DUI Intervention Program

PROCEDURE MANUAL

For the
CLINICAL EVALUATION
And
TREATMENT of DUI OFFENDERS

Revised
May 2015

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DUI INTERVENTION PROGRAM

INTRODUCTION

This Operations Manual is designed to provide guidance for Clinical Evaluators and Substance Abuse Treatment Providers who seek approval to provide services to DUI offenders under O.C.G.A. 40-5-63.1 or O.C.G.A. 40-6-391, and to those already approved to provide services to DUI offenders.

The DUI Intervention Program is located on the Internet at:
https://gaduiintervention.dbhdd.ga.gov/home.aspx

THE PROCESS

- These requirements, effective July 1, 2009, are in addition to all other existing requirements for license reinstatement. After 7-1-08, all DUI offenders are required to have a clinical evaluation and complete treatment if recommended as a standard condition of probation unless specifically waived by the judge for first offenders.

- DUI offenders who get a second or subsequent DUI within a five-year period are required, as a condition of license reinstatement, to get a clinical evaluation.

    - The timeframe is measured from the date of arrests for the previous convictions to the date of the current arrest for which the current conviction is obtained.

- If indicated by the evaluation, the DUI offender is also required to complete a substance abuse treatment program.

- Georgia law establishes the Department of Behavioral Health & Developmental Disabilities (DBHDD) to implement the law and establish Rules. The DBHDD Office of Addictive Diseases (OAD), DUI Intervention program (DUIIP) is designated as the agency to implement the provisions of the Rules.

- Under the law, DBHDD is responsible for approving Clinical Evaluators and treatment providers and establishing procedures to implement the Rules.

DUI School or Risk Reduction Program (RRP)

The RRP consists of a highly structured education/intervention curriculum designed to prevent alcohol and drug abuse and dependence by changing attitudes and behaviors. The program offers “therapeutic education” for people who make high-risk drinking choices. The curriculum serves those offenders who do not have alcoholism or other substance abuse dependence through its prevention message, while still reaching offenders with dependence with its non-threatening pre-treatment content.

During their attendance at the Risk Reduction Program, multiple offenders are informed in writing about the clinical evaluation and substance abuse treatment requirements.

Clinical Evaluation

A clinical evaluation must be completed on all DUI offenders to determine if there is the need for treatment. The evaluation must be performed by an approved Clinical Evaluator, which can be found on the DUI Intervention Program Registry at https://gaduiintervention.dbhdd.ga.gov/home.aspx. The information obtained from the evaluation process must be sufficient to diagnose or rule out a substance-related disorder according to nationally recognized diagnostic criteria, using the current edition of the DSM Manual. If treatment is required, the Clinical Evaluator will recommend treatment at an appropriate level of care based on the American Society of Addiction Medicine's Patient Placement Criteria (revised) (ASAM PPC-2R. Also see http://www.asam.org/PatientPlacementCriteria.html). Georgia law requires an independent clinical evaluation, and prohibits an approved clinician from evaluating and treating the same offender.

Substance Abuse Treatment

DUI offenders referred to treatment must choose a treatment provider that offers the ASAM level of care specified by the Clinical Evaluator. Substance abuse treatment may last up to one year. After the specified weeks of treatment are completed, a treatment plan review will be conducted to determine if the client needs to continue with more counseling, or if the client should be issued a Certificate of Treatment Completion.

After enrollment in treatment, and when the client is successfully engaged in the treatment process, the multiple DUI offenders who are eligible for a restricted driver's license (aka work permit) will receive a Verification of Treatment Enrollment Form.

If a client drops out of treatment, or is terminated from treatment before completion, the client will be required to re-enter treatment beginning at week one. The minimum number weeks of treatment will be required.

If the Multiple Offender client who was issued a Treatment Enrollment form drops out of treatment, or is dismissed from treatment, a Withdrawal / Dismissal letter will formally document dismissal from treatment. A copy of the letter will be forwarded from DBHDD to the Department of Drivers Services (DDS). In the event the client has been issued a temporary driving permit, the permit may be revoked by DDS.

When the client has completed all treatment and program requirements, the client will be issued a Treatment Completion Certificate. No offender who has complied with a treatment plan can be required to remain in treatment more than one year.

The DUI Intervention Program's list of Clinical Evaluators and Treatment Programs are located on the Internet at
https://gaduiintervention.dbhdd.ga.gov/Docs/Underserved%20Counties_updated%20Mar%202015.pdf

THE DUI INTERVENTION PROGRAM

STAFF AND SERVICE DIRECTORY

DUI INTERVENTION PROGRAM

NAME/TITLE	DESCRIPTIONN	CONTACT INFORMATION
DUI INTERVENTION PROGRAM	General information	PHONE: (404) 657-6433 FAX: (404) 657-6417
Dr. Scott Dunbar, MAC Program Director	Oversees and Supervises the Office of DUI Intervention Program. Case presentation review. Problem solving assistance to CE & TP. Training questions. Client's being considered for release without going through treatment. Manages the day to day functions of the DUI Intervention Program in the following areas, administration, budgetary and staff development.	Scott.Dunbar@dbhdd.ga.gov (404) 463-4274
Stella Sam-Ekhator Data Manager/IT Support	Project Management, Database Administration and Website Development & Maintenance. System Administration. Project and Contract Management, Data Management and Analysis. Application Support - manages automated systems; provides IT Support and technical assistance to staff, DUIIP Providers and the General public. Maintain DUI Intervention Program Registries. Creates Registry Account and provides CE/TP IDs and Passwords. Assist	cetsupport@dbhdd.ga.gov (404) 657-2178
Lory Barkley Program Operations Manager	Manages the day to day functions of the DUI Intervention Program in the following areas, administration, and procurement. Problem solves. Handles complaints, answer questions about the DUI laws, Rules and Procedures, applications to become Clinical Evaluators and Treatment Providers and Regulatory issues. Primary point of contact for all client and other locals, state and federal officials inquires. Withdraw or dismissal notification forms. Case presentation mailing.	Lory.Barkley@dbhdd.ga.gov (404) 657-2339

Lenore Allen Operations Analyst II	Problem solving and assisting Clinical Evaluator and Treatment Provider and other Clients with their issues as it relates to CETP Online Reporting. Data Entry, Customer support, including all changes and additions of service locations. Assisting the DUI Providers and the general public. Customer Service. Requests for CE & TP applications and/or reporting forms. Providers' Credentials/Licenses.	Lenore.Allen@dbhdd.ga.gov (404) 463-1797
Calandra Bryant Program Associate	Customer Service. Data Entry. Requests for CE & TP applications and /or reporting forms. Withdrawal or dismissal notifications forms. Case presentation and Requirements Mets Certificate mailing.	Calandra.Bryant@dbhdd.ga.gov 404-657-6433

GEORGIA
DUI INTERVENTION PROGRAM

CLINICAL EVALUATION and SUBSTANCE ABUSE TREATMENT PROGRAM FOR DUI OFFENDERS

MISSION

To improve public health and promote greater safety on the highways and streets of Georgia, the Risk Reduction Programs and DUI Intervention Program as part of the continuum of Substance Abuse Services, will help change attitudes and behaviors involving the use of alcohol and other drugs.

