendered. To protect the medical information about you, however, we require the business associate to appropriately safeguard the information.

M. For all other disclosures of your PHI we must obtain a written authorization for release of information from you. This includes but is not limited to:

•Marketing Purposes, including subsidized treatment communications
•Disclosures that constitute a sale of PHI
•Most uses and disclosures of psychotherapy notes
•Other uses and disclosures not described in this Notice of Privacy Practices

N. This authorization must include:

- Specific person to whom the information is being released
- Purpose of the release
- Date of the release – time frame
- Specific information or documents that are being released
- Opportunity to revoke consent

IV. YOUR RIGHTS REGARDING PROTECTED HEALTH INFORMATION

Following is a statement of your rights with respect to your protected health information and a brief description of how you may exercise these rights.
A. Right to Inspect and Copy: You have the right to inspect and receive a copy of your protected health information. We may have to charge you for copying. This means you may inspect and obtain a copy of protected health information about you that is contained in a designated record set. A "designated record set" contains PHI and billing records and any other records that we use for making decisions about you. If we perceive that providing you access to your record constitutes a danger to self or a danger to others, we can use our professional judgment regarding access. You have the right to receive records in electronic format, if they are available. There are risks associated with transmitting unencrypted records via email such as another person intercepting or eavesdropping on those messages.

B. Right to Request Restrictions: You have the right to request a restriction of your protected health information. This means you may ask us not to use or disclose any part of your protected health information for the purposes of treatment, payment or healthcare operations. You may request restrictions on PHI disclosures to your health plan for health services paid out-of-pocket in full. You may also request that any part of your case record not be disclosed to family members or friends who may be involved in your care or for notification purposes as described in this Notice of Privacy Practices. Your request must state the specific restriction requested and to whom you want the restriction to apply.

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

C. Right to Request Confidential Communications: You have the right to request to receive confidential communications from us by alternative means or at an alternative location. You must make this request in writing. We will accommodate reasonable requests. We may also
condition this accommodation by asking you for information as to how payment will be handled or specification of an alternative address or other method of contact. We will not request an explanation from you as to the basis for the request. We are not required to honor your request, but if we do not do so, we will explain in writing.

D. Right to Amend: You may have the right to amend your case record. This means you may request an amendment of the information in your record for as long as we maintain this information. This request must be in writing and provide a reason for the amendment. In certain cases, we may deny your request for an amendment. If we deny your request for amendment, we will do so in writing. You have the right to file a statement of disagreement with us and we may prepare a rebuttal to your statement and will provide you with a copy of any such rebuttal. Please contact your provider if you request an amendment.

E. Right to an Accounting of Disclosures: You have the right to receive an accounting of certain disclosures we have made, if any, of your protected health information. This right applies to disclosures for purposes other than treatment, payment or healthcare operations as described in

this Notice of Privacy Practices. By law it excludes disclosures we may have made to you, to family members or friends involved in your care, or for notification purposes. You have the right to receive specific information regarding these disclosures that occurred after April 14, 2003.You may request a shorter time frame.

F. Right to a Paper Copy of This Notice: You have the right to obtain a paper copy of this notice from us, even if you have agreed to accept this notice electronically.

V. COMPLAINTS
You may complain to us or to the Secretary of Health and Human Services if you believe your privacy rights have been violated. You may file a complaint in writing, with AK Child & Family by notifying our Privacy Offi-

cer of your complaint. We will not retaliate against you for filing a complaint.

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

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

VI. CHANGES TO THIS NOTICE

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

FEE FOR SERVICES

Usual and Customary Fee for Service Rates

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

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

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

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

a. Community Programs

Clinic Services	Duration	Code	Rate
1. Individual Psychotherapy	30 minutes	90832	$145
2. Individual Psychotherapy	45 minutes	90834	$275
3. Individual Psychotherapy	60 minutes	90837	$295
4. Multi-Family Group Psychotherapy	30 minutes	90849-U7	$80
5. Multi-Family Group Psychotherapy	60 minutes	90849	$160
6. Group Psychotherapy	30 minutes	90853-U7	$40
7. Group Psychotherapy	60 minutes	90853	$75
8. Family Psychotherapy without youth	30 minutes	90846-U7	$125
9. Family Psychotherapy without youth	60 minutes	90846	$245
10. Family Psychotherapy with youth	30 minutes	90847-U7	$130
11. Family Psychotherapy with youth	60 minutes	90847	$255
12. Psychological Testing Evaluation Services	60 minutes	96130-HO	$150
13. Psychological Testing Evaluation Services	60 minutes (each addt'l)	96131-HO	$150
14. Neuropsychological Testing Evaluation Services	60 minutes	96132	$175
15. Neuropsychological Testing Evaluation Services	60minutes (each addt'l)	96133	$175
16. Behavioral Health Screen-AK Screen Tool	Admission	T1023	$55
17. Mental Health Intake Assessment	Assessment	H0031	$255
18. Integrated MH & SA Intake Assessment	Assessment	H0031-HH	$435
19. Psychiatric Assessment – Diagnostic Eval.	Assessment	90791	$300
20. Client Status Review	Review	H0046	$60

