

Community Health Aide Program Certification Board
Standards and Procedures
Amended June 5, 2024

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Chapter 1. General Provisions

Article 10. Authority and Scope

History: June 18, 2008, the Title of Article 10 Chapter 1 was amended.

Sec. 1.10.010. Authority.

The Community Health Aide Program Certification Board is established under the authority of the Act of November 2, 1921 (25 U.S.C. § 13, popularly known as the Snyder Act) pursuant to 25 U.S.C. § 1616l (Section 119 of Pub. L. 94-437), the Indian Health Care Improvement Act, as amended, including the permanent reauthorization and amendments in Section 10221 of the Patient Protection and Affordable Care Act, Pub. L. 111-148, which incorporated by reference, as amended by Section 10221, S. 1790 as reported by the Senate Committee on Indian Affairs in December 2009 and directives and circulars of the United States Department of Health and Human Services, Public Health Service, Indian Health Service, and Alaska Area Native Health Service.

History: January 13, 2011, Section 1.10.010 was amended. November 26, 2002, Section 1.10.010 was amended.

Sec. 1.10.020. Scope.

The Community Health Aide Program Certification Board sets standards for the community health aide program and certifies individuals as community health aides and practitioners, dental health aides (including primary dental health aides, dental health aide hygienists, expanded function dental health aides, and dental health aide therapists), and behavioral health aides and practitioners. Each of these individuals is subject to specific requirements and engages in a specific scope of practice set forth in these *Standards*. For historical reasons, these various health aides are often referred to generically as “community health aides”.

History: June 18, 2008, Section 1.10.020 was added.

Article 20. Definitions

Sec. 1.20.010. Definitions.

In these *Standards and Procedures*

- (1) “ARC” means Academic Review Committee;
- (2) “ART” means atraumatic restorative treatment;
- (3) “Atraumatic restorative treatment” means a maximally preventive and minimally invasive approach to stop further progression of dental caries. It involves the removal of soft, completely demineralized carious tooth tissues with hand instruments, and is followed by restoration of the cavity with an adhesive dental material that simultaneously seals the remaining tooth structure that remains at risk;
- (4) “Behavioral health aide” means a behavioral health aide I, II, and III, except when the level is specified;
- (5) “Behavioral health professional” means a person who:
 - (A) has at least a master’s degree in psychology, social work, counseling, marriage and family therapy, substance abuse or addiction, nursing with a psychiatric mental health specialty, or a related field; and
 - (B) satisfies the requirements of section 2.40.010(a)(2) [supervision of BHA/Ps; clinical oversight; qualifications];
- (6) “BHA” means behavioral health aide;
- (7) “BHAM” means the *Behavioral Health Aide Manual*, or its successor if approved by this Board;

- (8) “BHA/P” means behavioral health aide or behavioral health practitioner;
- (9) “BHP” means behavioral health practitioner;
- (10) “BHARC” means Behavioral Health Academic Review Committee;
- (11) “BLS” means Basic Life Support certification, which must include certification in cardiopulmonary resuscitation (“CPR”) techniques based upon training equivalent to that required for completion of a CPR course certified by the American Heart Association or American Red Cross;
- (12) “Board” means the Community Health Aide Program Certification Board;
- (13) “CHA” means community health aide;
- (14) “CHAM” means the *Alaska Community Health Aide/Practitioner Manual*, 2006 Edition, as revised, or its successor if approved by this Board;
- (15) “CHAP” means the program, including community health aides, dental health aides, and behavioral health aides;
- (16) “CHAPCB” means Community Health Aide Program Certification Board;
- (17) “CHA/P” means community health aide or community health practitioner;
- (18) “CHA/P Curriculum” means the *Community Health Aide Basic Training Curriculum*, 1993, revised as of May 1997, unless other revisions are adopted in which case “CHA/P Curriculum” will incorporate those revisions;
- (19) “CHP” means community health practitioner;
- (20) “Community health aide” means a community health aide I, II, III, and IV, except when the level is specified;
- (21) “Contact hour” means no less than 50 minutes of instructional or clinical time, provided that
 - (A) a course, seminar, or workshop offered or approved by an organization from which educational or continuing education requirements may be obtained will be accepted for the number of continuing education credits designated by the organization offering it; and
 - (B) academic credit will be converted to contact hours, as follows:
 - (i) one semester academic credit equals 15 contact hours;
 - (ii) one quarter academic credit equals 10 contact hours;
- (22) “DARC” means Dental Academic Review Committee;
- (23) “Dental health aide” means primary dental health aides I and II, dental health aide hygienists, expanded function dental health aides I and II, dental health aide therapists, and dental health aide therapist practitioner, except as used in Article 30 of Chapter 2 regarding requirements for special classes of dental health aides;
- (24) “Dental hygienist” means a person licensed as a dental hygienist in Alaska under AS 08.32.010 or a dental hygienist in the employ of the federal government in the discharge of official duties who is a dental hygienist licensed in one of the states or territories of the United States;
- (25) “Dentist” means a person licensed as a dentist in Alaska or a dentist in the employ of the federal government in the discharge of official duties who is licensed in one of the states or territories of the United States;
- (26) “DHA” means dental health aide;
- (27) “DHA Advanced Dental Procedures” means the curriculum set forth in section 7.20.040 [DHA advanced dental procedures];
- (28) “DHA Core Curriculum” means the curriculum set forth in section 7.20.010 [DHA core curriculum]; and
- (29) “DHA Curriculum” means a curriculum for training dental health aides approved by the Board pursuant to Article 20 [DHA curricula] of Chapter 7 [certification of DHA training and curriculum];
- (30) “DHAH” means dental health aide hygienist;
- (31) “DHAT” means dental health aide therapist;
- (32) “DHATP” means dental health aide therapist practitioner;
- (33) “EFDHA” means expanded function dental health aide;
- (34) “eLearning” means formal instruction where students and instructors are separated by geography, time or both for the majority of the instructional period;
- (35) “EMT” means Emergency Medical Technician;
- (36) “ETT” means Emergency Trauma Technician;
- (37) “ISDEAA” means the Indian Self-Determination and Education Assistance Act, Pub. L. 93-638, as amended, 25 U.S.C. § 450 et seq.;
- (38) “Licensed behavioral health clinician” means a person who:

- (A) is a medical doctor who has completed a postgraduate residency or is Board certified in psychiatry;
 - (B) is a registered nurse who has completed a master’s degree with a psychiatric mental health specialty; or
 - (C) has completed either a doctorate or master’s degree in psychology, social work, counseling, marriage and family therapy, substance abuse or addiction, or a related field;
 - (D) under which the person is authorized to diagnose disorders contained within the *Diagnostic and Statistical Manual of Mental Disorders*; and
 - (E) is fully or provisionally licensed in the State of Alaska or is in the employ of the federal government and is fully or provisionally licensed in one of the states or territories of the United States; and
 - (F) satisfies the requirements of section 2.40.010(a)(2) [supervision of BHA/Ps; clinical oversight; qualifications];
- (39) “PDHA” means primary dental health aide;
- (40) “RAC” means Review and Approval Committee;
- (41) “Satisfactory performance” means the community health aide, community health practitioner, or dental health aide, behavioral health aide, or behavioral health practitioner can do the skill using the CHAM or other materials for reference without other assistance. “Satisfactory performance” is measured by having the community health aide or practitioner, or dental health aide, or behavioral health aide or practitioner demonstrate the skill with sufficient expertise to meet the standard of care in a daily work situation; and
- (42) “Session” means a basic training course offered by a CHA/P Training Center providing a curriculum approved by the Board.

History: October 13, 2022, Section 1.20.010 was amended. June 3, 2020, Section 1.20.010(16) and (26) were amended. January 17, 2014, Section 1.20.010(4)(A) and (6) were amended. October 29, 2013, Section 1.20.010 was amended by adding (27). June 18, 2008, Section 1.20.010 was amended by adding new subsections (3)-(6), (12)-(14), and (28), renumbering all others and amending renumbered subsections (1), (15), (16), (17), and (30). October 3, 2006, Section 1.20.010(5) was amended, (22) was repealed, and (23) was added. October 8, 2003, Section 1.20.010(10) was amended. November 26, 2002, Section 1.20.010 was amended by adding new subsections (1)-(3), (8)-(16) and 19; amending subsections (5), (7), (20) and (22); and renumbering all subsections.

Article 30. Designation and Citation

Sec. 1.30.010. Designation and Citation.

The Standards and Procedures of the Board may be cited as “CB” followed by the number of the chapter, article, and section, separated by periods. For example, this chapter may be cited as “CB 1” or “chapter 1”; this article may be cited as “CB 1.30” or “article 30 of this chapter”; this section may be cited as “CB 1.30.010” or “section 1.30.010”. Except as otherwise indicated by the context, citations in accordance with this section include amendments and reenactments of the provisions cited.

Article 40. Findings

History: November 26, 2002, Article 40 was added.

Sec. 1.40.010. Findings.

The Community Health Aide Program Certification Board makes the following findings.

- (1) The community health aide program was established to provide for training of health aides and practitioners and to maintain a system in which the health aides can relate to other health professionals while providing health care, health promotion and disease prevention services in rural Alaska.
- (2) The community health aide program was authorized by Congress to promote the achievement of the health status objectives in the Indian Health Care Improvement Act in rural Alaska. These objectives are broad in

scope and address virtually every aspect of health care, access, delivery, and status. Specialized training (medical, dental and behavioral health) and certification furthers those objectives by creating opportunities for community health aides to focus their training and practice on particular health issues and delivery strategies. Regardless of the specific title everyone certified under the community health aide program has the same basic responsibility: to improve health status among Alaska Natives living in rural Alaska.

- (3) The need for the community health aide has not diminished – most villages in Alaska still have no health provider in the community other than a community health aide or community health practitioner. Although the infant mortality rate has diminished over the past 20 years, diabetes mellitus has increased by 110%, compared to 23% for the United States all races; the unintentional injury death rate of Alaska Natives is 4.5 times the rate for the United States; health status of rural Alaska Natives is closely related to low socio-economic status and 24% of Alaska Natives live below the poverty level compared to 13.1% for United States all races.
- (4) The community health aide program has become a model for efficient and high quality health care delivery in rural Alaska providing approximately 300,000 patient encounters per year and responding to emergencies twenty-four hours a day, seven days a week.
- (5) The existing community health aide program is over-taxed with persistently high rates of turnover among community health aides and practitioners.
- (6) The curriculum for training community health aides and practitioners and the CHAM have always included dental care; however other demands on community health aides and practitioners have resulted largely in only emergency dental services to relieve immediate pain being available.
- (7) Only 29% of Alaska Native children and even fewer adults have had access to dental care resulting in epidemic caries among children and loss of teeth among adults and elders.
- (8) The Alaska Area Native Health Service, the Department of Health and Human Services, and tribal health organizations recognize the strong connection between dental health and physical health, including that caries is an infectious and contagious disease, which can result in pain, infection and diminishment of nutritional and digestive health.
- (9) Shortages in the number of dentists nationally and in Alaska have resulted in high turnover among rural dentists (about 30%) and nearly a quarter of the dental positions in rural Alaska being unfilled resulting in available dental care in rural Alaska to being limited principally to only emergency services.
- (10) This Board and the Alaska Area Native Health Service, together with Alaska tribal health organizations, have agreed that improvements in dental health among Alaska Natives requires health providers dedicated to dental preventive and acute care and that specialized training under the community health aide program of community health aides, who will be called dental health aides and who will limit their practice to dental care, is required to improve dental health status in rural Alaska.
- (11) Approximately 58 percent of the Alaska Native population lives in small communities that have limited or no direct access to behavioral health services (Alaska Native Tribal Health Consortium, 2004 Rural Behavioral Health Needs Assessment Final Report, p. 4).
- (12) Staff turnover is a barrier to maintaining access to behavioral health services in villages (id., at p. 5).
- (13) Despite improvements in the rate of deaths among Alaska Natives from many other causes, in the period 1980 to 1998, the rate of alcohol-related deaths increased (Alaska Area Native Health Service and Alaska Native Tribal Health Consortium, Alaska Native Mortality 1980-1998, June 2001, p. 4).
- (14) In the period 1996-1998, three of the five leading causes of Alaska Native deaths were related to behavioral health conditions; unintentional injuries for which the age-adjusted death rate of Alaska Natives was 101.5 compared to 30.1 U.S. all races, alcohol-related for which the age-adjusted death rate was 54.2 compared to 6.1, and suicide for which the same rate was 44.5 compared to 10.4 (id., at p. 7).
- (15) The Fetal Alcohol Syndrome “prevalence rate among Alaska Natives (4.8) is three and a half times that for All Alaskans (1.4) and at least seven times the high end of the national rate of .1 to .7” (Alaska Native Tribal Health Consortium, Alaska Natives: Key Facts, August 2002, p. 6).
- (16) “The suicide attempt rate for Alaska Native males, ages 15-19, is 5.6 times (1565) that of Alaska males, ages 15-19 (275)...and for Alaska Native females, ages 15-19, is four times (3627) that of Alaska females, ages 15-19 (886)” (id., p. 5).
- (17) “Alaska Native children represent 49 percent of the custody children sent to out-of-state placements...” (Alaska Department of Health and Social Services, Division of Behavioral Health, Bring the Kids Home Annual

Report, December 2005). This constitutes a rate more than two times higher than their representation in the general population;

- (18) The Healthy People 2020 objectives, broadly and deeply address behavioral health issues including injury and violence prevention, mental health, quality of life and well-being, social determinants of health, substance abuse and tobacco, along with behavioral health considerations for each stage of life.
- (19) This Board and the Alaska Area Native Health Service, together with Alaska tribal health organizations, have agreed that improvements in behavioral health among Alaska Natives requires village-based health providers dedicated to behavioral health prevention and treatment and that specialized training under the community health aide program of community health aides, who will be called behavioral health aides and practitioners and who will limit their practice to behavioral health, is required to improve behavioral health status in rural Alaska.

History: October 17, 2014, Section 1.40.010 was amended for renumbering of paragraphs (16)-(20) to (15)-(19). October 12, 2011, Section 1.40.010 paragraphs (2) and (19) were amended. January 13, 2011, Section 1.40.010 paragraph (2) was amended. June 18, 2008, in Section 1.40.010 the introduction and paragraphs (2) and (5) were amended and paragraphs (11)-(20) were added. November 26, 2002, Article 40 was added.

Chapter 2. Certification of Community Health Aides, Community Health Practitioners, Dental Health Aides, Behavioral Health Aides and Behavioral Health Practitioners

History: June 18, 2008, the Title of Chapter 2 was amended. November 26, 2002, the Title of Chapter 2 was amended.

Article 10. Initial Qualifications

Sec. 2.10.010. Initial Qualifications.

- (a) **General Requirements.** The Board shall issue a community health aide, community health practitioner, dental health aide, behavioral health aide, or behavioral health practitioner certificate to a person who
- (1) applies on forms provided by the Board;
 - (2) pays the application fees required;
 - (3) furnishes evidence satisfactory to the Board that the person has not engaged in conduct that is a ground for imposing disciplinary sanctions under Chapter 4; and
 - (4) [Repealed October 23, 1998]
 - (5) furnishes evidence satisfactory to the Board that the person has completed the training and education requirements for the highest level of certification being sought, as follows:
 - (A) for a community health aide or practitioner the requirements are those under section 2.20.100 [CHA I training & education requirements], 2.20.200 [CHA II training & education requirements], 2.20.300 [CHA III training & education requirements], 2.20.400 [CHA IV training & education requirements] or 2.20.500 [CHP training & education requirements];
 - (B) for a dental health aide the requirements are those under section 2.30.100 [PDHA I training & education requirements], 2.30.200 [PDHA II training & education requirements], 2.30.220(c) [training, education & preceptorship], 2.30.230(c) [dental prophylaxis requirements; training & education] and (d) [preceptorship], 2.30.240(c) [dental radiology requirements; training, education & preceptorship], 2.30.250(c) [dental assistant function requirements; training, education & preceptorship], 2.30.260(c) [ART requirements; training & education] and (d) [preceptorship], 2.30.300 [DHAH training & education requirements], 2.30.400 [EFDHA I supervision, training and education requirements], 2.30.500 [EFDHA II training & education requirements], 2.30.550(c) [stainless steel crown placement requirements; training & education] and (d) [preceptorship], 2.30.600 [DHAT training & education requirements], and 2.30.700 [DHATP training & education requirements];
 - (C) for a behavioral health aide or practitioner the requirements are those under sections 2.40.100 [BHA I training, practicum, and experience requirements], 2.40.200 [BHA II training, practicum, and experience requirements], 2.40.300 [BHA III training, practicum, and experience requirements] or 2.40.400 [BHP training, practicum, and experience requirements];
 - (6) furnishes evidence satisfactory to the Board that at the time of consideration of the application the person is employed by the Indian Health Service or a tribe or tribal health program operating a community health aide program in Alaska under the ISDEAA;
 - (7) furnishes evidence satisfactory to the Board that the person will practice as a community health aide, community health practitioner, dental health aide, or behavioral health aide or practitioner only when employed by the Indian Health Service or a tribe or tribal health program operating a community health aide program in Alaska under the ISDEAA;
 - (8) furnishes evidence satisfactory to the Board that the person will practice as a community health aide, community health practitioner, dental health aide, behavioral health aide, or behavioral health practitioner only within the scope of practice, certifications granted to the person as specified in subparagraphs (A), (B) and (C) of this paragraph, except as required to satisfy the conditions for

achieving the next level of certification or when practice would be permitted under section 4.10.010(i)(2) [grounds for discipline; (un)professional conduct; duties & responsibilities)];

- (A) for a community health aide or community health practitioner the scopes of practice are defined in sections 2.20.110 [CHA I competencies], 2.20.210 [CHA II competencies], 2.20.310 [CHA III competencies], 2.20.410 [CHA IV competencies] and 2.20.510 [CHP competencies],
 - (B) for a dental health aide the scopes of practice are defined in sections 2.30.110(b) [PDHA I competencies], 2.30.210(b) [PDHA II supervision & competencies; competencies], 2.30.220(d) [sealant requirements; competencies], 2.30.230(e) [dental prophylaxis requirements; competencies], 2.30.240(d) [dental radiology requirements; competencies], 2.30.250(d) [dental assistant function requirements; competencies], 2.30.260(e) [ART requirements; competencies], 2.30.310(b) [DHAH supervision & competencies; competencies], 2.30.410(b) [EFDHA I supervision & competencies; competencies], 2.30.510(b) [EFDHA II supervision & competencies; competencies], 2.30.550(e) [stainless steel crown placement requirements; competencies], 2.30.610(b) [DHAT supervision & competencies; competencies]; and 2.30.710(b) [DHATP supervision & competencies; competencies];
 - (C) for a behavioral health aide or behavioral health practitioner the scopes of practice are defined in sections 2.40.500(b) [BHA/P knowledge, skills, & scope of practice; scope of practice];
- (9) furnishes evidence satisfactory to the Board that
- (A) the person will practice only under supervision and day-to-day direction of individuals who are:
 - (i) familiar with the community health aide program, these Standards, and the CHAM; and
 - (ii) employed by the federal government or employed by or under contract with a tribal health program operating a community health aide program in Alaska under the ISDEAA; and
 - (B) provided; that
 - (i) a community health aide, or community health practitioner may practice only under the medical supervision of a licensed physician; and
 - (ii) as a dental health aide may practice only under the direct, indirect or general supervision required under article 30 [standards for DHAs] of this Chapter [certification of CHAs, CHPs, DHAs, BHAs, & BHPs]; and
 - (iii) a behavioral health aide or behavioral health practitioner may practice only under the direct, indirect, or general supervision required under section 2.40.010 [supervision of BHA/Ps]; and
 - (C) notwithstanding the requirements under paragraphs (9)(B), other physicians, dentists, mid-level providers, licensed behavioral health clinicians, and behavioral health professionals or other independently-licensed qualified healthcare professionals designated by the referral doctor may direct the day-to-day activities of a community health aide, community health practitioner; dental health aide, behavioral health aide, or behavioral health practitioner, as appropriate; and
- (10) furnishes evidence satisfactory to the Board that the person meets continuing education requirements as defined in Chapter 3, as applicable.

(b) Special Conditions.

- (1) **Pre-Certification Board CHA/Ps.** An applicant who was a community health aide or community health practitioner prior to the formation of the CHAP Certification Board and who seeks initial certification by the Certification Board after January 1, 2003, must provide evidence satisfactory to the Board that he or she
 - (A) meets all the requirements for initial certification by this Board and;

- (B) in the two-year period preceding the application for initial certification by this Board has met the requirements for continuing education set forth in section 3.10.010 [CHA/P continuing education requirements].
- (2) **Behavioral Health Aide's or Practitioner's Prior Practice.** A person who applies for certification as a behavioral health aide or behavioral health practitioner within 24 months after June 18, 2009, may be certified as a behavioral health aide or behavioral health practitioner without having met all of the applicable requirements of section 2.40.100 [BHA I training, practicum, and experience requirements], 2.40.200 [BHA II training, practicum, and experience requirements], 2.40.300 [BHA III training, practicum, and experience requirements], or 2.40.400 [BHP training, practicum, and experience requirements], provided the applicant provides evidence satisfactory to the Board that he or she
 - (A) meets the general requirements under section 2.10.010(a)(1), (2), (3), (6), (7), (8) and (9) [initial qualifications; general requirements];
 - (B) within 24 months prior to applying for certification under this section, has completed no fewer than 48 contact hours of training, education or continuing education, which may include training intended for qualification at the next behavioral health aide or practitioner level, but must include:
 - (i) a general orientation equivalent to that described in section 8.20.050 [general orientation] and an orientation to village-based behavioral health services that equivalent to that described in section 8.20.100 [orientation to village-based behavioral health services]; and
 - (ii) no fewer than 4 contact hours each in ethics and consent and in confidentiality and privacy;
 - (C) demonstrates the knowledge and performance required of an individual seeking certification at the level for which certification is sought as described in section 2.40.500 [BHA/P knowledge, skills, and scope of practice];
 - (D) has related work experience
 - (i) equivalent to no less than 20 hours a week for a period no less than
 - (I) 18 months within the 5 years prior to application if applying for certification as a behavioral health aide I;
 - (II) 24 months within the 5 years prior to application if applying for certification as a behavioral health aide II;
 - (III) 36 months within the 6 years prior to application if applying for certification as a behavioral health aide III;
 - (IV) 48 months within the 7 years prior to application if applying for certification as a behavioral health practitioner;
 - (V) provided the minimum hours of work, period of work experience and the period in which it must have occurred prior to application set forth in subparagraphs (I), (II), (III), or (IV) of this paragraph (D) may be waived upon review and recommendation of the Behavioral Health Academic Review Committee based on a finding of exceptional circumstances; and
 - (ii) that includes village-based behavioral health services and a range of the activities a person certified at the level of certification being sought by the applicant is expected to perform;
 - (E) provides a statement from a licensed behavioral health clinician or behavioral health professional attesting that the applicant has the knowledge and skills required under section 2.40.500 [BHA/P knowledge, skills, and scope of practice];
 - (F) provides two letters of positive reference from supervisors or others with whom the applicant has worked within the two-year period prior to application;
 - (G) has demonstrated the ability to provide culturally competent services in a village setting; and
 - (H) has completed the examination as provided for in section 2.40.030 [BHA/P trial examination].

(3) **Delayed Application.** An applicant for certification as a community health aide, community health practitioner, dental health aide, behavioral health aide or behavioral health practitioner who obtained the required training more than two years prior to submitting an application for certification, must provide evidence satisfactory to the Board that he or she

- (A) meets all the requirements for initial certification by this Board; and
- (B) in the two-year period preceding the application for initial certification by this Board has met the applicable requirements for continuing education set forth in chapter 3 section.

History: January 13, 2021, Section 2.10.010(9)(C) was amended. June 3, 2020, Section 2.10.010(a)(5)(B) and (a)(8)(B) were amended. October 30, 2014, Section 2.10.010(a)(5)(B) and (a)(8)(B) were amended. January 17, 2014, Section 2.10.010(b)(2) was amended. June 8, 2010, Section 2.10.010(b)(2) was amended. June 18, 2008, Section 2.10.010(a), (a)(5)(C), (a)(7), (a)(8), (a)(9), (a)(10), (b)(3), and (b)(3)(B) were amended and (a)(8)(C) and (b)(2) were added. October 3, 2006, Section 2.10.010(a)(6), (7), and (9)(B) was amended. October 8, 2003, Sections 2.10.010(a)(5)(B) and (a)(8)(B) were amended. November 26, 2002, Section 2.10.010(a), (a)(5), (a)(7), (a)(8), (a)(9) and (a)(10) were amended and subparagraphs (a)(5)(A) and (B) and (a)(8)(A) and (B), and subsection (b) were added. June 12, 2002, Section 2.10.010 by adding paragraph (10). October 23, 1998, Section 2.10.010(4) was amended.

Sec. 2.10.015. Certifications as CHA/P, DHA, and BHA/P.

A person who meets all of the applicable requirements of these Standards may be certified as a community health aide or community health practitioner, as a dental health aide, and as a behavioral health aide or behavioral health practitioner. Also see section 2.30.030 [multiple certifications].

History: June 18, 2008, Section 2.10.015 was amended. November 26, 2002, Section 2.10.015 was added.

Sec. 2.10.020. Surrender of a Certificate.

A person certified under articles 20 [standards for CHA/Ps], 30 [standards for DHAs], or 40 [standards for BHA/Ps] of this chapter shall surrender the certificate to his or her employer or send the certificate to the Board if, at any time during the period in which it would otherwise be in effect, the person no longer meets any requirement of initial certification under section 2.10.010 [initial qualifications] except subsection 2.10.010(a)(6) [initial requirements; general requirements; (employment)].

History: November 26, 2002, Section 2.10.020 was amended.

Article 20. Standards for Community Health Aides and Community Health Practitioners

History: November 26, 2002, the title of Article 20 of Chapter 2 was amended.

Sec. 2.20.100. Community Health Aide I Training and Education Requirements.

A person meets the training and education requirements to be a certified community health aide I upon successful completion of

- (a) a Pre-session, or its equivalent, unless waived under section 5.10.040 [trainees selection process] by the CHA/P Training Center prior to admission to the Session I training course required under section 2.20.100(c) [CHA I training & education requirements; (session I training course)];
- (b) an EMT or ETT training course approved by the State of Alaska, or its equivalent as determined by the Board;
- (c) Session I training course provided by a CHA/P Training Center; and
- (d) Field Training Requirements including:
 - (1) approved field work after completion of training center component of Session I;
 - (2) a minimum of 20 patient encounters;
 - (3) Practice skills on Post Session Practice Checklist; and
 - (4) Post Session Learning Needs (PSLN), if indicated.

History: October 13, 2022, Section 2.20.100(d) was amended. June 19, 2008, Section 2.20.100(b) was amended. June 18, 2008, Section 2.20.100(b)(1), (b)(2) and (b)(4) were amended.

Sec. 2.20.110. Community Health Aide I Competencies.

A certified community health aide I must successfully demonstrate and maintain

- (a) an understanding of the topics addressed in the CHA/P Curriculum for Session I, which generally include problem-specific complaints (acute care) for adults and children of the following body systems:
 - (1) eye,
 - (2) ear,
 - (3) respiratory,
 - (4) digestive,
 - (5) skin;
- (b) competency in the following subjects to the level of performance required after meeting the requirements of section 2.20.100 [CHA I training & education requirements]:
 - (1) role of the community health aides and practitioners, dental health aides, and behavioral health aides and practitioners in the village;
 - (2) community health aide's and practitioner's general scope of work;
 - (3) medical ethics, including patient confidentiality and patient rights;
 - (4) community health aide's and practitioner's medical-legal coverage;
 - (5) State of Alaska reporting requirements;
 - (6) consent for treatment issues;
 - (7) introductory interviewing skills;
 - (8) general health/wellness and disease processes;
 - (9) infection and communicable diseases;
 - (10) introductory anatomy and function of the human body;
 - (11) introductory medical vocabulary/abbreviations;
 - (12) importance of thorough documentation of patient encounter;
 - (13) introduction to approach to child care and sick child;
 - (14) introductory mental health issues, including suicide and other emergencies and self-help;
 - (15) emergency care (to reinforce ETT or EMT training), including primary and secondary survey, bleeding control, airway management, BLS, shock, abdominal injury, altered level of consciousness, facial trauma, spinal protection, serious chest pain, acute orthopedic injuries, burns, cold injuries (including hypothermia), drowning, uncomplicated emergency delivery, poisoning and identification and treatment of severe allergic reactions;
- (c) satisfactory performance of the following skills:
 - (1) use of the CHAM;
 - (2) problem-specific history taking;
 - (3) physical examinations of:
 - (A) vital signs of infant:
 - (i) apical pulse,
 - (ii) brachial pulse,
 - (iii) respiration,
 - (iv) pulse oximetry (SpO₂),
 - (v) rectal temperature,
 - (vi) axillary temperature,
 - (vii) length,
 - (viii) weight,
 - (ix) head circumference;
 - (B) vital signs of child and adult:
 - (i) radial pulse,
 - (ii) apical pulse,

- (iii) respirations,
 - (iv) pulse oximetry (SpO₂),
 - (v) oral temperature,
 - (vi) blood pressure, manual auscultation,
 - (vii) height,
 - (viii) weight,
 - (ix) orthostatic vital signs;
 - (C) systems:
 - (i) general appearance,
 - (ii) ear,
 - (iii) eye, including Snellen,
 - (iv) nose,
 - (v) throat,
 - (vi) neck, including nodes,
 - (vii) lungs,
 - (viii) heart,
 - (ix) abdomen,
 - (x) skin;
 - (D) sick child,
 - (E) screening physical exam on adult,
- (4) performance and interpretation of the following lab tests and procedures:
 - (A) general lab technique and documentation (CLIA, etc.),
 - (B) blood glucose,
 - (C) hemoglobin,
 - (D) rapid strep,
 - (E) urine dipstick;
- (5) performance only of the following lab tests and procedures:
 - (A) finger stick,
 - (B) capillary tube,
 - (C) venipuncture
 - (D) centrifuge/separate blood,
 - (E) adult clean catch urine specimen,
 - (F) throat culture,
 - (G) specimen collection for infection (for example: nose, nasopharynx, ear, wound);
- (6) assessment, including:
 - (A) use of the CHAM,
 - (B) use of assessment lists,
 - (C) use of assessment charts,
 - (D) listing multiple assessments,
 - (E) plan for each assessment;
- (7) medicines:
 - (A) dose calculations,
 - (B) reconstitution: oral,
 - (C) reconstitution for IM or SQ injection,
 - (D) label reading and making,
 - (E) oral (swallowed, mucosal and sublingual),
 - (F) drops for eye,
 - (G) drops for ear;
 - (H) injections:
 - (i) intramuscular hip,
 - (ii) intramuscular upper arm (deltoid),
 - (iii) intramuscular infant thigh,
 - (iv) subcutaneous (upper arm, thigh, abdomen);

- (I) inhaler/spacer,
- (J) nebulizer,
- (K) rectal (including suppositories),
- (L) transdermal,
- (M) topical (including sterile application);
- (8) patient education, including:
 - (A) explaining assessment,
 - (B) use of patient education sections,
 - (C) use of patient education handouts,
 - (D) CHAM Medicine Handbook for medicine instructions;
- (9) The following treatments and procedures:
 - (A) ear:
 - (i) irrigation,
 - (ii) fluorescein stain,
 - (iii) eyelid eversion,
 - (iv) small foreign suction,
 - (v) remove foreign body,
 - (vi) remove drainage,
 - (vii) curette outer canal,
 - (B) eye:
 - (i) irrigation (including use of topical anesthetic, if available),
 - (ii) body removal,
 - (iii) eye patches,
 - (C) nose:
 - (i) compression and nasal packing for bleeding;
 - (D) respiratory:
 - (i) peak flow
 - (E) wound care:
 - (i) evaluation,
 - (ii) irrigation/cleaning,
 - (iii) skin closure strips,
 - (iv) suture,
 - (v) suture removal,
 - (vi) staple removal,
 - (vii) debriding blisters,
 - (viii)staple insertion [scalp only],
 - (F) intravenous fluid therapy;
 - (G) orthopedics:
 - (i) elastic bandage,
 - (ii) hot/cold packs,
 - (iii) splinting,
 - (iv) reducing dislocated joints (including shoulder, “nursemaid’s elbow”, elbow, patella, ankle, finger,
 - (H) other:
 - (i) oxygen,
 - (ii) oral suction,
 - (iii) stabilization of impaled object,
 - (I) prevention:
 - (i) hand washing,
 - (ii) clean/sterile technique,
 - (iii) standard precautions,
 - (iv) mailing hazardous substances,
 - (J) reporting; and

(K) recording.

History: June 5, 2024, Sec. 2.20.110(c)(9)(E) was amended. October 13, 2022, Section 2.20.110 was amended. October 3, 2006, Section 2.20.110(c)(8)(D) was amended. June 24, 2004, Section 2.20.110(b)(15) was deleted. October 8, 2003, the numbering of Section 2.20.110(c)(9)(D)(ii) was corrected. November 26, 2002, Section 2.10.110(a), (c)(1), and (c)(6)(A) were amended.

Sec. 2.20.120. Scope of Practice Prior to Certification as Community Health Aide I.

- (a) **Minimum Requirements.** A person who satisfies the requirements of subsection 2.20.120(b) [scope of practice prior to certification as CHA I] may perform services of a certified community health aide I prior to being certified under section 2.10.010 [initial qualifications] and 2.20.100 [CHA I training & education requirements], provided the person is actively engaged in the process of meeting the requirements under section 2.20.100 [CHA I training & education requirements] through 2.20.110 [CHA I competencies] to become certified as a community health aide I; and

A person who satisfies the requirements of subsection 2.20.120(b) [scope of practice prior to certification as CHA I] who has submitted an application for certification as a community health aide I may begin training to become certified as a community health aide II and perform services necessary to satisfy the requirements of subsection 2.20.200(4) [CHA II training & education requirements; (field work)] pending action on the community health aide I application.

- (b) **Employment.** To be eligible to perform services under subsection 2.20.120(a) [scope of practice prior to certification as CHA I], the person must
- (1) be employed by the Indian Health Service or a tribe or tribal health program operating a community health aide program in Alaska under the ISDEEA;
 - (2) provide only those services for which the person has been trained and has demonstrated successful performance; and
 - (3) practice as a community health aide only in compliance with the requirements in section 2.10.010(a)(9) [initial requirements; general requirements (supervision & day-to-day direction)].

History: October 30, 2014, Section 2.20.120 was amended. June 18, 2008, Section 2.20.120(b)(3) was amended. October 3, 2006, Section 2.20.120(b)(1) was amended. November 26, 2002, Section 2.20.120(b)(3) was amended.