PURPOSE

As Defined by the Official Code of Georgia

To improve and promote greater safety upon the highways and streets of this state; to improve the attitude and driving habits of drivers who accumulate traffic accident and motor vehicle conviction records; and to provide uniform DUI Alcohol or Drug Use Risk Reduction Programs for the rehabilitation of persons identified as reckless or negligent drivers and frequent violators.

LEGAL AUTHORITY FOR THE DUI INTERVENTION PROGRAM

Effective July 1, 1997, any person convicted of two (2) or more DUI's within a five (5) year period must have a clinical evaluation and complete any treatment indicated by an approved Clinical Evaluator. Effective July 1, 2008, all DUI offenders are required to have a clinical evaluation and complete treatment if recommended, as a standard condition of probation unless specifically waived by the judge for first offenders. Effective July 1, 2008, any person convicted of two (2) or more DUI's within a ten (10) year period must have a clinical evaluation and complete treatment if recommended, to regain their driver licenses.

The Official Code of Georgia Annotated (OCGA) 40-5-63.1 follows: 40-5-63.1. Clinical evaluation and substance abuse treatment programs for certain offenders. In addition to any and all other conditions of license reinstatement, issuance, or restoration under Code Section 40-5-58, 40-5-62, or 40-5-63, any person with two or more convictions of violation of Code Section 40-6-391 within five years, as measured from the dates of previous arrests for which convictions were obtained to the date of the current arrest for which a conviction is obtained, shall be required to undergo a clinical evaluation and, if indicated by such evaluation, must complete a substance abuse treatment program, provided that such evaluation and treatment shall be at such person's expense except as otherwise provided by Code Section 37-7-120. Acceptable proof of completion of such a program must be submitted to DBHDD prior to license reinstatement, issuance, or restoration. For purposes of this Code section, a plea of nolo contendere to a charge of violating Code Section 40-6-391 and all prior accepted pleas of nolo contendere within five years, as measured from the dates of previous arrests for which convictions were obtained or pleas of nolo contendere were accepted

to the date of the current arrest for which a plea of nolo contendere is accepted, shall be considered and counted as convictions.

O.C.G.A. 37-7-2(a.1) provides:

The board (of Behavioral Health & Developmental Disabilities) shall issue regulations to implement the provisions of Code Section 40-5-63.1 relative to clinical evaluations and substance abuse treatment programs and shall prescribe such application fees for providers desiring authorization to provide clinical evaluations or substance abuse treatment programs as are reasonably necessary to cover the cost of considering such applications. Such regulations shall provide for approval of providers and such approval shall be valid continuously unless and until revoked in accordance with such regulations.

O.C.G.A. 40-5-1 defines:

"*clinical evaluation*" as "an evaluation under Chapter 7 of Title 37 at a facility to diagnose an individual's substance abuse or dependence and, if indicated, to refer the individual to appropriate treatment". O.C.G.A. 40-5-1 defines "*substance abuse treatment program*" as "a program of treatment under Chapter 7 of Title 37 at a facility authorized to provide services designed to meet an individual's substance treatment needs based upon the results of a clinical evaluation performed by a provider other than the provider of the treatment program for such individual.

SECTION 1: REGISTRY OF CLINICAL EVALUATORS

The Registry of Clinical Evaluators is a list of professionals who have been approved by DBHDD to provide clinical evaluations for DUI offenders.

No person may conduct clinical evaluations required by the law without first having obtained approval by DBHDD and are currently listed as a Clinical Evaluator on the registry.

Online Application to become CE & TP is now on the website and is located at https://dipas.dbhdd.ga.gov/home.aspx . Click on **Become A Provider Tab** to access the New Provider Online Application for Clinical Evaluator and Treatment Provider Application.

A. APPLICATION PROCESS

1. Clinical Evaluator applications can be completed online at https://gaduiintervention.dbhdd.ga.gov/home.aspx

2. All applications shall be completed, printed and submitted online, following a procedure outlined by DBHDD.

3. The application shall include all information, fees, and documents designated by DBHDD and shall be truthful, accurate and complete.

4. DBHDD may require an applicant for Clinical Evaluator to submit additional information or verification that is reasonably related to making an approval determination. The department may require applications or related documents to be submitted electronically, through a secure website, following procedures specified by the department.

B. REQUIREMENTS FOR PLACEMENT ON THE REGISTRY

1. In order to be placed on the Registry of Clinical Evaluators, an individual must have one of the following combinations of professional licensure, credentials or experience.

   - Certification as an addiction medicine specialist by the American Society of Addiction Medicine (ASAM);

   - Certification in Addiction Psychiatry by the American Board of Psychiatry and Neurology;

   - State certification as a Certified Addiction Counselor - Level II by the Georgia Addiction Counselors Association (GACA);

   - National certification by the National Association of Alcoholism and Drug Abuse Counselors Association (NAADAC) or International Certification and Reciprocity Consortium (ICRC);

   - Certificate of Proficiency in the Treatment of Alcohol and Other Psychoactive Substance Use Disorders from the American Psychological Association's College of Professional Psychology;

OR

- Licensure under O.C.G.A. Title 43 as a physician, psychologist, professional counselor, social worker, marriage and family therapist, advanced nurse practitioner, or registered nurse with a bachelor's degree in nursing;

AND

- Documented 2000 hours of clinical experience in the treatment of personal who are addicted to alcohol or other drugs with at least 500 hours of the above 2000 hours experience in the administration of substance abuse clinical evaluation;

- Documentation of at least 20 hours of continuing education in the field of substance abuse with not more than 5 of these hours consisting of in-service training.

2. Continuing education and in-service training must have been accomplished within a two-year period immediately prior to application.

C. PLACEMENT ON THE REGISTRY

1. **A Clinical Evaluator will not be placed on the registry until:**
   - the application is reviewed and approved;
   - all fees associated with the application process are paid;
   - applicants have attended up to a two-day orientation training sponsored by DBHDD;
   - the Clinical Evaluator receives the packet of forms

2. Once approved, the Clinical Evaluator will be assigned an identification number.

3. The provider's information will be included on the Department's website following approval.

4. Clinical Evaluator applicants may not begin to provide any services until their name appears on the registry.

D. REGISTRY

1. DBHDD approves professionals, not programs, for the purpose of providing evaluations for DUI Offenders.

2. The approved location is the address which will appear on the Clinical Evaluator's registry listing on the web.

3. The provider's identification number will remain valid, as long as the provider remains in compliance with the Rules and Regulations.

4. Clinical Evaluators may not provide any services unless their name appears on the registry with no current suspension or revocation indicated.

5. Clinical Evaluators whose professional license or certification becomes suspended or surrendered must notify the Department within 30 days of that event. The Department may then suspend or delete the Evaluator's listing.