21. Facilitation of Telemedicine	Case	Q3014	$95
22. Screening, Brief Intervention and Referral for Treatment (SBIRT)	15 – 30 minutes	99408	$65

Rehabilitation Services	**Duration**	**Code**	**Rate**
1. SIT Crisis Intervention	60 minutes	S9484	$135
2. SIT Crisis Intervention	15 minutes	S9484-U6	$35
3.Therapeutic BH Services - Individual	15 minutes	H0019	$25
4. Therapeutic BH Services - Group	15 minutes	H0019-HQ	$15
5.Therapeutic BH Services – Family with student	15 minutes	H0019-HR	$25
6.Therapeutic BH Services – Family without student	15 minutes	H0019-HS	$25
7. Case Management	15 minutes	T1016	$25
8. Behavioral Health Screen-AK Screen Tool	Admission	T1023	$55
9. Facilitation of Telemedicine	Case	Q3014	$95
10. Daily Behavioral Rehabilitation Services	Day	H0018	$235
11. Client Status Review	Review	H0046	$60
12. Recipient Support Services	15 minutes	H2017	$15
13. Individual Peer Support Services	15 minutes	H0038	$25
14. Family Peer Support Services with student	15 minutes	H0038-HR	$25
15. Family Peer Support Services without student	15 minutes	H0038-HS	$25
16. Oral Medication Admin (onsite) 1	Day	H0033	$30
17. Oral Medication Admin (offsite) 1	Day	H0033-HK	$45
18. Screening, Brief Intervention and Referral for Treatment (SBIRT)	15 – 30 minutes	99408	$54
19. Day Treatment for Children	60 minutes	H2012	$38
20. Comprehensive Community Support Services - Individual	15 minutes	H2015	$25
21. Comprehensive Community Support Services-Group	15 minutes	H2015-HQ	$15

Rates listed in the above tables are effective as of July 1, 2018

b. Residential Program

Residential Psychiatric Treatment	Daily	$500

The daily rate for residential psychiatric treatment services is effective as of July 1, 2018

Sliding Scale Fee



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

	Applicable Discount								
Number in household	Nominal	75%		50%		25%		Full pay
1	15,950	15,951	-21,480	21,481	-27,010	27,011	-32,540	32,541
2	21,550	21,551	-27,080	27,081	-32,610	32,611	-38,140	38,141
3	27,150	27,151	-32,680	32,681	-38,210	38,211	-43,740	43,741
4	32,750	32,751	-38,280	38,281	-43,810	43,811	-49,340	49,341
5	38,350	38,351	-43,880	43,881	-49,410	49,411	-54,940	54,941
6	43,950	43,951	-49,480	49,481	-55,010	55,011	-60,540	60,541
7	49,550	49,551	-55,080	55,081	-60,610	60,611	-66,140	66,141
8	55,150	55,151	-60,680	60,681	-66,210	66,211	-71,740	71,741

For families/households with more than 8 persons, add $5,530 for each additional person

(Ctrl)

Nominal Fee Schedule per service

Service Cost	Fee
$0 - $99	$5
$100 - $199	$10
Over $200	$20

Sliding Scale Fee Application

FAMILY INFORMATION



Student Name: _____

Address and phone (if not at home): _____

_____

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

_____

☐ Parent ☐ Guardian ☐ Other: _____

Address: _____

_____

Home Phone Number: _____

Work Phone Number: _____

Employer: _____

Social Security Number: _____

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

_____

☐ Parent ☐ Guardian ☐ Other: _____

Address: _____

_____

Home Phone Number: _____

Work Phone Number: _____

Employer: _____

Social Security Number: _____

FINANCIAL INFORMATION



Monthly net income from all family sources: _____

Please attach the following:

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

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

BUDGET WORKSHEET

Income (by source)

Total Income	



Expenses

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

STATEMENT OF COMMITMENT

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

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

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

_____ _____

Signature *Date*

_____ _____

Signature *Date*

Partnership in Treatment (PIT) Fund

POLICY

It is the policy AK Child & Family to:

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

PROCEDURE

I. AK Child & Family shall maintain a Partnership in Treatment (PIT) Fund, the goal of which is to provide children an opportunity for treatment when the family/guardian is unable to pay the cost of treatment. To that purpose, an equitable and facilitative process is established and maintained to accommodate families, within the capabilities of the Partnership in Treatment Fund, for whom the charges would significantly restrict or prohibit access to treatment.

a. Notice of the availability of the Fund shall be included in AK Child & Family publications, fact sheets, program descriptions, or other written materials as deemed appropriate by the President & CEO. The Director of Admissions or designee shall inform parents/guardians who have requested information or applications and who do not have access to third party payer or other resources. Regular training will occur to increase awareness of the Fund throughout the agency.