Sec. 2.20.200. Community Health Aide II Training and Education Requirements.

A person meets the training and education requirements to be a certified community health aide II upon successful completion of

- (1) all requirements under sections 2.20.100 [CHA I training & education requirements] through 2.20.110 [CHA I competencies];
- (2) current ETT or EMT certification or its equivalent, as determined by the Board;
- (3) Session II training course provided by a CHA/P Training Center; and
- (4) Field Training Requirements:
 - (A) 200 hours of approved field work after completion of training center component of Session II, including:
 - (B) a minimum of 60 patient encounters;
 - (C) Practice skills on Post Session Practice Checklist; and
 - (D) Post Session Learning Needs (PSLN), if indicated.

History: October 13, 2022, Section 2.20.200 (4) was amended. June 19, 2008, Section 2.20.200(2) was amended.

Sec. 2.20.210. Community Health Aide II Competencies.

In addition to meeting the requirements of section 2.20.110 [CHA I competencies], a certified community health aide II must successfully demonstrate and maintain:

- (a) understanding of the topics addressed in the CHA/P Curriculum for Session II, which generally includes problem-specific complaints (acute care) for adults and children of the following body systems:
 - (1) mouth and teeth,
 - (2) eye,
 - (3) ear,
 - (4) respiratory,
 - (5) circulatory,
 - (6) digestive,
 - (7) urinary,
 - (8) male reproductive,
 - (9) female reproductive,
 - (10) musculoskeletal,
 - (11) nervous,
 - (12) endocrine,
 - (13) skin,
 - (14) sick child care,
 - (15) introduction to prenatal care;
- (b) competency in the following subjects to the level of performance required after meeting the requirements of section 2.20.200 [CHA II training & education requirements]:
 - (1) dental health and prevention;
 - (2) mental health issues, including self-help, mental illness and mental health emergencies, mental health promotion for patients and families, substance abuse and dependency, and grief, loss, dying and death;
 - (3) management of medicines in the village;
 - (4) introduction to tuberculosis disease;
 - (5) introduction to sexually transmitted infections and sexually transmitted infection issues;
 - (6) HIV disease and issues;
 - (7) emergency care review, including medical evacuation, primary and secondary survey, bleeding control, airway management, BLS, shock, spinal protection, splinting, cold injuries, medevac, serial monitoring and documentation;
- (c) satisfactory performance of the following skills:
 - (1) physical examinations of
 - (A) the following systems:
 - (i) mouth and teeth
 - (ii) circulatory:
 - (I) heart,
 - (II) pulses (including carotid, radial, femoral, posterior tibialis, dorsalis pedis);
 - (iii) back/costal vertebral angle (CVA),
 - (iv) genitals:
 - (I) male,
 - (II) female: external/cervical motion;
 - (v) external anus,
 - (vi) return prenatal exam,
 - (vii) extremities,
 - (viii) musculoskeletal,
 - (ix) nervous system,
 - (x) mental status;
 - (B) screening physical exam of adults;
 - (2) performance and interpretation of the following lab tests:
 - (A) purified protein derivative (PPD),
 - (B) fecal occult blood,
 - (C) urine pregnancy test;
 - (3) perform the following lab tests and procedures:

- (A) venipuncture,
- (B) heelstick,
- (C) newborn bloodspot screening test,
- (D) clean catch urine specimen,
- (E) non-clean catch urine specimen,
- (F) infant (bag),
- (G) urine culture,
- (H) stool for ova and parasites,
- (I) sputum for TB testing,
- (4) medicines;
 - (A) topical,
 - (B) vaginal suppository/creams,
 - (C) intradermal injection,
 - (D) giving IM and SQ immunizations;
- (5) the following treatments and procedures:
 - (E) wound (review wound care [Sec. 2.20.110(c)(9)(E) CHA I competencies]:
 - (i) splinter removal,
 - (ii) ring removal,
 - (iii) fishhook removal;
 - (F) orthopedics:
 - (i) crutch fit/walk,
 - (ii) plaster and/or fiberglass splinting;
 - (G) intravenous fluid therapy;
 - (H) dental prevention:
 - (i) tooth brushing,
 - (ii) flossing,
 - (iii) disclosing tablets,
 - (iv) fluoride application;
 - (I) performing 12 lead ECG; and.
- (6) health and patient education.

History: June 5, 2024, Sec. 2.20.210(c)(5)(F) was amended. October 13, 2022, Section 2.20.210 was amended. October 6, 2021, Section 2.20.210(c)(5) was amended. June 11, 2015, Section 2.20.210(c)(5)(D)(iv) and (v) were amended. June 18, 2008, Section 2.20.210(b)(4) was amended to correct a capitalization error. November 26, 2002, Section 2.20.210(a) and (c)(2) were amended.

Sec. 2.20.300. Community Health Aide III Training and Education Requirements.

A person meets the training and education requirements to be a certified community health aide III upon successful completion of

- (1) all requirements under sections 2.20.100 [CHA I training & education requirements] through 2.20.210 [CHA II competencies];
- (2) current ETT or EMT certification or its equivalent, as determined by the Board;
- (3) Session III training course provided by a CHA/P Training Center; and
- (4) Field Training Requirements, including:
 - (A) 200 hours of approved field work after completion of training center component of Session III;
 - (B) a minimum of 60 patient encounters;
 - (C) Practice skills on Post Session Practice Checklist;
 - (D) Post Session Learning Needs (PSLN), if indicated.

Sec. 2.20.310. Community Health Aide III Competencies.

In addition to meeting the requirements of sections 2.20.110 [CHA I competencies] and 2.20.210 [CHA II competencies], a certified community health aide III must successfully demonstrate and maintain

- (a) an understanding of the topics addressed in the CHA/P Curriculum for Session III, which generally include:
 - (1) male reproductive health;
 - (2) female reproductive health;
 - (3) adolescent health;
 - (4) well child care;
 - (5) sick child care;
 - (6) newborn care;
 - (7) urinary; and
 - (8) problem-specific complaints (acute care) of the following body systems:
 - (A) male reproductive;
 - (B) female reproductive;
 - (C) breast;
- (b) competency in the following subjects to the level of performance required after meeting the requirements of section 2.20.300 [CHA III training & education requirements]:
 - (1) women's reproductive health issues;
 - (2) men's reproductive health issues;
 - (3) sexually transmitted infections and sexually transmitted infection issues;
 - (4) family planning issues;
 - (5) prenatal care;
 - (6) mental health issues, including substance abuse during pregnancy, family problems, domestic violence, sexual abuse and rape;
 - (7) fetal alcohol syndrome;
 - (8) labor and delivery, including the importance of avoiding village deliveries;
 - (9) post-partum issues;
 - (10) newborn care issues;
 - (11) well child care issues;
 - (12) adolescent health care issues;
 - (13) immunization issues;
 - (14) nutrition; and
 - (15) emergency care review, emphasizing infants, children, and special considerations for pregnant patients; and serial monitoring and documentation;
- (c) satisfactory performance of the following skills:
 - (1) history taking:
 - (A) return prenatal visit;
 - (B) well child;
 - (2) physical examination of:
 - (A) breast system;
 - (B) prenatal revisit;
 - (C) well child;
 - (3) performance and interpretation of urine pregnancy lab test;
 - (4) performance only of the following lab tests:
 - (A) newborn bloodspot screening test;
 - (5) medicines:
 - (A) vaginal suppository/creams;
 - (B) immunizations;
 - (6) the following treatments and procedures:
 - (A) venipuncture, fingerstick, heelstick, capillary tube; and
 - (B) wounds;

- (i) review wound care [Sec. 2.20.110(c)(9)(E) CHA I competencies] and (i) abscess care.
- (ii) abscess care.

History: October 13, 2022, Sec. 2.20.310 was amended. June 24, 2004, Section 2.20.310(b)(13) and (b)(15) were deleted. November 26, 2002, Section 2.20.310(a) was amended.

Sec. 2.20.400. Community Health Aide IV Training and Education Requirements.

A person meets the training and education requirements to be a certified community health aide IV upon successful completion of

- (1) all requirements under sections 2.20.100 [CHA I training & education requirements] through .310;
- (2) current ETT or EMT certification or its equivalent, as determined by the Board.
- (3) Session IV training course provided by a CHA/P Training Center; and
- (4) Field Training Requirements, including:
 - (A) 200 hours of approved field work after completion of training center component of Session IV, including
 - (B) a minimum of 60 patient encounters;
 - (C) Practice skills on Post Session Practice Checklists; and
 - (D) Post Session Learning Needs, if indicated.

History: October 13, 2022, Sec. 2.20.400 was amended.

Sec. 2.20.410. Community Health Aide IV Competencies.

In addition to meeting the requirements of sections 2.20.110 [CHA I competencies], 2.20.210 [CHA II competencies], and 2.20.310 [CHA III competencies]; a certified community health aide IV must successfully demonstrate and maintain

- (a) an understanding of the topics addressed in the CHA/P Curriculum for Session IV, which generally include long-term care complaints (chronic care) of the following body systems:
 - (1) eye,
 - (2) ear,
 - (3) respiratory,
 - (4) circulatory,
 - (5) digestive,
 - (6) musculoskeletal,
 - (7) nervous,
 - (8) endocrine,
 - (9) skin;
- (b) competency in the following subjects to the level of performance required after meeting the requirements of section 2.20.400 [CHA IV training & education requirements]:
 - (1) management of tuberculosis in the village;
 - (2) introductory environmental health issues, including food/water borne disease, rabies, and injury prevention;
 - (3) chronic disease;
 - (4) introductory cancer issues;
 - (5) pharmacology;
 - (6) clinic management;
 - (7) emergency care review;
 - (8) adult health surveillance;
 - (9) approach to elder health care;
 - (10) substance abuse and dependency concepts;

- (11) introduction to smoking cessation training;
- (c) satisfactory performance of the following skills:
 - (1) complete history taking;
 - (2) complete screening physical exam on adult;
 - (3) health and patient education;
 - (4) the following treatments and procedures:
 - (A) postural drainage.
 - (B) peak flow;
 - (C) diabetic foot exam;
 - (D) wound care: review wound care [Sec. 2.20.210(c)(5)(A) CHA II competencies].

History: October 13, 2022, Sec. 2.20.410 was amended. June 18, 2008, Section 2.20.410(b)(2) was amended to correct a capitalization error. June 24, 2004, Section 2.20.410(b)(8) and (b)(9) were added and (c)(2)(A) was deleted. November 26, 2002, Section 2.20.410(a) was amended.

Sec. 2.20.500. Community Health Practitioner Training and Education Requirements.

A person meets the training and education requirements to be a certified community health practitioner upon successful completion of

- (1) all requirements under sections 2.20.100 [CHA I training & education requirements] through 2.20.410 [CHA IV competencies];
- (2) an approved preceptorship, including:
 - (A) at least 30 hours of supervised direct patient care experience;
 - (B) a minimum of 15 patient encounters as primary provider;
 - (C) the Preceptorship Critical Skills List;
- (3) the statewide Alaska Community Health Aide/Practitioner Program Exam for Community Health Practitioners with a score of 80 percent or higher;
- (4) the statewide Medical Math Exam with a score of 100 percent; and
- (5) an evaluation of the applicants clinical performance and judgment by the applicant's direct supervisor or other approved evaluator.

History: June 5, 2024, Sec. 2.20.500(3) was amended. January 22, 2015, Section 2.20.500 was amended. June 18, 2008, Section 2.20.500(3) was amended to correct the title of the examination. November 26, 2002, Section 2.20.500(3) was amended.

Sec. 2.20.510. Community Health Practitioner Competencies.

A community health practitioner must successfully demonstrate and maintain the ability to meet all of the requirements of sections 2.20.110 [CHA I competencies], 2.20.210 [CHA II competencies], 2.20.310 [CHA III competencies], and 2.20.410 [CHA IV competencies].

Sec. 2.20.600. Certification by Credentials.

The Board may waive one or more of the requirements of sections 2.20.100 [CHA I training & education requirements] through 2.20.510 [CHP competencies] for a person who provides evidence satisfactory to the Board that the person has health care training, education and experience at least equivalent in scope, quality, and difficulty to those imposed under these sections, provided the applicant demonstrates to the satisfaction of the Board that the applicant is adequately familiar with the CHA/P program and will limit his or her practice to the scope of practice of a community health aide or community health practitioner operating under the community health aide program.

History: November 26, 2002, Section 2.20.600 was amended. February 26, 1999, Section 2.20.600 was amended.

Article 30. Standards for Dental Health Aides

History: November 26, 2002, Article 30 was added.

Sec. 2.30.010. Supervision of Dental Health Aides.1

¹The supervision (at what ever level is required) of a dental health aide who provides services for which a Medicaid claim will be made must be provided by a dentist.

- (a) **Generally.** The supervision of a dental health aide may be general, indirect, direct via telehealth or direct, as defined in section 2.30.010(b) [supervision of DHAs; definitions of levels of supervision], provided that
- (1) the person providing the supervision must satisfy the criteria provided under section 2.10.010(a)(9) [initial qualifications; general requirements (supervision & day-to-day direction)];
 - (2) the dental health aide must be supervised at whatever level of supervision is required for the specific care being provided;
 - (3) a dentist, dental health aide therapist, or dental health aide therapist practitioner providing supervision may impose a higher level of supervision on the dental health aide than that provided in this article, and
 - (4) when a dental health aide therapist or dental health aide therapist practitioner requires supervision the supervision must be provided by a dentist.
- (b) **Definitions of Levels of Supervision.** For the purposes of this article:
- (1) “Direct supervision” means the dentist, dental health aide therapist, or dental health aide therapist practitioner has authorized the procedures and they are being carried out in accordance with standing orders issued to a specific dental health aide; and
 - (2) “General supervision” means the dentist, dental health aide therapist, or dental health aide therapist practitioner is in the facility, authorizes the procedures, and remains in the dental facility while the procedures are being performed by the dental health aide; and
 - (3) “Indirect supervision” means the dentist, dental health aide therapist, or dental health aide therapist practitioner via telehealth including a video component, personally diagnoses the condition to be treated, personally authorizes the procedure, and before dismissal of the patient evaluates the performance of the dental health aide and this form of supervision is only allowed for Primary Dental Health Aide I preceptorships.
 - (4) “Direct via telehealth” means the dentist, dental health aide therapist, or dental health aide therapist practitioner via telehealth including a video component, personally diagnoses the condition to be treated, personally authorizes the procedure, and before dismissal of the patient evaluates the performance of the dental health aide and this form of supervision is only allowed for Primary Dental Health Aide I preceptorships.
- (c) **Village-Based Practice.** Any dental health aide practicing under general supervision, except a primary dental health aide I, must have successfully completed a Board approved village-based dental practice course that satisfies the requirements of section 7.20.050 [village-based dental practice].

History: June 3, 2021, Section 2.30.010(a) and (b) were amended. June 3, 2020, Section 2.30.010(a) and (b)(1)(2) and (3) were amended. June 18, 2008, Section 2.30.010(a)(2) was amended to correct a citation. October 3, 2006, Section 2.30.010 was amended by adding a footnote to the section title and Section 2.30.010(a) was amended. October 8, 2003, Section 2.30.010(a) was amended.

Sec. 2.30.020. Scope of Practice Prior to Certification as a Dental Health Aide.

- (a) **Minimum Requirements.** A person who satisfies the requirements of subsection 2.30.020(b) [scope of practice prior to certification as a DHA; employment] may perform services of a certified dental health aide prior to being certified under this article to the extent the services are performed
- (1) as part of training required for certification;
 - (2) as part of a required preceptorship under sections 2.30.100(b) [PDHA I training & education requirements; preceptorship], 2.30.220(c)(1)(B) [sealant requirements; training, education & preceptorship; (sealants during training)] or (c)(2) [sealant requirements; training, education & preceptorship; (preceptorship)], 2.30.230(d) [dental prophylaxis requirements; preceptorship];

- 2.30.240(c)(1)(D) [dental radiology requirements; training, education & preceptorship; (radiographs during training)] or (c)(2) [dental radiology requirements; training, education & preceptorship; (minimum number radiographs)], 2.30.250(c) [dental assistant function requirements; training, education & preceptorship], 2.30.260(d) [ART requirements; preceptorship], 2.30.400(b) [EFDHA I supervision, training and education requirements; preceptorship], 2.30.500(b) [EFDHA II training & education requirements; preceptorship], 2.30.550(d) [stainless steel crown placement requirements; preceptorship], 2.30.600(3) [DHAT training & education requirements; (preceptorship)]; or
- (3) while an application for certification is pending before the Board after successful completion of all required training and preceptorship.
- (b) **Employment.** To be eligible to perform services under subsection 2.30.020(a) [scope of practice prior to certification as a DHA; minimum requirements], the person must be employed or sponsored by the Indian Health Service or a tribe or tribal program operating a community health aide program in Alaska under the ISDEAA.

History: October 30, 2014, Section 2.30.020(a)(2) was amended. January 31, 2008, Section 2.30.020(b) was amended. October 3, 2006, Section 2.30.020(a) and (b) were amended.

Sec. 2.30.030. Multiple Certification.

Under this article a person may be certified under more than one section.

Sec. 2.30.050. Certification by Credentials.

The Board may waive one or more of the requirements of sections or 2.30.100 [PDHA I training & education requirements] through 2.30.610 [DHAT supervision & competencies] for a person who provides evidence satisfactory to the Board that the person has health care training, education and experience at least equivalent in scope, quality, and difficulty to those imposed under these sections, provided the applicant demonstrates to the satisfaction of the Board that the applicant is adequately familiar with the CHA/P program and will limit his or her practice to the scope of practice of dental health aide under these *Standards*.

Sec. 2.30.100. Primary Dental Health Aide I Training and Education Requirements.

A person meets the training and education requirements to be a certified primary dental health aide I upon successful completion of the requirements set forth in subsections (a) [training] and (b) [preceptorship] of this section.

(a) **Training.**

(1)

- (A) Pre-session or Session I training course provided by a CHA/P Training Center, provided that a Pre-session training course must address at a minimum all of the topics identified in section 7.20.010 [DHA core curriculum]; or
- (B) a Board approved DHA core curriculum course that satisfies the requirements of section 7.20.010 [DHA core curriculum];

(2) a Board approved primary oral health promotion and disease prevention course that satisfies the requirements of section 7.20.020 [primary oral health promotion & disease prevention];

(3) a Board approved basic dental procedure course that satisfies the requirements of section 7.20.030 [basic dental procedures]; and

(4) Basic Life Support certification.

- (b) **Preceptorship.** A dental health aide must after completion of the requirements in subsection (a) of this section, under the direct supervision or direct via telehealth supervision of a dentist, dental health aide therapist or dental hygienist, satisfactorily complete a preceptorship, which must include satisfactory performance in the

- (1) delivery of a minimum of 20 topical fluoride treatments;
 - (2) delivery of a minimum of 40 oral hygiene sessions of which
 - (A) a minimum of 10 must be with children under 6 years of age;
 - (B) a minimum of 10 must be with patients between ages 6 and 14; and
 - (C) a minimum of 10 must be with patients over age 14;
 - (3) delivery of a minimum of 20 diet education sessions, including a minimum of:
 - (A) 10 provided to the primary caregiver of children under age 6; and
 - (B) 5 provided to an adult regarding the adult's own diet; and
 - (4) an additional 40 hours of relevant work experience.
- (c) **Waiver.** A person who has equivalent education, training or experience may be deemed by the Board to meet the requirements in subsections (a)(2) [PDHA I training & education requirements; (oral health promotion disease prevention course)] and (3) [PDHA I training & education requirements; (basic dental procedure course)] and (b) [PDHA I training & education requirements; preceptorship] of this section.

History: June 3, 2021, Section 2.30.100(b) and (b)(1) were amended.

Sec. 2.30.110. Primary Dental Health Aide I Supervision and Competencies.

- (a) **Dental Supervision.** A certified primary dental health aide I may provide services under the general supervision of a dentist, dental health aide therapist, or dental health aide therapist practitioner.
- (b) **Competencies.** A certified primary dental health aide I must successfully demonstrate and maintain
 - (1) an understanding of:
 - (A) basic dental anatomy;
 - (B) caries disease process;
 - (C) periodontal disease process;
 - (D) infection control;
 - (E) health care system access, including access to Medicaid and other third-party resources;
 - (F) scheduling;
 - (G) theory of prevention;
 - (H) fluoride as a drug and related issues;
 - (2) competency in the following subjects:
 - (A) topical fluoride treatments;
 - (B) diet education;
 - (C) oral hygiene instruction;
 - (D) identification of potential dental problems and appropriate referrals;
 - (E) those provided for under sections 2.20.110(b)(1), (3) through (12), (14) and (15) [CHA I competencies; (competencies)];
 - (F) dental health aide's general scope of work;
 - (G) basic life support;
 - (3) satisfactory performance of the following skills:
 - (A) use of CHAM;
 - (B) general medical history taking;
 - (C) patient education including:
 - (i) oral hygiene instruction;
 - (ii) diet education;
 - (iii) explanation of prevention strategies, including fluoride and sealants;
 - (D) tooth brush prophylaxis;
 - (E) providing topical fluoride treatments;
 - (F) clean/sterile techniques;
 - (G) universal precautions; and
 - (H) hand washing.

History: June 3, 2020, Section 2.30.110(a) was amended. September 12, 2019, Section 2.30.110(b)(2)(A) and (b)(3)(E) were amended.

Sec. 2.30.200. Primary Dental Health Aide II Training and Education Requirements.

A person meets the training and education requirements to be a certified primary dental health aide II upon successful completion of

- (a)
 - (1)
 - (A) all requirements under sections 2.30.100 [PDHA I training & education requirements] through 2.30.110 [PDHA I supervision & competencies];
 - (B) a Board approved DHA Advanced Dental Procedures training session that satisfies the requirements of section 7.20.040 [DHA advanced dental procedures]; and
 - (C) one or more certifications under 2.30.220 [sealant requirements], 2.30.230 [dental prophylaxis requirements], 2.30.240 [dental radiology requirements], 2.30.250 [dental assistant function requirements] or 2.30.260 [ART requirements]; or
 - (2) the requirements of section 2.30.300(b)(1) and (2) [DHAH training & education requirements; (education options)]; and
- (b) a Board approved DHA village-based dental practice course that satisfies the requirements of section 7.20.050 [village-based dental practice].

History: October 30, 2014, Section 2.30.200(a)(1)(C) was amended. October 8, 2003, Section 2.30.200 (a)(3) was amended.

Sec. 2.30.210. Primary Dental Health Aide II Supervision and Competencies.

- (a) **Dental Supervision.** A certified primary dental health aide II may provide the services under paragraph (b)(2) [competencies; (satisfactory performance)] under the general supervision of a dentist, dental health aide therapist, or dental health aide therapist practitioner.
- (b) **Competencies.** In addition to meeting the requirements of section 2.30.110 [PDHA I supervision & competencies], a certified dental health aide II must successfully demonstrate and maintain
 - (1)
 - (A) an understanding and knowledge of dental anatomy;
 - (B) an understanding and knowledge of caries and the periodontal disease process;
 - (C) identification and knowledge of dental instruments and equipment;
 - (D) an understanding of telemedicine technology;
 - (E) dental charting;
 - (F) problem-specific medical and dental history taking;
 - (G) basic knowledge of relationship between medical conditions and oral health;
 - (H) basic management of dental emergencies;
 - (I) proper handling and sterilization of instruments;
 - (J) disinfection of the operator; and
 - (2) satisfactory performance of the following skills:
 - (A) problem-specific medical and dental history taking;
 - (B) recognition of medical and dental conditions that may require direct dental supervision or services;
 - (C) recognition of relationship between medical conditions and oral health;
 - (D) dental charting and patient record documentation;
 - (E) instrument handling and sterilization procedures;
 - (F) intra- and extra-oral photographs, if equipment is available;
 - (3) meeting the requirements of one or more of the following sections:
 - (A) 2.30.220 [sealant requirements];
 - (B) 2.30.230 [dental prophylaxis requirements];
 - (C) 2.30.240 [dental radiology requirements];
 - (D) 2.30.250 [dental assistant function requirements]; or
 - (E) 2.30.260 [ART requirements].

History: June 3, 2020, Section 2.30.210(a) was amended. October 29, 2015, Section 2.30.210(b)(1)(D) was amended. October 30, 2014, Section 2.30.210(b)(3) was amended. June 8, 2010, Section 2.30.210(b)(1)(2) was amended. October 8, 2003, the title to Section 2.30.210 and subsections (a) and (b) were amended.

Sec. 2.30.220. Sealant Requirements.

- (a) **Prerequisites.** A dental health aide may be certified under this section to perform sealants under the conditions set forth in subsections (b) through (d) of this section provided the dental health aide satisfies the requirements of sections:
- (1) 2.30.200 [PDHA II training & education] and 2.30.210 [PDHA II supervision & competencies];
 - (2) 2.30.400 [EFDHA I supervision, training & education requirements] and 2.30.410 [EFDHA I supervision & competencies]; or
 - (3) 2.30.500 [EFDHA II training & education] and 2.30.510 [EFDHA II supervision & competencies].
- (b) **Dental Supervision.**
- (1) The sealant procedure must have been ordered by a dentist, dental health aide therapist, or dental health aide therapist practitioner prior to the sealant procedure.
 - (2) Sealants may be performed under this section by a dental health aide under the general supervision of a dentist, dental health aide therapist, or dental health aide therapist practitioner provided the dental health aide has met the requirements of this section, including successful completion of the requirements of section 2.30.200(b) [PDHA II training & education requirements; (village-based dental practice course)].
 - (3) An expanded function dental health aide I or II who has not completed the requirements of section 2.30.200(b) [PDHA II training & education requirements; (village-based dental practice course)] may perform sealants under this section only under the direct or indirect supervision of a dentist, dental health aide therapist, or dental health aide therapist practitioner.
- (c) **Training, Education and Preceptorship.** The dental health aide must have satisfactorily completed
- (1)
 - (A) a course in sealants
 - (i) approved by the Board that satisfies the requirements of section 7.20.100 [sealants];
 - (ii) offered by an accredited school of higher education; or
 - (iii) offered by IHS; and
 - (B) under the direct supervision of a dentist, dental health aide therapist, dental health aide therapist practitioner or licensed dental hygienist, satisfactory performance of a minimum of 25 sealant procedures including:
 - (i) a minimum of 10 on molars;
 - (ii) a minimum of 5 on children under 7 years of age; and
 - (iii) a minimum of 10 on second molars; or
 - (2) under the direct supervision of a dentist, dental health aide therapist, or licensed dental hygienist, satisfactory performance of a minimum of 50 sealant procedures including:
 - (A) a minimum of 20 on molars;
 - (B) a minimum of 10 on children under 7 years of age; and
 - (C) a minimum of 10 on second molars.
- (d) **Competencies.** In addition to meeting all other requirements of this section, the dental health aide must understand and successfully demonstrate and maintain the following competencies and skills:
- (1) understanding and following dental orders;
 - (2) reviewing medical history and identifying contraindications for sealant treatment;
 - (3) explaining sealant procedure and responding to questions from patient regarding sealants;
 - (4) proper patient and provider safety procedures;
 - (A) proper use and safety procedures related to curing light;
 - (B) proper use of etchant material;
 - (5) isolating and drying teeth to be sealed;
 - (6) identifying and correcting occlusal discrepancies caused by excess sealant; and

- (7) ensuring retention of the sealant.

History: June 3, 2020, Section 2.30.220(b)(1)(2) and (3) and (c)(1)(B) were amended. October 29, 2015, Section 2.30.220(c)(1)(B) and (c)(2) were amended. October 8, 2003, Section 2.30.220(a) was amended.

Sec. 2.30.230. Dental Prophylaxis Requirements.

- (a) **Prerequisites.** A dental health aide may be certified under this section to perform dental prophylaxis under the conditions set forth in subsections (b) through (d) of this section provided the dental health aide satisfies the requirements of sections:
 - (1) 2.30.200 [PDHA II training & education requirements] and 2.30.210 [PDHA II supervision & competencies];
 - (2) 2.30.400 [EFDHA I supervision, training & education requirements] and 2.30.410 [EFDHA I supervision & competencies]; or
 - (3) 2.30.500 [EFDHA II training & education requirements] and 2.30.510 [EFDHA II supervision and competencies].
- (b) **Dental Supervision.**
 - (1) The dental prophylaxis procedure must have been ordered by a dentist, dental health aide therapist, or dental health aide therapist practitioner prior to the performance of the procedure.
 - (2) Dental prophylaxis performed under this section must be carried out under the direct or indirect supervision of a dentist, dental health aide therapist, or dental health aide therapist practitioner unless the dental health aide has successfully completed the requirements of section 2.30.200(b) [PDHA II training & education requirements; (village-based dental practice course)].
- (c) **Training and Education.** The dental health aide must have satisfactorily completed one of the following:
 - (1) a Board approved course in dental prophylaxis that satisfies the requirements of section 7.20.110 [dental prophylaxis];
 - (2) a course in dental prophylaxis offered by an accredited school of higher education; or
 - (3) a course in dental prophylaxis offered or approved by IHS, including “Clinical Periodontics for the Dental Assistant.”
- (d) **Preceptorship.** A dental health aide must, after completion of the requirements in subsection (c) of this section, under the direct supervision of a dentist, dental health aide therapist, dental health aide therapist practitioner or licensed dental hygienist, satisfactorily complete a preceptorship during which the dental health aide satisfactorily performs a minimum of 40 dental prophylaxis of which
 - (1) a minimum of 10 must be performed on children under 8 years of age; and
 - (2) a minimum of 10 must be performed on adults with supra-gingival calculus.
- (e) **Competencies.** In addition to meeting all other requirements of this section, the dental health aide must understand and successfully demonstrate and maintain the following competencies and skills:
 - (1) understanding and following dental orders;
 - (2) reviewing medical history and identifying contraindications for performing prophylaxis;
 - (3) understanding when the patient should be referred to a dentist prior to carrying out prophylaxis;
 - (4) explaining prophylaxis procedure and respond to questions from patient regarding prophylaxis;
 - (5) proper patient and provider safety procedures;
 - (A) proper use of dental instruments for safety of patient and provider;
 - (B) proper use of ultrasonic scalers;
 - (6) scaling and polishing to remove plaque, calculus, and stains from the coronal or exposed surface of the tooth; and

History: June 3, 2020, Section 2.30.230(b) and (d)(1)(2) were amended. January 26, 2017, Section 2.30.230(e)(5)(B) and (7) were amended. October 29, 2015, Section 2.30.230(d) was amended. October 30, 2014, Section 2.30.230(e)(6) was amended. January 11, 2012, Section 2.30.230(d) was amended. June 8, 2010, Section 2.30.230(e) was amended. October 8, 2003, Section 2.30.230(a) was amended.

Sec. 2.30.240. Dental Radiology Requirements.

- (a) **Prerequisites.** A dental health aide may be certified under this section to perform dental radiology under the conditions set forth in subsections (b) through (d) of this section provided the dental health aide satisfies the requirements of sections:
 - (1) 2.30.200 [PDHA II training & education requirements] and 2.30.210 [PDHA II supervision & competencies];
 - (2) 2.30.400 [EFDHA I supervision, training & education requirements] and 2.30.410 [EFDHA I supervision & competencies]; or
 - (3) 2.30.500 [EFDHA II training & education requirements] and 2.30.510 [EFDHA II supervision & competencies].
- (b) **Dental Supervision.** Dental radiology may be performed under this section by a dental health aide under the general supervision of a dentist or dental health aide therapist provided the dental health aide has met the requirements of all of the requirements of this section.
- (c) **Training, Education and Preceptorship.** The dental health aide must have satisfactorily completed one of the following:
 - (1)
 - (A) a Board approved course in dental radiology that satisfies the requirements of section 7.20.120 [dental radiology];
 - (B) a course in dental radiology offered by an accredited school of higher education;
 - (C) a course in dental radiology offered or approved by IHS, including “Basic Radiology for Dental Staff”; or
 - (D) satisfactory performance in exposing and developing a minimum of 75 dental radiographs under the direct supervision of a dentist, dental health aide therapist, or licensed dental hygienist including:
 - (i) a minimum of 10 sets of bitewing radiographs, provided that a minimum of 5 sets of the bitewings must be on children under 7 years of age, and
 - (ii) a minimum of 20 periapicals and 3 occlusals.
 - (2) If in the course under (1)(A) through (C) the dental health aide did not satisfactorily expose radiographs on at least 10 patients, then after the completion of the course, the dental health aide must complete, under direct supervision of a dentist, dental health aide therapist, or licensed dental hygienist, enough additional radiographs to have satisfactorily completed exposures on no less than 10 patients.
- (d) **Competencies.** In addition to meeting all other requirements of this section, a dental health aide may only perform dental radiology, if the dental health aide successfully demonstrates and maintains
 - (1) an understanding of:
 - (A) components of an x-ray machine,
 - (B) kilovoltage (kVp),
 - (C) density and contrast,
 - (D) milliamperage (mA),
 - (E) exposure time,
 - (F) variety of digital radiography systems, and
 - (G) basic knowledge of film radiography;
 - (2) competency in the following:
 - (A) radiological protection,
 - (B) radiographic quality,
 - (C) radiographic technique,
 - (D) presentation of radiographs,
 - (E) radiographic infection control,
 - (F) special radiograph techniques,
 - (G) mounting and labeling of radiographs, and
 - (H) knowledge of digital dental radiology;

- (3) satisfactory performance of the following skills:
 - (A) radiological protection of operator and patient;
 - (B) use and storage of the lead apron and thyroid collar;
 - (C) review medical history and identify contraindications for performing x-rays;
 - (D) recognition and correction of:
 - (i) distortion,
 - (ii) overlap,
 - (iii) cone-cutting, and
 - (E) use of sensor holding devices;
 - (F) positioning and exposing intra-oral radiographs;
 - (G) troubleshooting technique errors,
 - (H) image labeling, and
 - (I) use of landmarks to display images.

History: October 6, 2021, Section 2.30.240(d) was amended. September 12, 2019, Section 2.30.240(c)(1)(D)(ii) was amended. January 22, 2016, Section 2.30.240(e) was deleted and reserved. October 29, 2015, Section 2.30.240(c)(1)(D) and (c)(2) were amended. May 15, 2014, Section 2.30.240(c)(1)(D) and (2) were amended. June 8, 2010, Section 2.30.240(d)(3) was amended. October 8, 2003, Section 2.30.240(a) was amended.

Sec. 2.30.250. Dental Assistant Function Requirements.