E. CHANGES TO THE REGISTRY

1. If the Clinical Evaluator wants to add or delete a location, a “Change to the Registry” form must be submitted to DBHDD (Update/Change Form is found on website).

2. Update and Changes to the registry will be visible on the web.

3. Update/Change forms are located on the provider website, CETP Online Reporting System website. Before you login into the system, scroll down to the bottom, you will see the forms.

F. TRAINING and CONTINUING EDUCATION

Each Clinical Evaluator shall attend up to two days of training and orientation sponsored by DBHDD within six months prior to being placed on the registry. Attendance at the new provider training can be counted toward the required 20 hours of continuing education for this program.

1. Each Clinical Evaluator shall complete, every two years, 20 contact hours of continuing education in substance abuse approved by DBHDD. Clinical Evaluators will be responsible for maintaining and attending a minimum of 20 hours of continuing education.

2. DBHDD will approve no more than five hours of in-service training within a two-year period as counting toward the minimum 20 hours continuing education requirement.

3. Training hours must be documented. Clinical Evaluators need to maintain a copy of attendance certificates, or training records, which will be reviewed at the time of an audit and submitted when renewing their placement on the registry.

G. ONGOING QUALIFICATIONS

Each Clinical Evaluator who is approved and placed on the registry of Clinical Evaluators shall continue to maintain the required initial qualifications and meet continuing education requirements, and upon request shall provide documentation showing evidence thereof. Upon renewal or reissuance of any applicable licensure, certification or credentialing, or upon request by the department, the Treatment Provider shall provide a copy of the renewed or reissued license, certification or credentialing to the department.

1. Each Clinical Evaluator shall notify the department within 30 days of the occurrence if the evaluator's license, certification or credentialing is revoked, suspended, terminated, or lost for any other reason. The evaluator may not administer clinical evaluations after the effective date of revocation, suspension, termination or other loss of license, certification, or credentialing.

2. When the evaluator (Treatment Provider) renews their license with the Secretary of State or the Alcohol and Drug Certification Board of Georgia, print out a copy from the appropriate website and send it to the Department as proof of current licensing. For those who receive paper certifications or licenses e.g. NAADAC or GACA, transmit a copy of the recertification to the Department.
3. If any evaluator fails to submit documentation as required, or fails to maintain the required license, certification, or credentialing, the approval as an evaluator may be revoked, and the evaluator may be removed from the registry effective as of the date of the revocation, suspension, termination or other loss of licensure, certification, or credentialing.

H. ACTIVE REGISTRY STATUS

The department may provide the registry for public viewing on the Internet. Once placed on the registry of Clinical Evaluators, an individual will continue to be listed in active registry status unless one of the following events occurs, which event shall constitute a basis for revocation:

1. The evaluator fails to administer any clinical evaluations within any continuous twelve-month period;

2. The evaluator fails to comply with the requirements of the rules or procedures of the Department;

3. The evaluator notifies the department that the evaluator no longer wishes to remain on the registry; due to retirement, ongoing out of state or illness.

4. The evaluator ceases to meet the qualifications listed above; or

5. The evaluator provides false or misleading information to the department.

6. The evaluator violates the rules or procedures.

Reinstatement

If an evaluator is removed from active registry status in accordance with the above, the evaluator's approval is revoked and the evaluator must submit a new application in order to return to active registry status, including an application fee, the amount of which shall be determined from time to time by the Board of Human Resources. The department may also require the Treatment Provider to comply satisfactorily with a corrective action plan to correct any deficiencies under these rules or other requirements of the department.

SECTION 2: CLINICAL EVALUATION PROCESS

A. WHO IS REQUIRED TO RECEIVE AN EVALUATION - SCREENING CLIENTS

1. As of July 1, 2008, first time DUI offenders or DUI offenders who get a second or subsequent DUI within a ten-year period are required, as a condition of license reinstatement, to get a clinical evaluation, and if indicated by the evaluation, complete a substance abuse treatment program

    - The timeframe is measured from the date of arrests for the previous convictions to the date of the current arrest for which the current conviction is obtained.

2. Prior to setting the date for the evaluation, screen all clients to ensure they are a DUI offender, AND have completed the Risk Reduction Program. (Enrollment and completion of the Risk Reduction Program must be after the arrest date)

3. Pre-trial evaluations that meet all multiple offender and Georgia laws can be completed by a DBHDD approved Clinical Evaluator.

B. EVALUATION LOCATION

1. Clinical evaluations may only be administered by evaluators who have been approved by DBHDD and this cannot be delegated to anyone else. Neither can a Clinical Evaluator "sign off" on another's evaluation.

2. Clinical evaluations will only be administered at locations approved by DBHDD and currently listed on the registry.

C. EVALUATION FEE

1. A minimum of ninety-five dollars ($95.00) must be charged for the evaluation; there is no maximum fee established.

2. If a sliding fee is used, documentation for the fee must be provided to the client and included in the client's chart.

3. Fees for a clinical evaluation must be within the range provided on the original Clinical Evaluator application and approved by DBHDD. Fees for the evaluation cannot be increased without prior notification to DBHDD. Upon approval of an increase in fee range, the new fee may not be charged until it appears on the registry.

D. EVALUATION PROCESS

1. The clinical evaluations shall consist of a clinical interview.

    A clinical interview means a face-to-face interview with a Clinical Evaluator, intended to gather information on the client including, but not limited to; demographics, legal history, medical history, substance abuse history, past treatment episodes for substance related disorders, social and family history, vocation background and mental status.

2. If the client has completed the Risk Reduction Program, the clinical evaluations shall consist of a review of the client's standardized screening instrument.

   - The NEEDS assessment is the client's standardized screening instrument administered at the Risk Reduction Schools and approved by DDS.

   - The evaluator must have possession of the NEEDS assessment at the time of the initial evaluation appointment for consideration in forming a professional decision and disposition.

3. If the client has not completed a Risk Reduction program or if the NEEDS assessment is not available because the DUI School has gone out of business or the needs assessment was taken 5 years earlier and is no longer available, then the evaluation can be done without the NEEDS assessment.

4. If the NEEDS is available, then before the client attends the evaluation appointment, the Clinical Evaluator shall direct the client to go in person to the Risk Reduction Program, pay a transfer fee, sign an authorization, and request the NEEDS assessment be submitted to the Clinical Evaluator.

5. The Risk Reduction Program will fax or mail a copy of the NEEDS assessment within five business days of the written release by the client. The client cannot hand carry the NEEDS assessment to the Clinical Evaluator.

6. When the Clinical Evaluator is in receipt of the NEEDS assessment, then the appointment date is established and confirmed with the client. The clinical evaluation cannot be conducted before the NEEDS assessment results are received from the Risk Reduction School and reviewed.

7. The Clinical Evaluator may also use additional assessment instruments such as the ASI, SASSI, MAST, DAST, CAGE, Johns Hopkins Inventory, etc., to assist in formulating a clinical decision. Additional assessment instruments are optional and administered at the discretion of the evaluator, as well as drug tests.

