

14-118

CHAPTER 2

DRIVER EDUCATION AND EVALUATION PROGRAMS  
PROCEDURE MANUAL



OFFICE OF SUBSTANCE ABUSE

DRIVER EDUCATION AND EVALUATION PROGRAMS (DEEP)

Department of Health and Human Services

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

OFFICE OF SUBSTANCE ABUSE  
DRIVER EDUCATION AND EVALUATION PROGRAMS

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PROCEDURE MANUAL

SUMMARY

This procedure manual provides the information necessary for community-based service providers to become approved to provide evaluation and/or treatment services to DEEP referrals, and establishes client program requirements, content, and fees.

BASIS STATEMENT

The replacement rules 1) establish additional definitions and repeal others; 2) establish qualifications for DEEP program instructors and the program administrator; 3) require adult first offenders with an OUI without aggravating factors to attend a program requiring evaluation and/or treatment, when appropriate; 4) establish new program requirements, content, and/or fees for offenders under 21 years of age at the time of the offense, offenders under 21 years of age at the time of the offense who have attained 21 years of age when registering for a program, adult first offenders, and all multiple offenders; 5) change requirements of insurance programs, fire inspections and compliance with city/town ordinances or zoning for DEEP private providers; 6) require detailed documentation of the evaluation process; 7) establish a no-show fee for the DEEP programs; 8) establish a non-refundable administrative fee for the "Completion of Treatment" program, and out-of-state and military programs; 9) establish a limit to the number of sessions that can be requested in an extension of treatment justification; and 10) change a recommended time line for completion of treatment within the Completion of Treatment Guidelines.

STATUTORY AUTHORITY

5 M.R.S.A. Part 25, c. 521 Sub-ch. 1, §20005

5 M.R.S.A. Part 25, c. 521, sub-ch. 5, §20072, 20073-B, 20074, 20075, 20076

5 M.R.S.A. Part 25, c. 521, sub-ch. 5, §20078-A

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## TABLE OF CONTENTS

14-118 Chapter 2

SECTION A	DEFINITIONS.....	1
SECTION B	PROCEDURE FOR APPROVAL OF A DRIVER EDUCATION AND EVALUATION PROGRAMS COMMUNITY-BASED SERVICE PROVIDER.....	10
SECTION C	THE DRIVER EDUCATION EVALUATION PROGRAM FOR CLIENTS UNDER 21 YEARS OF AGE AT THE TIME OF THE OFFENSE (THE MOVING AHEAD PROGRAM).....	18
SECTION D	THE DRIVER EDUCATION AND EVALUATION PROGRAM FOR FIRST OFFENDER ADULTS, FIRST OFFENDERS OVER 21 YEARS OF AGE AND MULTIPLE OFFENDERS (THE RISK REDUCTION PROGRAM).....	21
SECTION E	THE CLINICAL SUBSTANCE ABUSE EVALUATION PROVIDED BY A COMMUNITY-BASED SERVICE PROVIDER.....	23
SECTION F	TREATMENT .....	28
SECTION G	COMPLETION OF TREATMENT OTHER THAN DRIVER EDUCATION EVALUATION PROGRAMS .....	38
SECTION H	CLIENT'S RIGHT TO A SECOND OPINION.....	41
SECTION I	APPEALS .....	43
SECTION J	OUT-OF-STATE .....	46
SECTION K	MILITARY.....	47
SECTION L	COMPLETION OF TREATMENT GUIDELINES.....	48

## REGULATIONS

## Chapter 2 - DRIVER EDUCATION AND EVALUATION PROGRAM

## Section A. DEFINITIONS

**Aftercare:** A plan or service that provides continued contact to support and increase the gains made in earlier treatment.

**Alcohol-related or Other Drug-related Motor Vehicle Incident:** A conviction or administrative action resulting in the suspension of a motor vehicle operator's license for a violation under former Title 29, Section 1311-A; Section 1312-B; Section 1312, subsection 10-A; Section 1312-C; Section 2241-G, subsection 2, paragraph B, subparagraph (2); Section 2241-J; Section 1313-B; or Section 2241- subsection 1, paragraph N; and under Title 29-A Section 1253; Section 2411; Section 2453; Section 2454, subsection 2; Section 2456; Section 2457; Section 2472 subsection 3, paragraph B and subsection 4; or Title 29-A, Section 2503; sections 2521 to 2523 or section 2525 or the rules adopted by the Department of the Secretary of State for the suspension of commercial drivers' licenses.