- (a) **Prerequisites.** A dental health aide may be certified under this section to perform the functions of a dental assistant under the conditions set forth in subsections (b) through (c) of this section provided the dental health aide satisfies the requirements of:
 - (1) 2.30.200 [PDHA II training & education requirements] and 2.30.210 [PDHA II supervision & competencies].
- (b) **Dental Supervision.** A dental health aide certified under this article who satisfies the requirements of this section may perform the functions of a dental assistant only under the direct or indirect supervision of a
 - (1) dentist;
 - (2) dental health aide therapist;
 - (3) licensed dental hygienist;
 - (4) dental health aide therapist practitioner; or
 - (5) primary dental health aide II or expanded function dental health aide I or II who is performing procedures under the general supervision of a dentist.
- (c) **Training, Education and Preceptorship.** In addition to performing functions as provided for the level of certification achieved by the dental health aide, a dental health aide may perform the functions of a dental assistant, if the dental health aide has successfully completed one of the following:
 - (1) an accredited dental assisting program;
 - (2) a Board approved dental assisting program that satisfies the requirements of section 7.20.130 [dental assisting]; or
 - (3) a program provided by a dental assistant, dental hygienist, dental health aide hygienist, dental health aide therapist, dental health aide therapist practitioner, or dentist who directly supervised the person carrying out a sufficient number of patient encounters for the person to develop satisfactory skills, as determined by the supervising dentist, in each of the functions identified in 2.30.250(d) [dental assistant function requirements; competencies].
- (d) **Competencies.** In addition to meeting all other requirements of this section, the dental health aide must understand and successfully demonstrate and maintain the ability to satisfactorily perform the following functions:
 - (1) applying topical anesthetic agents;
 - (2) placing and removing rubber dams;
 - (3) basic knowledge of dental materials, instruments, and procedures;
 - (4) four-handed instrument transfer;
 - (5) dental charting and patient record documentation;
 - (6) proper handling and sterilization of instruments; and

(7) disinfection of operatory.

History: June 3, 2021, Section 2.30.250(b) and (c) were amended. June 3, 2020, Section 2.30.250(b)(5) was amended. January 26, 2017, Section 2.30.250(d) was amended. October 29, 2015, Section 2.30.250(b)(4) was deleted and reserved. October 30, 2014, Section 2.30.250 was amended and renumbered. June 8, 2010, Section 2.30.250(c) was amended, numbers 5, 6, 7 and 8 were deleted and reserved. October 8, 2003, Section 2.30.250(a)(5) was amended.

Sec. 2.30.260. Atraumatic Restorative Treatment (ART) Requirements.

- (a) **Prerequisites.** A dental health aide may be certified under this section to perform atraumatic restorative treatment (ART) under the conditions set forth in subsections (b) through (d) of this section provided the dental health aide satisfies the requirements of sections:
- (1)
 - (A) 2.30.200 [PDHA II training & education requirements] and 2.30.210 [PDHA II supervision & competencies];
 - (B) 2.30.300 [DHAH training & education requirements] and 2.30.310 [DHAH supervision & competencies];
 - (C) 2.30.400 [EFDHA I supervision, training & education requirements] and 2.30.410 [EFDHA I supervision & competencies]; or
 - (D) 2.30.500 [EFDHA II training & education requirements] and 2.30.510 [EFDHA II supervision & competencies], and (2) 2.30.220 [sealant requirements], 2.30.230 [dental prophylaxis requirements], and 2.30.240 [dental radiology requirements] and 2.30.240 [dental radiology requirements].
- (b) **Dental Supervision.**
- (1) The dental health aide may perform ART only after consultation with a dentist, dental health aide therapist, or dental health aide therapist practitioner (exception is the dental health aide hygienist who must be supervised by a dentist) who has reviewed appropriate dental records regarding the patient, which may include radiographs and intra-oral photographs.
 - (2) ART may be performed under this section by a dental health aide under the general supervision of a dentist, dental health aide therapist, or dental health therapist practitioner (exception is the dental health aide hygienist who must be supervised by a dentist) provided the dental health aide has met the requirements of all of the requirements of this section, including successful completion of the requirements of section 2.30.200(b) [PDHA II training & education requirements; (village-based dental practice course)].
 - (3) An expanded function dental health aide I or II who has not completed the requirements of section 2.30.200(b) [PDHA II training & education requirements; (village-based dental practice course)] may perform ART under this section only under the direct or indirect supervision of a dentist, dental health aide therapist, or dental health aide therapist practitioner.
- (c) **Training and Education.** The dental health aide must have satisfactorily completed one of the following:
- (1) a Board approved course in ART that satisfies the requirements of section 7.20.140 [ART];
 - (2) a course in ART offered by an accredited school of higher education; or
 - (3) a course in ART offered or approved by IHS, including the course “Early Childhood Caries (ECC) and Midlevel Providers: an Expanded Role for Hygienists and Therapists.”
- (d) **Preceptorship.** A dental health aide must, after completion of the requirements in subsection (c) of this section, under the direct supervision of a dentist, satisfactorily complete a preceptorship during which the dental health aide satisfactorily performs ART on
- (1) a minimum of 10 patients of whom a minimum of 5 must be children under 4 years of age; and
 - (2) a minimum of 50 teeth.
- (e) **Competencies.** In addition to meeting all other requirements of this section, a dental health aide may only perform ART, if the dental health aide successfully demonstrates and maintains:
- (1) an understanding and following dental orders;
 - (2) reviewing medical history and identifying contraindications for performing ART;
 - (3) identify cases appropriate for ART;

- (4) understanding when the patient should be referred to a dentist;
- (5) explaining ART procedure and responding to questions from patient regarding ART;
- (6) proper patient and provider safety procedures, including proper use dental instruments;
- (7) isolating the tooth/teeth;
- (8) removing gross caries with hand instruments;
- (9) mixing, placing and contouring appropriate restorative material; and
- (10) recognizing potential and actual procedural complications and consulting appropriately with the dentist.

History: June 3, 2020, Section 2.30.260(b)(1)(2) and (3) were amended. October 30, 2013, Section 2.30.260(b)(1) and (2) were amended. June 8, 2010, Section 2.30.260(e)(3) was amended. October 8, 2003, Section 2.30.260(a) was amended.

Sec. 2.30.300. Dental Health Aide Hygienist Training, Education, and Licensure Requirements.

A person meets the training and education requirements to be a certified dental health aide hygienist upon successful completion of

- (a) all requirements under sections 2.30.100(a)(1) [PDHA I training & education requirements; training (pre-session)] and (4) [PDHA I training & education requirements; training; (BLS)];
- (b)
 - (1) an accredited school of dental hygiene; or
 - (2) a dental hygiene training and education program approved by the Board; and
- (c) if not covered in the training under (b)(1) or (2) of this section or if the training has not been kept up-to-date through practice or continuing education, a course in local anesthetic that is
 - (1) approved by the Board that satisfies the requirements of section 7.20.400 [local anesthetic administration];
 - (2) offered by an accredited school of higher education; or
 - (3) offered or approved by IHS; and
- (d) is licensed as a dental hygienist in Alaska under AS 08.32.10 or a dental hygienist in the employ of the federal government in the discharge of official duties who is a dental hygienist licensed in one of the states or territories of the United States.

History: May 15, 2014, Section 2.30.300 was amended.

Sec. 2.30.310. Dental Health Aide Hygienist Supervision and Competencies.

- (a) **Dental Supervision.**
 - (1) Dental hygiene services may be performed under this section by a dental health aide hygienist under the general supervision of a dentist provided the dental health aide hygienist has met the requirements of all of the requirements of this section.
 - (2) a dental health aide hygienist may perform services identified in section 2.30.260 [ART requirements] under general supervision of a dentist upon successful completion of all of the requirements of the applicable section and requirements of section 2.30.200 (b) [PDHA II training and education requirements].
- (b) **Competencies.** In addition to demonstrating the competencies identified in section 2.30.110(b) [PDHA I supervision & competencies; competencies], 2.30.210(b) [PDHA II supervision & competencies; competencies], 2.30.220(d) [sealant requirements; competencies], 2.30.230(e) [dental prophylaxis requirements; competencies], 2.30.240(d) [dental radiology requirements; competencies], and after satisfying the requirements of 2.30.300 [DHAH training & education requirements], a certified dental health aide hygienist must successfully demonstrate and maintain satisfactory performance of the following skills:
 - (1) removing calculus deposits, accretions and stains from the surfaces of teeth by scaling and polishing techniques;
 - (2) non-surgical periodontal therapy;

- (3) placing sulcular medicinal or therapeutic materials;
- (4) periodontal probing; and
- (5) administration of local anesthetics and identification and responding to the side effects of local anesthetics.

History: October 29, 2013, Section 2.30.310(b) was amended. October 12, 2011, Section 2.30.310(a) and (b) were amended. October 14, 2004, Section 2.30.310(a) was amended. October 8, 2003, Section 2.30.310(b) was amended.

Sec. 2.30.400. Expanded Function Dental Health Aide I Supervision, Training and Education Requirements.

- (a) **Training and Education.** A person meets the training and education requirements to be a certified expanded function dental health aide I upon successful completion of
 - (1) all requirements under sections 2.30.100(a) [PDHA I Training and Education Requirements; Training] and meet requirements of Sec. 2.30.250(c) and (d) [Dental Assistant Function Requirements; Training, Education and Preceptorship; and Competencies];
 - (2)
 - (A)
 - (i) a Board approved course in basic restorative functions that satisfies the requirements of section 7.20.200 [basic restorative functions];
 - (ii) a course in basic restorative functions offered by an accredited school of higher education; or
 - (iii) a course in basic restorative functions offered or approved by IHS, including “Restorative Functions – Basic”; or
 - (B) training that meets the requirements under section 2.30.230 [dental prophylaxis requirements]; and
 - (3) a preceptorship that satisfies the requirements in subsection (b) [EFDHA I preceptorship] of this section.
- (b) **Preceptorship.** An expanded function dental health aide I who has satisfied the requirements of
 - (1) subsection (a)(2)(A) [EFDHA I training & education; (basic restorative functions course)] must, after completion of the other requirements in subsection (a) [EFDHA I training and education] of this section, satisfactorily complete a preceptorship, which must
 - (A) be under the direct supervision of a dentist or DHATP;
 - (B) continue after completion of the training under subsection (a)(2) for a minimum of six months or 800 hours, whichever is longer; and
 - (C) include satisfactory performance in the dental health aide's clinical setting under direct supervision of a dentist or DHATP of a minimum of 50 restorations of which a minimum of 5 must be in each classification of class I, class II, class III and class V; or
 - (2) subsection (a)(2)(B) [EFDHA I training and education (dental prophylaxis course)] must, after the completion of the other requirements in subsection (a) [EFDHA I training and education] of this section, satisfactorily complete a preceptorship as required under section 2.30.230 [dental prophylaxis requirements].

History: June 8, 2023, Section 2.30.400(b)(1)(C) was amended. June 2, 2022, Section 2.30.400(b)(A) and (C) were amended. January 26, 2017, Section 2.30.400(a)(1) and (2)(A)(i) were amended. October 12, 2011, Section 2.30.400(a) and (b) were amended. October 8, 2003, Section 2.30.400(a)(2) and (b) were amended.

Sec. 2.30.410. Expanded Function Dental Health Aide I Supervision and Competencies.

- (a) **Dental Supervision.**
 - (1) An expanded function dental health aide I may perform the functions identified for a dental assistant under sections 2.30.250(c) [dental assistant function requirements; competencies] and 2.30.410(b) [EFDHA I supervision & competencies; competencies] only under the direct or indirect supervision of a dentist, dental health aide therapist, or dental health aide therapist practitioner.

- (2) An expanded function dental health aide I may perform the services identified in section 2.30.550 [stainless steel crown placement requirements] under the direct or indirect supervision of a dentist, dental health aide therapist, or dental health aide therapist practitioner upon successful completion of all the requirements of the applicable section.
 - (3) An expanded function dental health aide I may perform the services identified in section 2.30.410 (b)(1) [EFDHA I supervision & competencies] under general supervision of a dentist, dental health aide therapist, or dental health aide therapist practitioner upon completion of the requirements of section 2.30.200(b) [PDHA II training & education requirements; (village-based dental practice course)].
 - (4) An expanded function dental health aide I may perform services as provided for under sections 2.30.220 [sealant requirements], 2.30.230 [dental prophylaxis requirements], 2.30.240 [dental radiology requirements], and 2.30.260 [ART requirements] under the general supervision of a dentist, dental health aide therapist, or dental health aide therapist practitioner upon successful completion of all of the requirements of the applicable section and the requirements of section 2.30.200(b) [PDHA II training & education requirements; (village-based dental practice course)].
- (b) **Competencies.** In addition to satisfying the requirements of 2.30.400 [EFDHA I training & education requirements], a certified expanded function dental health aide must successfully demonstrate and maintain the following:
- (1)
 - (A) an understanding of:
 - (i) basic dental anatomy;
 - (ii) caries disease process;
 - (iii) periodontal disease process;
 - (iv) infection control;
 - (v) health care system access, including access to Medicaid and other third-party resources;
 - (vi) scheduling;
 - (vii) theory of prevention;
 - (viii) fluoride as a drug and related issues;
 - (B) competency in the following subjects:
 - (i) topical fluoride treatment(s);
 - (ii) oral hygiene instruction;
 - (iii) identification of potential dental problems and appropriate referrals;
 - (iv) recognition of medical and dental conditions that may require direct dental supervision or services;
 - (v) those provided for under sections 2.20.110(b)(1), (3) through (12), and (14) [CHA I competencies; (competencies)];
 - (vi) dental health aide's general scope of work;
 - (vii) basic life support and basic management of dental emergencies;
 - (C) satisfactory performance of the following skills:
 - (i) use of CHAM;
 - (ii) general medical history taking;
 - (iii) patient education including the explanation of prevention strategies, including fluoride and sealants;
 - (iv) toothbrush prophylaxis;
 - (v) clean/sterile techniques;
 - (vi) universal precautions; and
 - (vii) hand washing;
 - (2)
 - (A) for an expanded function dental health aide I who has satisfied the requirements of section 2.30.400(a)(2)(A) [EFDHA I training & education requirements; training & education; (basic restorative functions course)] and (b) [EFDHA I training & education requirements; preceptorship]:

- (i)
 - (I) advanced understanding of tooth morphology, structure and function; and
 - (II) an ability to discriminate between acceptable and unacceptable restoration; and
- (ii) competency in and satisfactory performance of the following skills:
 - (I) placement and finishing of Class I, II, III, and V dental restorations (simple fillings) after preparation by the dentist or dental health aide therapist; and
 - (II) Provide appropriate post-procedure instructions; and
- (B) for an expanded function dental health aide I who has satisfied the requirements of section 2.30.400(a)(2)(B) [EFDHA I training & education requirements; training and education; (prophylaxis training)], the requirements of section 2.30.230(e) [dental prophylaxis requirements; competencies].

History: June 8, 2023, Section 2.30.410(b)(2)(A)(ii)(I) and (II) were amended. January 13, 2022, Section 2.30.410(a)(1) was amended. June 3, 2020, Section 2.30.410(a)(1)(2)(3) and (4) were amended. October 27, 2016, Section 2.30.410(b)(1)(A)(ix) and (C)(I), (II) and (C)(viii)(ix)(x) and (xi) were amended. October 29, 2015, Section 2.30.410(b)(C)(ix) was amended. October 12, 2011, Section 2.30.410 was amended. June 18, 2008, Section 2.30.410(b)(2)(ii)(III) was amended by adding punctuation at the end. In the Standards amended January 31, 2005, Section 2.30.410(a)(1) a cross-citation was corrected. October 8, 2003, Section 2.30.410(b)(1)(B) and (C) were amended. October 4, 2023 Sec. 2.30.410 (b)(2)(A) (ii)(I) was amended.

Sec. 2.30.500. Expanded Function Dental Health Aide II Training and Education Requirements.

- (a) **Training and Education.** A person meets the training and education requirements to be a certified expanded function dental health aide II upon successful completion of
 - (1) all requirements under sections 2.30.100(a)(1) and (a)(4) [PDHA I training & education requirements; training; (pre-session) & (BLS)], and 2.30.400(a)(2)(A), and (b)(1) [EFDHA I training & education requirements] and 2.30.410 [EFDHA I supervision & competencies];
 - (2)
 - (A) a Board approved course in advanced restorative functions that satisfies the requirements of section 7.20.210 [advanced restorative functions];
 - (B) a course in advanced restorative functions offered by an accredited school of higher education; or
 - (C) a course in advanced restorative functions offered or approved by IHS, including “Restorative Functions – Advanced”; and
 - (3) a preceptorship that satisfies the requirements in subsection (b) [EFDHA II preceptorship] of this section.
- (b) **Preceptorship.** An expanded function dental health aide II must after completion of the requirements in subsection (a) [EFDHA II training & education] of this section, satisfactorily complete a preceptorship, which must
 - (1) be under the direct supervision of a dentist;
 - (2) continue after completion of the training under subsection (a)(2) [EFDHA II training & education; (advanced restorative functions course)] for a minimum of six months or 800 hours whichever is longer; and
 - (3) include satisfactory performance in the dental health aide's clinical setting under direct supervision of a dentist of a minimum of 50 complex restorations.

History: October 29, 2015, Section 2.30.500(a)(1) was amended. October 12, 2011, Section 2.30.500(a)(1) was amended. October 7, 2009, Section 2.30.500(a)(1) was amended. October 8, 2003, Section 2.30.500(a)(1) was amended.

Sec. 2.30.510. Expanded Function Dental Health Aide II Supervision and Competencies.

- (a) **Dental Supervision.**
 - (1) An expanded function dental health aide II may perform the functions identified for a dental assistant under sections 2.30.250(c) [dental assistant function requirements; competencies] and 2.30.510(b)

- [EFDHA II supervision & competencies; competencies] only under the direct or indirect supervision of a dentist, dental health aide therapist, or dental health aide therapist practitioner.
- (2) An expanded function dental health aide II may perform the services identified in section 2.30.550 [stainless steel crown placement requirements] under the direct or indirect supervision of a dentist, dental health aide therapist, or dental health aide therapist practitioner upon successful completion of all of the requirements of the applicable section.
 - (3) An expanded function dental health aide II may perform the services identified in section 2.30.410 (b)(1) [EFDHA I supervision & competencies; competencies under general supervision of a dentist, dental health aide therapist, or dental health aide therapist practitioner upon completion of the requirements of section 2.30.200(b) [PDHA II training & education requirements; (village-based dental practice course)]].
 - (4) An expanded function dental health aide II may perform services as provided for under sections 2.30.220 [sealant requirements], 2.30.230 [dental prophylaxis requirements], 2.30.240 [dental radiology requirements], and 2.30.260 [ART requirements] under the general supervision of a dentist, dental health aide therapist, or dental health aide therapist practitioner upon successful completion of all of the requirements of the applicable section and the requirements of section 2.30.200(b) [PDHA II training & education requirements; village-based dental practice].
- (b) **Competencies.** In addition to satisfying the requirements of 2.30.500 [EFDHA II training & education requirements], a certified expanded function dental health aide II must demonstrate and maintain the following:
- (1) the satisfactory performance of the competencies identified in sections
 - (A) 2.30.240(d) [dental radiology requirements; competencies];
 - (B) 2.30.250(c) [dental assistant function requirements; competencies];
 - (C) 2.30.410(b) [EFDHA I supervision & competencies; competencies]; and
 - (2) understanding of
 - (A) the basics of occlusion as they apply to restorative dentistry; and
 - (B) current state-of-the-art dental bonding agents;
 - (3) competency in and satisfactory performance of the following skills:
 - (A) placement and finishing of cuspal coverage Class II and Class IV restorations (complex fillings); and
 - (B) provide appropriate post-procedure instructions.

History: June 8, 2023, Section 2.30.510(b)(3)(A) and (B) were amended. January 13, 2022, Section 2.30.510(b) was amended. June 3, 2020, Section 2.30.510(a)(1)(2)(3) and (4) were amended. October 27, 2016, Section 2.30.510 was amended. October 12, 2011, Section 2.30.510 was amended. In the Standards amended January 31, 2005, Section 2.30.510(a)(1) a cross-citation was corrected. October 8, 2003, Section 2.30.510(b)(1)(B) and (D) were amended. October 4, 2023 Section 2.30.510 (b) (3) (A) was amended.

Sec. 2.30.550. Stainless Steel Crown Placement Requirements.

- (a) **Prerequisites.** An expanded function dental health aide may be certified under this section to place stainless steel crowns under the conditions set forth in subsections (b) through (e) of this section provided the expanded function dental health aide satisfies the requirements of
 - (1) sections 2.30.400(a)(1),(a)(2)(A), (a)(3), and (b) [EFDHA I training & education requirements; training & education & preceptorship] and 2.30.410 [EFDHA I supervision & competencies]; or
 - (2) sections 2.30.500 [EFDHA II training & education requirements] and 2.30.510 [EFDHA II supervision & competencies].
- (b) **Dental Supervision.** An expanded function dental health aide I or II may perform stainless steel crown placement only under the direct or indirect supervision of a dentist, dental health aide therapist, or dental health aide therapist practitioner.
- (c) **Training and Education.** A person meets the training and education requirements to place stainless steel crowns upon successful completion of
 - (1) all requirements under sections 2.30.400(a)(1), (a)(2)(A), (a)(3), and (b) [EFDHA I training & education requirements; training & education & preceptorship] and 2.30.410 [EFDHA I supervision &

- competencies] or 2.30.500 [EFDHA II training & education requirements] and 2.30.510 [EFDHA II supervision & competencies];
- (2)
- (A) a Board approved course in stainless steel crown placement that satisfies the requirements of section 7.20.220 [stainless steel crowns];
 - (B) a course in stainless steel crown placement offered by an accredited school of higher education; or
 - (C) a course in stainless steel crown placement offered or approved by IHS, which includes “Advanced Pediatric Restorative Techniques for Expanded Function Dental Assistants”; and
- (3) a preceptorship that satisfies the requirements of subsection (d) [preceptorship] of this section.
- (d) **Preceptorship.** A dental health aide must after completion of the requirements in subsection (a) of this section, satisfactorily complete a preceptorship, which must
- (1) be under the direct supervision of a dentist or dental health aide therapist practitioner; and
 - (2) include satisfactory performance under the direct supervision of a dentist or dental health aide therapist practitioner in the expanded function dental health aide's clinical setting of placing a minimum of 20 stainless steel crowns.
- (e) **Competencies.** In addition to meeting all other requirements of this section, the expanded function dental health aide must understand and successfully demonstrate and maintain the following competencies and skills:
- (1) selecting the appropriate stainless steel crown;
 - (2) modifying the crown, as necessary;
 - (3) checking and correcting occlusion, contact and margins of stainless steel crown;
 - (4) cementing and removing excess cement;
 - (5) re-verifying the occlusion; and
 - (6) providing appropriate post-procedure instructions.

History: June 2, 2022, Section 2.30.550(b) and (d) were amended. October 12, 2011, Section 2.30.550(a) and (c) were amended. October 8, 2003, Section 2.30.550(a)(1), (2) and (c)(1) were amended.

Sec. 2.30.600. Dental Health Aide Therapist Training and Education Requirements.

A person meets the training and education requirements to be a certified dental health aide therapist upon successful completion of

- (1) the requirements of section 2.30.100(a)(1) and (a)(4) [PDHA I training & education requirements; training; (pre-session) & (BLS)], and
- (2)
 - (A) an accredited school of dental therapy or its equivalent; or
 - (B) a Board approved course of dental therapy that satisfies the requirements of section 7.20.500 [DHAT training program]; and
- (3) a clinical preceptorship under the direct supervision of a dentist for a minimum of three months or 400 hours whichever is longer. The preceptorship should encompass all competencies required of a dental health aide therapist outlined in section 2.30.610(b)(1), (2) and (3) [DHAT supervision and competencies; competencies], and students should demonstrate each procedure or service independently to the satisfaction of the preceptor dentist.

History: October 30, 2014, Section 2.30.600(3) was amended. June 20, 2007, Section 2.30.600(3) was amended.

Sec. 2.30.610. Dental Health Aide Therapist Supervision and Competencies.

- (a) **Dental Supervision.** Dental health aide therapist services may be performed under this section by a dental health aide therapist under the general supervision of a dentist provided the dental health aide therapist has met the requirements of this section. Pulpal therapy (not including pulpotomies on deciduous teeth) or

extraction of adult teeth can be performed by a dental health aide therapist only after consultation with a licensed dentist who determines that the procedure is a medical emergency that cannot be resolved with palliative treatment.

- (b) **Competencies.** In addition to meeting the requirements of section 2.30.100(a)(1) and (a)(4) [PDHA I training & education requirements; training; (presession) & (BLS)] and 2.30.600 [DHAT training & education requirements], a certified dental health aide therapist must successfully demonstrate and maintain
- (1) an understanding of
 - (A) medical evaluation,
 - (B) dental evaluation,
 - (C) periodontic techniques,
 - (D) clinic management and supervision,
 - (E) restorative dentistry,
 - (F) oral surgery and local anesthesia,
 - (G) infection control,
 - (H) equipment maintenance,
 - (I) community and preventive dentistry, and
 - (J) management of the medicines in the village;
 - (2) competency in the above subjects to the level of performance required at the time of meeting the requirements of section 2.30.600(2)(A) [DHAT training & education requirements; (education options)]; and
 - (3) competency in and satisfactory performance of the following skills:
 - (A) all of the skills identified in sections 2.30.110 [PDHA I supervision & competencies], 2.30.210 [PDHA II supervision & competencies], 2.30.220 [sealant requirements], 2.30.230 [dental prophylaxis requirements], 2.30.240 [dental radiology requirements], 2.30.250 [dental assistant function requirements], 2.30.260 [ART requirements], 2.30.410 [EFDHA I supervision & competencies], 2.30.510 [EFDHA II supervision & competencies], and 2.30.550 [stainless steel crown placement requirements];
 - (B) diagnosis and treatment of caries;
 - (C) performance of uncomplicated extractions of primary and permanent teeth;
 - (D) response to emergencies to alleviate pain and infection;
 - (E) administration of local anesthetic;
 - (F) recognition of and referring conditions needing space maintenance;
 - (G) maintenance of dental equipment;
 - (H) development of and carrying out community health prevention and education program; and
 - (I) performance of pulpotomies on primary teeth.

History: June 8, 2023, Section 2.30.610(b)(3), (b)(1)(H) and (b)(3)(G) were amended. September 12, 2019, 2.30.610(b)(1) was amended. Section October 30, 2014, Section 2.30.610(b)(3)(A) was amended. June 13, 2012, Section 2.30.610(a) was amended. January 11, 2012, Section 2.30.610(b)(3) was amended. June 8, 2010, Section 2.30.610(b)(3) was amended. June 18, 2008, Section 2.30.610(a) and (b) were amended. October 14, 2004, Section 2.30.610(b)(3)(B) was amended. October 8, 2003, Section 2.30.610(b)(3) was amended.

Sec. 2.30.700. Dental Health Aide Therapist Practitioner Training and Education Requirements.

- (a) A person meets the training and education requirements to be a certified dental health aide therapist practitioner upon successful completion of
- (1) all the requirements of section 2.30.600 [DHAT Training & Education Requirements]; and
 - (2) two consecutive recertification as a dental health aide therapist outlined in section 2.50.200 [Requirements for Renewal] and section 3.10.050 [DHAT Continuing Education Requirements]; and
 - (3) requirements of section 3.10.050 [DHA Continuing Education Requirements; Unlapsed Certificate]; and
 - (4) Letter of Recommendation by the applicants supervising dentist verifying the DHAT meets clinical competency.

History: January 13, 2022, Section 2.30.700(4), was amended. June 3, 2020, Section 2.30.700 was added.

Sec. 2.30.710. Dental Health Aide Therapist Practitioner Supervision and Competencies.

- (a) **Dental Supervision.** Dental health aide therapist practitioner services may be performed under the requirements set forth in 2.30.610(a) [DHAT dental supervision].
- (b) **Competencies.** In addition to meeting the requirements of section 2.30.700 [DHATP training & education requirements], a certified dental health aide therapist practitioner just successfully demonstrate and maintain requirements set forth in 2.30.610(b) [DHAT competencies].

History: June 3, 2020, Section 2.30.710 was added.

Article 40. Standards for Behavioral Health Aides and Practitioners

History: June 18, 2008, Article 40 was added.

Sec. 2.40.010. Supervision of Behavioral Health Aides and Behavioral Health Practitioners.

- (a) **Clinical Oversight.**
 - (1) **Program Responsibility.** A behavioral health aide or practitioner may only practice in a program in which clinical oversight of the behavioral health program is provided and responsibility is taken by a licensed behavioral health clinician who must be
 - (A) familiar with the BHA/P program, the Standards and the BHAM; and
 - (B) employed by the federal government or employed by or under contract with a tribal health program operating a community health aide program in Alaska under the ISDEAA.
 - (2) **Qualifications.** A licensed behavioral health clinician or behavioral health professional providing clinical oversight or clinical supervision
 - (A) must have demonstrated the ability to provide culturally competent services; and
 - (B) if providing direct supervision of behavioral health aides or practitioners:
 - (i) must have demonstrated the ability to provide such services in a village setting; and
 - (ii) through education and experience, be able to supervise village-based behavioral health aides and practitioners.
- (b) **Levels of Supervision.** The clinical supervision of a behavioral health aide or practitioner may be direct, indirect, or general as defined in section 2.40.010(c) [supervision of BHA/Ps; definitions of level of supervision] provided that
 - (1) the person providing clinical supervision must either be a licensed behavioral health clinician or behavioral health professional, provided that a behavioral health practitioner acting within the scope of his or her certification may provide day-to-day support and mentoring of behavioral health aides;
 - (2) the behavioral health aide or practitioner must be supervised at what ever level of supervision is required for the specific service or care being provided;
 - (3) the supervisor may impose a higher level of supervision on the behavioral health aide or practitioner than that provided in this article; and
 - (4) the supervisor may develop an individualized protocol under which the behavioral health aide or practitioner is permitted to engage in a wider range of activities than that allowed under this article, provided
 - (A) the individualized protocol is in writing signed by the behavioral health aide or practitioner and a licensed behavioral health clinician who is both familiar with the work of the behavioral health aide or practitioner and the setting in which the authorized services will be provided;
 - (B) the level of supervision and level of performance required for each service to be provided under the individualized protocol is specified; and
 - (C) the individualized protocol must be reviewed and updated upon re-certification of the behavioral health aide or practitioner.

- (c) **Definitions of Level of Supervision.** For the purposes of this article:
- (1) “Direct supervision” means that a licensed behavioral health clinician or a behavioral health professional
 - (A) consults in advance with the behavioral health aide or practitioner prior to the behavioral health aide or practitioner performing service;
 - (B) is available in person or through the use of telehealth, which for the purposes of supervision and consultation with behavioral health aides and practitioners includes instant messaging and telephone communications, while the behavioral health aide or practitioner performs the service; and
 - (C) reviews the outcome of specific services performed with the behavioral health aide or practitioner on a relatively contemporaneous basis after their completion.
 - (2) “Indirect supervision” means that a licensed behavioral health clinician or a behavioral health professional
 - (A) consults in advance with the behavioral health aide or practitioner with regard to the plan for performing services; and
 - (B) routinely reviews with the behavioral health aide or practitioner services provided.
 - (3) “General supervision” means, with regard to
 - (A) direct client services, that a licensed behavioral health clinician or behavioral health professional has authorized and or planned with the behavioral health aide or practitioner and client a treatment, case management, or services plan that is intended to be carried out by a specific behavioral health aide or practitioner subject to regular case review by the supervisor; or
 - (B) outreach (including initial contacts with individuals who may seek or be referred for services, community-based education and prevention activities, and community organization work), that a licensed behavioral health clinician or a behavioral health professional has consulted with and authorized the behavioral health aide or practitioner to perform such activities independently so long as the behavioral health aide or practitioner is within the scope of practice for which the behavioral health aide or practitioner is certified and will be reported to and periodically reviewed by the supervisor.

History: May 15, 2014, Section 2.40.010(a)(1) was amended. June 18, 2008, Section 2.40.010 was added.

Sec. 2.40.020. Scope of Practice Prior to Certification as a Behavioral Health Aide or Practitioner.

- (a) **Minimum Requirements.** A person who satisfies the requirements of subsection 2.40.020(b) [scope of practice prior to certification as a BHA/P; employment] may perform services of a certified behavioral health aide or practitioner prior to being certified to the extent the services are performed
- (1) as part of the required training for certification;
 - (2) as part of a clinical practicum;
 - (3) to satisfy work experience requirements required for certification; or
 - (4) after the application for certification has been submitted to the Board, while certification is pending after successful completion of all training, clinical practicum and work experience requirements.
- (b) **Employment.** To be eligible to perform services under subsection 2.40.020(a) [scope of practice prior to certification as a BHA/P; minimum requirements], the person must
- (1) be employed by the Indian Health Service or a tribe or tribal health program operating a community health aide program in Alaska under the ISDEAA;
 - (2) provide only those services for which the person has been trained and has demonstrated successful performance; and
 - (3) provide services only under the direct, indirect, or general supervision as required under section 2.40.010 [supervision of BHA/Ps] and other relevant sections of this article 40 [standards for BHAs] of this Chapter.

History: June 18, 2008, Section 2.40.020 was added.

Sec. 2.40.100. Behavioral Health Aide I Training, Practicum, and Experience Requirements.

A person meets the training and education, practicum, and experience requirements to be a certified behavioral health aide I upon successful completion of the requirements set forth in subsections (a) [BHA I specialized training program] or (b) [BHA I alternative training] and the requirements of (c) [BHA I practicum] and (d) [BHA I work experience] of this section.