8. Clients with multiple DUI's may provide to the evaluator a copy of his/her seven (7)-year Motor Vehicle Report. This can be obtained for a slight fee from the local driver's license issuing office.

9. Information obtained from the clinical evaluation must be sufficient to diagnose or rule out a substance-related disorder according to current DSM criteria and to recommend an appropriate ASAM level of service.

10. Clinical Evaluators shall complete written evaluation reports for each client within seven days of the completion of the clinical evaluation. The report must show the referral and the basis for the referral. The prescribed format for preparation of these reports is the Multiple DUI Offender Clinical Evaluation Case Presentation format (Clinical Evaluator Case Presentation can be found on the website).

11. Evaluators may conduct an evaluation over two or more appointments; that timeframe is solely determined by the Clinical Evaluator. There is no defined timeframe for which the clinical evaluation must be completed, but it is normally done in one meeting and is not an excuse to see a client for an extended length of time..

12. Once the written Case Presentation is completed it is to be forwarded to the Treatment Provider when contact with the Treatment Provider is secured and a Release of Confidential Information for the Treatment Provider is signed by the client.

E. REFERRAL TO TREATMENT

1. If the evaluation results in a referral to treatment, the Clinical Evaluator must prepare a "Treatment Selection Form" that includes the client with a list of approved Treatment Providers at that ASAM level.

2. The Clinical Evaluator may print only that portion of the registry for the client's county and/or surrounding areas. However, if the client requests a full Registry, the evaluator must provide a full and current printout or show them the registry on the web.

3. From this registry, the client will choose a Treatment Provider that is consistent with the level of care recommended for treatment.

4. The client will circle the Treatment Provider they choose, sign and date the paper showing the Treatment Providers. The Clinical Evaluator will keep this in the client's file. This will be a part of the audit requirements.

5. **Georgia law specifically prohibits the same person from evaluating and treating the same client.** GA code is O.C.G.A. 40-5-1 (16.2)

6. The Clinical Evaluator cannot direct the client to any specific Treatment Provider. The Clinical Evaluator should give the registry to the client who can then make a choice.

7. It is the client's responsibility to do the research, and find a provider consistent with the client's financial and geographic needs, as well as the level of care recommended by the evaluator. If there are no Treatment Providers offering the recommended level of care in the client's selected or geographic area, contact DBHDD for approval to attend another option.

8. Once the client has chosen a Treatment Provider, the client will sign a Release of Information for the evaluator to transfer required paperwork to the provider (see website for Release of Information form).

9. Once a Release of Information is signed, the clinical evaluation must be forwarded to the Treatment Provider within seven (7) days.

10. Clients cannot hand carry their clinical evaluation to the Treatment Provider, even in a sealed envelope.

11. When treatment is recommended, ONLY advise a client of the level of care rather than the length of treatment. The Treatment Provider will determine the appropriate length of treatment for the treatment episode.

12. A client may choose to have a separate evaluation with a different Clinical Evaluator if s/he wants a second opinion. A client, however, may not receive more than two (2) clinical evaluations without DBHDD's approval.

F. CLINICAL REFERRAL TRANSFER FORM and PROCESS

1. A Clinical Referral Transfer Form must be used for every referral to a Treatment Provider.

2. Attach the Clinical Referral Transfer form to the front of the Case Presentation, along with a copy of the client's Release of Information, and mail or fax to the Treatment Provider. If you mail the paperwork, attach a copy of the original release form and keep the original in the client's file. If you fax the paperwork, you must keep the original form in the client's file.

3. Every item on the Clinical Referral Transfer Form must be completed. The Clinical Evaluator must sign the form (no signature stamps).

4. Providers may photocopy the Clinical Referral Transfer Form and Release of Information forms. Providers are responsible for copying a supply for their own use.

G. TREATMENT COMPLETED PRIOR TO THE CLINICAL EVALUATION

1. If the client has successfully completed a treatment program since his DUI and has met the minimum treatment requirements the Clinical Evaluator can submit a Case Presentation and supporting documents to DBHDD for a requirements met review.

2. Completion of a treatment program does not guarantee a release from further treatment. If the evaluator determines additional treatment is needed, the appropriate ASAM referral should be made.

H. REFERRAL TO DBHDD FOR REQUIREMENTS MET REVIEW

1. In the event the evaluator recommends that the client should be released from the obligation of treatment, because they do not meet DSM criteria for abuse or dependence, or have already completed treatment, the case presentation and supporting documentation (see following paragraph) is to be forwarded to DBHDD for review, with the proper written release of information secured from the client. The Clinical Evaluator must transmit a complete copy of the clinical evaluation to DBHDD for review within two (2) business days. This two-day requirement does not shorten the seven-day period for completing the written evaluation. This gives the evaluator a total of nine days after concluding the evaluation to complete and forward the Case Presentation to DBHDD for review.

2. For 1st DUI Offenders, use the one page form "Requirements Met Certificate Form". Complete the form and fax, or mail it to DBHDD.

3. Supporting documentation for multiple offenders includes the following:
   - ✓ Case Presentation, signed and dated by evaluator
   - ✓ Request for Release (from the Multiple DUI Offender Substance abuse Requirement)
   - ✓ NEEDS assessment from Risk Reduction Program, if available
   - ✓ Consent form to Release Confidential Information to DBHDD
   - ✓ Client's 7-year Motor Vehicle Report and/or RAP sheet (record of arrests and prosecution available to the client at the police department)
   - ✓ Notarized Letters of Verification (see website for blank format)
   - ✓ Discharge Summary from Treatment Provider
   - ✓ A copy of the Certificate of Completion from the DUI School

4. The Clinical Evaluator must transmit a completed Case Presentation form or its equivalent and packet to DBHDD for every evaluation in which no treatment is indicated. All case presentation

information must be typed or legibly printed. Illegible cases will be returned.

5. Clinical evaluators are encouraged to fax all Case Presentations to DBHDD at 404-657-6417.

6. DBHDD will complete its review of the clinical evaluation within two weeks of the receipt of the evaluation. A review of the client's file will not begin until DBHDD has received all required supporting documentation listed above.

   - DBHDD's evaluator may require additional documents or verification before approving the evaluator's recommendation of releasing a client from the obligation from treatment.

   - The Consent for Release of Information has a standard of six-month expiration. If DBHDD has not received a response from the evaluator at the time of the Consents expiration, the case will be closed and filed. Evaluators will be notified in writing that the case has been closed.

   - In the event the case has been closed and the evaluator desires to re-active the case, an updated evaluation should be provided together with the initial case presentation file.

7. If the evaluation is approved the client will receive a Requirements Met certificate; a copy will be provided to the evaluator for inclusion in the client's file.

8. If the evaluation is not approved DBHDD's evaluator will respond to the Clinical Evaluator in writing or by phone.

9. If the Clinical Evaluator disagrees with DBHDD's recommendation:

   - The Clinical Evaluator may contact DBHDD, and DBHDD will arrange for a panel of three professional peers to review the clinical evaluation and the recommendation made by the department's evaluator.