**Applicant:** Any individual, partnership, corporation, association or organization who has submitted a written application to be approved, certified, as a DEEP provider of evaluation and/or treatment services.

**Approved Private Provider or Program:** A private provider approved by the Office or program approved by the Department of Behavioral and Developmental Services to provide DEEP evaluations and alcohol and/or other drug treatment services to DEEP clients.

**Case Record:** A unified, comprehensive collection of information concerning a client receiving substance abuse services.

**Certificate of Approval:** A certificate issued by the Office to a DEEP private provider that indicates satisfactory compliance with applicable regulations.

**Client:** A person who is required to complete one of the Driver Education and Evaluation Programs for an alcohol or other drug-related motor vehicle incident and has completed program registration.

**Clinical Hour:** Fifty-minute session during which the client receives evaluation or treatment services.

**Clinical Staff:** Personnel who are directly involved in client care and treatment.

**Clinical Substance Abuse Evaluation:** The results of a two to four clinical hour process conducted by an approved community-based program or private provider to provide advice upon which the Office will determine the condition of a client in relation to his or her need for alcohol or other drug treatment, also referred to as evaluation.

**Community-Based Service Provider:** A private provider who or program that provides the treatment component or the evaluation component, or both, of the Driver Education and Evaluation Programs approved, certified or licensed under Sections 20005, 20073-B, and/or 20075.

The term community-based service provider is used within these rules to mean all community-based service providers, programs and private providers as defined under these regulations.

**Completion of Treatment Guidelines:** The guidelines adopted by the Office that recommend the modality and length of treatment based upon the stage of alcohol or other drug abuse experienced by the client.

**Compliance:** In accordance with the intent of the regulation.

**Conditional Certificate:** The certificate issued when an applicant's failure to meet the requirements of these regulations may jeopardize the health or safety of clients. This certificate shall be issued for a specific period, not to exceed one year, or the remaining period of the previous certificate. The certificate shall specify what and when corrections must be made in order to continue to operate.

**Counseling:** The interaction between a skilled counselor and a client for the purpose of facilitating the client's better understanding of self and environment. Counseling results in the establishment and clarification of goals for future behavior, and is based upon an objective, individualized treatment plan derived from an assessment of the treatment needs of the client.

**DEEP:** The Driver Education and Evaluation Programs.

**Documentation:** A written record acceptable as evidence to substantiate compliance with these regulations.

**Director:** The Director of the Office of Substance Abuse or her/his designee.

**Driver Education and Evaluation Programs:** The programs for first and multiple offenders under 21 years of age at the time of the incident who have not attained 21 years of age at the time they register for a program, first and multiple offenders under 21 years of age at the time of the incident who have attained 21 years of age at the time they register for a program, first offender adults, multiple offender adults, out-of-state, and military clients are as follows:

- a. First and multiple offenders under 21 years of age at the time of the incident who have not attained 21 years of age at the time they register for a program are required to complete the program as described in Section C known as the Moving Ahead Program.
- b. First and multiple offenders under 21 years of age on the date of the incident who have attained 21 years of age at the time they register for a program, first offender adults, and multiple offender adults are required to complete the program as described in Section D known as the Risk Reduction Program. First offenders are those as defined in 5 MRSA Section 20071, sub-§4-A and sub-§4-B. Multiple offenders are those as defined in 5 MRSA Section 20071, sub-§5.
- c. Out-of-state clients are required to complete a program or treatment as described in Section J. An out-of-state client is a first or multiple offender as defined within these regulations who has one or more State of Maine alcohol or other drug-related motor vehicle incidents and participates in a program within their state of residence to satisfy DEEP requirements.
- d. Military clients are required to complete a program or treatment as described in Section K. A military client is a first or multiple offender as defined within these regulations who has one or more alcohol or other drug-related motor vehicle incidents, is a full time member of the active military, and participates in a program provided by the military to satisfy DEEP requirements.

**Driver Education and Evaluation Programs Appeals Board:** The three member board established by 5 MRSA 12004-G, Sub-15-A, described in 5 MRSA 20078-A, and empowered to hear and decide appeals, also referred to as Board of Appeals, or Board.

**Driver Education and Evaluation Programs Office:** The unit within the Office of Substance Abuse that has the responsibility for administering and providing the Driver Education and Evaluation Programs.

**Driver Education and Evaluation Programs Private Provider:** An individual approved as a Driver Education and Evaluation Programs referral source after an examination by the Office for determination of competence in alcohol and/or other drug clinical substance abuse evaluation and/or treatment services, also referred to as a private provider.

