

**RULES OF DEPARTMENT OF BEHAVIORAL HEALTH
AND DEVELOPMENTAL DISABILITIES**

CHAPTER 290-4-13

**CLINICAL EVALUATION AND SUBSTANCE ABUSE
TREATMENT FOR DUI OFFENDERS**

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290-4-13-.01 Legal Authority.

These rules are adopted and published pursuant to the Official Code of Georgia Annotated (O.C.G.A.) Sec. 37-7-2.

Authority O.C.G.A. Sec. 37-7-2. **History.** Original Rule entitled "Legal Authority" adopted. F. Sept. 18, 1997; eff. Oct. 8, 1997.

290-4-13-.02 Title and Purposes.

These rules shall be known as the Rules and Regulations for Clinical Evaluation and Substance Abuse Treatment for DUI Offenders. The purpose of these rules is to provide for the approval of clinical evaluators and substance abuse treatment providers to

evaluate and treat DUI offenders, to set minimum qualifications for clinical evaluators and treatment providers and to provide for the enforcement of these rules.

Authority O.C.G.A. Secs. 37-7-2, 40-5-1, 40-5-63.1. History. Original Rule entitled "Title and Purposes" adopted. F Sept. 18, 1997; eff. Oct. 8, 1997.

290-4-13-.03 Definitions.

In these rules, unless the context otherwise requires, the words and phrases set forth herein shall mean the following:

- (a) "American Society of Addiction Medicine (ASAM) Patient Placement Criteria" means the current Patient Placement Criteria for the Treatment of Substance-Related Disorders by the National Association of Addiction Treatment Providers and American Society of Addiction Medicine.
- (b) "Clinical evaluation" means the evaluation process designated by the department which is used to diagnose an individual's substance abuse and/or dependence and, if indicated, refer the individual to appropriate treatment.
- (c) "Clinical evaluator" means a licensed or certified individual who meets the qualifications set forth in Section 290-4-13-.04 and is approved by the department to provide clinical evaluations for DUI offenders who are required pursuant to O.C.G.A. 40-5-63.1 or O.C.G.A. 40-6-391 to undergo a clinical evaluation for substance abuse treatment needs.
- (d) "Clinical interview" means the face-to-face interview with a clinical evaluator intended to gather information on the client including, but not limited to demographics, medical history, alcohol concentration of current offense, social and family history, substance abuse history, and vocational background and mental status.
- (e) "Department" means the Department of Human Resources or its successor.
- (f) "DSM" means the current edition of the Diagnostic and Statistical Manual of Mental Disorders of the American Psychiatric Association.

(g) "Multiple or habitual offender" means a person who has been convicted of two or more offenses as described in O.C.G.A. 40-6-391.

(h) "Registry of Clinical Evaluators" means the list of clinical evaluators who have been approved by the department to provide clinical evaluations for DUI offenders who are required pursuant to O.C.G.A. 40-5-63.1 or O.C.G.A 40-6-391 to undergo a clinical evaluation.

(i) "Registry of Treatment Providers" means the list of substance abuse treatment providers who have been approved by the department to provide treatment to DUI offenders who are required pursuant to O.C.G.A. 40-5-63.1 or O.C.G.A 40-6-391 to complete a treatment program

(j) "Risk reduction program" means a program approved by the Department of Driver Services to provide education regarding alcohol and substance use and abuse and driving a vehicle or boat, for the purpose of reducing the risk of incidences of driving or boating under the influence of drugs or alcohol. Risk reduction programs are also commonly referred to as "DUI schools."

(k) "Treatment provider" means a licensed or certified individual who meets the qualifications set forth in Section 290-4-13-.06 and is approved by the department to provide substance abuse treatment to DUI offenders pursuant to O.C.G.A. 40-5-63.1 or O.C.G.A 40-6-391.

Authority O.C.G.A. Sec. 37-7-2. **History.** Original Rule entitled "Definitions" adopted. F. Sept. 18, 1997; eff. Oct. 8, 1997.

290-4-13-.04 Registry of Clinical Evaluators.

(1) **Application Process.** No person may conduct clinical evaluations pursuant to O.C.G.A. 40-5-63.1 or O.C.G.A 40-6-391 without first having obtained approval by the department, having been placed by the department on the registry of clinical evaluators, and, as applicable, being on active registry status. All applications shall be submitted on forms prepared by the department, following a procedure outlined by the department. The application shall include all information, fees, and documents

designated by the department and shall be truthful, accurate and complete. The department may require any applicant for clinical evaluator to submit additional information or verification that is reasonably related to making an approval determination. In addition, the department may require applications or related documents to be submitted electronically, through a secure website, following procedures specified by the department.