- (a) **Behavioral Health Aide I Specialized Training Program.** The specialized behavioral health aide I training program is comprised of Board approved courses, or their equivalent, that satisfy the requirements of sections:
- (1) 8.20.050 [general orientation];
 - (2) 8.20.100 [orientation to behavioral health services];
 - (3) 8.20.110 [ethics, consent, confidentiality and privacy];
 - (4) 8.20.116 [human development];
 - (5) 8.20.125 [introduction to behavioral health concerns];
 - (6) 8.20.135 [introduction to counseling];
 - (7) 8.20.140 [introduction to documentation];
 - (8) 8.20.145 [introduction to case management];
 - (9) 8.20.150 [working with diverse populations];
 - (10) 8.20.155 [introduction to group counseling];
 - (11) 8.20.160 [crisis intervention];
 - (12) 8.20.165 [HIV/AIDS and infectious diseases];
 - (13) 8.20.170 [community approach to prevention];
 - (14) 8.20.175 [family systems I]; and
 - (15) 8.20.180 [maintaining health, wellness and balance].
- (b) **Behavioral Health Aide I Alternative Training.**
- (1) **Required Content.** In lieu of completing one or more of the specialized training courses described in subsection (a) [BHA I specialized training program], a person may satisfy the course requirements for certification as a behavioral health aide I by successfully completing courses of study determined by the Board under Sec. 8.20.010 [equivalent courses] to be equivalent to those required under subsection (a) [BHA I specialized training].
- (c) **Behavioral Health Aide I Practicum.** After completion of the training listed in subsection (a) [BHA I specialized training program] or (b) [BHA I alternative training] of this section, the applicant must additionally complete a 100 hour clinical practicum under the direct supervision of a licensed behavioral health clinician or behavioral health professional. The applicant must satisfactorily perform each of the following:
- (1) no fewer than 25 hours of providing client orientation to services including screening and initial intake, with appropriate case documentation;
 - (2) no fewer than 25 hours of providing case management and referral with appropriate case documentation;
 - (3) no fewer than 35 hours of providing village-based community education, prevention, and early intervention services with appropriate case documentation; and
 - (4) the balance of the hours must be related to practicum components listed in subsections (c)(1) through (c)(3) of this section.
- (d) **Behavioral Health Aide I Work Experience.**
- (1) **Minimum Experience.** Prior to being certified as a behavioral health aide I, a person, who seeks certification based on training or education described in subsections (a) [BHA I specialized training] or (b) [BHA I alternative training], must have provided village-based behavioral health services for no fewer than 1,000 hours under the direct supervision of a licensed behavioral health clinician or behavioral health professional.
 - (2) **Exceptions and Substitutions.** An applicant who demonstrates that he or she satisfies the applicable requirements of section 2.40.500 [BHA/P knowledge, skills, and scope of practice] and has the capacity to provide culturally appropriate services in a village setting may substitute

experience, or be exempted from the experience requirement, as provided in subparagraphs (A) and (B) of this paragraph.

- (A) An applicant with experience providing behavioral health services other than that described in subsection (d)(1) [minimum experience] or who has education and training beyond that required for this level of certification may substitute such training and education.
- (B) Relevant practice experience acquired while obtaining the education or training required under subsection (a) [BHA I specialized training] or subsection (b) [BHA I alternative training] may be relied upon to satisfy the requirement under subsection (d)(1) [minimum experience] on an hour for hour basis.

History: October 13, 2022, Sec. 2.40.100(a) was amended. June 12, 2014, Section 2.40.100(b)(c) and (d) were amended. June 18, 2008, Section 2.40.100 was added.

Sec. 2.40.110. Clinical Supervision Requirement for Behavioral Health Aide I.

- (a) Except as provided in section 2.40.010(b) [supervision of BHA/Ps; levels of supervision], a behavioral health aide I requires the direct supervision by a licensed behavioral health clinician or a behavioral health professional when carrying out any of the activities referred to in subsection (b) [knowledge and skills] of sections:
 - (1) 2.40.511 [working with others];
 - (2) 2.40.516 [cultural competency and individualizing care];
 - (3) 2.40.521 [professional and ethical practice];
 - (4) 2.40.522 [documenting];
 - (5) 2.40.526 [community education and advocacy];
 - (6) 2.40.531 [screening and assessment];
 - (7) 2.40.536 [planning services];
 - (8) 2.40.541 [linking to community resources];
 - (9) 2.40.546 [providing services]; and
 - (10) 2.40.566 [professional development].

History: June 5, 2023, section amended. June 18, 2008, Section 2.40.110 was added.

Sec. 2.40.200. Behavioral Health Aide II Training, Practicum, and Experience Requirements.

A person meets the training and education, practicum, and experience requirements to be a certified behavioral health aide II upon successful completion of the requirements set forth in subsection (a) [prerequisites], and subsections (b) [BHA II specialized training program] or (c) [BHA II alternative training], and subsections (d) [BHA II practicum] and (e) [BHA II work experience] of this section.

- (a) **Prerequisites.** A behavioral health aide II must satisfy all requirements applicable to a BHA I under sections 2.40.100 [BHA I training, practicum, & experience requirements] and 2.40.500 [BHA/P knowledge, skills, and scope of practice].
- (b) **Behavioral Health Aide II Specialized Training Program.** The behavioral health aide II specialized training program is comprised of Board approved courses, or their equivalent, that satisfy the requirements of sections:
 - (1) 8.20.220 [psychophysiology and behavioral health];
 - (2) 8.20.225 [introduction to co-occurring disorders];
 - (3) 8.20.228 [tobacco use and treatment];
 - (4) 8.20.230 [Diagnostic and Statistical Manual practice application];
 - (5) 8.20.235 [advanced interviewing skills];
 - (6) 8.20.240 [American Society of Addiction Medicine patient placement criteria practice application];
 - (7) 8.20.245 [case studies and applied case management];
 - (8) 8.20.250 [traditional health based practices];

- (9) 8.20.255 [intermediate therapeutic group counseling];
 - (10) 8.20.260 [applied crisis management];
 - (11) 8.20.271 [community needs and action];
 - (12) 8.20.275 [family systems II]; and
 - (13) 8.20.280 [behavioral health documentation].
- (c) **Behavioral Health Aide II Alternative Training.**
- (1) **Required Content.** In lieu of completing one or more of the specialized training courses described in subsection (b) [BHA II specialized training program], a person may satisfy the course requirements for certification as a behavioral health aide II by successfully completing courses of study determined by the Board under Sec. 8.20.010 [equivalent courses] to be equivalent to those required under subsection (b) [BHA II specialized training].
 - (A) Such course of study must have included the content equivalent to that described in subsection (b) [BHA II specialized training program]; or
 - (B) to the extent it did not, the person successfully completed the courses listed in subsection (b) as necessary to fill any gaps.
- (d) **Behavioral Health Aide II Practicum.** After meeting the requirements of subsection (a) [prerequisites] and completion of the training listed in subsection (b) [BHA II specialized training] or (c) [BHA II alternative training] of this section, the applicant must additionally complete a 100 hour clinical practicum under the direct supervision of a licensed behavioral health clinician or behavioral health professional. The applicant satisfactorily perform each of the following:
- (1) no fewer than 35 hours of providing client substance use assessment and treatment planning using the Diagnostic and Statistical Manual and American Society of Addiction Medicine patient placement criteria with appropriate case documentation;
 - (2) no fewer than 30 hours of providing rehabilitative services (e.g., comprehensive community support services or therapeutic behavioral health service) with appropriate case documentation;
 - (3) no fewer than 25 hours of providing community readiness evaluation and prevention plan development with appropriate case documentation; and
 - (4) the balance of the hours must be related to practicum components listed in subsections (d)(1) through (d)(3) of this section.
- (e) **Behavioral Health Aide II Work Experience.**
- (1) **Minimum Experience.** Except as provided in paragraph (2) [exceptions and substitutions] of this subsection, prior to being certified as a behavioral health aide II, a person, who seeks certification based on training or education described in subsections (b) [BHA II specialized training] or (c) [alternative training], must have provided village-based behavioral health services for no fewer than 2,000 hours under the direct or indirect (as applicable) supervision of a licensed behavioral health clinician or behavioral health professional.
 - (2) **Exceptions and Substitutions.** An applicant who demonstrates that he or she satisfies the applicable requirements of section 2.40.500 [BHA/P knowledge, skills, & scope of practice] and has the capacity to provide culturally appropriate services in a village setting may substitute experience, or be exempted from the experience requirement, as provided in subparagraphs (A) and (B) of this paragraph.
 - (A) An applicant with experience providing behavioral health services other than that described in subsection (e)(1) [minimum experience] or who has education and training beyond that required for this level of certification may substitute such training and education.
 - (B) Relevant practice experience acquired while obtaining the education or training required under subsections (b) [BHA II specialized training] or (c) [BHA II alternative training] and in meeting the experience requirements for certification as a behavioral health aide I may be relied upon to satisfy the experience requirement under subsection (e)(1) [minimum experience] on an hour for hour basis.

Sec. 2.40.210. Clinical Supervision Requirement for Behavioral Health Aide II.

Except as provided in section 2.40.010(b)[supervision of BHA/Ps; levels of supervision], a behavioral health aide II requires supervision by a licensed behavioral health clinician or a behavioral health professional, as provided below:

- (a) direct supervision when carrying out any of the activities referred to in subsection (b) [knowledge and skills] of sections:
 - (1) 2.40.522 [documenting];
 - (2) 2.40.536 [planning services];
 - (3) 2.40.546 [providing services]; and
 - (4) 2.40.566 [professional development]; and
- (b) indirect supervision when carrying out any of the activities referred to in subsection (b) [knowledge and skills] of sections:
 - (1) 2.40.511 [working with others];
 - (2) 2.40.516 [cultural competency and individualizing care];
 - (3) 2.40.521 [professional and ethical practice];
 - (4) 2.40.526 [community education and advocacy];
 - (5) 2.40.531 [screening and assessment]; and
 - (6) 2.40.541 [linking to community resources].

History: June 18, 2008, Section 2.40.210 was added.

Sec. 2.40.300. Behavioral Health Aide III Training, Practicum, and Experience Requirements.

A person meets the training and education, practicum, and experience requirements to be a certified behavioral health aide III upon successful completion of the requirements set forth in subsection (a) [prerequisites], and subsections (b) [BHA III specialized training program] or (c) [BHA III alternative training], and subsections (d) [BHA III practicum] and (e) [BHA III work experience] of this section.

- (a) **Prerequisites.** A behavioral health aide III must satisfy all requirements applicable to a behavioral health aide I and II under sections 2.40.100 [BHA I training, practicum, and experience requirements], 2.40.200 [BHA II training, practicum, and experience requirements] and 2.40.500 [BHA/P knowledge, skills, and scope of practice].
- (b) **Behavioral Health Aide III Specialized Training Program.** The behavioral health aide III specialized training program is comprised of Board approved courses, or their equivalent, that satisfy the requirements of sections:
 - (1) 8.20.325 [treatment of co-occurring disorders];
 - (2) 8.20.335 [advanced behavioral health clinical care];
 - (3) 8.20.340 [documentation and quality assurance];
 - (4) 8.20.350 [applied case studies in Alaska Native culture based issues];
 - (5) 8.20.370 [behavioral health clinical team building];
 - (6) 8.20.385 [introduction to supervision]; and
 - (7) 8.20.390 [child development].
- (c) **Behavioral Health Aide III Alternative Training.**
 - (1) **Required Content.** In lieu of completing the specialized training courses described in subsection (b) [BHA III specialized training program], a person may satisfy the course requirements for certification as a behavioral health aide III by successfully completing courses of study determined by the Board under Sec. 8.20.010 [equivalent courses] to be equivalent to those required under subsection (b) [BHA III specialized training].
 - (A) Such course of study must have included the content equivalent to that described in subsection (b) [BHA III specialized training program]; or
 - (B) to the extent it did not, the person successfully completed the courses listed in subsection (b) as necessary to fill any gaps.

- (d) **Behavioral Health Aide III Practicum.** After meeting the requirements of subsection (a) [prerequisites] and completion of the training listed in subsection (b) [BHA III specialized training] or (c) [BHA III alternative training] of this section, the applicant must additionally complete a 100 hour clinical practicum under the direct supervision of a licensed behavioral health clinician or behavioral health professional. The applicant must satisfactorily perform each of the following components:
- (1) no fewer than 45 hours of providing behavioral health clinical assessment activities, treatment planning, and rehabilitative services for clients with issues related to co-occurring disorders;
 - (2) no fewer than 20 hours of providing quality assurance case review with documentation of review activity;
 - (3) no fewer than 20 hours of providing clinical team leadership by leading clinical team case reviews; and
 - (4) the balance of the hours must be related to practicum components listed in subsections (d)(1) through (d)(3) of this section.
- (e) **Behavioral Health Aide III Work Experience.**
- (1) **Minimum Experience.** Except as provided in paragraph (2) [exceptions and substitutions] of this subsection, prior to being certified as a behavioral health aide III, a person, who seeks certification based on training or education described in subsections (b) [BHA III specialized training] (c) [alternative training], must have provided village-based behavioral health services for no fewer than 4,000 hours under the direct or indirect supervision (as applicable) of a licensed behavioral health clinician or behavioral health professional.
 - (2) **Exceptions and Substitutions.** An applicant who demonstrates that he or she satisfies the applicable requirements of section 2.40.500 [BHA/P knowledge, skills, and scope of practice] and has the capacity to provide culturally appropriate services in a village setting may substitute experience, or be exempted from the experience requirement, as provided in subparagraphs (A) through (B) of this paragraph.
 - (A) An applicant with experience providing behavioral health services other than that described in subsection (e)(1) [minimum experience] or who has education and training beyond that required for this level of certification may substitute such training and education.
 - (B) Relevant practice experience acquired while obtaining the education or training required under subsection (b) [BHA III specialized training] or (c) [alternative training] and in meeting the experience requirements for certification as a behavioral health aide I and II may be relied upon to satisfy the experience requirement under subsection (e)(1) [minimum experience] on an hour for hour basis.

History: October 4, 2023, Sec. 2.40.300(d)(1) was amended. October 13, 2022, Sec. 2.40.300(b) was amended. June 12, 2014, Section 2.40.300(c), (d) and (e) were amended. May 15, 2014, Section 2.40.300(b) was amended. June 18, 2008, Section 2.40.300 was added. A

Sec. 2.40.310. Clinical Supervision Requirement for Behavioral Health Aide III.

Except as provided in section 2.40.010(b) [supervision of BHA/Ps; levels of supervision], a certified behavioral health aide III requires supervision by a licensed behavioral health clinician or a behavioral health professional, as provided below:

- (a) direct supervision when carrying out any of the activities referred to in subsection (b) [knowledge and skills] of section 2.40.546 [providing services];
- (b) indirect supervision when carrying out any of the activities referred to in subsection (b) [knowledge and skills] of sections:
 - (1) 2.40.522 [documenting];
 - (2) 2.40.536 [planning services]; and
 - (3) 2.40.566 [professional development]; and
- (c) general supervision when carrying out any of the activities referred to in subsection (b) [knowledge and skills] of sections:
 - (1) 2.40.511 [working with others];

- (2) 2.40.516 [cultural competency and individualizing care];
- (3) 2.40.521 [professional and ethical practice];
- (4) 2.40.526 [community education and advocacy];
- (5) 2.40.531 [screening and assessment]; and
- (6) 2.40.541 [linking to community resources].

History: June 18, 2008, Section 2.40.310 was added.

Sec. 2.40.400. Behavioral Health Practitioner Training, Practicum, and Experience Requirements.

A person meets the training and education, practicum and experience requirements to be a certified behavioral health practitioner upon successful completion of the requirements set forth in subsection (a) [prerequisites], and subsections (b) [BHP specialized training program] or (c) [BHP alternative training], and subsections (d) [BHP practicum] and (e) [BHP work experience] of this section.

- (a) **Prerequisites.** A behavioral health practitioner must satisfy all requirements applicable to a behavioral health aide I, II and III under sections 2.40.100 [BHA I training, practicum, and experience requirements], 2.40.200 [BHA II training, practicum, and experience requirements], 2.40.300 [BHA III training, practicum, & experience requirements] and 2.40.500 [BHA/P knowledge, skills, and scope of practice].
- (b) **Behavioral Health Practitioner Specialized Training Program.** The behavioral health practitioner specialized training program is comprised of Board approved courses, or their equivalent, that satisfy the requirements of sections:
 - (1) 8.20.400 [village-based behavioral health services];
 - (2) 8.20.425 [challenges in behavioral health services];
 - (3) 8.20.485 [competencies for village-based supervision];
 - (4) 8.20.490 [principles and practice of clinical supervision]; and
 - (5) 8.20.495 [child-centered interventions].
- (c) **Behavioral Health Practitioner Alternative Training.**
 - (1) **Required Content.** In lieu of completing one or more of the specialized training courses described in subsection (b) [BHP specialized training program], a person may satisfy the course requirements for certification as a behavioral health practitioner by successfully completing courses of study determined by the Board under Sec. 8.20.010 [equivalent courses] to be equivalent to those required under subsection (b) [BHP specialized training].
 - (A) Such course of study must have included the content equivalent to that described in subsection (b) [BHP specialized training program]; or
 - (B) to the extent it did not, the person successfully completed the courses listed in subsection (b) as necessary to fill any gaps.
- (d) **Behavioral Health Practitioner Practicum.** After meeting the requirements of subsection (a) [prerequisites] and completion of the training listed in subsection (b) [BHP specialized training] or (c) [BHP alternative training] of this section, the applicant must additionally complete a 100 hour clinical practicum under the direct supervision of a licensed behavioral health clinician or behavioral health professional. The individual must satisfactorily perform each of the following:
 - (1) no fewer than 20 hours engaging, mentoring, and supporting, as well as participating in supervision and evaluation of a behavioral health aide I, II, or III based on the understanding of the supervisee's level of knowledge and skills, professional goals, and behavior;
 - (2) no fewer than 25 hours of providing clinical team leadership by leading clinical team case reviews;
 - (3) no fewer than 30 hours building cultural competence by learning about the Alaska Native cultural context and developing a wellness framework for this cultural context within which positive therapeutic relationships can be developed; and
 - (4) the balance of the hours may be related to practicum components listed in subsections (d)(1), (d)(2), and (d)(3) of the section or provision of integrated clinical services or child/adolescent services.
- (e) **Behavioral Health Practitioner Work Experience.**

- (1) **Minimum Experience.** Except as provided in paragraph (2) [exceptions and substitutions] of this subsection, prior to being certified as a behavioral health aide practitioner, a person, who seeks certification based on training or education described in subsections (b) [BHP specialized training] or (c) [BHP alternative training], must have provided village-based behavioral health services for no fewer than 6,000 hours under the direct or indirect (as applicable) supervision of a licensed behavioral health clinician or behavioral health professional.
- (2) **Exceptions and Substitutions.** An applicant who demonstrates that he or she satisfies the applicable requirements of section 2.40.500 [BHA/P knowledge, skills, and scope of practice] and has the capacity to provide culturally appropriate services in a village setting may substitute experience, or be exempted from the experience requirement, as provided in subparagraphs (A) and (B) of this paragraph.
 - (A) An applicant with experience providing behavioral health services other than that described in subsection (e)(1) [minimum experience] or who has education and training beyond that required for this level of certification may substitute such training and education.
 - (B) Relevant practice experience acquired while obtaining the education or training required under subsection (b) [BHP specialized training] or (c) [BHP alternative training] and in meeting the experience requirements for certification as a behavioral health aide I, II and III may be relied upon to satisfy the experience requirement under subsection (e)(1) [minimum experience] on an hour for hour basis.

History: October 13, 2022, Section 2.40.400(b) was amended. January 13, 2021, Section 2.40.400(d) was amended. June 12, 2014, Section 2.40.400(b), (c), (d) and (e) were amended. June 18, 2008, Section 2.40.400 was added.

Sec. 2.40.410. Clinical Supervision Requirement for Behavioral Health Practitioner.

Except as provided in section 2.40.010(b) [supervision of BHA/Ps; levels of supervision], a certified behavioral health practitioner requires supervision by a licensed behavioral health clinician or a behavioral health professional, as provided below:

- (a) direct supervision when carrying out any of the activities referred to in subsection (b) [knowledge and skills] of section 2.40.546 [providing services];
- (b) indirect supervision when carrying out any of the activities referred to in subsection (b) [knowledge and skills] of sections:
 - (1) 2.40.511 [working with others];
 - (2) 2.40.516 [cultural competency and individualizing care];
 - (3) 2.40.521 [professional and ethical practice];
 - (4) 2.40.522 [documenting];
 - (5) 2.40.526 [community education and advocacy];
 - (6) 2.40.531 [screening and assessment];
 - (7) 2.40.536 [planning services];
 - (8) 2.40.541 [linking to community resources]; and
 - (9) 2.40.566 [professional development].

History: June 18, 2008, Section 2.40.410 was added.

Sec. 2.40.500. Behavioral Health Aide and Practitioner Knowledge, Skills, and Scope of Practice.

- (a) **Minimum Knowledge and Skills.** In addition to meeting all other requirements of sections 2.40.100 [BHA I training, practicum, and experience requirements], 2.40.200 [BHA II training, practicum, and work experience], 2.40.300 [BHA III training, practicum, and work experience], and 2.40.400 [BHP training, practicum, and work experience], as applicable to the level of certification for which the individual is applying, the behavioral health aide or practitioner must understand and successfully demonstrate and maintain the knowledge and skills listed in subsection (b) [knowledge and skills] of sections 2.40.510

[foundational skills in client and community engagement], through 2.40.565 [supervision, training, and professional development] at the applicable level of performance described in subsection (a) [level of performance] of each of these sections.

- (b) **Scope of Practice.** Except as provided in section 2.40.010(b)(4) [supervision of BHA/Ps; levels of supervision; (individualized protocols)], a certified behavioral health aide or practitioner must limit their scope of practice to performing only those activities described in subsection (b) [knowledge and skills] of the sections listed in subsection (a) [minimum knowledge and skills] of this section at the applicable level of performance described in subsection (a) level of performance] of each of these sections.

History: June 18, 2008, Section 2.40.500 was added.

Sec. 2.40.511. Working with Others.

- (a) **Level of Performance.** A behavioral health aide or practitioner must demonstrate the knowledge and perform the skills and competencies described in subsection (b) [knowledge & skills] as provided in paragraphs (1) through (4) of this subsection, as applicable:
- (1) a behavioral health aide I demonstrates the skill, applies it as directed, and routinely seeks assistance;
 - (2) a behavioral health aide II utilizes the knowledge or skill consistently and recognizes when to seek assistance;
 - (3) a behavioral health aide III utilizes the knowledge or skills consistently as a means toward meeting treatment goals; and
 - (4) a behavioral health practitioner applies knowledge to mentor and support others in the use of the skill and to participate in supervision and evaluation of behavioral health aides I, II and III.
- (b) **Knowledge and Skills.** Working with others is a skill that requires a behavioral health aide or practitioner to:
- (1) Communicate effectively as demonstrated by:
 - (A) Engaging in active and reflective listening;
 - (B) Speaking clearly and slowly enough to be understood;
 - (C) Using non-judgmental words and behaviors;
 - (D) Communicating directly with the client’s family and significant other (with client consent);
 - (E) Using “person centered/person first” language; and
 - (F) Using technical language correctly, including clinical terminology; and
 - (2) Build positive relationships as demonstrated by:
 - (A) Demonstrating warmth, empathy, and genuineness;
 - (B) Showing respect and concern for others through words and actions;
 - (C) Focusing on and respecting the concerns and preferences of the client and family;
 - (D) Providing support and encouragement to colleagues and clients;
 - (E) Collaborating with colleagues and clients to complete tasks and solve problems; and
 - (F) Maintaining appropriate boundaries in all relationships.

History: October 10, 2023 Sec. 2.40.511 was added.

Sec. 2.40.516. Cultural Competency and Individualizing Care.

- (a) **Level of Performance.** A behavioral health aide or practitioner must demonstrate the knowledge and perform the skills and competencies described in subsection (b) as provided in paragraphs (1) through (4) of this subsection, as applicable:
- (1) a behavioral health aide I recognizes issues and provides general information to clients and the community that incorporates that recognition;
 - (2) a behavioral health aide II recognizes symptoms, condition, or characteristics and responds therapeutically with support from the supervisor;

- (3) a behavioral health aide III applies knowledge in interaction with a client in the assessment and treatment of that client; and
 - (4) a behavioral health practitioner applies knowledge to mentor and support others in the use of the skill and to participate in supervision and evaluation of behavioral health aides I, II and III.
- (b) **Knowledge and Skills.** Cultural competency and individualizing care is a skill that requires the behavioral health aide and practitioner to:
- (1) Deliver culturally relevant services as demonstrated by:
 - (A) Recognizing and adapting to different cultures, including the varied Alaska Native tribes and communities;
 - (B) Recognizing and respecting diversity, differences, and cultural traditions, including among different Alaska Native tribes and communities;
 - (C) Assessing and managing one’s own personal biases;
 - (D) Being aware of the traditions of the community;
 - (E) Demonstrating awareness of and sensitivity to the client's’ degree of involvement in their traditions, values, and community;
 - (F) Adapting services to the unique characteristics and preferences of the client and family;
 - (G) Applying knowledge of gender expression, gender identity, sexual orientation, life span development, financial status, religion, disability, and intergenerational differences in delivering services;
 - (H) Promoting empowerment as a goal and desirable treatment outcome for Alaska Native/American Indian people by fostering client and family decision-making, problem-solving, and self-determination;
 - (I) Effectively discussing cultural issues and differences with clients;
 - (J) Using cultural views of health and family when assisting in providing services;
 - (K) Utilizing cultural resources and traditional practices when providing services (e.g., storytelling, talking circles, and deferring to elders);
 - (L) Identifying and addressing issues of difference to reduce conflict between individuals and groups; and
 - (2) Obtain consultation on cultural issues as demonstrated by:
 - (A) Routinely considering and discussing cultural issues in supervision and team meetings; and
 - (B) Consulting with elders or traditional healers in the community.

History: October 10, 2023 Sec. 2.40.516 was added.

Sec. 2.40.521. Professional and Ethical Practice.

- (a) **Level of Performance.** A behavioral health aide or practitioner must demonstrate the knowledge and perform the skills and competencies described in
 - (1) subsections (b)(1) [Ethics], (b)(2) [Consent], and (b)(3) [Confidentiality and Privacy] as provided in paragraphs (A) through (D) of this paragraph, as applicable:
 - (A) a behavioral health aide I demonstrates the skill, applies it as directed, and routinely seeks assistance;
 - (B) a behavioral health aide II utilizes the skill consistently and recognizes when to seek assistance;
 - (C) a behavioral health aide III consistently applies the principles to specific client and community situations; and
 - (D) a behavioral health practitioner applies knowledge to mentor and support others in the use of the skill and to participate in supervision and evaluation of behavioral health aides I, II and III; and
- (b) **Knowledge and Skills.** Professional and ethical practice is a skill that requires a behavioral health aide or practitioner to:
 - (1) Fulfill responsibilities and commitments as demonstrated by:
 - (A) Minimizing absences, arriving on time, and completing a full work day;

- (B) Completing assigned duties in a timely way and following through on instructions received, reasonable requests, and promises made;
 - (C) Acting professionally in interactions with the client, family, community and other professionals;
 - (D) Working within the limits of assigned duties and role;
 - (E) Recognizing personal limits of knowledge and skills;
 - (F) Seeking additional supervision or consultation when uncertain about what to do or when concerned about the performance of others; and
- (2) Practice ethically as demonstrated by:
- (A) Complying with the BHA Code of Ethics;
 - (B) Complying with laws, regulations, and agency policies;
 - (C) Effectively managing personal and professional boundaries with clients, families, and the community;
 - (D) Modeling appropriate personal and professional behavior;
 - (E) Respecting client and family rights; and
- (3) Obtain client consent as demonstrated by:
- (A) Providing information and obtaining informed consent
 - (B) Complying with special rules and procedures related to consent for: involuntary commitment; mandated reporting; minors; or individuals unable to consent, under guardianship, or subject to a court order; and
- (4) Maintain confidentiality and privacy as demonstrated by:
- (A) Complying with laws, regulations, and agency policies regarding confidentiality and privacy (e.g., HIPAA, Federal Privacy Act, 42 C.F.R, Part 2);
 - (B) Complying with the procedures regarding disclosure of confidential information (e.g., mandated reporting, duty to warn, client authorized releases of information);
 - (C) Maintaining the physical security of confidential information (electronic and hard copy);
 - (D) Educating clients and families about confidentiality, privacy, and their limits;
 - (E) Assisting clients with decisions and process to release confidential information;
 - (F) Maintaining the confidences and privacy of clients and families, even when not required by law, regulation or policy;
 - (G) Protecting client and family anonymity when providing information for statistical information and research;
 - (H) Assisting in ensuring that other individuals providing services comply with the laws, regulations, and policy on confidentiality and privacy; and
- (5) Manage stress and maintain personal health as demonstrated by:
- (A) Recognizing signs of personal stress; and
 - (B) Using self-care strategies to manage stress, maintain health, and prevent burnout.

History: October 10, 2023 Sec. 2.40.521 was added.

Sec. 2.40.522. Documenting.

- (a) **Level of Performance.** A behavioral health aide or practitioner must demonstrate the knowledge and perform the skills and competencies described in subsection (b) as provided in paragraphs (1) through (4) of this subsection, as applicable:
- (1) a behavioral health aide I demonstrates the skill, applies it as directed, and routinely seeks assistance;
 - (2) a behavioral health aide II utilizes the skill consistently and recognizes when to seek assistance;
 - (3) a behavioral health aide III consistently applies the skills to specific client and community situations; and
 - (4) a behavioral health practitioner applies knowledge to mentor and support others in the use of the skill and to participate in supervision and evaluation of behavioral health aides I, II and III.
- (b) **Knowledge and Skills.** Documenting is a skill that requires a behavioral health aide or practitioner to:

- (1) Complete required documentation as demonstrated by:
 - (A) Completing all required documentation (e.g., screening and assessment, intake, service plans, progress notes, discharge summaries);
 - (B) Producing documentation that is objective, accurate, and legible with correct language, grammar, and spelling;
 - (C) Completing documentation in a timely manner; and
- (2) Respond to client requests to view records as demonstrated by:
 - (A) Reviewing client documentation with clients when they request to do so and when approved by the agency; and
 - (B) Demonstrating sensitivity when assisting clients in understanding their documentation during a records review
- (3) Follow all documentation requirements as demonstrated by:
 - (A) Having knowledge of organization documentation policies;
 - (B) Having familiarity with insurance payer requirements, including the Center for Medicare and Medicaid Services (CMS), and
 - (C) Having knowledge of the documentation requirements of accrediting bodies.

History: October 10, 2023 Sec. 2.40.522 was added.

Sec. 2.40.526. Community Education and Advocacy.

- (a) Level of Performance. A behavioral health aide or practitioner must demonstrate the knowledge and perform the skills and competencies described in subsection (b) as provided in paragraphs (1) through (4) of this subsection, as applicable:
 - (1) a behavioral health aide I demonstrates the skill, applies it as directed, and routinely seeks assistance;
 - (2) a behavioral health aide II utilizes the skill consistently and recognizes when to seek assistance;
 - (3) a behavioral health aide III consistently applies the skills to specific client and community situations; and
 - (4) a behavioral health practitioner applies knowledge to mentor and support others in the use of the skill and to participate in supervision and evaluation of behavioral health aides I, II and III.
- (b) Knowledge and Skills. Community education and advocacy is a skill that requires a behavioral health aide or practitioner to:
 - (1) Provide education as demonstrated by:
 - (A) Educating clients, families, and the community about behavioral health conditions and their prevention and treatment;
 - (B) Providing information to destigmatize people with mental health and substance use conditions; and
 - (2) Participate in prevention activities as demonstrated by:
 - (A) Using community gatherings to encourage healthy behaviors;
 - (B) Serving in community workgroups focused on prevention and early intervention with behavioral health conditions;
 - (C) Working with community leaders to develop supports for individuals and families at risk;
 - (D) Engaging and providing support to individuals and families at risk;
 - (E) Educating clients and families about strategies for improving physical and mental health;
 - (F) Assisting in assessing community needs and readiness for prevention and early intervention activities; and
 - (3) Provide advocacy as demonstrated by:
 - (A) Providing information to clients and families about their rights and responsibilities;
 - (B) Supporting individual and family goals and wishes within the agency and with other organizations;
 - (C) Helping clients and families to participate in service planning meetings; and

- (D) Referring clients and families to peer and family support activities and advocacy organizations.

History: October 10, 2023, Section 2.40.526 was added.

Sec. 2.40.531. Screening and Assessment.

- (a) **Level of Performance.** A behavioral health aide or practitioner must demonstrate the knowledge and perform the skills and competencies described in subsection (b) as provided in paragraphs (1) through (4) of this subsection, as applicable:
 - (1) a behavioral health aide I demonstrates the skill, applies it as directed, and routinely seeks assistance;
 - (2) a behavioral health aide II utilizes the skill consistently and seeks additional intervention or assistance as needed to achieve the purpose of the interaction; and
 - (3) a behavioral health aide III engages the client more effectively based on a understanding of the client's information or behavior; and
 - (4) a behavioral health practitioner performs the skill independently, subject to applicable restrictions, and applies knowledge to mentor and support others in the use of the skill and to participate in supervision and evaluation of the skill in behavioral health aides I, II and III.
- (b) **Knowledge and Skills.** Screening and assessment is a skill that requires a behavioral health aide or practitioner to:
 - (1) Gather information using multiple sources as demonstrated by:
 - (A) Obtaining information from providers knowledgeable of the client and family;
 - (B) Collecting demographic, psychological, social, and medical information through interviews of the client and family;
 - (C) Summarizing all information verbally or in writing;
 - (D) Demonstrating sound judgment in evaluating and using the information collected; and
 - (2) Use screening and diagnostic tools as demonstrated by:
 - (A) Assisting clients in completing screening tools on substance use and mental health conditions;
 - (B) Scoring and interpreting the results of screening tools correctly; and
 - (3) Assess and identify strengths and needs as demonstrated by:
 - (A) Assessing clients' preferred method of communication and language barriers;
 - (B) Identifying client and family strengths and resources;
 - (C) Identifying barriers to engage in services and providing solutions;
 - (D) Identifying client and family goals;
 - (E) Assessing clients' motivation and readiness to participate in services;
 - (F) Identifying client problems, mental health and substance use conditions, and stressors;
 - (G) Identifying signs of abuse and neglect;
 - (H) Assessing level of risk for harm to self or others;
 - (I) Determining whether additional assessment is required and arrange if necessary;
 - (J) (BHA II, III, BHP only) Assessing physical and psychological risk associated with acute intoxication, overdose, withdrawal, detoxification, and co-occurring mental health and substance use disorders;
 - (K) (BHA II, III, BHP only) Applying the criteria in the current version of the Diagnostic and Statistical Manual for Mental Disorders (DSM) in assessing clients' behavioral health conditions; and
 - (L) (BHA II, III, BHP only) Applying the American Society of Addiction Medicine (ASAM) patient placement criteria to guide treatment planning and recommend a level of care.

History: October 10, 2023, Section 2.40.531 was added.

Sec. 2.40.536. Planning Services.