**Evaluator:** An approved community-based service provider conducting clinical substance abuse evaluations in accordance with these regulations.

**Federal Confidentiality Regulations:** Rules and regulations regarding confidentiality of an alcohol and drug abuse patient record, 42 Code of Federal Regulations Part 2.

**Fee Schedule:** A list of charges for services.

**First Offender:** A client who has no previous alcohol-related or other drug-related motor vehicle incident within a ten (10) year period.

**First Offender Adult:** A person who has attained 21 years of age on the date of the incident for which the person is registering for the Driver Education and Evaluation Programs and who has no previous alcohol or other drug-related motor vehicle incident within a ten (10) year period.

**Indigent:** Clients determined eligible for Medicaid or Food Stamps.

**Inpatient Care:** A residential component which provides twenty-four (24) hour supervised care under the direction of a physician in a hospital or other suitably equipped medical setting designed for the diagnosis and/or treatment of medical or psychiatric illnesses derived from, or associated with, alcohol or drug abuse, and/or alcoholism.

**May:** Verb used to reflect an acceptable method that is recognized, but not necessarily preferred or mandatory.

**Moving Ahead Program:** The ten (10) hour program for first and multiple offenders under 21 years of age at the time of the incident who have not attained 21 years of age at the time they register for a program that consist of an educational component, preliminary assessment, and referral for evaluation, and, if necessary, treatment.

**Multiple Offender:** A client who has more than one alcohol-related or other drug-related motor vehicle incident within a ten (10) year period or has a previous alcohol or other drug-related incident prior to the 10-year period for which the client has not completed a Driver Education and Evaluation Program as established in section 20072.

**Negative Finding:** The result of a clinical substance abuse evaluation that determines that a client does not have an alcohol or other drug problem requiring treatment.

**Nonresidential Rehabilitation:** A program that provides an intensive and structured program of substance abuse evaluation, diagnosis and treatment services in a setting that does not include an overnight stay.

**Office:** The Office of Substance Abuse.

**Office of Substance Abuse:** That unit within the Department of Health and Human Services that has administrative responsibility for the Driver Education and Evaluation Programs unit, also referred to as OSA.

**OSA:** The Office of Substance Abuse.

**Outpatient Care:** A component that provides nonresidential diagnostic and treatment services.

**Policy:** A statement of the principles that guide and govern the activities, procedures and operations of a program or private provider.

**Positive Finding:** The result of a clinical substance abuse evaluation that determines that a client has an alcohol or other drug problem requiring treatment.

**Positive Finding - In Remission:** The results of a clinical substance abuse evaluation that determines that the client has an alcohol or other drug problem for which he/she has received treatment sufficient to comply with the completion of treatment as defined in Section A, Satisfactory Completion of Treatment.

**Preliminary Assessment:** The problem drinker assessment or other test administered during the Driver Education and Evaluation Programs for the purpose of identifying certain behavior that indicates an alcohol or other drug problem or potential alcohol or other drug problem that warrants education, evaluation and/or treatment.

**Previous Alcohol or Other Drug-Related Motor Vehicle Incident for those with an OUI offense:** One (1) or more alcohol or other drug related motor vehicle offenses as listed in Section A under alcohol-related or other drug-related motor vehicle incident that has occurred within ten (10) years. The ten (10) year period will be:

- a. A violation within ten (10) years from the date of a previous conviction, or
- b. A violation within ten (10) years from the date of a previous suspension for which the person is being or has been suspended.

**Private Provider:** A community-based service provider operating a private practice who is applying to be, or has been approved by the Office under 5 MRSA Sections 20005, 20073-B and/or 20075 to provide the treatment component or the evaluation component, or both of the Driver Education and Evaluation Programs.

The term private provider is used within these rules to mean only that individual defined above who operates a private practice.

**Program:** A community-based service provider certified and/or licensed by the Department of Health and Human Services consisting of a combination of Governing Authority/Management and one or more other components conducted in a residential or nonresidential setting. A program is a general term for an organized system of service designed to address the evaluation and/or treatment needs of clients.

**Program Administrator** – An individual responsible for administration of the Moving Ahead and Risk Reduction Program through supervision of instructors and ensuring that the programs function as required in accordance with course outlines using the curriculum materials as specified by the Department. The Program Administrator must have a five (5) year combination of education, supervisory, and training experience in the substance abuse treatment and/or prevention field and must be a Maine licensed alcohol and drug counselor (LADC).