(2) **Initial Qualifications.** 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:

- (a) Certification as an addiction medicine specialist by the American Society of Addiction Medicine;
 - (b) Certification in addiction psychiatry by the American Board of Psychiatry and Neurology;
 - (c) Certification by the Georgia Addiction Counselors Association as a Certified Addiction Counselor II;
 - (d) Certification by the National Association of Alcoholism and Drug Abuse Counselors Association;
 - (e) Certification by the International Certification and Reciprocity Consortium;
 - (f) 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
- (g) Licensure under O.C.G.A. Title 43 as a physician, psychologist, professional counselor, social worker, marriage and family therapist, advanced practice nurse, registered nurse with a bachelor's degree in nursing and:

1. documentation of at least 2,000 hours in the five-year period prior to application, of clinical experience in the treatment of persons who are addicted to alcohol or other drugs, with at least 500 hours of that experience in the actual administration of substance abuse clinical evaluations, and
2. 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.

(3) **Training and Continuing Education.** Each clinical evaluator shall attend up to two days of training and orientation sponsored by the department within six months prior to being placed on the registry. Each clinical evaluator shall complete, every two years, 20 contact hours of continuing education in the field of substance abuse approved by the department. The department will not approve more than five hours of in-service training in each two-year period.

(4) **Ongoing Qualifications.**

(a) 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.

(b) 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.

(c) 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.

(5) **Active Registry Status.** The department may provide for the registry to be available for 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:

- (a) The evaluator fails to administer any clinical evaluations within any continuous twelve-month period;
- (b) The evaluator fails to comply with the requirements of these regulations or of the department;
- (c) The evaluator notifies the department that the evaluator no longer wishes to remain on the registry;
- (d) The evaluator ceases to meet the qualifications listed above; or
- (e) The evaluator provides false or misleading information to the department.

(6) **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.

Authority O.C.G.A. Sec. 37-7-2. **History.** Original Rule entitled "Registry of Clinical Evaluators" adopted. F. Sept. 18, 1997; eff. Oct. 8, 1997. **Amended:** F. Jan. 21, 1999; eff. Feb. 10, 1999.

290-4-13-.05 Clinical Evaluation Process. Amended.

- (1) Clinical evaluations shall only be administered at locations approved by the department by clinical evaluators who have been approved by the department to conduct such evaluations and who appear on the registry of clinical evaluators.
- (2) All clinical evaluations shall consist of a clinical interview and a review of the client's standardized screening instrument administered by the risk reduction program. In addition, the clinical evaluator shall utilize one or more assessment instruments approved by the department.
- (3) 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. If treatment is recommended, the evaluator shall recommend either short term treatment for clients requiring services no higher than ASAM level I, or longer term treatment for a client requiring services at ASAM level I or higher. The department will direct and define by policy the range of hours per week and the range of weeks of treatment required for short term treatment and longer term treatment.

(4) Clinical evaluators shall complete written evaluation reports for each client within seven days of completion of the clinical interview. The report must show the referral and the basis for the referral. The department may prescribe a format for preparation of these reports.

(5) If the evaluation results in a referral to treatment, the clinical evaluator must provide the client with a list of approved treatment providers for the level of treatment recommended.

(6) If the clinical evaluator determines that no referral to treatment is indicated:

(a) for a person with a first conviction only under O.C.G.A 40-6-391, the clinical evaluator shall transmit a summary of the evaluation to the department for review within seven (7) days of completion of the clinical interview. The department may prescribe a form for these summary reports.

(b) for a multiple or habitual offender, the clinical evaluator must transmit a complete copy of the clinical evaluation, along with any other documents required, to the department for review within seven days of completion of the interview.

(c) The department will complete its review of the clinical evaluation within two weeks of the receipt of the evaluation or summary of the evaluation, as applicable. If the evaluation is approved, the department will issue a Requirements Met Certificate directly to the client. If the evaluation is not approved, the department will contact the clinical evaluator regarding modification of the evaluation to include a referral to a specific ASAM level of service. If the clinical evaluator disagrees with the department's recommendation, the department will arrange for a

panel of three professional peers to review the clinical evaluation and the department's recommendation. The department and the clinical evaluator will abide by the decision of the peer review panel.