- (a) **Level of Performance.** A behavioral health aide or practitioner must demonstrate the knowledge and perform the skills and competencies described in subsection (b) as provided in paragraphs (1) through (4) of this subsection, as applicable:
- (1) a behavioral health aide I demonstrates the skill, applies it as directed, and routinely seeks assistance;
 - (2) a behavioral health aide II utilizes the skill consistently and identifies when additional intervention or assistance may be needed to achieve the purpose of the interaction; and
 - (3) a behavioral health aide III engages the client more effectively based on a understanding of the client’s information or behavior; and
 - (4) a behavioral health practitioner performs the skill independently, subject to applicable restrictions, and applies knowledge to mentor and support others in the use of the skill and to participate in supervision and evaluation of behavioral health aides I, II and III.
- (b) **Knowledge and Skills.** Planning services is a skill that requires a behavioral health aide or practitioner to:
- (1) Identify recommended goals and services as demonstrated by:
 - (A) Identifying recommended short-term and long-term service goals;
 - (B) Identifying service options based on experience and research;
 - (C) Evaluating eligibility and insurance coverage or ability to pay for recommended services; and
 - (2) Support client and/or family member decision-making in developing the plan of care as demonstrated by:
 - (A) Communicating outcome of the screening and assessment to the client and family;
 - (B) Assisting the client and family in understanding the client’s conditions and effects;
 - (C) Discussing recommended goals and services with client and family and alternate options;
 - (D) Assisting client in communicating his or her needs to others;
 - (E) Negotiating and finalizing a plan of care with the client and family based on their preferences; and
 - (3) Assist clients in developing personal plans as demonstrated by
 - (A) Assisting the client in developing a safety plan, as needed;
 - (B) Supporting the client in developing wellness and recovery plans.

History: October 10, 2023, Section 2.40.531 was added.

Sec. 2.40.541. Linking to Community Resources.

- (a) **Level of Performance.** A behavioral health aide or practitioner must demonstrate the knowledge and perform the skills and competencies described in subsection (b) as provided in paragraphs (1) through (4) of this subsection, as applicable:
- (1) a behavioral health aide I demonstrates the skill, applies it as directed, and routinely seeks assistance;
 - (2) a behavioral health aide II utilizes the skill consistently and identifies when additional intervention or assistance may be needed to achieve the purpose of the interaction;
 - (3) a behavioral health aide III applies knowledge and skills to increase access to resources and engages the client more effectively based on a understanding of the community and the client’s information or behavior; and
 - (4) a behavioral health practitioner performs the skill independently, subject to applicable restrictions, and applies knowledge to mentor and support others in the use of the skill and to participate in supervision and evaluation of behavioral health aides I, II and III.
- (b) **Knowledge and Skills.** Linking to community resources is a skill that requires the behavioral health aide or practitioner to:
- (1) Identify recommended resources as demonstrated by:

- (A) Maintaining information on a range of community resources (e.g., service, medical, financial, housing, spiritual, volunteer);
 - (B) Maintaining information on traditional support and intervention resources (Elders, traditional healers);
 - (C) Identifying recommended resources and traditional supports for the client and family based on need and eligibility;
 - (D) Identifying resources outside of the community that may need to be brought into the community; and
- (2) Support client and family member decision-making in selecting resources as demonstrated by:
- (A) Discussing resource recommendations and options with the client and family;
 - (B) Motivating the client and family to access and use resources;
 - (C) Negotiating a plan with the client and family about accessing resources based on their preferences; and
- (3) Connect individuals and families to community resources as demonstrated by:
- (A) Making a referral and actively connecting the client or family to selected resources
 - (B) Ensuring that the referral was accepted and client or family is receiving services;
 - (C) Making an alternate referral if the initial referral was unsuccessful; and
 - (D) Drawing on individuals in the community to offer support to the client and family.

History: October 10, 2023, Section 2.40.531 was added.

Sec. 2.40.546. Providing Services.

- (a) **Level of Performance.** A behavioral health aide or practitioner must demonstrate the knowledge and perform the skills and competencies described in subsection (b) as provided in paragraphs (1) through (4) of this subsection, as applicable:
- (1) a behavioral health aide I demonstrates the skill, applies it as directed, and routinely seeks assistance;
 - (2) a behavioral health aide II utilizes the skill consistently and identifies when additional intervention or assistance may be needed to achieve the purpose of the interaction;
 - (3) a behavioral health aide III applies knowledge and skills to increase access to resources and engages the client more effectively based on a understanding of the client’s information or behavior; and
 - (4) a behavioral health practitioner performs the skill independently, subject to applicable restrictions, and applies knowledge to mentor and support others in the use of the skill and to participate in supervision and evaluation of behavioral health aides I, II and III.
- (b) **Knowledge and Skills.** Providing services is a range of skills that includes case management, coordination of services, assistance with medication management, counseling, and crisis management and requires a behavioral health aide or practitioner to:
- (1) Coordinate Care as demonstrated by:
 - (A) Arranging for assistance, if needed, with language translation or literacy;
 - (B) Implementing the plan of care (e.g., begin services, make referrals);
 - (C) Monitoring client’s condition, behavior, and progress on a continuous basis;
 - (D) Recognizing when progress has slowed, address barriers, and work to motivate the client;
 - (E) Evaluating progress and reviewing and revising the plan of care on a regular basis;
 - (F) Encouraging client participation in services and reaching out when the client is not engaged;
 - (G) Participating in developing, coordinating, and monitoring a discharge plan;
 - (H) Establishing working relationships and coordinating care with other providers and teams in the BHA’s agency;
 - (I) Establishing working relationships and coordinating care with other providers in other agencies;
 - (J) Assisting in establishing routine and formal working relationships with other agencies; and
 - (2) Assist with medication management as demonstrated by:
 - (A) Reviewing the list of the client’s medications and their effects and side effects;

- (B) Supporting client and family education about medication effects and side effects;
 - (C) Coaching the client on strategies for taking medications as prescribed;
 - (D) Coaching the family on strategies for supporting the client in taking medications;
 - (E) Supporting the client’s participation in medical appointments, medical monitoring, and lab testing;
 - (F) Assisting the client in monitoring and reporting medication effects and side effects to the medical prescriber; and
- (3) Provide individual counseling as demonstrated by:
- (A) Providing emotional support, encouragement, and reassurance;
 - (B) Helping the client define the problem by telling their story, discussing their situation, and challenging his or her current perspective, when warranted;
 - (C) Helping the client set goals by discussing the possibilities and assisting the client to select and commit to new goals;
 - (D) Helping the client take action through problem-solving, education and training, reflecting on past experiences and patterns, creating an action plan, contracting, and providing feedback; and
- (4) Manage crises as demonstrated by:
- (A) Recognizing behavioral health crises and early warning signs of crises;
 - (B) Assisting in deescalating problems in their early phase;
 - (C) Reporting crises and seeking assistance from a supervisor or licensed behavioral health professional;
 - (D) Seeking assistance, as needed, from Village Public Safety Officers, other first responders, or community members;
 - (E) Assisting in implementing the response for an individual, family, and community crises;
 - (F) Communicating with the family and others about the crisis and the response;
 - (G) Assisting with notifications and investigations of reportable events (e.g., abuse, domestic violence, assaults, neglect, deaths);
 - (H) Providing support to those affected by the crisis and assisting them in accessing supportive services;
 - (I) Assisting the client and family in obtaining services related to the crisis (e.g., domestic violence shelter; emergency foster care);
 - (J) Participating in debriefing meetings to discuss the crisis and the response; and
- (5) (BHA II, III BHP only) Provide family counseling as demonstrated by:
- (A) Assessing family norms and roles (in nuclear and extended families, clans, biological and non-biological families);
 - (B) Using genograms and sociograms to assess and work with families;
 - (C) Identifying family dynamics, functional and dysfunctional units, and barriers to communication;
 - (D) Identifying the impact within the family of an individual with a mental health or substance use condition and accommodations made by the family for the individual;
 - (E) Identifying the impact on family functioning of stressors (e.g., medical illness, separation, divorce, abuse, financial concerns, housing issues, legal trouble);
 - (F) Engaging members of the family in constructive problem-solving;
 - (G) Assisting the family in improving its functioning; and
- (6) (BHA II, III BHP only) Provide group counseling as demonstrated by:
- (A) Identifying the functions, limitations, and risks of different types of groups (e.g., educational, psychoeducational, self-help, support, activity, skill development, and therapeutic);
 - (B) Identifying appropriate members for the different types of groups;
 - (C) Orienting new members to groups addressing the purpose, rules, boundaries, and levels of self-disclosure;
 - (D) Running groups effectively, providing adequate structure, encouraging member interaction, and maintaining safety;
 - (E) Assisting clients in ending participation in a group or transitioning to another group; and

(F) Managing the ending of groups.

History: October 10, 2023, Section 2.40.531 was added.

Sec. 2.40.566. Professional Development.

- (a) **Level of Performance.** A behavioral health aide or practitioner must demonstrate the knowledge and perform the skills and competencies described in subsection (b) in their own interaction with supervisors, mentors and trainers, in pursuing their own professional development, and as provided in paragraphs (1) through (3) of this subsection, as applicable:
- (1) a behavioral health aide I or II does not perform supervision, training, or professional development of other behavioral health aides or practitioners, but a BHA I may provide peer support for a person training to be a behavioral health aide I and a BHA II may provide peer support for a BHA I;
 - (2) a behavioral health aide III demonstrates the skills and competencies and applies it as directed and routinely seeks assistance; and
 - (3) a behavioral health practitioner applies the knowledge and skills to engage, mentor and support, and participate in supervision and evaluation of behavioral health aides I, II and III, based on an understanding of the supervisee's level of knowledge and skills, professional goals, and behavior.
- (b) **Knowledge and Skills.** Professional development is a skill that requires a behavioral health aide or practitioner to:
- (1) Seek opportunities to improve knowledge, skills and abilities as demonstrated by:
 - (A) Setting personal goals for professional development;
 - (B) Participating in employer sponsored training and other continuing education activities;
 - (C) Adopting best practices learned through continuing education; and
 - (2) Use supervision effectively as demonstrated by:
 - (A) Participating routinely and constructively in supervision;
 - (B) Using supervision, peer consultation, and self-evaluation to enhance self-awareness and improve professional performance;
 - (C) Using formal evaluations to improve professional performance and the quality of services provided; and
 - (D) (BHA II, III, BHP only) Provide guidance and mentoring to others

History: October 10, 2023, Section 2.40.531 was added.

Article 50. Term of Certificate

History: June 18, 2008, Article 40 was renumbered as Article 50. November 26, 2002, Article 30 was renumbered as Article 40.

Sec. 2.50.010. Effective Date.

The effective date is the date of issuance under section 2.50.020 [date of issuance].

History: June 18, 2008, Section 2.40.010 was renumbered as Section 2.50.010 and amended to address renumbering of other sections. November 26, 2002, Section 2.30.010 was renumbered as Section 2.40.010 and amended.

Sec. 2.50.020. Date of Issuance.

The date of issuance of a certificate shall be the date the certificate is provisionally approved by the staff of the Board or final Board approval is granted, whichever is earlier.

History: June 18, 2008, Section 2.40.020 was renumbered as Section 2.50.020. November 26, 2002, Section 2.30.020 was renumbered as section 2.40.020.

Sec. 2.50.100. Expiration.

A certificate as a community health aide, community health practitioner, dental health aide, behavioral health aide, or behavioral health practitioner expires two years from the last day of the month in which the Board took final action to approve the certificate.

History: June 18, 2008, Section 2.40.100 was renumbered as 2.50.100 and amended. November 26, 2002, Section 2.30.100 was renumbered as Section 2.40.100.

Sec. 2.50.200. Requirements for Renewal.

- (a) A certified community health aide, community health practitioner, dental health aide, or behavioral health aide or practitioner applying for certificate renewal shall:
 - (1) apply on a form provided by the Board;
 - (2) pay the application fees required by the Board;
 - (3) provide evidence satisfactory to the Board that the applicant has met the continuing education requirements of the Board;
 - (4) provide evidence satisfactory to the Board that the applicant continues to demonstrate the practical professional competencies required for the level of certification sought;
 - (A) For a community health aide or community health practitioner, renewal of certification will require one of the following:
 - (i) a biennial skills evaluation;
 - (ii) a re-entry evaluation;
 - (iii) a preceptorship; or
 - (iv) completion of a Basic Training Session (Training Center and Field Training Requirements)
 - (B) If an applicant has had an Extended Clinical Absence, as defined below, they must follow the Re-Entry Guidelines set forth below:
 - (i) For a Community Health Aide or Practitioner who has not been employed as a CHA/P in direct patient care for a minimum of 80 hours, with a minimum of 30 patient encounters, in the 6 months prior to submission of the application, a re-entry evaluation, following CHAP guidelines, will be conducted.
 - (ii) For a Dental Health Aide, an Extended Clinical Absence is a period greater than 6 months during which the individual has not worked as a DHA doing direct patient care for a minimum of 40 hours and 20 patient encounters.
 - (I) If the Extended Clinical Absence is more than 6 months but less than 2 years, a clinical competency evaluation must be completed as defined by the Recertification Process described in Sec 3.10.050(a)(1)(B) done with an Appropriate Supervisor defined by Sec 2.30.010(a).
 - (II) If the Extended Clinical Absence is 2 years or more, a clinical competency evaluation must be completed as defined by the Preceptorship Process listed in Sec 2.30.020(a)(2) done with an Appropriate Supervisor defined by Sec 2.30.010(a).
 - (iii) For a Behavioral Health Aide after an Extended Clinical Absence, defined as 6 months or more, a BHA competency evaluation must be completed as defined by the Recertification Process described in Sec 3.10.070(a)(1)(B) with a Master's level or above supervisor defined by Sec 2.40.010(a)
 - (5) continue to meet the requirements of chapter 2 [certification of CHA/Ps, DHAs, & BHAs]; and
 - (6) if seeking recertification as a community health practitioner, no less often than once every six years, the individual must re-satisfy the requirements of section 2.20.500 [CHP training & education requirements]; or

- (7) if seeking recertification as a dental health aide therapist practitioner, no less often than once every six years, the individual must re-satisfy the requirements of section 2.30.700(3) and (4) [DHATP training & education requirements].

History: October 27, 2023, Sec. 2.50.200 was amended. June 8, 2023, Section 2.50.200(A)(4)(B) was amended. January 13, 2022, Section 2.50.200 was amended. June 3, 2020, Section 2.50.200(a)(7) was amended. January 22, 2015, Section 2.50.200(b) was amended. June 18, 2008, Section 2.40.200 was renumbered as Section 2.50.200 and subsections (a) and (b) were amended. November 26, 2002, Section 2.30.200 was renumbered as Section 2.40.200 and was amended.

Sec. 2.50.300. Reinstatement or Renewal of a Lapsed Certificate.

The Board will, in its discretion, reinstate or renew a certificate that has lapsed if the applicant complies with the certificate renewal requirements under section 2.50.200 [requirements for renewal], provided that the applicant must provide evidence satisfactory to the Board that the applicant has completed the continuing education requirements under chapter 3 [continuing education].

History: June 18, 2008, Section 2.40.300 was renumbered as Section 2.50.300 and amended to address renumbering of other sections. November 26, 2002, Section 2.30.300 was renumbered as Section 2.40.300 and was amended.

Chapter 3. Continuing Education

Sec. 3.10.005. Multiple Certifications.

Up to 12 hours of training, acquired in the previous 2 years, obtained to achieve initial certification, to increase the level of certification, or to satisfy continuing education requirements under this chapter 3 [continuing education] as a community health aide or practitioner, dental health aide, or behavioral health aide or practitioner, may be applied to satisfying the continuing education requirements for other certificates held by the same person under these Standards.

Sec. 3.10.010. CHA/P Continuing Education Requirements.

- (a) **Unlapsed Certificate.** A community health aide or practitioner whose certification has not lapsed who is an applicant for renewal of a certificate under article 20 of chapter 2:
- (1)
 - (A) as a community health aide who has not completed the requirements for the next level of certification prior to the deadline for recertification; or
 - (B) as a community health practitioner.
 - (2) must provide evidence satisfactory to the Board that he or she has completed a minimum of 48 contact hours of continuing education approved by the Board on varied or updated topics during the concluding two-year certification period. No more than 24 of the required contact hours may be regarding emergency care. A minimum of 24 of the required contact hours must be in the competencies listed in sections 2.20.100 [CHA I training & education requirements] through .510 [CHP competencies].
- (b) **Lapsed Certificate.** An applicant for renewal of a certificate under article 20 of chapter 2 whose certification has lapsed must provide evidence satisfactory to the Board that he or she has met the requirements for continuing education set forth in subsection (a)(2) of this section.

History: June 18, 2008, Section 3.10.010(a) was amended and (b) was deleted. November 26, 2002, Section 3.10.010(a) was amended and (b) was added. June 12, 2002, Section 3.10.010 was amended.

Sec. 3.10.050. DHA Continuing Education Requirements.

- (a) **Unlapsed Certificate.**
- (1) An applicant for renewal of a certificate under article 30 of chapter 2 whose certificate has not lapsed must meet
 - (A) any specific recertification requirements set forth therein;
 - (B) satisfactory performance under the direct supervision of a dentist, dental hygienist, dental health aide therapist, or dental health aide therapist practitioner of a minimum of
 - (i) 80 hours, demonstrating competence in each procedure for which the dental health aide is certified; or
 - (ii) 8 of each procedure for which the dental health aide is certified; and
 - (C) if the dental health aide has not completed the requirements for another level of certification or module during the concluding two-year certification period, satisfactory completion of 24 contact hours of continuing education approved by the Board on varied or updated topics.
 - (i) at least 10 hours must cover one or more of the course of study subjects or competencies listed in sections 2.30.100[PDHA I training & education requirements] through 2.30.610 [DHAT supervision & competencies],
 - (ii) only 4 hours of the required 24 hours can be related to emergency medicine (this includes BLS); and

- (iii) all but the 4 hours of emergency medicine must be related to the practice of dentistry.
- (2) If the direct supervision required under subsections (1)(B) of this section is provided by anyone other than a dentist, the supervisor must have been authorized to supervise the preceptorship of the procedures being performed under the applicable provision of chapter 2, article 30 [Standards for Dental Health Aides].
- (b) **Lapsed Certificate.** An applicant for renewal of a certificate under article 30 of chapter 2 whose certification has lapsed must provide evidence satisfactory to the Board that in the two years preceding recertification he or she has met the requirements for continuing education set forth in subsection (a) of this section.

History: June 2, 2022, Section 3.10.050(a)(1)(E) was amended. June 3, 2020, Section 3.10.050(a)(1)(B) was amended. January 11, 2013, Section 3.10.050 was amended. June 18, 2008, Section 3.10.050(a)(1)(C)(i) was amended. June 20, 2007, Section 3.10.050(a) was amended. October 8, 2003, Section 3.10.050(a)(3) was amended. November 26, 2002, Section 3.10.050 was added.

Sec. 3.10.070. BHA/P Continuing Education Requirements.

- (a) **Unlapsed Certificate.** A behavioral health aide or practitioner whose certification has not lapsed who is an applicant for renewal of a certificate under article 40 [standards for BHA/Ps] of chapter 2 [certification of CHAs, CHPs, DHAs, BHAs, and BHPs]:
 - (1)
 - (A) as a behavioral health aide who has not completed the requirements for the next level of certification prior to the deadline for recertification; or
 - (B) as a behavioral health practitioner;
 - (2) must provide evidence satisfactory to the Board that he or she has completed a minimum of 40 contact hours of continuing education approved by the Board on varied or updated topics during the concluding two-year certification period, provided that
 - (A) no fewer than 4 of the required contact hours must be regarding ethics and consent;
 - (B) no fewer than 4 of the required contact hours must be regarding confidentiality and privacy; and
 - (C) no fewer than 4 of the required contact hours must be regarding cross cultural communication and understanding and working with diverse populations:
 - (i) various ethnicities or cultural heritages, age groups, genders, lifestyles, family dynamics, or socioeconomic statuses, or diagnostic categories; or
 - (ii) effective strategies for working with diverse populations, conducting self-assessments and navigating value differences, developing cultural awareness and an understanding of the potential influence on a person's behavioral health; and
 - (D) the balance of the hours must be related to the knowledge and skills identified or related to those described in section 2.40.500 [BHA/P knowledge, skills, and scope of practice]; and
 - (E) a minimum of 20 CEUs are attended via face-to-face instruction.
- (b) **Lapsed Certificate.** An applicant for renewal of a certificate under article 40 [standards for BHA/Ps] of chapter 2 [certification of CHAs, CHPs, DHAs, BHAs, and BHPs] whose certification has lapsed must provide evidence satisfactory to the Board that he or she has met the requirements for continuing education set forth in subsection (a)(2) [BHA/P continuing education requirements; unlapsed certificate; (required continuing education)] of this section in the two-year period prior to seeking recertification.

History: June 12, 2014, Section 3.10.070 was amended. June 18, 2008, Section 3.10.070 was added.

Sec. 3.10.100. Approved Continuing Education Programs for CHA/P.

- (a) **Competencies.** To be approved by the Board, a continuing education program must
 - (1) cover one or more of the course of study subjects or competencies listed in sections 2.20.100 [CHA I training & education requirements] through .510 [CHP competencies], the CHA/P Curriculum, or the CHAM;

- (2) directly relate to the clinical practice of a community health aide or community health practitioner; and
 - (3) be no less than 1 hour in length.
- (b) **Approval.** The applicant must request approval for continuing education program on a form provided by the Board.
- (1) the Board will decide if the program is approved for continuing education;
 - (2) the Board will decide the number of continuing education hours and may limit the number of hours granted for each program;
 - (3) submission of the plan for CHA/P Curriculum for the continuing education program or programs to the Board is recommended to be done prior to the program being conducted;
 - (4) approval may be granted for more than one program at a time; and
 - (5) re-approval need not be obtained for an approved program that is being repeated within a three year period after the most recent approval unless the content or instructor(s) has changed.

History: June 2, 2022, Section 3.10.100(a) and (b) were amended. January 22, 2016, Section 3.10.100(b) was amended. October 4, 2012, Section 3.10.100(a) was renumbered and amended. June 18, 2008, Section 3.10.100(c) was amended. November 26, 2002, Section 3.10.100(a), (b) and (c) were amended and titles were added to (d) and (e).

Sec. 3.10.200. Approved Continuing Education Programs for DHA.

- (a) **Competencies.** To be approved by the Board, a continuing education program for a dental health aide must
- (1) meet the requirements set forth in section 3.10.050(a)(1)(C) [DHA Continuing Education Requirements]; and;
 - (2) be no less than 1 hour in length;
- (b) **Sponsorship.** A continuing education program that meets the requirements of section 3.10.200(a) [approved continuing education programs for DHA; competencies] and is sponsored by any of the following organizations considered approved by the Board:
- (1) a certified CHA/P Training Center;
 - (2) the American Dental Association (ADA CERP);
 - (3) the Academy of General Dentistry (AGD PACE);
 - (4) the Alaska Dental Society;
 - (5) the Alaska Dental Hygiene Society;
 - (6) an accredited postsecondary educational institution;
 - (7) the Indian Health Service or other agencies of the Federal government; or
 - (8) an emergency care course approved by the State of Alaska, Indian Health Service, American Heart Association, or American Red Cross.
- (c) **Tribal Continuing Education Programs.** A continuing education program provided by the tribe or tribal organization's health program that meets the requirements of section 3.10.200(a) [approved continuing education programs for DHA; competencies] shall be approved by the Board. Submission of the plan or DHA Curriculum for the continuing education program or programs to the Board may be done prior to or after the program has been conducted. Approval may be granted for more than one program at a time. Re-approval need not be obtained for an approved program that is being repeated within a three year period after the most recent approval.
- (d) **Self-Study.** A self-study continuing education program sponsored by one of the organizations listed in subsections 3.10.200(b) [approved continuing education programs for DHA; sponsorship] or (c) [approved continuing education programs for DHA; tribal continuing education programs] that meets the requirements of section 3.10.200(a) [approved continuing education programs for DHA; competencies] is considered approved by the Board.
- (e) **Other.** A continuing education program not sponsored by one of the organizations listed in subsections 3.10.200(b) [approved continuing education programs for DHA; sponsorship] or (c) [approved continuing education programs for DHA; tribal continuing education programs] must be individually approved by the Board. Such approval can be provided at the time of application for recertification if the applicant submits

evidence sufficient to permit the Board to determine whether the training meets the requirements of this section.

History: October 13, 2022, Section 3.10.200(a) was amended. June 2, 2022, Section 3.10.200(a) and (b) were amended. January 13, 2022, Section 3.10.200(a) was amended. October 4, 2012, Section 3.10.200(a) was renumbered and amended. June 18, 2008, Section 3.10.200(c) was amended. November 26, 2002, Sections 3.10.200 was added.

Sec. 3.10.300. Approved Continuing Education Programs for BHA/P.

- (a) **Competencies.** To be approved by the Board, a continuing education program must
- (1) contribute to the knowledge or skills described in section 2.40.500 [BHA/P knowledge, skills, and scope of practice] or expand on content or subject matter described in chapter 8 [BHA curricula];
 - (2) directly relate to the clinical practice of a behavioral health aide or practitioner, which shall include courses related to the effects of tobacco use and tobacco use assessment and treatment; and
 - (3) be no less than 1 hour in length.
- (b) **Sponsorship.** A continuing education program that meets the requirements of section 3.10.300(a) [approved continuing education programs for BHA/P; competencies] and is offered or sponsored by any of the following organizations is considered approved by the Board:
- (1) a certified BHA/P Training Center;
 - (2) Alaska Commission for Behavioral Health Certification (ACBHC);
 - (3) the Indian Health Service;
 - (4) Alaska Board of Social Work Examiners;
 - (5) Alaska Training Cooperative;
 - (6) Accreditation Council for Continuing Medical Education (ACCME);
 - (7) an accredited postsecondary education institution;
 - (8) American Counseling Association (ACA);
 - (9) American Nurses Credentialing Center (ANCC);
 - (10) American Psychiatric Nurses Association (APNA);
 - (11) American Society of Addiction Medicine (ASAM);
 - (12) American Psychological Association (APA);
 - (13) Commission on Rehabilitation Counselor Certification (CRCC);
 - (14) International Certification & Reciprocity Consortium (IC&RC);
 - (15) Livingworks.net (Safetalk);
 - (16) National Association of Alcohol and Drug Abuse Counselors (NAADAC);
 - (17) National Association of Social Workers (NASW) or any state chapter of NASW;
 - (18) National Board of Certified Counselors (NBCC);
 - (19) National Association of Direct Service Providers (NADSP); or
 - (20) QPR Institute.
- (c) **Tribal Continuing Education Programs.** A continuing education program provided by the tribe or tribal organization's health program that meets the requirements of section 3.10.300(a) [approved continuing education programs for BHA/P; competencies] shall be approved by the Board. Submission of the plan or BHA Curriculum for the continuing education program or programs to the Board may be done prior to or after the program has been conducted. Approval may be granted for more than one program at a time. Re-approval need not be obtained for an approved program that is being repeated within a three year period after the most recent approval.
- (d) **Self-Study Programs.** A self-study continuing education program sponsored by one of the organizations listed in subsections 3.10.300(b) [approved continuing education programs for BHA/P; sponsorship] or (c) [approved continuing education programs for BHA/P; tribal continuing education programs] that meets the requirements of section 3.10.300(a) [approved continuing education programs for BHA/P; competencies] is considered approved by the Board.
- (e) **Other.** A continuing education program not sponsored by one of the organizations education programs] must be individually approved by the Board. Such approval can be provided at the time of application for

recertification if the applicant submits evidence sufficient to permit the Board to determine whether the training meets the requirements of this section.

History: January 13, 2021, Section 3.10.300(b) was amended. October 27, 2016, Section 3.10.300(a)(21) was amended. October 29, 2015, Section 3.10.300(b) was amended. October 4, 2012, Section 3.10.300(a) was amended.

Chapter 4. Investigations, Discipline, Suspension or Revocation of a Community Health Aide, Community Health Practitioner, Dental Health Aide, Behavioral Health Aide or Behavioral Health Practitioner Certificate

History: January 12, 2023, title for Chapter 4 was amended. June 18, 2008, the title for Chapter 4 was amended. November 26, 2002, the title for Chapter 4 was amended.

Sec. 4.10.005. Investigating Complaints.

The Board may investigate the conduct or professional performance of a certified Community Health Aide or Practitioner, Dental Health Aide or Practitioner, or Behavioral Health Aide or Practitioner. Upon receipt of a formal written complaint to the Board or any of its members, or if the Board becomes aware of information sufficient to justify an investigation regarding professional conduct, the Board may appoint an Inquiry Panel to investigate, subject to the consent and approval of the Director of the Alaska Area Native Health Service.

History: January 12, 2023 Section 4.10.005 was added.

Sec. 4.10.006. Inquiry Panel.

An Inquiry Panel of the Board shall be comprised of four appointed members of the Board, with the AANHS federal representative to the Board serving as the Presiding Official for the Inquiry Panel. The Inquiry Panel shall have at least one member that shall be in the same general professional discipline as the individual who is the subject of any written complaint or investigation on behalf of the Board.

The purpose of the Inquiry Panel is to investigate formal written complaints or information regarding professional conduct, and to make recommendations to the full Board regarding possible discipline or other actions that may be appropriate to be taken by the Board.

- (a) the Presiding Official shall oversee the Inquiry Panel, including establishing meeting dates/times, handling requests for information from complainants/subjects of any complaint, or other parties, conducting the investigation, presiding over and participating in deliberations, and submitting any recommendations [written report] to the Board.
- (b) to the extent any member of the Board has an interest that may conflict with their duties on the Inquiry Panel, including an affiliation with a Tribal Health Organization or entity that may be involved in any complaint or investigation, including as employer of any subject of an investigation, that individual Board member shall not participate as an Inquiry Panel member. To the extent any additional steps are necessary to avoid a conflict of interest or the appearance of a conflict of interest, the Board member should consider whether it is appropriate to take additional steps including recusal for purposes of considering any potential recommended discipline or further Board action.
- (c) Quorum. A majority of Members of the Inquiry Panel (3) shall constitute a quorum and shall be sufficient to take any action consistent with the CHAP Standards & Procedures regarding any investigation.

History: January 12, 2023 Section 4.10.006 was added.

Sec. 4.10.010. Grounds for Discipline.

The Board may investigate and impose a disciplinary sanction under this chapter on a person holding a certificate under these standards if the Board finds that the person engaged in any of the following, including but not limited to:

- (a) secured a certificate through deceit, fraud, or intentional misrepresentation;

- (b) engaged in deceit, fraud, or intentional misrepresentation in the course of providing professional services or engaging in professional activities, including holding himself or herself out as another health provider for which he or she has not met applicable licensing or other credentialing requirements;
- (c) failed to surrender the certificate if required to do so under section 2.10.020 [surrender of a certificate];
- (d) has been convicted of a felony or other crime that affects the certified community health aide or practitioner's, dental health aide's, or behavioral health aide or practitioner's ability to continue to practice competently and safely;
- (e) intentionally or negligently engaged in or permitted the performance of patient care by persons under the certified community health aide or practitioner's, dental health aide's, or behavioral health aide or practitioner's supervision that does not conform to minimum professional standards regardless of whether actual injury to a patient occurred;
- (f) failed to comply with any requirement or order of the Board applicable to the certified community health aide or practitioner, dental health aide or practitioner, or behavioral health aide or practitioner, including failure by any community health aide or practitioner, dental health aide or practitioner, or behavioral health aide or practitioner to participate in an investigation conducted consistent with the CHAP Standards & Procedures;
- (g) continued to practice after becoming unfit due to
 - (1) professional incompetence;
 - (2) failure to keep informed of current professional practices;
 - (3) addiction or dependency on alcohol or other drugs that impair the ability to practice safely;
 - (4) physical or mental disability;
- (h) engaged in lewd or immoral conduct in connection with the delivery of service to patients;
- (i) engaged in unprofessional conduct, including having:
 - (1) failed to use sufficient knowledge, skills or judgment for the community health aide or practitioner's, dental health aide's or behavioral health aide or practitioner's level of certification;
 - (2) assumed duties and responsibilities:
 - (A) without sufficient preparation;
 - (B) for which competency has not been maintained; or
 - (C) for which the community health aide or practitioner, dental health aide, or behavioral health aide or practitioner is not certified, provided that such duties were not assumed as part of meeting the requirements for the next level of certification;
 - (D) for which the community health aide or practitioner, dental health aide, or behavioral health aide or practitioner has not been trained through training described in sections 2.20.100 [CHA I training & education requirements] through .510 [CHP Competencies] or 2.30.100 [PDHA I training & education requirements] through .610 [DHAT supervision & competencies], sections 2.40.100 [BHA I training, practicum, and experience requirements] through 2.40.500 [BHA/P knowledge, skills, and scope of practice], as applicable, or continuing education approved under Chapter 3, provided that the community health aide or practitioner, dental health aide or behavioral health aide or practitioner may provide services under this paragraph only at the direction of his or her employer; or
 - (E) a community health aide, community health practitioner, behavioral health aide or behavior health practitioner assigned to be available on-call failed to respond to an emergency;
 - (3) knowingly delegated a community health aide or practitioner, dental health aide or behavioral health aide or practitioner function to another who is not certified to perform that function;
 - (4) violated the confidentiality of information or knowledge concerning a patient;
 - (5) physically or verbally abused a patient;
 - (6) performed duties as a community health aide or practitioner, dental health aide, or behavioral health aide or practitioner while under the influence of alcohol, illegal drugs or any other substance likely to impair the community health aide or practitioner's, dental health aide's, or behavioral health aide or practitioner's ability to provide competent care;
 - (7) violated state or federal laws regulating drugs, including but not limited to forging prescriptions or unlawfully distributing drugs or narcotics;

- (8) failed to maintain a record for each patient which accurately reflects the patient encounter and interventions provided, or falsification of a patient's records or intentionally making an incorrect entry in a patient's record;
- (9) left a clinic assignment without properly notifying the appropriate personnel;
- (10) failed to report, through proper channels, facts known to the community health aide or practitioner, dental health aide, or behavioral health aide or practitioner regarding incompetent, unprofessional or illegal practice of another health care provider;
- (11) signed a record as a witness attesting to the wastage of controlled substances which the community health aide or practitioner, dental health aide, or behavioral health aide or practitioner did not actually witness;
- (12) exploited a patient for financial gain or offering, giving, soliciting, or receiving fees for referral of a patient;
- (13) was responsible for untruthful or misleading advertisement of available services;
- (14) knowingly violated laws regulating health insurance or the potential for health insurance reimbursement;
- (15) been found guilty of, or entered a plea of nolo contendere or guilty to, any offense under Federal, State or Tribal law involving crimes of violence; sexual assault, molestation, exploitation, contact or prostitution; or crimes against persons within the meaning of section 408 of the Indian Child Protection and Family Violence Prevention Act, P.L. 101-630, 25 U.S.C. § 3207;
- (16) failed to comply with applicable mandatory reporting laws of the State of Alaska; or
- (17) failed to respond to a request for services where a duty to respond existed.

History: January 12, 2023, Sec. 4.10.010 was amended. June 18, 2008, Section 4.10.010(d), (e), (f), (i)(2)(C), (i)(2)(D), (i)(2)(E), (i)(3), (i)(6), (i)(10), and (i)(11) were amended. November 26, 2002, Section 4.10.010 introductory paragraph, (b), (d), (e), (f), (h), (i)(1), (i)(2)(C), (D) and (E), (i)(3), (i)(6), (i)(10), (i)(11) were amended. September 25, 1998, Section 4.10.010(i)(15), (16), and (17) were amended.