**Program Instructor** – An individual responsible for instructing the Moving Ahead or Risk Reduction Program. The Program Instructor must have five (5) years of experience as a trainer and educator in the substance abuse treatment and/or prevention field.

**Provisional Certificate:** A certificate issued when an applicant is not eligible for a full certificate, but the health and well-being of clients are not jeopardized.

**Residential Rehabilitation:** A program that provides substance abuse treatment services in a full (24 hour) residential or inpatient setting.

**Risk Reduction Program:** The twenty (20) hour program for first offender adults, first and multiple offenders under 21 years of age on the date of the incident who have attained 21 years of age at the time they register for a program, and multiple offender adults that consist of an educational component, preliminary assessment, and referral for evaluation, and, if necessary, treatment.

**Satisfactory Completion of the Clinical Substance Abuse Evaluation:** Timely attendance at all required sessions and compliance with all reasonable requirements that are an ordinary part of the clinical substance abuse evaluation.

**Satisfactory Completion of the Completion of Treatment Other Than the Driver Education and Evaluation Program:** The individual has satisfied the requirement for completion of treatment as defined in section 20071 by means other than a program pursuant to section 20073-B.

**Satisfactory Completion of the Driver Education and Evaluation Program for first offender adults, first and multiple offenders under 21 years of age on the date of the incident who have attained 21 years of age at the time they register for a program, and multiple offender adults:** Timely attendance at all scheduled sessions and full compliance with any clinical substance abuse evaluation and/or treatment requirements imposed as the result of the preliminary assessment and/or the clinical substance abuse evaluation of the Risk Reduction Program.

**Satisfactory Completion of the Driver Education and Evaluation Program for first and multiple offenders under 21 years of age at the time of the incident who have not attained 21 years of age at the time they register for a program:** Timely attendance at all scheduled sessions and full compliance with any clinical substance abuse evaluation and/or treatment requirements imposed as the result of the preliminary assessment and/or the clinical substance abuse evaluation of the Moving Ahead Program.

**Satisfactory Completion of the Military Program:** Completion of all education, evaluation and/or treatment as required by the military and Driver Education and Evaluation Programs.

**Satisfactory Completion of the Out-of-State Program:** Completion of all education, evaluation and/or treatment as required by the state of residency and Driver Education and Evaluation Programs

**Satisfactory Completion of Treatment:** Completion of treatment, for the purpose of recommendation by the Office to the Secretary of State concerning restoration of the driver's license to the client means, that the individual has responded to treatment to the extent that there is a substantial probability that the individual will not be operating under the influence. This substantial probability may be shown by:

- a. An acknowledgment by the client of the extent of the client's alcohol or other drug problem; and
- b. A demonstrated ability to abstain from the use of alcohol and other drugs; and
- c. A willingness to seek continued voluntary treatment or to participate in an appropriate self-help program, or both, as necessary.

**Second Opinion Evaluation:** An clinical substance abuse evaluation that is required by 5 MRS §20078-A, sub-§6-B when the client attends a DEEP program and contests the clinical substance abuse evaluation or completion of treatment decision.

**Shall:** Verb used to indicate a mandatory procedure, the only acceptable method under these regulations.

**Should:** Verb used to reflect the preferable procedure, yet allowing for the use of effective alternatives.

**Significant Other:** A family member, relative or other person with a close personal relationship to the client whom the evaluator approves.

**Site:** Physical location of a substance abuse program or private provider.

**Status Update Evaluation:** A clinical substance abuse evaluation to determine if the client has met the criteria for Satisfactory Completion of Treatment.

**Substance Abuse:** The use of alcohol or other drugs, licit or illicit, which results in an individual's physical, emotional, mental, or social impairment.

**Training:** Special schools, workshops and other opportunities for program staff and private providers intended to:

- a. Improve administration of programs and services;
- b. Develop skills in treating substance abusers and their families;
- c. Increase knowledge of drug abuse, alcohol abuse and alcoholism.
- d. Provide information on the Driver Education and Evaluation Programs' regulations, policy, procedures, and process.

**Treatment:** The broad range of planned and continuing services, counseling, medical, psychiatric, psychological and social service care that may be extended to the client and influences the behavior of such individuals toward identified goals and objectives.

**Treatment Plan:** A written plan, based on the clinical substance abuse assessment data that identifies the client's clinical needs, the strategy for providing services to meet those needs, treatment goals and objectives, and the criteria for terminating specific interventions. The treatment plan shall include specification and description of the indicators to be used to assess the individual's progress.