   - DBHDD and the Clinical Evaluator will abide the decision of the peer review panel. All decisions by the peer review panel are final.

SECTION 3: REGISTRY OF TREATMENT PROVIDERS

The Registry of Treatment Providers is a list of providers who have been approved by DBHDD to provide treatment for multiple DUI offenders who are required by Georgia law to undergo a treatment.

All treatment providers must show evidence that they are certified to use an evidence-derived, protocol-driven, standardized treatment program that integrates Cognitive Behavioral Therapy, Motivational Interviewing, Contingency Management, Persuasion Protocols, Lifestyle Risk Reduction Model, and the Transtheoretical Model. Treatment providers will use this ASAM Level 1 Treatment Program and maintain their certification to do so. Currently the Department contracts with PRI Inc. to provide such material and certifications. They can be contacted at www.primeforlife.org

Existing treatment providers on the Department's registry as of January 31, 2014 have the right to continue to use the treatment programs that they have been using prior to January 31, 2014 or switch to newer materials as described above.

A Treatment Provider cannot provide treatment until the treatment location is approved by DBHDD and listed in the registry.

New Provider Online Applications are located on the website at
https://gaduiintervention.dbhdd.ga.gov/home.aspx

A. APPLICATION PROCESS

1. Treatment Provider application packets can be downloaded from the Internet at https://gaduiintervention.dbhdd.ga.gov/home.aspx .

2. All applications shall be submitted online and on forms prepared by DBHDD, following a procedure outlined by DBHDD.

3. The application shall include all information, fees, and documents designated by DBHDD and shall be truthful, accurate and complete.

4. DBHDD may require any applicant for Treatment Provider to submit additional information or verification that is reasonably related to making an approval determination.

B. PLACEMENT ON THE REGISTRY

1. A Treatment Provider will not be placed on the registry until:
   - the application is reviewed and approved
   - all fees associated with the application process are paid;
   - applicants have attended up to a two-day orientation training sponsored by DBHDD
   - the Treatment Provider receives their forms packet.

2. Once approved, the Treatment Provider will be assigned an identification number.

3. The Treatment Provider's information will be included on the web registry following approval.

C. REGISTRY

1. The department approves Treatment Providers for the purpose of providing DUI offender treatment services.

2. The approved location is the address, which will appear on Treatment Provider website registry listing.

3. Each provider approved will be given a unique identification number.

4. The provider number will remain valid as long as the provider is actively engaged in providing the service for which approval is given, and as long as the provider remains in compliance with the Rules & Regulations as well as the Procedures.

1. Treatment providers may not begin to provide any services until they appear on the website registry.

D. CHANGES TO THE REGISRTY

1. If the Treatment Provider wants to add or delete a facility, must go to the DIPAS Application and click on "Manage Facility" under "Manage My Account"

2. Changes to the registry will be made continually by DBHDD.

E. CRITERIA FOR APPROVAL

All treatment providers must show evidence that they are certified to use an evidence-derived, protocol-driven, standardized treatment program that integrates Cognitive Behavioral Therapy, Motivational Interviewing, Contingency Management, Persuasion Protocols, Lifestyle Risk Reduction Model, and the Transtheoretical Model. Treatment providers will use this ASAM Level 1 Treatment Program and maintain their certification to do so. Currently the Department contracts with PRI Inc. to provide such material and certifications. They can be contacted at www.primeforlife.org

1. The Treatment Provider must provide treatment services, specifying the ASAM level of care to be offered.

2. The Treatment Provider must demonstrate the capability to offer the specified level of care.

3. Treatment Providers offering services at ASAM level II.1 or higher must be licensed by the state of Georgia's Healthcare Facility Regulations as a drug treatment program. (see - https://dch.georgia.gov/healthcare-facility-regulation-0)

4. Treatment Providers offering only ASAM level I must designate a substance abuse professional who is responsible for direct clinical services.

5. Persons applying to be a Treatment Provider must have certification as a substance abuse professional and must have one of the following combinations of professional licensure, credentials and experience:

   - Certification as an addiction medicine specialist by the American Society of Addiction Medicine (ASAM);

- Certification in addiction psychiatry by the American Board of Psychiatry and Neurology;
- State certification as a Certified Addiction Counselor II by the Georgia Addiction Counselors Association (GACA);
- National certification by the National Association of Alcoholism and Drug Abuse Counselors Association (NAADAC) or International Certification and Reciprocity Consortium (ICRC);
- Certificate of Proficiency in the Treatment of Alcohol and Other Psychoactive Substance Use Disorders from the American Psychological Association's College of Professional Psychology;

OR

- Licensure under O.C.G.A. Title 43 as a physician, psychologist, professional counselor, social worker, marriage and family therapist, advanced nurse practitioner, registered nurse with a bachelor's degree in nursing, or certification as an employee assistance professional with:
- Documentation of at least 3000 hours of clinical experience in the treatment of persons who are addicted to alcohol or other drugs;

AND

- Documentation of the completion of at least 20 hours of continuing education in the field of substance abuse, with not more than five of these hours consisting of in-service training, in the two-year period prior to application.

F. TRAINING and CONTINUING EDUCATION

1. Each Treatment Provider shall designate an appropriate representative to attend a one day of training and orientation sponsored by DBHDD within six (6) months of being placed on the registry.
2. New Treatment Providers will be notified in advance of training dates. Attendance at this training can also be counted toward the required 20 hours of continuing education for this program.
3. Every two years, staff members that provide direct services shall complete a minimum of 20 contact hours of continuing education in the field of substance abuse.
4. Training hours must be documented; Treatment Providers need to maintain a copy of attendance certificates, or training records, which will be reviewed at the time of a monitoring site visit.
5. DBHDD will not approve more than five hours of in-service training within a two-year period.

G. ONGOING QUALIFICATIONS

Each Treatment Provider who is approved and placed on the registry of Treatment Providers shall

continue to maintain the required initial qualifications and meet continuing education requirements, and upon request shall provide documentation showing evidence thereof. Upon renewal or reissuance of any applicable licensure, certification or credentialing, or upon request by the department, the Treatment Provider shall provide a copy of the renewed or reissued license, certification or credentialing to the department.

2. Each Treatment Provider shall notify the department within 30 days of the occurrence if the provider's license, certification or credentialing is revoked, suspended, terminated, or lost for any other reason. The provider may not provide treatment after the effective date of revocation, suspension, termination or other loss of license, certification, or credentialing.

3. When the evaluator (Treatment Provider) renews their license with the Secretary of State or the Alcohol and Drug Certification Board of Georgia, print out a copy from the appropriate website and send it to the Department as proof of current licensing. For those who receive paper certifications or licenses e.g. NAADAC or GACA, transmit a copy of the recertification to the Department.

4. If any Treatment Provider fails to submit documentation as required, or fails to maintain the required license, certification, or credentialing, the approval as a provider may be revoked, and the provider may be removed from the registry effective as of the date of the revocation, suspension, termination or other loss of licensure, certification, or credentialing.