Sec. 4.10.015. Process for Conducting an Inquiry.

Upon assignment, the Inquiry Panel shall provide notice of the nature of the complaint or investigation to the subject of any inquiry, and shall provide the subject an opportunity to respond. Any investigation shall be intended to inform the Board regarding details necessary to conduct its duties under the CHAP Standards & Procedures. An inquiry is intended to be investigatory as opposed to punitive or non-punitive.

The Inquiry Panel may gather and review relevant information as necessary, including but not limited to statements by witnesses or other knowledgeable individuals; any Board monitoring activities; letters of complaint; incident reports; pertinent medical records, reports, recommendations, or evaluations of any supervisor or peer review; any prior professional review or disciplinary actions; and any provider statements.

In general, the process for conducting an investigation shall be conducted as expeditiously as possible.

History: January 12, 2023 Section 4.10.015 was added.

Sec. 4.10.100. Community Health Aide or Practitioner, Dental Health Aide or Practitioner, or Behavioral Health Aide or Practitioner Sanctions.

If the Board, following any investigation or corresponding recommendations from an Inquiry Panel, finds that a person holding a certificate as a community health aide or practitioner, dental health aide or practitioner, or behavioral health aide or practitioner has violated one of the conditions of section 4.10.010 [grounds for discipline], the Board may impose the following sanctions singly or in combination, including after a hearing conducted consistent with Chapter 9.

- (1) permanently revoke a certificate to practice;
- (2) suspend a certificate for a determinate period of time;
- (3) censure a person holding a certificate;

- (4) issue a letter of reprimand;
- (5) place a person holding a certificate on probationary status and require the person to
 - (A) report regularly to the Board upon matters involving the basis of probation;
 - (B) limit practice to those areas prescribed;
 - (C) continue professional education until a satisfactory degree of skill has been attained in those areas determined by the Board to need improvement; and
- (6) impose limitations or conditions on the practice of a person holding a certificate.

If the Board finds that any complaints or charges are unproven or unsubstantiated, the Board may dismiss a complaint or take other action as appropriate consistent with the CHAP Standards & Procedures.

History: January 12, 2023, Section 4.10.100 was amended. June 18, 2008, Section 4.10.100 title and introductory sentence were amended. November 26, 2002, Section 4.10.100 title and introductory sentence were amended.

Sec. 4.10.110. Withdrawing Probation.

The Board may withdraw previously applied probationary status if it subsequently finds that the deficiencies that required the sanction have been remedied.

History: January 12, 2023, Section 4.10.110 was amended.

Sec. 4.10.120. Summary Suspension.

Notwithstanding any other provision, the Board may summarily suspend a certificate before or during any investigation, before any final hearing as described in Chapter 9, or during the appeals process as described in Chapter 9 if at any time the Board finds that the person holding a certificate poses a clear and immediate danger to the safety of any individual patient or the public health if the person continues to practice. A person whose certificate is suspended under this subsection shall be entitled to a hearing pursuant to section 9.10.010 [hearings]. The person may appeal the suspension after a hearing to the Area Director of the Alaska Area Native Health Service.

History: January 12, 2023, Section 4.10.120 was amended.

Sec. 4.10.130. Consistency.

The Board shall seek consistency in the conduct of any investigation by an Inquiry Panel and its associated recommendations, application of disciplinary sanctions, with any significant departure from prior decisions involving similar situations to be explained in findings of fact or appropriate orders.

History: January 12, 2023, Section 4.10.130 was amended.

Chapter 5. CHA/P Training Centers

Article 10. Requirements for Certification

Sec. 5.10.010. Certification.

The Board shall issue a CHA/P Training Center certificate to a training center which:

- (1) applies on a form provided by the Board; and
- (2) adopts and adheres to requirements of sections 5.10.015 [educational program philosophy] through 5.10.070 [faculty continuing education].

Sec. 5.10.015. Educational Program Philosophy.

A CHA/P Training Center must have on file a mission statement that reflects the statewide nature of the program and the goals and objectives of the program, which must include quality health care, competency based instruction, emphasis on clinical instruction and skills, emphasis on a positive learning environment, and respect for the unique needs of the adult learner must also be on file.

Sec. 5.10.020. Training Facilities.

A CHA/P Training Center facility must provide classroom, or e-classroom and clinical environments that are conducive to a positive learning experience for faculty and community health aide trainees by ensuring that:

- (1) traditional classrooms have appropriate space and privacy. An environmental health review of the facility must be performed and on file. Specific consideration and evaluation in the areas of safety, adequacy of space, air quality, lighting, heating, and storage and disposal of hazardous waste must be documented; and
- (2) e-classrooms have appropriate policies on Internet safety and privacy, appropriate language, emergency procedures for Internet outages, and recommendations on lighting, noise, and an ergonomic environment.

History: October 29, 2013, Section 5.10.020 was amended.

Sec. 5.10.025. Training Staff.

(a) Qualifications and Roles.

- (1) **Director/Instructor of Record.** The following standards apply to the CHA/P Training Center Director/Instructor of Record.
 - (A) The CHA/P Training Center Director/Instructor of Record should be an individual with a combination of education, research, work, and/or life experience which are relevant to providing leadership in a CHA/P Training Center Program.
 - (B) In recognition of the diverse role of the CHA/P Training Center Director/Instructor of Record, it is preferred that the Director or Instructor of Record have a background in health and education and be able to administrate, serve in a statewide liaison role, hold the mission of the statewide program, and provide program direction, development, and leadership.
 - (C) The Instructor of Record must at a minimum be a state licensed mid-level practitioner who will assume responsibilities for course development, evaluation and revision, clinical site development and evaluation, and evaluation of students and instructors.
- (2) **Instructor.** CHA/P Training Center instructors must consist of a majority of full-time equivalent mid-level practitioner or physician instructors who are employees of the federal government or licensed by the State of Alaska. Additional instructors should be certified or licensed and have formal training

in the knowledge and skills that they are teaching, including CHPs with current CHP credential, CHAPCB certification, and EMT certification. All instructors will be monitored to assure compliance with the CHA/P Curriculum and competence in subject being taught. Instructors teaching CHA curriculum via eLearning must demonstrate competency in e-teaching by experience, completed coursework, or other approved measure.

- (3) **Clinical Instructor.** Clinical instructors must be mid-level practitioners or physicians who are employees of the federal government or licensed by the State of Alaska. Certain patient encounter, exams, or procedures may be taught by other persons who have appropriate experience or certification (e.g. well child visits and return prenatal visits by a public health nurse; surrogate body system exams by a CHP). These encounters must be periodically reviewed by an experienced mid-level practitioner or physician trainer as part of the training center quality assurance program. The majority of clinical experiences for a student must be taught by a mid-level practitioner or physician trainer.
- (4) **Medical Advisor.** The CHA/P Training Center Medical Advisor must be a physician employed by the federal government or licensed by the State of Alaska who is practicing primary care and is currently working with community health aides or practitioners. The Medical Advisor should have prior experience with the CHA/P program. The Medical Advisor's classroom instruction and clinical preceptorship will comply with the CHA/P Curriculum and statewide goals of the Community Health Aide Program. The Medical Advisor will participate in quality assurance/continuing quality improvement efforts, serve as a resource and be available for consultation and regular meetings.
- (b) **Job Descriptions.** Job descriptions for each of the training staff which reflect these roles and responsibilities must be on file.
- (c) **Orientation of New Staff.** Each CHA/P Training Center must have in place a written orientation procedure for new employees which will minimally include the CHA/P Training Center's mission, goals, and objectives; the CHA/P Curriculum; the methods of instruction and function of the statewide Community Health Aide Program; cultural diversity; the role of the CHA/P; and the CHA/P certification process.
- (d) **Faculty Turnover.** In order to maintain the quality of instruction, the Board must be notified if during any twelve-month period 50 percent of the instructor staff of a CHA/P Training Center resigns and whenever a CHA/P Training Center Director resigns. Documentation of new employee orientation, peer review and student evaluation and examination must be available for review for each new instructor.

History: September 12, 2019, Section 5.10.025(a)(3) was amended. June 13, 2019, Section 5.10.025(a)(2) was amended. October 29, 2013, Section 5.10.025(a)(2) was amended. June 24, 2009, Section 5.10.025(a)(2) and Section 5.10.025(d) were amended. November 26, 2002, Section 5.10.025(a)(2), (3) and (4) and (c) were amended.

Sec. 5.10.030. Hospital/Clinic Affiliation.

- (a) **Accreditation.** A CHA/P Training Center must be affiliated with the Alaska Native Medical Center or a hospital or clinic accredited by The Joint Commission (formerly known as the Joint Commission on Accreditation of Healthcare Organizations (JCAHO)) or licensed by the State of Alaska. Exception can be made in a clinic facility for which The Joint Commission accreditation or state licensing is not available.
- (b) **Hospital/Clinic Commitment.** A CHA/P Training Center must have the support of hospital/clinic and/or corporation administration to provide on-going access to clinical training for CHA/Ps. A letter of support should be updated with each new clinical director and hospital or clinical administrator or corporation Board.

History: June 18, 2008, Section 5.10.030(a) was amended.

Sec. 5.10.035. Volume, Hours and Distribution of Patient Encounters.

Clinical hours will be scheduled in compliance with the CHA/P Curriculum. For each trainee a CHA/P Training Center's documentation of volume, hours and distribution of patient encounters must meet the requirements of this section.

(a) **Encounters.**

- (1) **Session I.** Ten encounters under the following conditions: the trainee will be the primary provider in at least four patient encounters with particular emphasis on the patient problems delineated in the CHA/P Curriculum, as outlined below, and at least six additional encounters with the trainee as an active participant.
- (2) **Session II.** Ten encounters under the following conditions: the trainee will be the primary provider in at least four patient encounters with particular emphasis on patient problems delineated in the CHA/P Curriculum, as outlined below and at least six additional encounters with the trainee as active participant.
- (3) **Session III.** Ten encounters under the following conditions: the trainee will be the primary provider in at least six patient encounters with particular emphasis on the patient problems delineated in the CHA/P Curriculum, as outlined below, and at least four additional encounters with the trainee as active participant.
- (4) **Session IV.** Fourteen encounters under the following conditions: the trainee will be the primary provider in at least ten patient encounters with particular emphasis on the patient problems delineated in the CHA/P Curriculum, as outlined below, and at least four additional encounters with the trainee as active participant.

(b)

- (1) **Primary Provider.** Under subsection (a) [volume, hours & distribution of patient encounters; encounters] of this section, the primary provider must perform the history and examination, and depending on the complexity of the encounter and the skill and confidence level of the trainee, determine the assessment and plan in conjunction with the instructor.
- (2) **Active Participant.** Under this section, the active participant performs part of the patient encounter with direction or guidance of the instructor.

(c) **Distribution of Clinical Hours.** The distribution of clinical hours must be available in the following kinds of patient encounters:

(1) **Session I.**

(A) Encounter Type	Hours
(B) Acute care	12
(C) Lab	1
(D) Respiratory	1
(E) Ear	1
(F) Digestive system	1
(G) Screening exam	1
(H) Sick child	4
(I) Vital signs	3
(J) Approach to child (observe)	2
(K) Total Hours	26

(2) **Session II.**

(A) Encounter Type	Hours
(B) Acute care	12
(C) Lab	1
(D) Respiratory	1
(E) Circulatory	1
(F) Digestive system	1
(G) Prenatal	2
(H) Mental illness	4
(I) Sick child	4
(J) Screening physical exam	1
(K) Approach to child (observe)	4
(L) Total Hours	31

(3) **Session III.**

(A) Encounter Type	Hours
(B) Prenatal	8
(C) Newborn	1
(D) Sick child	4
(E) Post partum (fundus exam)*	1
(F) Well child	8
(G) STD	4
(H) Total Hours	26

*Note: if no new postpartum patient is available, a RAC-approved model may be substituted.

(4) Session IV.

(A) Encounter Type	Hours
(B) Acute care	8
(C) Ear	1
(D) Respiratory	1
(E) Circulatory	1
(F) Digestive	1
(G) Female reproductive	4
(H) Prenatal	3
(I) Sick child	4
(J) Well child	3.5
(K) Newborn	1
(L) Chronic disease	4
(M) H & P	2.5
(N) Total Hours	34

History: June 13, 2019, Section 5.10.035(c)(3) was amended. June 30, 2016, Section 5.10.035(a)(2) and (b)(1) were amended. January 16, 2009, Section 5.10.035(c)(2) and (c)(4) were amended. November 26, 2002, Section 5.10.035(a) was amended.

Sec. 5.10.040. Trainees Selection Process.

- (a) **Qualifications for Trainees and Application Process.** The CHA/P Training Center will have a policy for selection of trainees. The selection process will include requiring applicants for trainee slots to file a completed statewide application form recommended no less than four weeks prior to the start of the training session, unless extraordinary circumstances are present. The policy for selection must include requirements that the training applicants have no less than sixth grade math and reading skills and that they have completed Pre-Session, unless the applicant satisfies one of the exceptions to these requirements adopted under section 5.10.040(c) [trainees selection process; exceptions].
- (b) **Statewide Priorities.** The CHA/P Training Center must adhere to statewide placement priorities for training applicants for a limited number of training slots.
- (c) **Exceptions.** The CHA/P Training Center must have exception policies. Policies must be written to incorporate individual hardship cases, including emergency training needs in communities where there are no trained personnel and in situations where community health aides or practitioners have no access to field site courses (pre-session and ETT). Exception policies must also include arrangements for applicants with prior medical training, such as registered nurses, National Guard Corpsman, etc.

History: January 16, 2009, Section 5.10.040(a) was amended. November 26, 2002, Section 4.10.040(a) was amended.

Sec. 5.10.045. Trainee Services.

- (a) **Counseling and Health Services.** The CHA/P Training Center must have a system for onsite or online initial individual counseling for trainees, which may include assigning faculty members for this purpose. Referral for

confidential counseling by mental health professionals must be available to trainees. A system to provide acute care and emergency health services must also be provided.

- (b) **Academic Advising.** A CHA/P Training Center must provide an onsite or online system for trainee academic advising, documentation of formative and summative evaluations, and advising pertinent to the role of the community health aide and practitioner and certification.
- (c) **Attrition.** A system of recording trainee attrition data including the causes and timing of attrition during training must be in place.
- (d) **Housing, Meals, and Transportation.** Housing, meals and transportation should be available, affordable, and conveniently located to face-to-face or traditional trainees.
- (e) **Internet Connectivity.** A workstation with Internet connectivity must be accessible as an alternate to an eLearning student's own Internet service.

History: October 29, 2013, Section 5.10.045 was amended.

Sec. 5.10.050. Community Health Aide Curriculum and Teaching Guidelines.

- (a) **Duration of Training and Attendance.** The length of Sessions I, II, III and IV training sessions are based on the competencies as stated in Sec. 2.20.110, CHA I; Sec. 2.20.210, CHA II; Sec. 2.20.310, CHA III; and Sec. 2.20.410, CHA IV. The CHA/P Training Center must establish and enforce an attendance policy, which assures that each training participant fully satisfies all conditions of the training.
- (b) **Class Size.** The size of classes must allow for faculty/trainee ratios under section 5.10.050(c) [CHA/P curriculum & teaching guidelines; faculty/trainee ratio], and otherwise be determined by the number of exam rooms available for clinical experience, the size of the classroom for onsite didactic instruction, course content, past trends identified in the particular class, and the CHA/P Curriculum requirements for lab skills instruction.
- (c) **Faculty/Trainee Ratio.** Due to the short, intensive nature of CHA/P courses, faculty/trainee ratios for clinical instruction during patient encounters, in which the trainee is the primary provider, as defined in Sec. 5.10.035(b)(1), must be done on a one-to-one basis. For all other clinical instructions the following faculty/trainee ratios for clinical instruction may not be exceeded:
 - (1) Sessions I and II: one to one;
 - (2) Sessions III and IV: one to two depending on the independence of the trainees.
- (d) **Classroom and Clinical Instruction.** The intent in instruction for each session is to integrate the CHA/P Curriculum, the CHAM, and the training and skill of the community health aide/practitioner, with consideration to the “Role of the Community Health Aide/Practitioner.”
 - (1) The CHA/P Curriculum objectives must be followed as a minimum standard.
 - (2) The CHAM must be used as a reference book for teaching community health aides and practitioners, as a minimum standard.
 - (3) The instructional materials for faculty must consist of the CHA/P Curriculum course objectives and lesson plans. Instructional materials must be updated every three years. Additionally, eLearning classes externally linked content not created by the CHA/P instructor must be checked for accuracy prior to every session.
 - (4) Learning objectives and course expectations must be clearly defined for each trainee.

History: October 29, 2013, Section 5.10.050 was amended. January 13, 2011, Section 5.10.050(c) and (d)(3) were amended. October 7, 2009, Section 5.10.050(d)(3) was amended. June 24, 2009, Section 5.10.050(c) was amended. June 18, 2008, Section 5.10.050(d) was amended. November 26, 2002, Section 5.10.050(a), (b), and (d) were amended.

Sec. 5.10.055. Field Training.

- (a) The CHA/P Training Center staff must evaluate each trainee at the end of each training-center portion of a session and prepare a packet of Field Training Requirements for session completion.
- (b) Completion of the Field Training Requirements is the responsibility of the employing Tribal Health Organization.

- (c) CHA/P Training Center staff must review the Field Training Requirements for completion, before accepting a CHA in to the next session.

History: October 13, 2022, Sec. 5.10.055 was amended. June 24, 2009 Section 5.10.055(a) and (b) were amended.

Sec. 5.10.060. CHA/P Training Center Administration and Records.

- (a) **Commitment of Administration.** A CHA/P Training Center must have a memorandum of agreement updated with each new CHA/P Training Center administrative agency to document on-going support of staffing positions and program needs.
- (b) **Secretarial Support.** A CHA/P Training Center should have administrative and secretarial support sufficient to assure timely and smooth functioning of the program.
- (c) **CHA/P Training Center Files.** A CHA/P Training Center must have on file for review: CHA/P Curriculum outlines, learning objectives/lesson plans, session quizzes/exams, CHA/P evaluation records, application forms, student training files, quality assurance/continuous quality improvement files and a training plan for employees. A CHA/P Training Center must adopt and enforce policies regarding retention of CHA/P Training Center files and conditions under which transfer of files may occur. The retention schedule policy must be consistent with a schedule approved by the Board. The file transfer policy must require that a record be retained identifying the files that were transferred and to whom.
- (d) **CHA/P Training Center Office Space.** A CHA/P Training Center should have offices available for instructors which provide an environment that is conducive to high productivity of its faculty in preparation for instruction.

History: November 26, 2002, Section 5.10.060(c) was amended.

Sec. 5.10.065. CHA/P Training Center Self-Evaluation.

- (a) CHA/P Training Center. A CHA/P Training Center must have a policy on quality assurance (QA)/continuous quality improvement (CQI). This policy must include
 - (1) documentation of post-session meetings for staff evaluation of training sessions and quarterly program reviews;
 - (2) evaluation of CHA clinical encounters;
 - (3) Patient Encounter Form (PEF) evaluation for quality and appropriateness of patient care as delineated by the CHAM;
 - (4) weekly evaluation of the CHA in a learner role;
 - (5) a summary evaluation of the CHA;
 - (6) CHA evaluations of training sessions and individual instructors; and
 - (7) faculty peer review of didactic and clinical instruction.
- (b) QA/CQI. The QA/CQI process must be in effect, documenting that evaluation tools are in use, trends are identified and the continuous quality improvement process is being implemented to address and modify those identified trends.

History: June 8, 2010, Section 5.10.065 was amended and reformatted. November 26, 2002, Section 5.10.065 was amended.

Sec. 5.10.070. Faculty Continuing Education.

A CHA/P Training Center must have a policy on faculty continuing education both in the educational and medical fields. A plan should be developed annually to meet the policy goals.

Article 20. Types of CHA/P Training Center Certification and Recertification

Sec. 5.20.005. Review and Approval Committee (RAC) is a subcommittee of Alaska Area Community Health Aide Program Directors that periodically reviews CHAP Training Centers for compliance with the Certification Board Standards.

History: October 13, 2022, Section 5.10.005 was added.

Sec. 5.20.010. Start-up Certification.

A CHA/P Training Center may obtain start-up certification prior to conducting its first training session upon submission of evidence satisfactory to the Board that it will meet the requirements of sections 5.10.010 [certification] through 5.10.070 [faculty continuing education]. Start-up certification shall be valid only until the Board evaluates and acts on the first on-site evaluation, which shall occur during the first training session. At the end of the start-up certification period the Board shall terminate the certification or grant provisional or full certification.

Sec. 5.20.020. Full Certification.

The Board shall grant full certification to a CHA/P Training Center that demonstrates substantial compliance with the requirements of sections 5.10.010 [full certification] through 5.10.070 [faculty continuing education], through evidence satisfactory to the Board. Such evidence shall include submission of required materials, satisfactory performance during the on-site review and satisfactory completion of at least one training session. “Substantial compliance” shall require a minimum score of 90% on the Review and Approval Committee CHA Education Program Evaluation Checklist to include meeting all essential items as defined in the checklist.

History: January 13, 2011, Section 5.10.020 was amended. October 7, 2009, Section 5.10.020 was amended.

Sec. 5.20.030. Provisional Certification.

The Board may grant provisional certification to a CHA/P Training Center with Start-up Certification that is not eligible for full certification under section 5.20.020 provided it meets all the requirements for full certification, except that it is required to score only a minimum of 80% on the Review and Approval Committee CHA Education Program Evaluation Checklist. Provisional certification shall be effective for only six months and may be renewed only one time for a total of no more than one year.

History: June 24, 2009, Section 5.20.030 was amended.

Article 30. Continuing Requirements

Sec. 5.30.010. Periodic Submissions and Reviews.

A CHA/P Training Center fully certified under section 5.20.020 [full certification] shall submit a CHA/P Training Center Annual RAC Requirements Review Checklist each year and shall be subject to on-site reviews, upon reasonable notice, at the discretion of the Board, provided that an on-site review must occur no less often than once every five years. Such a CHA/P Training Center must notify the Board if a change in any of the following occurs:

- (1) the person responsible for coordination of the training within the center;
- (2) 50 percent or more of the staff within a three-month period;
- (3) Medical Advisor;
- (4) major changes in methods of CHA/P Curriculum delivery to be submitted prior to implementation;
- (5) facilities used for training; or

(6) administration or finance that affects the viability of the training program.

History: January 25, 2018, Section 5.30.010 was amended. June 22, 2017, Section 5.30.010 was amended. October 7, 2009, Section 5.30.010 was amended. November 26, 2002, Section 5.30.010(4) was amended.

Sec. 5.30.020. Monitoring.

A fully or provisionally certified CHA/P Training Center may be required to submit periodic reports of progress regarding its response to any changes reported under section 5.30.010 [periodic submissions and reviews], or problems or deficiencies noted during any review or on-site evaluation.

Article 40. CHA/P Training Center Sanctions

Sec. 5.40.010. Probation or Termination.

Upon determining that a provisionally certified CHA/P Training Center has failed to achieve full certification within the required time limit or that a provisionally or fully certified CHA/P Training Center has failed to demonstrate continued performance at the applicable levels required under this section, the Board may place the center's certification in a probationary status or terminate the certification.

Sec. 5.40.020. Conditions of Probation.

If the Board grants a probationary status, it must specify the conditions for reinstatement of full or provisional certification, which must be satisfied within the time frame established by the Board, which shall not be longer than six months. The conditions of probation may include, but are not limited to

- (1) requiring reports to the Board upon matters involving the basis of probation;
- (2) limiting training to those sessions prescribed by the Board; and
- (3) terminating training until prescribed conditions are satisfied.

Chapter 6. Certification of CHA/P Training Curriculum and the Alaska Community Health Aide/Practitioner Manual

History: October 13, 2022, Chapter 6, title was amended. November 26, 2002, Chapter 6, title was amended.

Sec. 6.10.010. Continuous Review of Curriculum.

The Board shall develop and follow a process and schedule for periodic review, amendment and adoption of all aspects of the CHA/P Curriculum and standards relied upon in the Community Health Aide Program for Alaska. Comments and participation shall be solicited from Association of Alaska Community Health Aide Program Directors field staff, community health aides and practitioners, CHA/P Training Center staff, and health care providers who relate in any way to the Community Health Aide Program.

History: October 13, 2022, Sec. 6.10.010 was amended. November 26, 2002, Section 6.10.010 was amended.

Sec. 6.10.020. Continuous Review of CHAM.

The Board shall develop and follow a process and schedule for periodic review, amendment, and adoption of all aspects of the Alaska Community Health Aide/Practitioner Manual (CHAM), relied upon in the Community Health Aide Program for Alaska. Comments and participation shall be solicited from Association of Alaska Community Health Aide Program Directors, field staff, community health aides and practitioners, CHA/P Training Center staff, and health care providers who relate in any way to the Community Health Aide Program.

History: October 13, 2022, Sec. 6.10.020 was added.

Sec. 6.10.100. Academic Review Committee (ARC) is a subcommittee of Association of Alaska Community Health Aide Program Directors that advises the Association of Alaska Community Health Aide Program Directors and Alaska CHAP Certification Board in matters of Community Health Aide/Practitioner Basic Training including curriculum, CHAM, field training, credentialing, continuing education, and standards.

History: October 13, 2022, Sec. 6.10.100 was added.

Sec. 6.10.900. Transition.

The Board shall use the CHA/P Curriculum, field work guidelines, and other materials and standards developed by committees of the Community Health Aide Directors Association, including the Academic Review Committee (ARC), Review and Approval Committee (RAC), CHAM Revision Committee, until such time as it can review and adopt such materials under this section.

History: October 3, 2006, Section 6.10.900 was amended. November 26, 2002, Section 6.10.900 was amended.

Chapter 7. Certification of DHA Training and Curriculum

History: November 26, 2002, Chapter 7 was renumbered Chapter 8 and this new Chapter 7 was added.

Article 10. Training Programs, Facilities and Training Staff

Sec. 7.10.010. Facilities.

Dental health aide training may occur in:

- (1) any certified CHA/P Training Center with facilities appropriate to the training being provided;
- (2) for training not requiring clinical activity, any classroom that generally meets the standards set under section 5.10.020 [training facilities];
- (3) for training requiring clinical activity, any Federal, State, university, or tribal facility with space, equipment and materials appropriate and adequate to provide each student with a sufficient opportunity to observe and participate in the training activities; and
- (4) as necessary, other locations may be used provided they meet the standards set forth in this section.

History: November 26, 2002, Section 7.10.010 was added.

Sec. 7.10.020. Training Staff.

- (a) **Qualification and Roles.** Dental health aide training may be coordinated and conducted by any person who generally meets the standards of section 5.10.025(a) [training staff; qualifications & roles] as applicable to the specific training being conducted.
- (b) **Dental Advisor.** All dental health aide training must be conducted under the general supervision of a dental advisor who must be a dentist, as defined in section 2.30.010 [supervision of DHAs], who is familiar with the CHA/P Program. The dental advisor may or may not participate directly in the training, but must be familiar with and have approved the curriculum being taught and the qualifications of the training staff, and be available to consult with training staff during the training session should the need arise. Such consultation may occur telephonically or in person.

History: November 26, 2002, Section 7.10.020 was added.

Sec. 7.10.030. DHA Training Administration and Records.

- (a) **Commitment of Administration.** The sponsor of Board approved DHA training programs must have an agreement with the Alaska Native Tribal Health Consortium Department of Oral Health Promotion which will document on-going support of staffing positions and program needs and accept and retain records regarding training and continuing education carried out by the DHA training program.
- (b) **Secretarial Support.** A DHA training program should have administrative and secretarial support sufficient to assure timely and smooth functioning of the program and transmittal of records to the Department of Oral Health Promotion.
- (c) **DHA Training Program Files.**
 - (1) A DHA training program must have on file for review, or transmit to the Department of Oral Health Promotion for retention, DHA training outlines, learning objectives/lesson plans, session quizzes/exams, dental health aide evaluation records, application forms, student training files, quality assurance/continuous quality improvement files and a training plan for employees.
 - (2) A DHA training program must promptly after the conclusion of each training session, course or continuing education program transmit to the Department of Oral Health Promotion a list of each

student who attended the program with information about whether the student completed the course and an evaluation of the student's performance.

History: January 22, 2016, Section 7.10.030(a), (b) and (c) were amended. November 26, 2002, Section 7.10.030 was added.

Article 20. Dental Health Aide Curricula

Sec. 7.20.010. DHA Core Curriculum.

- (a) **Subject Matter.** A DHA Core Curriculum course must address the following topics:
- (1) role of community health aide and practitioner, dental health aide and behavioral health aide and practitioner in a village;
 - (2) general scope of work;
 - (3) medical ethics;
 - (4) legal issues;
 - (5) State of Alaska reporting requirements;
 - (6) consent for treatment;
 - (7) health/disease process;
 - (8) infection and communicable disease;
 - (9) introduction to body systems, and introduction to head, neck, and dental anatomy;
 - (10) vocabulary and abbreviations;
 - (11) documentation, including “SOAP” (subjective, objective, assessment, and plan) format;
 - (12) introduction to clinic management; and
 - (13) Introduction to medical history taking.
- (b) **CHA/P Equivalency.** The topics listed in subsection (a) must be addressed in a way comparable to that required under the CHA/P Curriculum for the comparable topics.
- (c) **Training.** The training will include didactic instruction and hands-on practice in a lab or clinic setting sufficient to demonstrate competency of the subject matter listed in subsection (a) of this section.

History: October 4, 2023 Section 7.20.010(a) was amended. January 22, 2016, Section 7.20.010(c) was amended. June 18, 2008, Section 7.20.010(a)(1) was amended. January 31, 2005, Section 7.20.010 was amended. November 26, 2002, Section 7.20.010 was added.

Sec. 7.20.020. Primary Oral Health Promotion and Disease Prevention.

- (a) **Subject Matter.** A primary oral health promotion and disease prevention course must address the following topics:
- (1) introduction to caries disease process;
 - (2) introduction to periodontal disease process;
 - (3) theory of oral health promotion and disease prevention;
 - (4) fluoride as a drug and related issues, including toxicity;
 - (5) topical fluoride treatments;
 - (6) diet counseling; and
 - (7) oral hygiene instruction.
- (b) **Training.** The training will include instruction and hands-on practice in a lab or clinic setting sufficient to demonstrate competency of the subject matter in subsection (a) of this section; hands-on practice must include a minimum of 6 hours of clinical encounters.

History: September 12, 2019, Section 7.20.020(a)(5) was amended. January 22, 2016, Section 7.20.020(b) was amended. November 26, 2002, Section 7.20.020 was added.

Sec. 7.20.030. Basic Dental Procedures.

- (a) **Subject Matter.** A Basic Dental Procedures course must address the following topics:
 - (1) introductory dental anatomy;
 - (2) basic infection control principles and practices, including
 - (A) universal precautions; and
 - (B) hand washing;
 - (3) introductory clean/sterile techniques;
 - (4) introductory identification of dental problems, including oral cancer, and referral;
 - (5) introductory problem specific history taking; and
 - (6) introductory dental charting.
- (b) **Training.** The training will include instruction and hands-on practice in a lab or clinic setting sufficient to demonstrate competency of the subject matter in subsection (a) of this section; hands-on practice must include a minimum of 6 hours clinical encounters.

History: January 22, 2016, Section 7.20.030(b) was amended. November 26, 2002, Section 7.20.030 was added.

Sec. 7.20.040. DHA Advanced Dental Procedures.

- (a) **Subject Matter.** A DHA Advanced Dental Procedures course must address the following topics:
 - (1) dental anatomy;
 - (2) caries and periodontal disease process;
 - (3) dental instruments and equipment;
 - (4) dental charting;
 - (5) handling and sterilization of instruments;
 - (6) disinfection of operator; and
 - (7) patient record documentation.
- (b) **Training.** The training will include instruction and hands-on practice in a lab or clinic setting sufficient to demonstrate competency of the subject matter in subsection (a) of this section; hands-on practice must include a minimum of 7 hours of clinical encounters.

History: January 22, 2016, Section 7.20.040(b) was amended. November 26, 2002, Section 7.20.040 was added.

Sec. 7.20.050. Village-Based Dental Practice.

- (a) **Subject Matter.** A Village-Based Dental Practice course must address the following topics:
 - (1) use of telemedicine technology, including use of intra- and extra-oral cameras;
 - (2) problem specific medical and dental history taking;
 - (3) recognition of medical and dental conditions; and
 - (4) recognition of relationship between medical conditions and oral health.
- (b) **Training.** The Training will include instruction and hands-on practice in a lab or clinic setting sufficient to demonstrate competency of the subject matter in subsection (a) of this section; hands-on practice must include a minimum of 7 hours clinical encounters.

History: January 22, 2016, Section 7.20.050(b) was amended. June 8, 2010, Section 7.20.050(a) was amended. November 26, 2002, Section 7.20.050 was added.

Sec. 7.20.100. Sealants.

- (a) **Subject Matter.** A course in sealants must address the following topics:
 - (1) understanding and following dental orders;
 - (2) reviewing medical history and identifying contraindications for sealant treatment;

- (3) explaining sealant procedure and responding to questions regarding sealant;
 - (4) proper patient and provider safety procedures, including
 - (A) proper use and safety procedures related to curing light; and
 - (B) proper use of etchant material;
 - (5) isolating and drying teeth to be sealed;
 - (6) identifying and correcting occlusal discrepancies caused by excess sealant; and
 - (7) ensuring retention of the sealant.
- (b) **Training.** The training will include instruction and hands-on practice in a lab or clinic setting sufficient to demonstrate competency of the subject matter in subsection (a) of this section; hands-on practice must include a minimum of 7 hours clinical encounters.

History: January 22, 2016, Section 7.20.100(b) was amended. November 26, 2002, Section 7.20.100 was added.

Sec. 7.20.110. Dental Prophylaxis.

- (a) **Subject Matter.** A course in dental prophylaxis must address the following topics:
- (1) understanding and following dental orders;
 - (2) reviewing medical history and identify contraindications for performing prophylaxis;
 - (3) understanding when the patient should be referred to a dentist prior to carrying out prophylaxis;
 - (4) explaining prophylaxis procedure and respond to questions from patient regarding prophylaxis;
 - (5) proper patient and provider safety procedures, including:
 - (A) proper use of dental instruments for safety of patient and provider; and
 - (B) proper use of ultrasonic scalers;
 - (6) scaling and polishing to remove plaque, calculus, and stains from the coronal or exposed surface of the tooth; and
 - (7) consistent with direct orders from the dentist after a dental examination, sulcular irrigation.
- (b) **Training.** The training will include instruction and hands-on practice in a lab or clinic setting sufficient to demonstrate competency of the subject matter in subsection (a) of this section; hands-on practice must include a minimum of 16 hours of clinical encounters.