b. Any parent/guardian whose child has been accepted for admission to AK Child & Family may apply for funding through the Fund. An application form will be provided which may be submitted to the Fund Committee for review. If the application was received through a treating clinician/case manager, the supervisor will acknowledge the request for review by the Fund Committee.

c. The Fund Committee shall consist of the Chief Finance Officer, the Director of Spiritual Life, and in consultation with the Director of the treatment program within which the services are being requested. The Fund Committee will be chaired by the Director of Admissions or designee as determined by the President & CEO.

d. Funds shall be requested based on the length of stay estimated by the treating clinician. The es- timated amount of the requested Fund will then be based on the lowest current daily rate charged in Residential Services or remaining balance following the sliding scale fee amount calculated for Community Programs or individual outpatient services.

e. The following criteria shall be evaluated in determining approval of the Fund; whether or not all other potential funding sources have been eliminated; financial need of the family, the family's commitment to participation in treatment, estimated length of treatment relative to availability of funds, and any other extenuating circumstances which the committee deems appropriate.
The Fund Committee shall make every good faith effort to evaluate each application in a fair and impartial manner. The Fund Committee will review the case with the treating clinician and clinical records for medical necessity as appropriate.

f. In order for funds to be granted, three of the four committee members must vote affirmative. g. Official minutes will be kept of all proceedings of the Fund Committee.
h. The Fund Committee will review already granted funding if any of the following occur:

i. The family is not participating in active treatment as determined by the treating clinician;

ii. The student elopes from treatment;

iii. The estimated length of treatment is modified in any way;

iv. Additional information is provided regarding family financial need, change in family financial status, or correction of previously reported erroneous information.

A. If the Fund Committee reviews a previously awarded Fund candidate, with a seventy-five percent (75%) affirmative vote, the committee may take the following action:

1. Rescind the fund amount awarded;
2. Suspend the award pending additional information;
3. Repeal the award;
4. Extend the award up to an additional 60 days.

B. No monies from the Fund may be extended to any payor other than the AK Child & Family Operating Fund, unless specifically directed by a formal resolution of the Board of Directors. Monies may be used for other services, such as services provided by ancillary providers and travel (e.g. psychological/ neuropsychological testing, dentistry) if the Fund Committee deems this is appropriate usage of the Fund and this use is critical in the care and treatment of the student
or their family as a component of their treatment (e.g. travel for family therapy, participation in treatment plan reviews).

District Medicaid Offices

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

For health insurance, contact the Federally Facilitated Marketplace: Website: HealthCare.gov
Phone:1-800-318-2596, 24 hours a day, 7 days a week. (TTY: 1-855-889-4325)

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

Office	Physical Address	Telephone	Fax
Bethel District Office	460 Ridgecrest Dr. Ste 121 Bethel, AK 99559	1-907-543-2686 1-800-478-2686	1-907-543-5912 1-888-443-2650
Eagle River Job Center	11723 Old Glenn Hwy., Space B-4 Eagle River, AK 99577	1-907-694-7008	1-907-694-1490
Fairbanks District Office	675 7th Avenue, Station E, Fairbanks, AK 99701	1-907-451-2850 1-800-478-2850	1-907-451-2923 1-877-451-2923
Gambell District Office	400 Gambell Street Anchorage, AK 99501	1-907-269-6599 1-888-876-2477	1-907-269-6520
Homer District Office	3670 Lake Street, Ste 200 Homer, AK 99603	1-907-226-3040 1-877-235-2421	1-907-235-6176 1-877-235-2421
Juneau District Office	10002 Glacier Hwy., Ste 200 Juneau, AK 99801	1-907-465-3537 1-800-478-3537	1-907-465-4657
Kenai Peninsula Job Center	11312 Kenai Spur Hwy, Ste 2 Kenai, AK 99611	1-907-283-2900 1-800-478-9032	1-907-283-6619 1-888-248-6619
Ketchikan District Office	2030 Sea Level Dr., Ste. 301 Ketchikan, AK 99901	1-907-225-2135 1-800-478-2135	1-907-247-2135
Kodiak District Office	211 Mission Rd., Ste. 101 Kodiak, AK 99615	1-907-486-3783 1-888-480-3783	1-907-486-3116 1-888-281-3116

Office	Physical Address	Telephone	Fax
MatSu District Office	855W. Commercial Dr. Wasilla, AK 99654	1-907-376-3903 1-800-478-7778	1-907-373-1136 1-907-357-2538 1-877-357-2538
Muldoon District Office	1251 Muldoon Rd, Ste 111B Anchorage, AK 99504	1-907-269-0001 1-888-876-2477	1-907-269-6058
Nome District Office	214 E. Front St. Nome, AK 99762	1-907-443-2237 1-800-478-2236	1-907-443-2307 1-888-574-2307
Sitka District Office	304 Lake St., Ste.101 Sitka, AK 99835	1-907-747-8234 1-800-478-8234	1-907-747-8224







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