H. ACTIVE REGISTRY STATUS

The department may provide the registry for public viewing on the Internet. Once placed on the Registry of Treatment Providers, an individual will continue to be listed in active registry status unless one of the following events occurs, which event shall constitute a basis for revocation:

1. The provider fails to provide treatment within any continuous two quarters (six-month period).

2. The provider fails to comply with the requirements of the rules or procedures of the Department;

3. The provider notifies the department that the provider no longer wishes to remain on the Registry due to retirement, ongoing out of state, or illness.

4. The provider ceases to meet the qualifications listed above; or

5. The provider provides false or misleading information to the department.

6. The provider violates the rules or procedures

Reinstatement

If a provider is removed from active registry status in accordance with the above, the provider's approval is revoked and the provider must submit a new application in order to return to active registry status, including an application fee, the amount of which shall be determined from time to time by the Board of Human Resources. The department may also require the Treatment Provider to comply satisfactorily with a corrective action plan to correct any deficiencies under these rules or other requirements of the department.

SECTION 4: TREATMENT

A. ENROLLMENT

1. **Georgia law specifically prohibits the same person from evaluating and treating the same client.**

2. Treatment must be provided at locations approved by DBHDD and listed on the current registry.

3. **Enroll only those clients who have completed an evaluation from an approved DBHDD Clinical Evaluator.**

4. Providers may enroll only clients whose referral to treatment matches the ASAM level of care offered by the provider. If there are no providers offering the appropriate ASAM level of care in the geographic area in which the client lives, the provider may contact DBHDD for approval of an alternative arrangement.

5. When more than 60 days has elapsed between completion of the clinical evaluation report and a client's enrollment, the Treatment Provider should conduct an enhanced intake or updated evaluation with the client in order to confirm the appropriate referral.

6. After enrollment, if the client needs a higher level of care, the Treatment Provider can adjust services as long as the decision is supported by documentation and the appropriateness of care. If the client needs a higher level of care, a transfer would take place.

B. LENGTH OF TREATMENT

Treatment for DUI Offenders is defined in ASAM terms. ASAM Level 1 consists of 2 levels, short term,
6 to 12 weeks for a minimum of 18 hours, or long term, 4 to 12 months.

ASAM Level 1, 6 to 12 week program

1. Treatment may last between 6 and 12 weeks.

2. A certificate of treatment completion may not be issued for any treatment period lasting less than 6 weeks. Documentation that the client has been informed of the length of the treatment period, by the client's signature on the treatment plan/update, must be included in the record.

3. ASAM Level I, short term, consists of a minimum of 2 or 3 hours of treatment per week and a minimum of 18 hours total.

    - Breaks cannot be counted towards the treatment time.

- Attendance at 12-step meetings cannot be counted towards the minimum of two or three hours of treatment per week.

4. Clients who have complied with a treatment plan cannot be required to remain in treatment longer than 12 weeks.

ASAM LEVEL 1, long term, consists of a 4 to 12 month program.

1. Treatment may last between 120 days and one year.

2. A certificate of treatment completion may not be issued for any treatment period lasting less than 120 days, nor for any other period lasting less than 120 days, nor for any other period of treatment lasting less than one year, unless the Treatment Provider documents completion of all program requirements included in the Treatment Service Contract. Documentation that the client has been informed of the length of the treatment period, by the client's signature on the treatment plan/update, must be included in the record.

3. ASAM Level I consists of a minimum of 3 hours of treatment per week and a maximum of 9 hours of treatment per week.

   - Breaks cannot be counted towards the minimum of three hours of treatment time per week.

   - Attendance at 12-step meetings cannot be counted towards the minimum of three hours of treatment per week.

4. Clients who have complied with a treatment plan cannot be required to remain in treatment longer than one year.

C. TREATMENT COMPONENTS

1. Treatment may include individual and group counseling, family therapy, vocational counseling, occupational and recreational therapy, psychotherapy and other therapies.

2. 12-step meetings or other self-help meetings may be required. Time spent attending such support or self-help groups will not count as part of the required three-hour treatment minimum.

3. If drug testing is a part of the treatment program, the policies and procedures concerning drug testing must be included in the Treatment Contract. This shall include the costs and consequences of a positive test.

D. VERIFICATION OF TREATMENT ENROLLMENT FORM

1. The Treatment Provider may provide a multiple offender, who is eligible for a limited driver's license permit, with a Verification of Treatment Enrollment Form.

2. Verification of Treatment Enrollment (DBHDD form 1161, revised 12/03) is only issued upon request from the provider to the department.

3. The Verification of Treatment Enrollment Form should not be given to the client until the client is successfully engaged in the treatment process.

4. Client's whose offense happened prior to July 1, 2001 may be eligible for a Limited Driving Permit provided their record is clear. The Verification of Treatment Enrollment form will be required by the Department of Drivers Services for consideration of a Limited Driving Permit.

E. CERTIFICATES OF TREATMENT COMPLETION

1. DBHDD will supply pre-numbered Certificates of Treatment Completion to approved Treatment Providers

2. Upon completion of treatment, client shall be issued a Certificate of Treatment Completion.

3. All information provided on the certificate must be complete and accurate.

4. No Certificate of Treatment Completion may be issued to a client prior to successful completion of treatment or prior to the minimum amount of time for that level of treatment.
5. Clients are required to pay all fees prior to receiving a certificate of completion.

F. TRANSFER TO A DIFFERENT LEVEL OF CARE

1. After enrollment, if the client needs a higher level of care, the Treatment Provider can adjust the services as long as the decision is supported by documentation and the appropriateness of care. The treatment program may increase the number of hours per week or add residential care. If the client needs a higher ASAM level of care, a transfer would take place.

2. A transfer to a different level of care or another provider is not the same as a withdrawal or dismissal from treatment. You do not complete the withdrawal dismissal form for a transfer.

G. WITHDRAWAL OR DISMISSAL FROM TREATMENT

1. The Department of Drivers Services has the authority to revoke a limited driving permit for Multiple DUI offenders who withdraw or are dismissed from treatment. However, Georgia law requires that an offender whose permit has been revoked may request an administrative hearing.

2. It is critical that Treatment Providers keep accurate and detailed documentation on clients. If a Treatment Provider dismisses a client from treatment and the client requests a hearing of his/her permit revocation, the Treatment Provider

may be called to testify at a hearing and present documentation to back up the dismissal.

3. All clients who withdraw, transfer, or are dismissed from treatment will be accounted for in the monthly online Treatment Provider reports.

4. If a multiple offender client was given a Treatment Enrollment form and is being withdrawn or dismissed, the Treatment Provider must send a letter to the client, giving them (10 days) notification that they are about to be dismissed from treatment for the stated cause. Please prepare this letter on your business letterhead, sign and date it, and add all the necessary specifics for the client's case.