Authority O.C.G.A. Sec. 37-7-2. **History.** Original Rule entitled "Clinical Evaluation Process" adopted. F. Sept. 18, 1997; eff. Oct. 8, 1997. **Amended:** F. Jan. 21, 1999; eff. Feb. 10, 1999.

290-4-13-.06 Registry of Treatment Providers.

(1) **Application Process.** No provider may provide treatment required pursuant to O.C.G.A. 40-5-63.1 or O.C.G.A. 40-6-391 without first having obtained approval by the department, having been placed by the department on the registry of treatment providers and, as applicable, being on active registry status. All applications shall be submitted on forms prepared by the department, following a procedure outlined by the department. In addition, the department may require applications or related documents to be submitted electronically, through a secure website, following procedures specified by the department. The application shall include all information, fees, and documents designated by the department and shall be truthful, accurate and complete. The department may require any applicant for treatment provider to submit additional information or verification that is reasonably related to making an approval determination.

(2) Criteria for Approval.

- (a) In order to be placed on the registry of treatment providers, a treatment provider must provide a program description specifying which ASAM levels of care will be offered and demonstrating the capability to offer the specified level(s) of care;
- (b) Treatment providers offering services at ASAM level II.1 or higher must be licensed by the department's Office of Regulatory Services as a drug abuse treatment program;
- (c) Treatment providers who will only offer ASAM level I services must provide direct treatment services or clinical supervision of treatment services. An ASAM level I treatment provider must have

one of the following combinations of professional licensure, credentials and experience:

1. Certification as an addiction medicine specialist by the American Society of Addiction Medicine;
 2. Certification in addiction psychiatry by the American Board of Psychiatry and Neurology;
 3. Certification by the Georgia Addiction Counselors Association as a Certified Addiction Counselor II;
 4. Certification by the National Association of Alcoholism and Drug Abuse Association;
 5. Certification by the International Certification and Reciprocity Consortium;
 6. Certificate of Proficiency in the Treatment of Alcohol and Other Psychoactive Use Disorders from the American Psychological Association's College of Professional Psychology; or
 7. Licensure under O.C.G.A. Title 43 as a physician, psychologist, professional counselor, social worker, marriage and family therapist, advanced practice nurse, registered nurse with bachelor's degree in nursing, or certification as an employee assistance professional, and
 - (i) documentation of at least 3,000 hours in the five-year period prior to application, of clinical experience in the treatment of persons who are addicted to alcohol or other drugs, and
 - (ii) 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.
- (3) **Training and Continuing Education.** Each treatment provider will attend training and orientation sponsored by the department within six months prior to being placed on the registry. Each treatment provider will ensure that all persons whom the treatment provider supervises in providing direct services will complete, every two years, a minimum of 20 contact hours of continuing education in the field of substance abuse which has been approved by the department. The department will not approve more than five hours of in-service training in each two-year period.

(4) Ongoing Qualifications.

(a) Each treatment provider who is approved and placed on the registry of treatment providers shall continue to meet at least the required criteria for approval and meet continuing education requirements for placement on the registry, 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.

(b) 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 otherwise lost. The treatment provider may not provide treatment after the effective date of the revocation, suspension, termination, or other loss of licensure, certification or credentialing.

(c) If any treatment provider fails to submit documentation as required, or fails to maintain the required licensure, certification or credentialing, the treatment provider's approval as a treatment provider may be revoked, and the treatment provider may be removed from the Registry.

(5) Active Registry Status. The department may provide for the registry to be available for 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:

(a) The treatment provider fails to submit any treatment enrollment, transfer and completion reports to the department for two consecutive quarters;

(b) The treatment provider fails to maintain client files as required by these regulations or otherwise fails to comply with the requirements of these regulations or of the department;

(c) The treatment provider notifies the department that the treatment provider no longer wishes to be listed on the registry;

(d) The treatment provider ceases to meet the qualifications listed above, including but not limited to failing to complete required

continuing education and training, failing to ensure the training and adequate supervision of persons providing direct services, or the loss of any licensure, certification or credentialing upon which approval was based; or

(e) The treatment provider provides false or misleading information to the department.

(6) **Reinstatement.** If a treatment provider is removed from active registry status in accordance with the above, the treatment provider's approval is revoked and the treatment 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.