History: October 27, 2016, Section 7.20.110(a)(5)(B) was amended. January 22, 2016, Section 7.20.110(b) was amended. October 30, 2014, Section 7.20.110(a)(6) was amended. June 8, 2010, Section 7.20.110(a) and (b) were amended. November 26, 2002, Section 7.20.110 was added.

Sec. 7.20.120. Dental Radiology.

- (a) **Subject Matter.** A course in dental radiology must address the following topics:
- (1) components of an x-ray machine,
 - (2) kilovoltage (kVp),
 - (3) density and contrast,
 - (4) milliamperage (mA),
 - (5) exposure time,
 - (6) sensor type,
 - (7) radiological protection,
 - (8) radiographic quality,
 - (9) radiographic technique,
 - (10) presentation of radiographs,
 - (11) radiographic infection control,
 - (12) special radiograph techniques,
 - (13) mounting and labeling of radiographs,
 - (14) radiological protection of operator and patient,
 - (15) use and storage of the lead apron and thyroid collar,
 - (16) review medical history and identify contraindications for performing x-rays,
 - (17) recognition and correction of

- (A) distortion,
 - (B) overlap, and
 - (C) cone-cutting;
 - (18) use of sensor holding device,
 - (19) positioning and exposing intra-oral radiographs,
 - (20) troubleshooting technique errors,
 - (21) image labeling,
 - (22) use of landmarks to display images,
 - (23) basic knowledge of film radiography; and
 - (24) variety of digital radiography systems.
- (b) **Training.** The training will include instruction and hands-on practice in a lab or clinic setting sufficient to demonstrate competency of the subject matter in subsection (a) of this section; hands-on practice must include a minimum of 12 hours of clinical encounters.

History: October 6, 2021 Section 7.20.120 (a) was amended. January 22, 2016, Section 7.20.120(b) was amended. June 8, 2010, Section 7.20.120(a) was amended. November 26, 2002, Section 7.20.120 was added.

Sec. 7.20.130. Dental Assisting.

- (a) **Subject Matter.** A course in dental assisting must address the following topics:
- (1) applying topical anesthetic agents;
 - (2) placing and removing rubber dams;
 - (3) basic knowledge of dental materials, instruments, and procedures;
 - (4) four-handed instrument transfer;
 - (5) dental charting and patient record documentation;
 - (6) proper handling and sterilization of instruments; and
 - (7) disinfection of operatory.
- (b) **Training.** The training will include instruction and hands-on practice in a lab or clinic setting sufficient to demonstrate competency of the subject matter in subsection (a) of this section; hands-on practice must include a minimum of 20 hours of clinical encounters

History: January 26, 2017, Section 7.20.130(a) was amended. January 22, 2016, Section 7.20.130(b) was amended. June 8, 2010, Section 7.20.130(a) was amended. November 26, 2002, Section 7.20.130 was added.

Sec. 7.20.140. Atraumatic Restorative Treatment (ART).

- (a) **Subject Matter.** A course in atraumatic restorative treatment must address the following topics:
- (1) understanding and following dental orders;
 - (2) reviewing medical history and identifying contraindications for performing ART;
 - (3) identify cases appropriate for ART;
 - (4) understanding when the patient should be referred to a dentist, dental health aide therapist, or dental health aide therapist practitioner;
 - (5) explaining ART procedure and responding to questions from patient regarding ART;
 - (6) proper patient and provider safety procedures, including proper use of dental instruments;
 - (7) isolating the tooth/teeth;
 - (8) removing gross caries with hand instruments;
 - (9) mixing, placing and contouring appropriate restorative material; and
 - (10) recognizing potential and actual procedural complications and consulting appropriately with the dentist, dental health aide therapist, or dental health aide therapist practitioner.
- (b) **Training.** The training will include instruction and hands-on practice in a lab or clinic setting sufficient to demonstrate competency of the subject matter in subsection (a) of this section; hands-on practice must include a minimum of 21 hours of clinical encounters

History: June 3, 2021, Section 7.20.140 (a)(4) and (10) were amended. January 22, 2016, Section 7.20.140(b) was amended. June 8, 2010, Section 7.20.140(a)(3) was amended. November 26, 2002, Section 7.20.140 was added.

Sec. 7.20.200. Basic Restorative Functions.

- (a) **Subject Matter.** A course in basic restorative functions must address the following topics:
 - (1) advanced tooth morphology, structure and function;
 - (2) discrimination between acceptable and unacceptable restoration;
 - (3) placement and finishing of Class I, II, III and V dental restorations (simple fillings) after preparation by the dentist, dental health aide therapist, or dental health aide therapist practitioner; and
 - (4) appropriate post-procedure instructions.
- (b) **Training.** The training will include instruction and hands-on practice in a lab or clinic setting sufficient to demonstrate competency of the subject matter in subsection (a) of this section; hands-on practice must include a minimum of 21 hours of clinical encounters.

History: June 8, 2023, Section 7.20.200(a)(3) and (4) were amended. January 13, 2022, Section 7.20.200(a) was amended. January 22, 2016, Section 7.20.200(b) was amended. November 26, 2002, Section 7.20.200 was added.

Sec. 7.20.210. Advanced Restorative Functions.

- (a) **Subject Matter.** A course in advanced restorative functions must address the following topics:
 - (1) the basics of occlusion as they apply to restorative dentistry; and
 - (2) current state-of-the-art dentinal bonding agents;
 - (3) placement and finishing of cusp protected and complex Class II restorations (complex fillings) after preparation by the dentist, dental health aide therapist, or dental health aide therapist practitioner;
 - (4) placement and finishing of dental Class IV restorations (complex fillings) after preparation by the dentist, dental health aide therapist, or dental health aide therapist practitioner; and
 - (5) appropriate post-procedure instructions.
- (b) **Training.** The training will include instruction and hands-on practice in a lab or clinic setting sufficient to demonstrate competency of the subject matter in subsection (a) of this section; hands-on practice must include a minimum of 21 hours of clinical encounters.

History: June 8, 2023, Section 7.20.210(3) and (4) were amended. January 13, 2022, Section 7.20.210(a)(3) and (4) were amended. January 22, 2016, Section 7.20.210(b) was amended. November 26, 2002, Section 7.20.210 was added. October 4, 2023 Section 7.20.210. (a)(3) was amended.

Sec. 7.20.220. Stainless Steel Crowns.

- (a) **Subject Matter.** A course in stainless steel crowns must address the following topics:
 - (1) selecting the appropriate stainless steel crown;
 - (2) modifying the crown, as necessary;
 - (3) checking and correcting occlusion, contact and margins of stainless steel crown;
 - (4) cementing and removing excess cement;
 - (5) reverifying the occlusion; and
 - (6) providing appropriate post-procedure instructions.
- (b) **Training.** The training will include instruction and hands-on practice in a lab or clinic setting sufficient to demonstrate competency of the subject matter in subsection (a) of this section; hands-on practice must include a minimum of 14 hours of clinical encounters.

History: January 22, 2016, Section 7.20.220(b) was amended. November 26, 2002, Section 7.20.220 was added.

Sec. 7.20.300. Dental Health Aide Hygienist Training Program.

A DHA hygienist training program must provide instruction and clinical training equivalent to that required for accreditation by the Commission on Dental Accreditation of the American Dental Association.

History: June 8, 2010, Section 7.20.300 was amended. November 26, 2002, Section 7.20.300 was added.

Sec. 7.20.400. Local Anesthetic Administration.

- (a) **Subject Matter.** A course in local anesthetic administration must address the following topics:
- (1) medical history evaluation procedures;
 - (2) anatomy of the head, neck and oral cavity as it relates to administering local anesthetic agents;
 - (3) pharmacology of local anesthetic agents, vasoconstrictors and preservatives, including physiologic actions, types of anesthetics, and maximum dose per weight;
 - (4) systemic conditions which influence selection and administration of anesthetic agents;
 - (5) signs and symptoms of reactions to local anesthetic agents, including monitoring of vital signs;
 - (6) management of reactions to, or complications associated with, the administration of local anesthetic agents;
 - (7) selection and preparation of the instruments, supplies and equipment for administering various local anesthetic agents; and
 - (8) methods of administering local anesthetic agents with emphasis on
 - (A) technique,
 - (B) aspiration,
 - (C) slow injection; and
 - (D) minimum effective dosage.
- (b) **Training.** The training will include instruction and hands-on practice in a lab or clinic setting sufficient to demonstrate competency of the subject matter in subsection (a) of this section; hands-on practice must include clinical experience sufficient to establish the dental health aide's ability to adequately anesthetize the entire dentition and supporting structure in a clinical setting, and a minimum of 16 hours of clinical encounters.

History: January 22, 2016, Section 7.20.400(b) was amended. January 13, 2011, Section 7.20.400(b)(3) was amended. June 8, 2010, Section 7.20.400(b) was amended. November 26, 2002, Section 7.20.400 was added.

Sec. 7.20.500. Dental Health Aide Therapist Educational Program.

A DHAT Educational Program must provide instruction and clinical education equivalent to that established by the Commission on Dental Accreditation (CODA) in their accreditation standards for dental therapy education programs or the Alaska DHAT Educational Program.

History: January 22, 2016, Section 7.20.500 was amended. November 26, 2002, Section 7.20.500 was added.

Article 30. Certification of DHA Training Curriculum

Sec. 7.30.010. Curriculum Approval.

Dental health aide training curriculum may be approved by the Board generally or on a class by class basis provided each course curriculum meets the minimum content requirements set forth in article 20 of this chapter and has been reviewed and is recommended by the Dental Academic Review Committee described under section 7.30.100 [DARC].

History: November 26, 2002, Section 7.30.010 was added.

Sec. 7.30.100. Dental Academic Review Committee (DARC).

- (a) **Membership.** The dental academic review committee satisfies these Standards if it includes:
- (1) 3 dentists, as defined in sec 2.30.010 [supervision of DHAs], who are employed by the IHS, a tribe or tribal organization, provided that at least:
 - (A) one must be actively involved in development and implementation of dental health aide training;
 - (B) one must be the chief or deputy chief dentist in a tribal health program, and
 - (C) one must be actively engaged in clinical practice;
 - (2) one licensed dental hygienist employed by the IHS, a tribe or tribal organization; and
 - (3) to the extent feasible,
 - (A) one representative of the CHA/P Academic Review Committee; and
 - (B) one CHA/P Training Center representative; and currently employed by a certified CHA/P Training Center; and
 - (4) provided that at least one of the members must have community health aide or dental health aide field supervision experience.
- (b) **Quorum.** Recommendations for approval of curriculum under section 7.30.010 [curriculum approval] may only be made by the DARC if a quorum was first established. A quorum shall consist of a minimum of four members at least two of whom must be dentists.

History: June 18, 2008, Section 7.30.100(a) was amended. November 26, 2002, Section 7.30.100 was added.

Sec. 7.30.200. Development and Transition.

- (a) **Development.** The Board shall use IHS training and work guidelines, standardized materials accepted in the dental practice community, materials developed by DARC, applicable materials and standards developed by committees of the Community Health Aide Directors Association, including ARC, RAC, CHAM, and other appropriate resource material until fully integrated DHA program center and curriculum standards are developed and reviewed and approved by the Board.
- (b) **Transition.** The absence of a fully developed DHA training program and DHA curriculum standards shall not be justification for the Board deferring the review and approval of curriculum recommended by DARC or for denying certification to an individual who has otherwise met the requirements of Chapter 2 Article 30.

History: October 3, 2006, Section 7.30.200(a) was amended. November 26, 2002, Section 7.30.200 was added.

Chapter 8. Certification of BHA Training and Curriculum

History: June 18, 2008, Chapter 8 was renumbered Chapter 9 and this new Chapter 8 was added.

Article 10. Training Programs, Facilities, and Training Staff

Sec. 8.10.010. Facilities.

A BHA training center facility must provide classroom, or e-classroom and clinical environments that are conducive to a positive learning experience for faculty and behavioral health aide trainees by ensuring that:

- (1) Traditional classrooms have appropriate space and privacy. Specific consideration and evaluation in the areas of safety, adequacy of space, air quality, lighting, heating, and storage must be documented; and
- (2) e-classrooms have appropriate policies on Internet safety and privacy, appropriate language, emergency procedures for Internet outages, and recommendations on lighting, noise, and an ergonomic environment.

History: January 22, 2015, Section 8.10.010 was amended. June 18, 2008, Section 8.10.010 was added.

Sec. 8.10.020. Training Staff.

- (a) **Qualification and Roles.** Behavioral health aide and practitioner training may be coordinated and conducted by any person who generally meets the standards of this section.
 - (1) **Director/Instructor of Record.** The BHA training center Director/Instructor of Record
 - (A) must be a licensed behavioral health clinician or behavioral health professional who will assume responsibilities for course development, evaluation and revision, and the evaluation of students and instructors.
 - (B) should be an individual with a combination of education, research, work, and/or life experience which are relevant to providing leadership in a BHA training center program, including an orientation to Alaska Native culture and traditions and be familiar with the CHA Program.
 - (C) may or may not participate directly in the training, but must be familiar with and have approved the curriculum being taught and the qualifications of the training staff, and be available to consult with training staff during the training session should the need arise. Such consultation may occur telephonically or in person.
 - (D) should have a background in health and education and be able to administrate, serve in a statewide liaison role, uphold the mission of the statewide program, and provide program direction, development, and leadership.
 - (b) **Instructor.** BHA training center instructors must consist of a majority of behavioral health professionals or licensed behavioral health clinicians. All instructors will be monitored to assure compliance with the BHA Curriculum and competence in subject being taught. Instructors teaching BHA curriculum via eLearning must demonstrate competency in e-teaching by experience, completed coursework, or other approved measures. All instructors should be certified, licensed, or have other training in the knowledge and skills that they are teaching, including knowledge of Alaska Native traditions and culture.

History: January 22, 2015, Section 8.10.020 was amended. June 18, 2008, Section 8.10.020 was added.

Sec. 8.10.030. BHA/P Training Administration and Records.

- (a) **Educational Program Philosophy.** A BHA training program must have on file a mission statement that reflects the statewide nature of the program, and the goals and objectives, which must include quality health care, competency based instruction, emphasis on clinical instruction and skills, awareness of cultural

influences, emphasis on a positive learning environment, and respect for the unique needs of the adult learner.

- (b) **Job Descriptions.** Job descriptions must be on file for each member of the training staff which reflect the roles and responsibilities outlined in Sec. 8.10.020(a) [Qualifications and Roles].
- (c) **Orientation of New Staff.** A training program must have in place a written orientation procedure for new employees which will minimally include the BHA mission, goals, and objectives; the BHA Curriculum; the methods of instruction, and function of the statewide program; cultural diversity; the role of the BHA; and the BHA certification process.
- (d) **Commitment of Administration.** A training program must document on-going support of staffing positions and program needs and accept and retain records regarding training and continuing education.
- (e) **Secretarial Support.** A training program should have administrative and secretarial support sufficient to assure timely and smooth functioning of the program and transmittal of records to the Certification Board, as required.
- (f) **Training Program Files.** A training program must have on file for review: training outlines, learning objectives, lesson plans, session quizzes and exams, behavioral health aide or practitioner evaluation records, application forms, student training files, quality assurance/continuous quality improvement files and a training plan for employees.
- (g) **Continuing Education.** A training center must have a policy on continuing education requirements for the Director and Instructors. A plan should be developed annually to meet the policy goals.

History: January 22, 2015, Section 8.10.030 was amended. October 17, 2014, Section 8.10.030(a) was amended. June 12, 2014, Section 8.10.030 was amended. June 18, 2008, Section 8.10.030 was added.

Sec. 8.10.040. BHA Training Center Self-Evaluation.

- (a) **BHA Training Center.** A behavioral health aide or practitioner training program must have a policy on quality assurance (QA)/continuous quality improvement (CQI). This policy must include:
 - (1) BHA evaluations of training sessions and individual instructors, and
 - (2) documentation of meetings for staff evaluation of training sessions and quarterly program reviews.
- (b) **QA/CQI.** The QA/CQI process must be in effect, documenting that evaluation tools are in use, trends are identified and the continuous quality improvement process is being implemented to address and modify those identified trends.

History: January 22, 2015, Section 8.10.040 was added.

Sec. 8.10.050. Trainee Services.

- (a) **Counseling and Health Services.** A system must be in place to refer trainees to confidential counseling by a behavioral health professional or licensed behavioral health clinician which may include having such persons available during course training. A system to provide acute care and emergency health services must also be provided.
- (b) **Academic Advising.** A training center must provide a system for trainee academic advising pertinent to the role and certification of the BHA.
- (c) **Attrition.** A system of recording trainee attrition data including the causes and timing of attrition during training must be in place.
- (d) **Housing, Meals, and Transportation.** Housing, meals and transportation should be available, affordable, and conveniently located to the face-to-face training site.
- (e) **Internet Connectivity.** A workstation with Internet connectivity must be accessible as an alternate to an eLearning student's own Internet service.

History: January 22, 2015, Section 8.10.050 was added.

Article 20. Behavioral Health Aide and Practitioner Curricula

Sec. 8.20.010. Equivalent Courses.

The Behavioral Health Academic Review Committee shall maintain and provide to the Board a list of courses that the Behavioral Health Academic Review Committee has determined to contain course content equivalent to that required under this Article 20 [BHA curricula]. Applicants who have satisfactorily completed such courses shall be deemed to have met the applicable curricula requirements.

History: June 12, 2014, Section 8.20.010 was amended. June 18, 2008, Section 8.20.010 was added.

Sec. 8.20.050. General Orientation.

- (a) **Minimum Hours.** This course shall be no fewer than 28 contact hours which must include 4 contact hours regarding communication skills identified in section 8.20.050(c) and may be provided as an in-service training program by the employer.
- (b) **Content.** This course shall provide an introduction to:
 - (1) the Alaska Tribal Health System;
 - (2) the history, statutory authority for, and current status of the Community Health Aide Program;
 - (3) community health aide program certification and the Community Health Aide Program Certification Board;
 - (4) the Alaska Community Health Aide/Practitioner Manual and the Behavioral Health Aide Manual and their uses;
 - (5) the dental health aide component of the community health aide program;
 - (6) the behavioral health care system in Alaska and how individuals may access it; and
 - (7) how the Alaska Tribal Health System is structured and the relationship of behavioral health within the care system, including individual regional differences, as appropriate.
- (c) **Communication Skills.** During this general orientation, an evaluation of the trainee's communication, including writing skills, shall be conducted. If the trainee's communication skills are insufficient to allow the trainee to successfully complete the remainder of the training and perform the work of a behavioral health aide or practitioner, a plan for improvement must be developed, before the trainee may proceed with other courses. The plan must be monitored for successful achievement of skills sufficient for the trainee to successfully perform the requisite course work and, ultimately, the work required for certification at the level of certification sought by the trainee. The communication skills improvement plan and monitoring may be required and continued throughout training and certification for each level of behavioral health aide or practitioner certification. This requirement shall not preclude assisting the trainee to satisfy the minimum communication skills requirements through accommodations such as dictation; computer assisted spelling programs and other means to assist the trainee to adequately communicate necessary information.

History: June 12, 2014, Section 8.20.050 was amended. June 18, 2008, Section 8.20.050 was added.

Sec. 8.20.100. Orientation to Behavioral Health Services.

This course which shall be 8 contact hours, will provide:

- (a) an introduction to:
 - (1) village-based behavioral health services;
 - (2) the rationale and philosophy for providing prevention, early intervention and case management within the community of client residence;
 - (3) emergency behavioral health response protocols; and
 - (4) the use of clinical supervision to support quality of services.

- (b) The instructor will work with each student to create a strength-based professional development plan that identifies the student’s training and supervision needs and use the student’s test results to identify strengths and areas for development. The BHA/P must present this plan and receive approval and feedback from their supervisor.

History: June 3, 2021, Section 2.20.100 was amended. June 18, 2008, Section 8.20.100 was added.

Sec. 8.20.110. Ethics, Consent, Confidentiality and Privacy.

This course, which shall be 16 contact hours, will provide:

- (a) foundational information regarding:
 - (1) the need for professional ethics;
 - (2) the difference among ethics, agency policies and procedures, and laws that govern practice;
 - (3) personal and professional boundaries in a village-based setting, including identification of personal relationships and conflicts and their effect on a professional relationship;
 - (4) client’s rights and the duty to protect and advocate for client rights;
 - (5) the code of ethics for Behavioral Health Aides, with discussion of using the code of ethics as guidance in providing client services;
 - (6) the duty to obtain informed consent, including its application to:
 - (A) adults, minors, individuals with limited or impaired capacity, and individuals subject to court order such as guardianship;
 - (B) disclosure of information and the limitations to authorizations;
 - (C) providers who are delivering services through tele-health modalities;
 - (7) confidentiality and privacy requirements under applicable law and regulation, including the Federal Privacy Act and the Health Insurance Portability and Accountability Act (HIPAA), US Code of Federal Regulations (42 CFR part 2), and their application to delivery of behavioral health services;
 - (8) exceptions to confidentiality requirements that occur without client consent, including:
 - (A) a review of reporting requirements, including those arising from suspected child abuse, elder vulnerable adult abuse;
 - (B) risk of harm to self or others;
 - (C) others permitted by law; and
 - (D) distinguishing among types of court orders (e.g. subpoenas vs. direct judicial orders);
 - (9) protecting written and electronic records;
 - (10) protecting privacy in various situations, including crowded settings, and in family and group counseling; and
 - (11) special rules regarding information subject to special confidentiality or privacy rules; and
- (b) applied exercises to
 - (1) identify and develop responses to common ethical, consent, confidentiality and privacy situations; and
 - (2) obtain appropriate authorizations for release of information and how to use and document such authorizations.

History: June 3, 2021, Section 8.20.110, was amended. June 18, 2008, Section 8.20.110 was added.

Sec. 8.20.116. Human Development.

This course, which shall be 8 contact hours, will provide:

- (a) an introduction to foundational and practice information regarding:
 - (1) the development of the individual through the lifespan, from conception through adulthood including common maladaptive behaviors and childhood behavioral health concerns;
 - (2) prevention and early intervention for childhood behaviors and behavioral health concerns;

- (3) common theories of human development , ages and stages
 - (4) processes, experiences and influences that affect a developing person;
 - (5) physical, intellectual, social, emotional, spiritual, environmental, sexual, and occupational components of a person
 - (6) attachment theories and their impact on development, adulthood and potential behavioral health concerns
 - (7) life stages and their role in family dynamics;
 - (8) the interaction of home, school, and community settings on human development; and
 - (9) the interaction of nature and nurture in shaping human development with a focus on socioeconomic status, family background, culture, rural vs. urban settings, and traditional ways of living; and
- (b) applied exercises to help trainees recognize that the stages of development inform behavioral health interventions and treatment.

History: June 3, 2021, Section 8.20.116 was added.

Sec. 8.20.125. Introduction to Behavioral Health Concerns.

This course, which shall require 24 contact hours (which shall include 8 contact hours regarding mental health, 8 contact hours regarding substance use disorders, and 8 contact hours regarding other behavioral health issues), will provide an introduction to:

- (1) the range of behavioral health issues experienced by individuals, families, and communities;
- (2) the comprehensive continuum of care that can address behavioral health issues of various degrees of seriousness;
- (3) common mental health disorders and the associated risk factors and treatment options, including therapeutic medications;
- (4) addictive substances, including alcohol, tobacco (cigarettes/cigars/pipe, commercial chew, Iqmiq/Dedigus/Blackbull), psychoactive substances (stimulants, depressants, opioids and psychedelics), and other substances (e.g., inhalants, anabolic steroids, and prescription drugs) and the associated risk factors and treatment options;
- (5) other addictive behaviors (e.g. gambling, pornography) and the associated risk factors and treatment options; and
- (6) other behavioral health issues, including child abuse and neglect, domestic violence, elder abuse, fetal alcohol spectrum disorder (FASD), homicide, disaster events, attention deficit disorder (ADD), attention deficit hyperactivity disorder (ADHD), developmental disabilities, co-occurring disorders, and other conditions and events that effect behavior and adjustment.

History: June 3, 2021, Section 8.20.125 was amended. June 18, 2008, Section 8.20.125 was added.

Sec. 8.20.135. Introduction to Counseling.

This course, which shall be 12 contact hours, will provide:

- (a) foundational information about:
 - (1) personal characteristics of an effective counselor (establishing personal counseling values and philosophy);
 - (2) interviewing and listening skills;
 - (3) defining counselor and client roles;
 - (4) how to establish a counseling relationship;
 - (5) problem identification, goal development, and action planning with a client;
 - (6) the client's responsibility in counseling and how to assist and motivate a client to discover and practice more appropriate and healthy behavior; and

- (b) applied exercises in which trainees can practice the client-centered approach, using communication skills such as listening, attending, and reflection.

History: June 3, 2021, Section 8.20.135 was amended. June 18, 2008, Section 8.20.135 was added.

Sec. 8.20.140. Introduction to Documentation.

This course, which shall be 12 contact hours, will provide:

- (a) foundational information regarding:
 - (1) the establishment and maintenance of a quality client record, including the essential components of clinical/counseling records, including screening tools, assessments, treatment plans, progress notes, discharge summaries, and authorizations for disclosure;
 - (2) the purpose and elements of case narrative recording, including using data, assessment, and plan (DAP); subjective, objective, assessment and plan (SOAP); data, intervention, response and plan (DIRP) and other formats for case narrative recording;
- (b) an introduction to:
 - (1) the use of standardized information management systems and screening tools widely used by Alaska behavioral health programs;
 - (2) using criteria contained in the Diagnostic and Statistical Manual and American Society of Addiction Medicine (ASAM) Patient Placement Criteria (PCC) to standardize documentation in relation to treatment and service planning (problem list, goals, objectives, and interventions);
 - (3) documentation requirements specific to prevalent payers and accrediting bodies, such as Medicaid, Medicare, Commission on the Accreditation of Rehabilitation Facilities (CARF), and The Joint Commission; and
 - (4) administrative record keeping; and
- (c) applied exercises in which trainees practice
 - (1) documenting client related work and consider the effect of confidentiality rules on the application of documentation requirements.

History: June 3, 2021, Section 8.20.145 was amended. May 15, 2014, Section 8.20.140(c) was amended. June 18, 2008, Section 8.20.140 was added.

Sec. 8.20.145. Introduction to Case Management.

This course, which shall be 8 contact hours, will provide:

- (a) an introduction to foundational and practice information about
 - (1) the use of available community resources (locally, regionally and statewide) related to coordinating services and case management;
 - (2) identifying and evaluating the appropriateness of potential resources for the individual client and making referrals when necessary;
 - (3) an emphasis on the inventive use of agency-based and other community and family resources; and
 - (4) an introduction to the role and delivery of case management services;
 - (5) an emphasis on finding resources for diverse populations and complex clients;
 - (6) roles related to assisting clients in medication management and medication education; and
 - (7) focus on evaluation of service usefulness and accessibility issues that need to be considered in village-based practice; and
- (b) applied exercises in recognizing the role and components of case management.

History: June 3, 2021, Section 8.20.145 was amended. June 18, 2008, Section 8.20.145 was added.

Sec. 8.20.150. Working with Diverse Populations.

This course, which shall be 12 contact hours, will provide:

- (a) foundational and information regarding:
 - (1) working with clients of different ethnic or racial heritage, age, gender, lifestyle, sexual orientation, spirituality, and socioeconomic status;
 - (2) an introduction to beliefs, attitudes, knowledge and skills generally maintained by an effective multi-culturally aware counselor;
 - (3) barriers that clients of diverse populations may face when seeking or receiving treatment; and;
- (b) applied exercises to develop skills associated with respectfully assessing client needs:
 - (1) strategies for working in Alaska Native communities with other prominent minority/cultural groups in rural Alaska; and
 - (2) regarding the implications of personal and cultural historical trauma.

History: June 3, 2021, Section 8.20.150 was amended. May 15, 2014, Section 8.20.150 was amended. June 18, 2008, Section 8.20.150 was added.

Sec. 8.20.155. Introduction to Group Counseling.

This course, which shall be 8 contact hours, will provide:

- (a) an introduction to foundational and practice information about:
 - (1) types and uses of groups for education and treatment;
 - (2) how to encourage and support self-help groups, e.g. Alcoholics Anonymous and Adult Children of Alcoholics;
 - (3) how to assess the potential for establishing other groups;
 - (4) group counseling dynamics, including open ended and closed groups; and
 - (5) determining the criteria for participation in groups of various types and how to screen appropriate candidates for participation;
 - (6) time-limited group process;
 - (7) privacy and documentation issues arising in various group models;
 - (8) providing group resources to communities for the purpose of education, prevention, or team building; and
- (b) applied exercises that provide exposure to the therapeutic group process and focus on the purpose, planning and conducting of:
 - (1) educational/informational groups;
 - (2) “talking circles” or traditional healing groups as a therapeutic group process.

History: June 3, 2021, Section 8.20.155 was amended. June 18, 2008, Section 8.20.155 was added.

Sec. 8.20.160. Crisis Intervention.

This course, which shall be 16 contact hours, will provide an introduction to foundational and practice information about:

- (1) common crisis events (domestic violence, physical or sexual abuse or assault, other violence, depression, substance use relapse, psychosis, job loss/financial problems, death, onset of serious medical condition or injury, loss of a relationship, bullying);
- (2) dynamics of crisis events and response, including:
 - (A) assessment and evaluation of immediate risks, including risk of harm to self or others, and protective factors;
 - (B) using crisis for positive change;
 - (C) working with families and communities affected by crisis events;
- (3) stages and course of response to crisis events, including continuum of care from least to most restrictive;

- (4) applying dynamics of crisis to suicide, including
 - (A) common misconceptions regarding suicide;
 - (B) age-related suicidal ideation;
 - (C) evaluation of risk of harm to self or others;
 - (D) working with families and communities affected by suicide;
- (5) recognition of and immediate response to risk to clients who pose a risk to themselves or others;
- (6) working with clinical supervisor to respond to imminent crises;
- (7) the “civil commitment” process under Alaska law;
- (8) survivor (family, friends, & community) care; and
- (9) how community-based suicide prevention may be started and supported.

History: June 18, 2008, Section 8.20.160 was added.

Sec. 8.20.165. HIV/AIDS and Infectious Diseases.

This course, which shall be 8 contact hours, will provide:

- (1) practice information regarding universal precautions and risk reduction;
- (2) health status and risk information regarding hepatitis, sexually transmitted diseases, tuberculosis, HIV and other infectious diseases that pose common risks for individuals with substance use disorders;
- (3) information regarding availability of testing, counseling and treatment for sexually transmitted diseases;
- (4) practice information about how to approach lifestyle or risk issues with clients;
- (5) guidance in providing referral options for client pre-test/post-test counseling support for HIV testing.
- (6) foundational information about how behavioral health issues can increase risk of HIV and other infectious diseases; and
- (7) foundational information about how HIV and infectious diseases can increase risk of developing or worsening behavioral health issues.

History: June 3, 2021, Section 8.20.165 was amended. June 18, 2008, Section 8.20.165 was added.

Sec. 8.20.170. Community Approach to Prevention.

This course, which shall be 8 contact hours, will provide:

- (a) foundational philosophy and practice information related to:
 - (1) community readiness assessment, community based prevention activities, and community development;
 - (2) key features of prevention (universal, selective, and indicated);
 - (3) determine key stakeholders with whom to partner when addressing community issues;
 - (4) community readiness and key issue evaluation for developing effective prevention plans; and
- (b) applied exercises for developing
 - (1) community prevention strategies; and
 - (2) providing brief public presentations.

History: June 3, 2021, Section 8.20.170 was amended. June 18, 2008, Section 8.20.170 was added.

Sec. 8.20.175. Family Systems I.

This course, which shall be 16 contact hours, will provide, with an emphasis on Alaska Native family systems:

- (a) an introduction to foundational and practice information regarding:
 - (1) family systems theory, kinship patterns, and family dynamics;
 - (2) family roles and effect of behavioral health disorders on individuals within the family and on the family as a system;

- (3) communication within families and assessment of barriers;
- (4) common response to stresses such as inadequate housing or income, job loss, illness;
- (5) recognition and assessment of family norms;
- (6) understanding life stages and their role in family dynamics;
- (7) role of extended family;
- (8) recognition of harm or risk or harm occurring within a family;
- (9) effects of separation and loss due to divorce, death, foster care, or adoption;
- (10) parenting and the importance of healthy parent-child dynamics; and
- (b) a focus on supporting healthy family by identifying strengths and working with families to develop strategies to promote health and healing; and
- (c) applied practice exercises associated with:
 - (1) assessing family functioning;
 - (2) supporting healthy family functioning;
 - (3) improving family communication and support;
 - (4) responding to risks and harm occurring within a family; and
 - (5) teaching clients healthy parenting skills.

History: June 3, 2021, Section 8.20.175 was amended. June 18, 2008, Section 8.20.175 was added.

Sec. 8.20.180. Maintaining Health, Wellness and Balance.

This course, which shall be 8 contact hours, will provide:

- (a) an introduction to foundational and practice information regarding:
 - (1) how personal health, wellness, and balance improved the ability to provide behavioral health services;
 - (2) strategies for coping with personal and work-related stress so it does not interfere with providing appropriate services;
 - (3) appropriate use of supervision to address issues that arise for behavioral health service providers in a rural or remote setting; and
 - (4) compassion fatigue and vicarious trauma; and
- (b) applied exercises help trainees practice skills associated with the maintenance of their own health and wellness:
 - (1) identification and recognition of personal stress levels and potential impairment; and
 - (2) skills for maintaining their own health and wellness.

History: June 3, 2021, Section 8.20.180 was amended. June 18, 2008, Section 8.20.180 was added.

Sec. 8.20.220. Psychophysiology and Behavioral Health.

This course, which shall be 16 contact hours, will provide:

- (a) foundational information about:
 - (1) the brain-body connection,
 - (2) nervous system structure,
 - (3) neuro-anatomy,
 - (4) neurotransmitter & receptor function, and
 - (5) drug class/medication effects, and working with medical providers regarding medication management; and
- (b) exercises to help the trainee:
 - (1) understand the impact and importance of psychoactive substances (legal and illicit), on the brain and body; and
 - (2) develop ability to discuss psychoactive effects/implications with clients.

History: June 3, 2021, Section 8.20.220 was amended. June 18, 2008, Section 8.20.220 was added.

Sec. 8.20.225. Introduction to Co-Occurring Disorders.