5. If a multiple offender was given a Treatment Enrollment form and voluntarily withdraws from treatment, the same paperwork and process cited above is required. These reports are to be made on department designated forms. At this time, the designated form is the Withdrawal/Dismissal Form Treatment form.

6. The Withdrawal/Dismissal Form and a copy of the letter sent to the client should be faxed or mailed to DBHDD 15 days after the date of the letter.

SECTION 5: RECORDS

A. CLIENT FILES

1. Clinical Evaluators and Treatment Providers shall maintain a separate file for each client that is labeled with the client's name and Risk Reduction Program (RRP) number. The RRP is sequentially numbered on the DUI School Certificate of Completion, located in the upper right corner of the form.

2. Files should be maintained in alphabetical order by the client's last name.

B. CONFIDENTIALITY

1. All client records shall be confidential.

2. All client records shall be maintained and disclosed with the provisions of Volume 42 of the Code of Federal Regulations, 42 Part 2, "Confidentiality of Alcohol and Drug Abuse Patient Records," as now and hereafter amended.

C. TRANSFER OF DUI ALCOHOL OR RISK REDUCTION SCREENING INSTRUMENT (NEEDS) TO CLINICAL EVALUATOR

1. The client shall choose a Clinical Evaluator from the current web registry provided at the DUI alcohol or drug Risk Reduction Program (RRP) and sign a

release of information at the program for the screening instrument to be sent to the evaluator.

2. The DUI alcohol or drug RRP may charge a transfer fee up to $10.00 for each transfer of the NEEDS assessment to the evaluator.

3. The DUI alcohol or drug RRP shall transfer by fax or mail a copy of the NEEDS assessment to the chosen Clinical Evaluator within five (5) business days of the receipt by the Risk Reduction Program of the client's written release. The client cannot hand carry the NEEDS assessment to the Clinical Evaluator.

D. TRANSFER OF CLINICAL EVALUATION RESULTS TO DESIGNATED TREATMENT PROVIDER

1. The Clinical Evaluator shall develop a current list of all approved treatment programs at the ASAM level recommended. The client will then select a Treatment Provider from the list by circling the provider, then signing and dating the form. This form shall be kept in the clients file. This form is to be titled "Treatment Selection Form."

2. The client shall sign a Release of Information for the designated Treatment Provider (Blank form - Release of Information to transfer case to Treatment Provider is located on website).

3. Clinical Evaluators shall fax or mail required records to the Treatment Provider within seven (7) business days of the receipt by the Clinical Evaluator of a written release of information. Client's cannot hand carry their evaluation to the Treatment Provider, even in a sealed envelope.

4. The following records should be faxed or mailed to the Treatment Provider:

   - Copy of the Release of Information for the Treatment Provider
   - Clinical Referral Transfer Form
   - Copy of the Clinical Evaluation in the Case Presentation Format or similar format that covers the 6 assessment dimensions in the Case Presentation Format.

E. CLINICAL EVALUATOR RECORDS

1. Clinical Evaluator is to insure the safety of client's records in the department-approved location.

2. All client records shall be maintained and disclosed with the provisions of Volume 42 of the Code of Federal Regulations, 42 Part 2, "Confidentiality of Alcohol and Drug Abuse Patient Records," as now and hereafter amended.

3. Client's files should be labeled with the client's name and risk reduction number.

4. Client's files should be maintained in alphabetical order by the client's last name.

5. Records should be legible, complete, accurate, and available for inspection and copying by DBHDD.

6. The following records must be included in the client's file:

- NEEDS assessment transferred from the Risk Reduction Program
- Original Clinical Evaluation Service Contract
- Confidentiality / Disclosure Statement
- Please Read Statement (blank form located on website)
- Clinical Evaluation Report in case presentation format
- Signed release of information for designated Treatment Provider (as applicable)
- Copy of the Clinical Referral Transfer Form with the name and the address of the Treatment Provider to whom the referral was sent (as applicable)
- The Treatment Selection Form
- Any other information designated by DBHDD

7. Records shall be maintained for six (6) years even if the evaluator ceases to be on the registry and current contact information kept up to date with the Department

F. TREATMENT PROVIDER RECORDS

1. Treatment Provider is to insure the safety of client's records in the department-approved location.

2. All client records shall be maintained and disclosed with the provisions of Volume 42 of the Code of Federal Regulations, 42 Part 2, "Confidentiality of Alcohol and Drug Abuse Patient Records," as now and hereafter amended.

3. Client's files should be labeled with client's name and risk reduction number.

4. Client's files should be maintained in alphabetical order by the client's last name.

5. Records should be legible, complete, accurate, and available for inspection and copying by DBHDD.

6. The following records must be included in the client's file:

- Copy of the Clinical Referral Transfer Form
- Clinical Evaluation Report
- Treatment Selection Form
- Original Treatment Service Contract
- Confidentiality / Disclosure Statement
- Documentation of Eligibility for Sliding Fee (as applicable)
- Intake paperwork
- Copy of Treatment Enrollment Form
- Treatment Plan
- Progress Notes
- Copy of Certificate of Treatment Completion (closed record)

- Any other information designated by DBHDD

7. Client contact hours must be clearly documented with date, type of contact (individual/group), duration and progress note entry.

8. These records shall be maintained for six (6) years even if the Treatment Provider ceases to be on the registry. Current contact information shall be kept up to date with the Department.

G. CONTRACTS - CLINICAL EVALUATOR AND TREATMENT PROVIDER

1. Clinical Evaluators must enter into contracts with clients for the provision of clinical evaluations, and

2. Treatment Providers must enter into contracts with clients for the provision of treatment services.

3. All contract formats shall be approved by DBHDD at the time of application.

4. All contract formats shall contain all information and provisions required by DBHDD.

5. A copy of the completed contract shall be furnished to the client prior to the delivery of any service.

6. Original contracts must be maintained for a period of six (6) years from the date of execution.

7. Treatment Provider contracts must state all the requirements a client has to meet to satisfactorily complete the treatment episode and receive a Treatment Completion Certificate. The contract must also include a statement that the client understands if he/she leaves treatment or is dismissed for cause, he/she may have to start treatment over.

SECTION 6: ONLINE MONTHLY REPORTS

A. MONTHLY REPORT DATES AND DUE DATES

Dates for Monthly Report	Dates the reports are due at DBHDD
January 1st through January 31st	Due by February 10th
February 1st through February 28th	Due by March 10th
March 1st through March 31st	Due by April 10th
April 1st through April 30th	Due by May 10th
May 1st through May 31st	Due by June 10th
June 1st through June 30th	Due by July 10th
July 1st through July 31st	Due by August 10th
August 1st through August 31st	Due by September 10th
September 1st through September 30th	Due by October 10th
October 1st through October 31st	Due by November 10th
November 1st through November 30th	Due by December 10th
December 1st through December 31st	Due by January 10th

B. GENERAL INFORMATION

1. Clinical Evaluators and Treatment Providers (CETP) must use the DBHDD DUI Intervention Program CETP Online Reporting System to render their activity report every month.