Authority O.C.G.A. Sec. 37-7-2. **History.** Original Rule entitled "Registry of Treatment Providers" adopted. F. Sept. 18, 1997; eff. Oct. 8, 1997.

290-4-13-.07 Treatment Requirements.

(1) In order to obtain a certificate of treatment completion, a client must remain in treatment for at least the period of time recommended by the clinical evaluator. Treatment providers shall require that clients complete, at a minimum, services of the same number of days and hours per week as recommended by the clinical evaluator. Treatment providers may, at their clinical discretion, require that a client complete services for a longer number of days, a greater number of hours per week, or both, than recommended by the clinical evaluator. However, no client who has complied with a treatment plan can be required to remain in treatment longer than one year.

(2) Longer term treatment (ASAM level I, or higher levels) shall consist of a minimum of three hours of treatment per week. Such treatment may include individual and group counseling, family therapy, vocational counseling, occupational and recreational therapy, psychotherapy and other therapies. In addition attendance

at 12-step or other self-help meetings may be required, but time spent attending such groups will not count as part of the required three-hour treatment minimum.

(3) Treatment providers may only enroll clients whose referral to treatment matches the ASAM level of service offered by the provider except that when there are no providers offering the appropriate ASAM level of service in the geographic area in which the client lives, the client may contact the department for approval to enroll in treatment with a provider that offers a different ASAM level of care.

(4) When more than 60 days has passed between the completion of the clinical evaluation report and a client's enrollment in treatment, the treatment provider may, if necessary, re-evaluate the client utilizing the clinical evaluation report in order to confirm the appropriate level of services, number of days and hours per week required for that client.

(5) Treatment services may only be provided at locations approved by the department.

(6) Treatment providers may not collect from a client any fee which is not authorized by the department. No person or entity other than the department, the clinical evaluator or treatment provider or the accountability court's treatment team may direct or control any clinical, administrative, or financial aspect of the treatment services for an offender.

Authority O.C.G.A. Sec. 37-7-2. **History.** Original Rule entitled "Treatment Requirements" adopted. F. Sept. 18, 1997; eff. Oct. 8, 1997.

290-4-13-.08 Records. Amended.

(1) **Confidentiality.** All client records shall be confidential and shall be maintained and disclosed in accordance 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, as well as the Health Insurance Portability and Accountability Act of 1996 and attendant privacy and security regulations, as now and hereafter amended.

(2) Transfer of Records.

(a) DUI Alcohol or Drug Risk Reduction Screening Instrument. DUI alcohol or drug risk reduction programs shall transfer a copy of the results of the screening instrument to the clinical evaluator designated by the offender within five business days of the receipt by the risk reduction program of an authorization for disclosure of information in a format acceptable to the department and signed by the offender. The screening instrument may not be transferred to more than two clinical evaluators without the prior approval of the department. Programs may charge a transfer fee up to \$10.00 for each transfer.

(b) Clinical Evaluation Results. Clinical evaluators shall transfer a copy of the results of the clinical evaluation to the treatment provider designated by the client within seven days of the receipt by the clinical evaluator of an authorization for disclosure of information in a format acceptable to the department and signed by the offender.

(3) Clinical Evaluators. Each clinical evaluator shall maintain, at a location approved by the department, the following records which shall be legible, complete, accurate and available for inspection and copying by the department.

(a) Evaluation Report. Each clinical evaluator shall make monthly electronic reports online to the department showing all clients evaluated each month and each client's referral.

(b) Submission of Evaluation Reports to the Department. Clinical evaluators shall submit the monthly online electronic evaluation report to the department by the tenth day of the calendar month following each month reported.

(c) Client Files. Each clinical evaluator shall maintain a file for each client evaluated which shall be labeled with the client's name and risk reduction certificate of completion number and which will be maintained in alphabetical order by client's last name. Each client file must contain the following information:

1. Copy of the risk reduction program certificate of completion;
2. Original Evaluation Contract;
3. Screening instrument results transferred from risk reduction program;

4. Evaluation results and treatment referral;
 5. Signed authorizations for release(s) of information;
 6. Copy of referral/enrollment form along with name and address of treatment provider to whom referral was sent;
 7. Documentation of eligibility for sliding scale fee, if applicable;
- and

8. Any other information designated by the department.

(4) Treatment Providers. Each treatment provider shall maintain, at a location approved by the department, the following records which shall be legible, complete, accurate and available for copying and inspection by the department.