This course, which shall be 8 contact hours, will provide

- (a) a basic understanding of how mental health, substance use disorders, and other conditions can exist in combination, and affect treatment services and process and therapeutic medication management;
- (b) information about potential cause and origin of mental health disorders, along with a client perspective of the symptoms and limitations;
- (c) applied exercises will help the trainees practice their developing skills associated with identifying and describing these disorders; and
- (d) an understanding of the process of recovery techniques for relapse prevention as they relate to both substance use and mental health disorders.

History: June 3, 2021, Section 8.20.225 was amended. June 18, 2008, Section 8.20.225 was added.

Sec. 8.20.228. Tobacco Use and Treatment.

This course, which shall be 8 contact hours, will provide information on

- (a) the magnitude of tobacco use prevalence and morbidity/mortality in Alaska;
- (b) the implications of Alaska Native tobacco use patterns, methods, and products for client evaluation and treatment;
- (c) tobacco-specific biology and pharmacotherapy;
- (d) treating tobacco users with special medical conditions;
- (e) best practices for tobacco treatment: United States Public Health Service (USPHS) “Treating Tobacco Use and Dependence Clinical Practice Guideline” and the Fagerstrom Test for Nicotine Dependence; and
- (f) statewide and regional treatment options and resources.

History: June 3, 2021, Section 8.20.228 was amended. June 18, 2008, Section 8.20.228 was added.

Sec. 8.20.230. Diagnostic and Statistical Manual Practice Application.

This course, which shall be 12 contact hours, will provide

- (a) foundational information about:
 - (1) the philosophical and practice basis of evaluating behavioral health disorders using criteria contained in the Diagnostic and Statistical Manual (DSM);
 - (2) the use of DSM-derived screening tools to develop working impressions and contribute information to clinical diagnosis;
- (b) application exercises for practicing use of the DSM in case samples; and
- (c) analyze and discuss the need for and appropriate use of clinical supervision and consultation related to client evaluation.

History: June 22, 2017, Section 8.20.230 was amended. June 18, 2008, Section 8.20.230 was added.

Sec. 8.20.235. Advanced Interviewing Skills.

This course, which shall be 16 contact hours, will provide

- (a) applied information about:
 - (1) the theoretical, evidence-based, and practical bases of various therapeutic modalities, e.g. cognitive behavioral therapy and motivational enhancement therapy;

- (2) stages of change as pertinent to helping clients understand the counseling process, set and reach goals, and have realistic expectations; and
- (b) practice exercises using evidence-based interviewing practices to enhance client readiness for behavior change, screening, intake, plan development, and relapse prevention.

History: June 3, 2021, Section 8.20.235 was amended. June 18, 2008, Section 8.20.235 was added.

Sec. 8.20.240. American Society of Addiction Medicine Patient Placement Criteria Practice Application.

This course, which shall be 12 contact hours, will provide

- (a) foundational information about:
 - (1) the philosophical and practice basis of evaluating behavioral health disorders; and
 - (2) using criteria contained within the American Society of Addiction Medicine (ASAM) Patient Placement Criteria;
- (b) guidance in evaluation of client risk and/or severity associated with the six ASAM dimensions; and
- (c) exercises in which trainees can practice:
 - (1) developing client placement recommendations based on what is available within the continuum of care, and
 - (2) use of later changes in client risk and/or severity associated with the six ASAM dimensions to document treatment/services progress.

History: June 18, 2008, Section 8.20.240 was added.

Sec. 8.20.245. Case Studies and Applied Case Management.

This course, which shall be 8 contact hours, will provide applied exercises to practice:

- (a) participation in discussion and analysis of case studies with different behavioral health issues (abuse, addiction, child abuse, co-occurring disorders, domestic violence, mental illness, etc.);
- (b) information on Alaska Native health care disparities and an evaluation of services available in communities, hub towns, and the state;
- (c) more in-depth understanding of the importance of referrals, steps for making an appropriate and effective referral, receiving referrals, and following-up on referrals; and
- (d) case presentation for treatment team review, including Multi-Disciplinary teams (MDTs), and treatment teams.

History: June 3, 2021, Section 8.20.245 was amended. June 18, 2008, Section 8.20.245 was added.

Sec. 8.20.250. Traditional Health Based Practices.

This course, which shall be 8 contact hours, will provide

- (1) foundational information regarding traditional lifestyles and health practices of the Alaska Native people prior to Western contact;
- (2) an introduction to beliefs, attitudes, and knowledge of health promotion and maintenance that were practiced historically;
- (3) tools for seeking and employing traditional resources to promote individual and community health;
- (4) an examination of the major changes that have led to the current health status of Alaska Native communities; and
- (5) potential strategies for improving behavior-based health status.

History: June 18, 2008, Section 8.20.250 was added.

Sec. 8.20.255. Intermediate Therapeutic Group Counseling.

This course, which shall be 16 contact hours, will provide information and practice related to:

- (a) therapeutic group process with a focus on:
 - (1) determining the criteria for participation in groups of various types and how to screen appropriate candidates for participation;
 - (2) managing dual relationship and boundary challenges in small town or village-based settings;
 - (3) role and function of therapeutic group leadership, and
 - (4) therapeutic outcomes and risks associated with group educational and treatment experiences; and
- (b) applied exercises in which trainees will practice skills associated with planning, facilitating, and leading groups.

History: June 3, 2021, Section 8.20.255 was amended. June 18, 2008, Section 8.20.255 was added.

Sec. 8.20.260. Applied Crisis Management.

This course, which shall be 8 contact hours, will provide

- (a) information and discussion with a focus on:
 - (1) facilitation community debriefing related to crisis events such as natural disasters, homicide, and suicide that have impact on families and other community members;
 - (2) encouraging and supporting posttraumatic growth following a crisis event; and
- (b) applied exercises focusing on:
 - (1) accessing additional resources necessary for effective response to a crisis event that occurs in a village-based or urban setting;
 - (2) short and long term intervention models for responding positively to crises;
 - (3) using cultural activities, self-care, and stress management techniques to manage personal, client, and community responses to crises; and
 - (4) providing and facilitating formal crisis response and stress management activities within the community.

History: June 3, 2021, Section 8.20.260 was amended. June 18, 2008, Section 8.20.260 was added.

Sec. 8.20.271. Community Needs and Action.

This course, which shall be 12 contact hours, will provide:

- (a) focus on in-depth prevention (universal, selective, and indicated) plan development strategies that are appropriate and compatible with individual village characteristics; and
- (b) applied exercises to help trainees practice:
 - (1) identification and evaluation of community needs;
 - (2) completing a community readiness assessment;
 - (3) evaluation and development of various intervention efforts targeting behavioral health issues; and
 - (4) writing a community development strategy to promote community involvement in accomplishment of specific goals based on the results of the community readiness assessment.

History: June 3, 2021, Section 8.20.171 was added.

Sec. 8.20.275. Family Systems II.

This course, which shall be 16 contact hours, will provide

- (a) review and more advanced foundational and practice information related to:

- (1) family systems work;
 - (2) child development and parenting;
 - (3) couples issues and implications for behavioral health treatment;
 - (4) teaching basic communication, parenting, and anger management skills on an individual and group basis;
- (b) information regarding special practice issues, such as reporting abuse or neglect, ethical and confidentiality issues associated with conducting couples or family counseling, domestic violence and compliance with the Indian Child Welfare Act;
- (c) strategies for working with disrupted families and other agencies that may be engaged with them; and
- (d) applied exercises in which trainees practice skills associated with:
- (1) providing intervention and support to families experiencing dysfunction; and
 - (2) teaching and facilitating healthy family behavior and skills.

History: June 3, 2021, Section 8.20.275 was amended. June 18, 2008, Section 8.20.275 was added.

Sec. 8.20.280. Behavioral Health Documentation.

This course which shall be 8 contact hours, will provide:

- (a) in depth information regarding quality documentation of:
- (1) assessments, treatment plans, progress notes and discharge summaries;
 - (2) risk levels, and safety planning;
 - (3) diagnosis and recommendations informed by the current version of the DSM and ASAM criteria; and
 - (4) treatment progress; and
- (b) applied exercises in which trainees:
- (1) practice documenting the process from intake, screening, assessment, treatment planning to progress notes and how all of these connect and inform each of the next steps using provided case studies;
 - (2) provide samples of their documentation without identifying information to receive feedback; and
 - (3) practice documentation in special situations such as: group counseling and family sessions, and individualized education plan (IEP) consultations.

History: June 3, 2021, Section 8.20.280 was added.

Sec. 8.20.325. Treatment of Co-Occurring Disorders.

This course, which shall be 12 contact hours, will provide

- (a) more advanced information and guidance related to:
- (1) services and treatment planning with clients experiencing co-occurring disorders including the process through screening, assessment, diagnosis, treatment planning and treatment services;
 - (2) limitations and considerations directly related to the existence of more than one diagnosed behavioral health disorder; and
 - (3) how environmental issues such as family dynamics, social support or isolation, and identification of meaningful community roles can influence the course of substance use and mental health disorders; and
- (b) application exercises to provide:
- (1) experience in developing individualized treatment/services plans addressing multiple clinical issues requiring complex evaluation and planning.

History: June 3, 2021, Section 8.20.325 was amended. June 18, 2008, Section 8.20.325 was added.

Sec. 8.20.335. Advanced Behavioral Health Clinical Care.

This course, which shall be 20 contact hours, will provide, in a seminar format, an opportunity for trainees to participate in exercises to:

- (1) [RESERVED];
- (2) learn counseling approaches having value and application within village-based behavioral health services targeting individuals affected by multiple disorders and complex disorders;
- (3) participate in exercises to support applied use of “Best Practice” models;
- (4) identify ways to work with those who need or receive psychiatric care outside of the community including discharge care, referrals, and community support; and
- (5) increase familiarity with the eBHAM “overlapping issues” chapter and how it relates to providing advanced behavioral health clinical care.

History: June 3, 2021, Section 8.20.335 was amended. May 15, 2014, Section 8.20.335 was amended. June 18, 2008, Section 8.20.335 was added.

Sec. 8.20.340. Documentation and Quality Assurance.

This course, which shall be 16 contact hours, will provide

- (1) advanced information regarding clinical/counseling records;
- (2) an introduction to quality assurance and how to evaluate:
 - (A) the quality of clinical record documentation;
 - (B) documentation to determine compliance with payer requirements and grant conditions, including how to conduct chart audits and compile information necessary to respond to external reviews and audits; and
- (3) applied exercises in evaluating record documentation and potential remediation for record deficits.

History: May 15, 2014, Section 8.20.340 was amended. June 18, 2008, Section 8.20.340 was added.

Sec. 8.20.350. Applied Case Studies in Alaska Native Culture Based Issues.

This course, which shall be 8 contact hours, will provide, in the context of case studies and skill development:

- (a) how traditional lifestyles and health practices impact the Alaska Native community;
- (b) how Alaska Native beliefs, attitudes, and knowledge of health promotion can promote positive changes to the current health status;
- (c) emphasis on potential strategies for improving behavioral health services;
- (d) incorporating traditional ways of healing into treatment plans, as appropriate; and
- (e) improving recognition and acceptance of cultural differences that affect treatment planning among clinical team members.

History: June 3, 2021, Section 8.20.350 was amended. June 18, 2008, Section 8.20.350 was added.

Sec. 8.20.370. Behavioral Health Clinical Team Building.

This course, which shall be 12 contact hours, will provide

- (a) practical approaches to:
 - (1) team building, facilitation of team meetings, and support of a team approach to providing integrated behavioral health services;
 - (2) collaboration and partnership among individuals with different training and work settings, especially with community health aides and practitioners and dental health aides;
 - (3) interaction among different teams that may be involved with a single client; and

- (b) applied exercises in which each trainee will develop a team building plan; and
- (c) practice providing support and feedback to others regarding clinical interventions, including counseling; and
- (d) practice initiating, designing, and facilitating a Multi-Disciplinary Team (MDT) and/or clinical team including public speaking and lead roles.

History: June 3, 2021, Section 8.20.370 was amended. June 18, 2008, Section 8.20.370 was added.

Sec. 8.20.385. Introduction to Supervision.

This course, which shall be 16 contact hours, will provide

- (a) an introduction to philosophy and practical application of functions of:
 - (1) supervision, including coach/mentor, tutor/teacher, consultant, role model, evaluator, and administrator;
 - (2) guidance in developing a vision for supervisory relationships and defining expectations;
 - (3) skill development in nurturing counselor development, promoting development of skills and competencies, and achieving accountability;
 - (4) an introduction to ethics of supervision;
 - (5) an introduction to administrative requirements and related supervision;
 - (6) guidance in managing conflicting functions expected of supervisors; and
 - (7) introduction to dual roles of providers, including mentors, administrative supervisors, and clinical supervisor roles;
 - (8) encouraging the development and enhancement of community resources by the supervisee;
 - (9) addressing complaints from referral agencies and other community resources to maintain relationships with community, state, and tribal partners; and
- (b) application exercises to assist trainees to practice various functions of supervision and begin developing their own supervisory approaches.

History: June 3, 2021, Section 8.20.385 was amended. May 15, 2014, Section 8.20.385 was amended. June 18, 2008, Section 8.20.385 was added.

Sec. 8.20.390. Child Development.

This course, which shall be 20 contact hours, will provide

- (a) foundational information regarding:
 - (1) review of developmental needs of youth ages in utero/birth to 17;
 - (2) developmental screenings and how to participate in an integrated approach with community health aides who perform well child checks;
 - (3) overview of threats to development, including
 - (A) domestic violence, lack of social/family connection, neglect, and related biological, emotional and psychological distress; and
 - (B) role of parenting and social supports;
 - (4) cultural influences of development;
 - (5) adaptive and maladaptive behavior in the developing child;
 - (6) issues of development related to exposure to alcohol and other substances in utero to age 3; and
 - (7) the impact of trauma on child development, including:
 - (A) hyper and hypo physiological responses manifested in maladaptive behaviors, traumatic brain injury (TBI) and fetal alcohol spectrum disorder (FASD);
 - (B) preverbal versus verbal trauma and expression;
 - (C) brain and nervous system functioning;
 - (D) social functioning; and
 - (E) adverse childhood experiences.

History: June 3, 2021, Section 8.20.290 was amended. June 12, 2014, Section 8.20.390 was added.

Sec. 8.20.400. Village-Based Behavioral Health Services.

This course, which shall be 20 contact hours and be conducted in a seminar format, will require participants to:

- (a) analyze and discuss contemporary problems and issues associated with providing village-based behavioral health services, including emerging clinical issues, funding, billable services, staffing levels, manpower development, etc.;
- (b) analyze how to address practice challenges in a village-based setting, including ethical issues, dual relationships, lack of alternative services, isolation, compassion fatigue, counselor burnout, and lack of training and supervision support;
- (c) recognize the importance of cultural and professional humility; and
- (d) evaluate strengths and weaknesses of the BHA/P in the area of cultural and professional humility.

History: June 3, 2021, Section 8.20.400 was amended. May 15, 2014, Section 8.20.400 was amended. June 18, 2008, Section 8.20.400 was added.

Sec. 8.20.425. Challenges in Behavioral Health Services.

This course, which shall be 16 contact hours, will provide an opportunity for trainees to participate in development of specialized service planning for:

- (a) evaluation, services, treatment, and case management needs of individuals affected by:
 - (1) experiences such as;
 - (A) child abuse, domestic violence, elder abuse, sexual assault, or other violence;
 - (B) alcohol related brain disorder and traumatic brain injury;
 - (C) disasters, fires, and other traumatic events; and
 - (2) conditions such as;
 - (A) fetal alcohol spectrum disorder (FASD);
 - (B) attention deficit disorder (ADD) and attention deficit hyperactivity disorder (ADHD);
 - (C) developmental disabilities;
 - (D) tobacco dependency, especially in patients with medical conditions, such as periodontal disease, pregnancy, diabetes, cardiovascular disease, and lung disease that are affected by tobacco use;
 - (E) other health conditions that affect behavior or adjustment; and
- (b) participate in the development of specialized service planning to address the needs of clients with these clinical issues; and
- (c) using the eBHAM as a resource to work appropriately with clients with overlapping issues.

History: June 3, 2021, Section 8.20.425 was amended. June 12, 2014, Section 8.20.425 was amended. June 18, 2008, Section 8.20.425 was added.

Sec. 8.20.485. Competencies for Village-Based Supervision.

This course, which shall be 6 contact hours, will provide:

- (a) information regarding specific cultural issues that affect supervision;
 - (1) models of culture-specific oral and written communication with supervisees regarding consultation, mentoring, support and evaluation regarding competencies and administrative performance.

History: June 3, 2021, Section 8.20.485 was amended. June 18, 2008, Section 8.20.485 was added.

Sec. 8.20.490. Principles and Practice of Clinical Supervision.

This course, which shall be 40 contact hours, will provide:

- (a) philosophy and practical application approaches to clinical supervision;

- (b) strategies for facilitating effective participation by supervisees in individualized clinical supervision sessions;
- (c) information regarding the use of technology (telehealth, real-time interactive e-mail, and other developing capacities) and how it modifies the clinical supervision relationship;
- (d) guidance regarding how to delineate the difference between mentorship, clinical and administrative supervision, and to identify potential ethical “boundary” issues with supervisees;
- (e) strategies for providing expectations to the supervisee on how to present client cases to a supervisor in a way that is effective for case review, consultation, and supervision;
- (f) application exercises in which each trainee will develop a clinical supervision plan that can be used within their individual work environment;
- (g) evaluating work-related competencies, including:
 - (1) improving supervisees’ self-assessment skills; and
 - (2) practice providing feedback both informally, and formally for evaluation of supervisee work performance, and behavior;
- (h) documentation of supervision to meet ethical, and credentialing requirements.

History: June 3, 2021, Section 8.20.490 was amended. June 18, 2008, Section 8.20.490 was added.

Sec. 8.20.495. Child Centered Interventions.

This course, which shall be 20 contact hours, will provide:

- (a) applied exercises to:
 - (1) define the counselor role in the playroom;
 - (2) practice therapeutic approaches to counseling children and interventions for preverbal trauma;
 - (3) conduct crisis intervention appropriate to children and youth;
 - (4) increase culturally competent skills;
 - (5) increase skills associated with assessment and diagnosis and consultation with a treatment team and the client’s family; and
 - (6) effectively engage and counsel children, youth, and their parents/legal guardians.

History: June 3, 2021, Section 8.20.495 was amended. June 12, 2014, Section 8.20.495 was added.

Article 30. Certification of BHA/P Training Curriculum

Sec. 8.30.010. Curriculum Approval.

Behavioral health aide and practitioner training curriculum may be approved by the Board generally or on a class by class basis provided each course curriculum meets the minimum content requirements set forth in article 20 of this chapter and has been reviewed and is recommended by the Behavioral Health Academic Review Committee (BHARC) described under section 8.30.100 [BHARC].

History: June 18, 2008, Section 8.30.010 was added.

Sec. 8.30.100. Behavioral Health Academic Review Committee.

- (a) **Membership.** The behavioral health academic review committee satisfies these Standards if it includes:
 - (1) the following voting members:
 - (A) three licensed behavioral health clinicians as defined in section 1.20.010(32) [licensed behavioral health clinician], or behavioral health professionals, as defined in section 1.20.010(4) [behavioral health professional], who are employed by the IHS, a tribe or tribal organization, provided that at least
 - (i) one must be actively involved in clinical supervision of BHA/Ps at their organization,

- (ii) one must be actively licensed in the field of behavioral health; and
 - (iii) one must be actively engaged in clinical practice;
 - (B) one CHAP Certification Board Member Representative, appointed by the Tribal Behavioral Health Directors Committee (TBHDC); and
 - (C) three behavioral health aides employed by the Indian Health Service, a tribe, or tribal organization; and
- (2) The following invited non-voting members that are actively involved in BHA/P training, including:
 - (A) training and development staff from the ANTHC Behavioral Health Department;
 - (B) the Tribal Liaison representing the State of Alaska Department of Behavioral Health and/or a State designee to the BHARC;
 - (C) faculty, instructors, or other staff representing academic institutions, training entities or tribal health organizations hosting trainings for use towards BHA/P certification; and
 - (D) other members might include those that serve similar clinical or community populations as BHA/Ps.
- (b) **Quorum.** Recommendations for approval of curriculum under section 8.30.010 [curriculum approval] may only be made by the BHARC if a quorum was first established. A quorum shall consist of a minimum of four members at least two of whom must be licensed behavioral health clinicians or behavioral health professionals.

History: January 13, 2021, Section 8.30.100(a) was amended. June 12, 2014, Section 8.30.100 was amended. June 18, 2008, Section 8.30.100 was added.

Sec. 8.30.200. Development and Transition.

- (a) **Development.** The Board shall use IHS training and work guidelines, standardized materials accepted in the behavioral health practice community, materials developed by BHARC, applicable materials and standards developed by committees of the Community Health Aide Directors Association, including ARC, RAC, CHAM, and other appropriate resource material until fully integrated behavioral health aide program center and curriculum standards are developed and reviewed and approved by the Board.
- (b) **Transition.** The absence of a fully developed behavioral health aide or practitioner training program and behavioral health aide or practitioner curriculum standards shall not be justification for the Board deferring the review and approval of curriculum recommended by BHARC or for denying certification to an individual who has otherwise met the requirements of Chapter 2 [certification of CHA/Ps, DHAs, BHA/Ps] Article 40 [standards for BHA/Ps].

History: June 18, 2008, Section 8.30.200 was added.

Chapter 9. Hearings, Requests for Reconsideration, and Appeals

History: June 18, 2008, Chapter 8 was renumbered Chapter 9. November 26, 2002, Chapter 7 was renumbered Chapter 8.

Article 10. Hearings

Sec. 9.10.010. Hearings.

Upon written request made under section 9.10.030 [request for hearing], the Board must conduct a hearing

- (1) prior to the imposition of any sanction, except a summary suspension;
- (2) within 10 working days after a summary suspension; and
- (3) within 30 days after the Board receives a request from a person or training center denied
 - (A) certification;
 - (B) renewal;
 - (C) reinstatement; or
 - (D) a waiver of requirements based on credentials.

History: June 18, 2008, Section 8.10.010 was renumbered as Section 9.10.010 and the introductory paragraph was amended. November 26, 2002, Section 7.10.010 was renumbered as Section 8.10.010 and the introductory paragraph was amended.

Sec. 9.10.020. Scheduling and Telephonic Participation.

- (a) **Convenience of the Parties.** To the extent possible, hearings must be scheduled at a time and place convenient to the parties. Telephonic participation by any participant is permitted.
- (b) **Delay.** At the request of, or with the consent of the person requesting a hearing, the hearing may be delayed to a date mutually agreed upon.

History: June 18, 2008, Section 8.10.020 was renumbered as Section 9.10.010. November 26, 2002, Section 7.10.020 was renumbered as Section 8.10.020 and titles were added to subsections (a) and (b).

Sec. 9.10.030. Request for Hearing.

- (a) **Written Request.** A party requesting a hearing must notify the Board and other interested parties by submitting a written request for a hearing within 30 days of the date upon which the party received notice of the action being appealed. The request must include a statement identifying the action being appealed, the remedy sought and a statement explaining the facts and points of law that support the requested Board action.
- (b) **Notice of Proceeding.** At least five working days prior to a hearing under section 9.10.010(2) [hearings] and ten days prior to other hearings, all parties shall receive notice of
 - (1) the time and place of the hearing;
 - (2) their rights to
 - (A) respond to assertions of facts and law;
 - (B) present evidence, arguments and/or mitigating circumstances; and
 - (C) be accompanied and/or assisted by an attorney or another person.

History: June 18, 2008, Section 8.10.030 was renumbered as Section 9.10.030 and subsection (b) was amended. November 26, 2002, Section 7.10.030 was renumbered as Section 8.10.030, titles were added to (a) and (b) and (b)(2)(C) was amended. September 25, 1998, Section 7.10.030(a) was amended.

Sec. 9.10.040. Information Regarding Hearing.

Parties subject to disciplinary action also receive notice of

- (1) the nature of the hearing;
- (2) the legal authority and jurisdiction under which the hearing may be held; and
- (3) the matters of fact and law asserted.

History: June 18, 2008, Section 8.10.040 was renumbered as Section 9.10.040. November 26, 2002, Section 7.10.040 was renumbered as Section 8.10.040.

Sec. 9.10.050. Written Presentation.

Parties subject to disciplinary action may submit a written response any time up to and including the date of the hearing.

History: June 18, 2008, Section 8.10.050 was renumbered as Section 9.10.050. November 26, 2002, Section 7.10.050 was renumbered as Section 8.10.050.

Sec. 9.10.060. Conduct of Hearing.

Hearings may be conducted by the Board or a hearing officer or panel selected by the Board. Individuals who have a conflict of interest or who cannot otherwise be fair and impartial must notify the Board of their disqualification.

History: June 18, 2008, Section 8.10.060 was renumbered as Section 9.10.090. November 26, 2002, Section 7.10.060 was renumbered as Section 8.10.060.

Sec. 9.10.070. Evidence.

- (a) **Presentation.** A party may present oral or documentary evidence, submit rebuttal evidence, and conduct cross-examination.
- (b) **Subpoena.** Upon request of a party or its own motion, the Board, hearing officer or panel may issue a subpoena to secure testimony or other evidence reasonably necessary for a full and fair determination of the matter in dispute.
- (c) **Telephonic Participation.** Telephonic testimony shall be accepted unless there is good cause to doubt the identity of the witness.

History: June 18, 2008, Section 8.10.070 was renumbered as Section 9.10.070. November 26, 2002, Section 7.10.070 was renumbered as Section 8.10.070 and titles were added to subsections (a), (b) and (c).

Sec. 9.10.080. Recommendation.

If the hearing is conducted by an Inquiry Panel, a written recommendation along with all evidence collected will be submitted to the Board for its consideration. The recommendation will include

- (1) proposed findings and conclusions;
- (2) evidence and other reasons;
- (3) a recommendation for Board action specifying the proposed rule, order, sanction, relief, denial or conditions or limitations on certification.

History: January 12, 2023, Section 9.10.080 was amended. June 18, 2008, Section 8.10.080 was renumbered as Section 9.10.080. November 26, 2002, Section 7.10.080 was renumbered as Section 8.10.080.

Sec. 9.10.090. Decision.

- (a) **Action by Board.** Unless the Board adopts the recommendation of the hearing officer or panel “in toto,” it must issue a separate written decision that contains an explanation of the grounds for the decision.
- (b) **Notice of Decision.** In any case, parties must be notified in writing of the decision within a reasonable time.

History: January 12, 2023, Sec. 9.10.090(a) was amended. June 18, 2008, Section 8.10.090 was renumbered as Section 9.10.090. November 26, 2002, Section 7.10.090 was renumbered as Section 8.10.090 and titles were added to subsections (a) and (b).

Article 20. Reconsideration

Sec. 9.20.010. Requests for Reconsideration.

- (a) **Generally.** Upon request or upon its own motion, the Board may reconsider all or part of a decision.
- (b) **Timing of Request.** A request for reconsideration must be filed with the Board within 15 days of receipt of the decision and must include
 - (1) a statement of the law, facts and/or mitigating circumstances that support the Board action requested; and
 - (2) notice of any additional argument or evidence the requesting party intends to submit for consideration.
- (c) **Additional Argument and Evidence.** The Board may consider additional argument or evidence provided all parties are notified and afforded
 - (1) a chance to respond to new argument and/or evidence; and
 - (2) a chance to submit additional argument and/or evidence.
- (d) **Mitigating Circumstances.** The Board may consider mitigating circumstances.
- (e) **Deadline for Action.** If the Board does not act on the request for reconsideration within 30 days after receipt, the request is deemed denied.

History: June 18, 2008, Section 8.20.010 was renumbered as Section 9.20.010. November 26, 2002, Section 7.20.010 was renumbered as Section 8.20.010 and titles were added to subsections (a) - (e).

Article 30. Appeals

Sec. 9.30.010. Notice of Right of Appeal by Community Health Aides, Community Health Practitioners, Dental Health Aides, Behavioral Health Aides, Behavioral Health Practitioners, CHA/P Training Centers, DHA Course Providers and Training Programs, and BHA/P Course Providers and Training Programs.

The Board shall provide notice to each person entitled, under draft AANHS Circular 98-150, to appeal an adverse decision made under Article 20 of this chapter about their right of appeal and the conditions under which it may be exercised.

History: June 18, 2008, Section 8.30.010 was renumbered as Section 9.30.010. November 26, 2002, Section 7.30.010 was renumbered as Section 8.30.010 and amended.

Sec. 9.30.020. Notice of Appeal to the Board.

A person, including a Board member, who appeals a decision of the Board shall provide notice of the appeal to the Board.

History: November 26, 2002, Section 7.30.020 was renumbered as Section 8.30.020.

Chapter 10. Transitional and Temporary Certification

History: November 26, 2002, Chapter 8 was renumbered Chapter 9 and Section 8.10.010 was repealed.

Sec. 10.10.015. Practice Pending Certification.

An individual who has completed the training, education and clinical practice or preceptorship as a community health aide or practitioner, dental health aide, or behavioral health aide or practitioner may continue to provide services on the same basis as during his or her training period while final action to approve or deny the application for certification is pending.

History: June 18, 2008, Section 9.10.015 was renumbered as Section 10.10.015. November 26, 2002, Section 9.10.015 was added.

Sec. 10.10.020. Between Board Meetings.

Under rules developed by the Board, staff assigned to the Board may issue temporary certifications between Board meetings provided the staff has fully evaluated the application and has determined that the staff would recommend approval of the application to the Board. Such temporary certification is effective only until formal action is taken by the Board on the application.

History: June 18, 2008, Section 9.10.020 was renumbered as Section 10.10.020. November 26, 2002, Section 8.10.020 was renumbered as Section 9.10.020.

Chapter 11. Board Procedure

History: November 26, 2002, Chapter 9 was renumbered as Chapter 10.

Sec. 11.10.010. Officers.

The Board shall at its first meeting elect a chair, vice-chair and a secretary from among its members to terms of one year. Thereafter, annually the Board shall elect a vice-chair and secretary. At the end of the one year term of the chair, the vice-chair shall succeed to the office of chair.

History: June 18, 2008, Section 10.10.010 was renumbered as Section 11.10.010. November 26, 2002, Section 9.10.010 was renumbered as Section 10.10.010.

Sec. 11.10.020. Quorum.

A quorum shall consist of a majority of the members of the Board.

History: June 18, 2008, Section 10.10.020 was renumbered as Section 11.10.020. November 26, 2002, Section 9.10.020 was renumbered as Section 10.10.020.

Sec. 11.10.030. Meetings.

- (a) **Regular and Special.** The Board shall meet no less than twice annually and may hold special meetings at the call of the chair or on the written request of five Board members. Special meetings may be held by teleconference.
- (b) **Public and Executive Sessions.** Meetings of the Board shall be public, except when the Board goes into an executive session. Executive sessions may be convened only when necessary to protect the privacy of a person or as otherwise authorized under federal law.

History: June 18, 2008, Section 10.10.030 was renumbered as Section 11.10.030. November 26, 2002, Section 9.10.030 was renumbered as Section 10.10.030 and titles were added to subsections (a) and (b).

Sec. 11.10.040. Committees.

- (a) **Executive Committee.** The officers shall serve as an Executive Committee. The Executive Committee shall have the authority to take actions between meetings only to the extent authorized by the Board.
- (b) **Other Committees.** The Board may appoint such committees, or rely on committees of the Association of Community Health Aide Program Directors, as may be helpful to the Board in carrying out any of its responsibilities. Such committees may include Board members and non-Board members.

History: June 18, 2008, Section 10.10.040 was renumbered as Section 11.10.010. November 26, 2002, Section 9.10.040 was renumbered as Section 10.10.040.

Chapter 12. Amendments

History: November 26, 2002, Chapter 10 was renumbered as Chapter 11.

Sec. 12.10.010. Effective Date.

Amendments to these Standards and Procedures may be adopted by this Board and shall become effective on the later of the effective date adopted by the Board or thirty days after the date upon which the amendment was adopted by the Board, unless stayed by the AANHS Area Director under draft AANHS Circular 98-150.

History: June 18, 2008, Section 11.10.010 was renumbered as Section 12.10.010. November 26, 2002, Section 10.10.010 was renumbered as Section 11.10.010 and amended.

Sec. 12.10.020. Consideration at More Than One Meeting.

The Board shall not take action on a proposed amendment to these Standards and Procedures at the first meeting at which the amendment was proposed unless it first determines that

- (1) an emergency or other exigent circumstance exists;
- (2) the amendment is necessary to correct an error in the Standards and Procedures;
- (3) the amendment does not have a substantive effect; or
- (4) the amendment is necessary to assure compliance with law or regulation to which tribal health programs are subject.

History: June 18, 2008, Section 11.10.020 was renumbered as Section 12.10.020. October 3, 2006, Section 11.10.020 was amended by adding paragraphs (2) - (4). November 26, 2002, Section 10.10.020 was renumbered as Section 11.10.020.

Chapter 13. Temporary Emergency Guidance

Sec. 13.10.010.

Consistent with the authority set forth under CB 1.10.010, this Board, with the approval of the AANHS Area Director, may issue temporary emergency guidance or non-statutory waivers regarding the community health aide program and related processes, when the Secretary has declared a public health emergency, or the President has declared a major disaster or emergency.

Sec. 13.10.020.

This Board, with the approval of the AANHS Area Director, may adopt temporary Standards and Procedures regarding CHAP to address directives of the IHS Director. See 25 U.S.C. § 1616l(d).

Sec. 13.10.021.

Whereas the IHS Director issued a letter April 11, 2023, which expanded the community health aide program in the Portland Area of the Indian Health Service, and directed the Alaska Area Director to engage the Board with an expedited request to collaborate with the Portland Area,

- (1) For a period not to exceed two (2) years from the date of approval of these procedures (unless revoked or extended), there shall exist a relationship between the Board and the Portland Area Community Health Aide Program Certification Board (PA CHAPCB) whereby all certifications of Portland Area Behavioral health aides/practitioners (BHA/Ps) and Portland Area Dental health aide therapists (DHATs) shall occur via the Board using the Alaska model.
- (2) Prior to any review by the Board, candidates of the Portland Area shall be reviewed by the Portland Area CHAPCB, after which any applications shall be forwarded to the Board with a written recommendation by the PA CHAPCB and Portland Area Director regarding disposition,
- (3) For purposes of reviewing candidates from the Portland Area, the Board shall consider and apply pertinent sections of these Standards and Procedures and other relevant documents;
- (4) The AK CHAPCB shall review and make a final determination regarding certification of Portland Area health aide applicants, and;
- (5) Pursuant to the relationship under CB 13.10.021 (1), the AK CHAPCB shall maintain authority over Portland Area health aides which have been certified by the AK CHAPCB.

History: September 7, 2023 Sec. 13.10.020 and Sec. 13.10.021 were added. April 24, 2020, Chapter 13 was added.