2. From now on, you will use the CETP ONLINE SYSTEM (CETP) to report all DUI Offenders activity. CETP stands for Clinical Evaluators and Treatment Providers.

3. Report your information in total numbers (aggregate form) rather than by each individual. Additionally, you will report this information to the DUI Intervention Program monthly rather than quarterly.

4. A provider identification number will be assigned to you for this reporting system. The provider identification will serve as both your CE and TP IDs in cases where you are both a CE and a TP. After your new provider training you will be emailed your login-id and a temporary password to gain access into CETP Online Reporting System.

5. To start enjoying the benefits of this system, please visit the CETP Online Reporting System website by clicking on the CETP Online Reporting web link below or by copying and pasting the web link into your Internet browser. Once you login, go straight to "Manage My Account" and update your information. CETP Online Reporting web link: https://dipas.dbhdd.ga.gov/home.aspx

6. All Clinical Evaluators and Treatment Providers must report on a monthly basis even if you did not see any clients during that month. All reports must be entered completely and accurately. Failure to provide reports on a monthly basis or comply with these procedures may result in your sites being suspended or taken off the registry.

7. Clinical Evaluators must evaluate at least one client within 12 months to remain on the Registry. Treatment Providers must enroll at least one client in their treatment program within 6 months to remain on the Registry.

8. Reports are due for submission by the 10th of a new month.

IMPORTANT!!!

We must have a current email address on file. Email address can be sent to cetpsupport@dbhdd.ga.gov. Two providers can not share the same email address - only email address for each provider. This is for security reasons and for the integrity of the data we are trying to collect.

Email the following information to us at cetpsupport@dbhdd.ga.gov: Your mailing address, service facility address(s), email address(s), phone numbers (cell phone, telephone, or both), and your identification number. We will create account for you and email you the Login Id and password.

SECTION 7: TREATMENT COMPLETION CERTIFICATES

A. CERTIFICATES OF TREATMENT COMPLETION

1. Certificates of Treatment Completion are official State documents, and are the property of DBHDD. Treatment Providers are legally responsible for the security of all forms in their possession, possession even when no longer on the registry. If Treatment Providers remove themselves from the registry, all unused forms must be returned when the request for removal is submitted to DBHDD.

2. Certificates of Treatment Completion are issued to the Treatment Provider's business, practice, facility, agency, etc., NOT to the individual name of any person. If an individual providing treatment leaves the employ of the Treatment Provider agency, the forms stay with the agency. A Treatment Provider must assign a person who is responsible for maintaining the security of the forms.

3. DBHDD will supply pre-numbered Certificates of Treatment Completion to approved Treatment Providers.

4. Upon completion of treatment, client shall be issued a Certificate of Treatment Completion.

5. All information provided on the certificate must be complete and accurate.

6. Clients are required to pay all fees prior to receiving a Certificate of Treatment Completion.

7. A Certificate of Treatment Completion may not be issued to a client prior to completion of treatment.

B. REQUESTS FOR CERTICATES OF TREATMENT COMPLETION

1. DBHDD must receive the Certificate of Treatment Completion Requisition (Form 0400) from the Treatment Provider for the issuance of additional treatment completion certificates.

2. DBHDD will send the certificates within two (2) weeks of receiving the requisition.

3. DBHDD will mail the certificates to the address currently on file for the provider.

C. SECURITY OF CERTIFICATES OF TREATMENT COMPLETION

1. Each certificate shall be maintained in a secure location until it is issued to the client.

2. Each provider shall be able to account at all times for each certificate issued to the provider. This can be easily accomplished by maintaining a numerical log of issued forms, along with an annotation of the disposition.

3. If any certificate is believed to be stolen, the Treatment Provider shall immediately upon discovery, file a police report. In addition the provider shall notify DBHDD no later than the next business day following the discovery of the theft. The provider shall then follow up in writing to DBHDD within 48 hours of the discovery of the theft.

4. If a certificate is believed to be lost, the provider shall notify DBHDD no later than the next business day following the discovery of the loss. The provider shall then follow up in writing to DBHDD within 48 hours of the discovery of the loss.

D. REPLACEMENT CERTIFICATES

1. A Treatment Provider may issue a new Treatment Completion certificate to any client who reports a lost or destroyed certificate. Keep a note in the file that a new certificate was issued to replace one that was lost.

2. The cost may not exceed $15.00 to the client.

3. Providers shall keep a copy of any replacement certificate issued within the client's original record.

E. FALSIFYING OR ALTERING CERTIFICATES

1. Certificates of Treatment Completion verify that the requirements for the State of Georgia's DUI Offender treatment program have been met. These are official state documents that can be issued to the client to show to the Department of Driver Services (DDS) for driver's license reinstatement.

2. Pursuant to Title 16 of the Georgia Code, it is a crime to knowingly alter, falsify or fraudulently use an official document or certificate.

SECTION 8: INSPECTIONS AND INVESTIGATIONS

A. INSPECTIONS

1. DBHDD is authorized to inspect the records and facilities of Clinical Evaluators and Treatment Providers in order to verify compliance with rules and regulations.

2. Clinical Evaluators, Treatment Providers, and their employees and representatives shall cooperate with any inspection or investigation by DBHDD or its agents.

3. Any information reasonably requested by DBHDD shall be provided to DBHDD or its agents.

B. VIOLATIONS

If violations of the rules and regulations are identified, DBHDD may issue a written inspection report that identifies the rules violated and may suspend or remove the evaluator or program from the registry.

DBHDD may require the Clinical Evaluator or Treatment Provider to submit a written corrective action plan specifying what steps will be taken to correct the noted violations

SECTION 9: ENFORCEMENT OF PROGRAM REQUIREMENTS

A. REFUSAL TO PLACE APPLICANT ON REGISTRY

When DBHDD finds that any applicant for the registry of Clinical Evaluator or Treatment Provider does not fulfill the requirements of the rules, DBHDD may, subject to notice and opportunity for a hearing, refuse to place the applicant on the applicable registry; provided, however, that the Department shall not be required to hold a hearing prior to taking such action.

B. REMOVAL FROM THE REGISRTY

DBHDD may remove a Clinical Evaluator or Treatment Provider from the registry for noncompliance with program requirements.

Removal from the registry can be temporary, in the form of a suspension, or permanent, depending on the severity of the violation and the evaluator's or treatment provider's history of compliance.

In lieu of removal, DBHDD may revoke the authority of the Clinical Evaluator or Treatment Provider to enroll new clients.

C. APPLICABILITY OF GEORGIA ADMINISTRATIVE PROCEDURE ACT

All enforcement action resulting from Chapter 82-2-1 shall be administered in accordance with Chapter 13 of Title 50 of the Official Code of Georgia Annotated, the "Georgia Administrative Procedure Act."

Any request for a hearing in response to any enforcement action taken pursuant to this chapter shall be in writing and must be submitted to DBHDD no later than 10 calendar days from the date of receipt of any written notice of intent by DBHDD to impose and enforcement action.