(a) Treatment Enrollment, Transfer and Completion Report. Each treatment provider shall prepare monthly treatment enrollment, transfer and completion reports on an electronic form designated by the department and submit the forms electronically as designated by the department. These reports will show all clients who have enrolled in treatment, transferred to another program and completed treatment each month.

(b) Submission of Treatment Enrollment, Transfer and Completion Reports to the Department. Treatment providers shall transmit the original monthly treatment enrollment, transfer and completion reports to the department by the tenth day of the calendar month following each month for all clients who have enrolled in treatment, transferred to another program or completed treatment the previous month.

(c) Withdrawal or Dismissal From Treatment. Treatment providers shall report to the department each time a multiple or habitual DUI offender voluntarily withdraws or is involuntarily dismissed with cause from treatment prior to completion. These reports, which will include the treatment provider's reasons for dismissal if applicable, will be made on forms designated by the department and will be sent to the department by fax or mail within five business days of the client's withdrawal or dismissal.

(d) Client Files. Each treatment provider shall maintain a file for each client evaluated which shall be labeled with the client's name and risk reduction certificate of completion number and which will

be maintained in alphabetical order by the client's last name. Each client file must contain the following information:

1. Copy of the Referral/Enrollment Form;
2. Copy of clinical evaluation report;
3. Original Treatment Service Contract;
4. Documentation of eligibility for sliding scale fee, if applicable;
5. Intake paperwork, treatment plan and progress notes;
6. Copy of Certificate of Treatment Completion; and
7. Any other information designated by the department.

Authority O.C.G.A. Sec. 37-7-2, 40-5-83. **History.** Original Rule entitled "Records" adopted. F. Sept. 18, 1997; eff. Oct. 8, 1997. **Amended.** F. Jan. 21, 1999. eff. Feb. 10, 1999.

290-4-13-.09 Client Contracts.

Clinical evaluators and treatment providers shall enter into written contracts with clients for the provision of clinical evaluations and substance abuse treatment services respectively. Original contracts shall be maintained for a period of six years from the date of execution. All contract formats shall be approved by the department and shall contain all information and provisions required by the department. A copy of the completed contract shall be furnished to the client prior to the delivery of services.

Authority O.C.G.A. Sec. 37-7-2. **History.** Original Rule entitled "Client Contracts" adopted. F. Sept. 18, 1997; eff. Oct. 8, 1997.

290-4-13-.10 Treatment/ Enrollment Forms for Multiple or Habitual Offenders.

Pre-numbered treatment/enrollment forms shall be supplied to treatment providers by the department. Treatment providers are responsible for completing the form relating to clinical evaluation and enrollment in treatment and providing the completed form to the client. These forms are the property of the department and treatment providers are responsible for the security of the forms and for ensuring that the information on the forms is complete and accurate.

(a) **Requests for Treatment/Enrollment Forms.** Upon written request of a treatment provider, the department will send

treatment/enrollment forms within two weeks to the treatment provider's mailing address currently on file with the department.

(b) Security of Treatment/Enrollment Forms. Each treatment/enrollment form shall be maintained in a secure location until it is issued to the client. Each treatment provider must be able to account at all times for each treatment/enrollment form issued. If any treatment/enrollment form is believed to be stolen, the treatment provider shall immediately upon discovery file a police report. In addition, if any treatment/enrollment form is believed to be lost or stolen, the treatment provider shall notify the department orally within one business day following the discovery of the loss or theft. The treatment provider must then follow up in writing to the department within 48 hours of discovery of the loss or theft.

(c) Electronic Transmittal of Treatment/Enrollment Forms. The department may implement the issuance of treatment/enrollment forms by electronic means, providing for direct and secure electronic transmittal of treatment enrollment forms to the Department of Driver Services.

(d) Falsifying or Altering Treatment/Enrollment Forms. Treatment/enrollment forms are official state documents which under some circumstances can be used to obtain a probationary driver's license or for driver's license reinstatement. Pursuant to Title 16 of the Georgia Code it is a crime to knowingly falsify, alter or fraudulently use an official document or certificate. Authority O.C.G.A. Secs. 16-10-8, 16-10-20, 37-7-2. **History.** Original Rule entitled "Referral/Enrollment Forms" adopted. F. Sept. 18, 1997; eff. Oct. 8, 1997. **Amended:** F. Jan. 21, '99; eff. Feb. 10, '99.

290-4-13-.11 Certificates of Treatment Completion.

Pre-numbered certificates of treatment completion shall be supplied to treatment providers by the department. These certificates are the property of the department and treatment providers are responsible for each certificate of completion. Upon completion of treatment, treatment providers shall issue a certificate of treatment completion to the client. All information provided on the certificate must be complete and accurate. No

certificate of treatment completion may be issued to a client prior to completion of treatment. Clients may be required to pay all treatment fees prior to receiving a certificate of treatment completion.

(a) **Requests for Certificates of Treatment Completion.** Upon written request of a treatment provider, certificates of treatment completion will be sent within two weeks to the provider mailing address currently on file with the department.

(b) **Security of Certificates of Treatment Completion.** Each certificate shall be maintained in a secure location until it is issued to the client. Each treatment provider shall be able to account at all times for each certificate issued to it. If any certificate is believed to be stolen, the provider shall immediately upon discovery, file a police report. In addition, if any certificate is believed to be lost or stolen, the provider shall notify the department orally no later than the end of the next business day following the discovery of the loss or theft. The provider shall then follow up in writing to the department within 48 hours of the discovery of the loss or theft.

(c) **Replacement Certificates.** Treatment providers may ~~not~~ provide a client with a new certificate of treatment completion for certificates that are lost or destroyed. The cost may not exceed \$15.00 to the client.

(d) **Electronic Transmittal of Certificates of Treatment Completion.** The department may implement the issuance of certificates of treatment completion by electronic means, providing for direct and secure electronic transmittal of certificates of treatment completion to the Department of Driver Services.

(e) **Falsifying or Altering Certificates.** Certificates of treatment completion and replacement certificates are official state documents which can be used for drivers' license reinstatement. Pursuant to Title 16 of the Georgia Code, it is a crime to knowingly alter, falsify or fraudulently use an official document or certificate.

Authority O.C.G.A. Secs. 16-10-8, 16-10-20, 37-7-2. **History.** Original Rule entitled "Certificates of Treatment Completion" adopted. F. Sept. 18, 1997; eff. Oct. 8, 1997.

290-4-13-.12 Inspections and Investigations.

The department is authorized to inspect the records and facilities of clinical evaluators and treatment providers in order to verify compliance with these rules. Clinical evaluators, treatment providers and their employees and representatives shall cooperate with any inspection or investigation by the department and shall provide without delay any information reasonably requested by the department. If violations of these rules are identified as a result of an inspection or investigation, the department may issue a written inspection report which identifies the rules violated and requires the clinical evaluator or treatment provider to submit a written plan of correction specifying what steps will be taken to correct the violations.

Authority O.C.G.A. Sec. 37-7-2. **History.** Original Rule entitled "Inspections and Investigations" adopted. F. Sept. 18, 1997; eff. Oct. 8, 1997.

290-4-13-.13 Enforcement of Program Requirements.

(1) When the department finds that any applicant for the registry of clinical evaluators or treatment providers does not fulfill the requirements of these rules, the department 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.

(2) The department 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 provider's history of compliance. In lieu of removal, the department may revoke the authority of the clinical evaluator or treatment provider to evaluate or enroll new clients.

Authority O.C.G.A. Sec. 37-7-2. **History.** Original Rule entitled "Enforcement of Program Requirements" adopted. F. Sept. 18, 1997; eff. Oct. 8, 1997.

290-4-13-.14 Applicability of Georgia Administrative Procedure Act.

All enforcement actions resulting from this chapter 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 the department no later than 10 calendar days from the date of receipt of any written notice of intent by the department to impose an enforcement action.

Authority O.C.G.A. Secs. 37-7-2, 50-13-1. **History.** Original Rule entitled "Applicability of Georgia Administrative Procedure Act" adopted. F. Sept. 18, 1997; eff. Oct 8, 1997.

290-4-13-.15 Severability.

In the event that a rule, sentence, clause or phrase of any of these rules and regulations may be construed by any court of competent jurisdiction to be invalid, illegal, unconstitutional or otherwise unenforceable, such determination or adjudication shall in no manner affect the remaining rules or portions thereof. The remaining rules or portions thereof shall remain in full force and effect, as if such rule or portions thereof so determined, declared or adjudged invalid or unconstitutional were not originally a part of these rules.

Authority O.C.G.A. Sec. 37-7-2. **History.** Original Rule entitled "Severability" adopted. F. Sept. 18, 1997; eff. Oct. 8, 1997.