**Update:** A dated and signed review of a report, plan or program on a planned schedule, with or without revision.

Section B.     **PROCEDURE FOR APPROVAL OF A DRIVER EDUCATION AND EVALUATION PROGRAMS EVALUATOR AND/OR TREATMENT SERVICE PROVIDER**

1. No individual, or program shall conduct or offer to conduct DEEP evaluation or treatment services for Driver Education and Evaluation Programs clients without a valid and current Certificate of Approval issued by the Office of Substance Abuse or a certificate and/or license issued by the Department of Health and Human Services in accordance with these regulations.

A Driver Education and Evaluation Program private provider, or the same individual in a program providing services under this chapter may not provide both treatment services and evaluation services for the same individual unless a waiver is granted on a case-by-case basis by the Driver Education and Evaluation Program. The private provider or counselor providing evaluation services shall give a client the name of three (3) private providers and/or programs who can provide treatment services, at least one of whom must not be employed by the same program as the counselor conducting the evaluation.

The above waiver is limited to individuals participating in the Moving Ahead Program.

2. Any program applying for a Certificate of Approval as a provider of evaluation and/or treatment services for Driver Education and Evaluation Programs referrals shall have a current valid license and/or certificate from the Department of Behavioral and Developmental Services. The person responsible for program administration must sign a “Letter of Agreement” and assure staff compliance with all applicable DEEP regulations.
3. In order to be approved as a Driver Education and Evaluation Programs private provider, the individual must be licensed under Chapter 81 (Alcohol and Drug Counselors). Others who may be qualified as DEEP private providers are psychologists, physicians, registered nurses, professional counselors, and social workers who are qualified to provide substance abuse counseling services by virtue of the requirements for that profession. Psychologist, physicians, registered nurses, professional counselors and social workers must provide documentation of qualifications that verifies that they are authorized to provide substance abuse counseling.

4. An application as a private provider for a Certificate of Approval shall be made on forms provided, on request, by the Office. All applicants for approval as private providers of DEEP evaluation or treatment services shall indicate such on their applications.
5. Individuals applying for certification as a Driver Education and Evaluation Programs private provider shall:
  - a. Submit documentation of compliance with Section B, 3 above;
  - b. Submit a resume;
  - c. Submit letters of reference with at least two being from previous employers regarding clinical ability;
  - d. Submit a policy and procedures manual in compliance with this Section and other appropriate sections. The policy manual shall be a complete document, with a table of contents and page numbers; and
  - e. Agree to substantial compliance with applicable sections of these regulations by signing a Letter of Agreement.
  - f. Submit all documentation in compliance with this section and other appropriate sections of this manual.
6. Individuals applying for certification or certification renewal as a community-based service provider – private provider shall supply all information and documentation requested on and with the application. Any application will be returned to the applicant and will not be considered until properly completed and required documentation submitted.
7. A nonrefundable fee of fifty dollars (\$50) shall accompany the application.
8. It is expected that the process leading to issuance or denial of a Certificate of Approval for private providers will be completed within sixty (60) days of receipt of the application.
9. When a private provider has submitted a complete application for renewal in compliance with stated timelines, the existing certificate shall remain in effect until OSA has taken final action on the application for renewal.

10. Designated representatives of the Office shall inspect the policy and procedures manual, documentation, and site for private provider certification and certification renewal. The inspections shall consist of:

- a. Examination of the private provider's policies and procedures;
- b. Examination of case records

Private providers shall maintain DEEP client case records that were open at the time of and since the most recent on-site inspection separate from other client records, or shall clearly mark those DEEP client's case records in a manner which will allow random selection by the OSA representative during on-site inspections.

Private providers who maintain records at a home site or multiple sites shall have all case records that were open at the time of and since the most recent on-site inspection available for random selection by the OSA representative during on-site inspections.

- c. Obtaining answers to specific questions concerning compliance with these regulations;
- d. Discussing, if deemed necessary, services provided by the private provider with appropriate individuals or clients;
- e. Inspection of the physical plant, when appropriate;
- f. Examination of documentation of a current fire inspection in compliance with the policy and procedures of the authority having jurisdiction over the community for life safety and the posted fire escape plan;
- g. Examination of a written statement or documentation from the proper city/town authority that the site is in compliance with all applicable ordinances for the initial certification, and for certification renewal following changes in or adoption of ordinances that directly affect the site and/or the private provider;
- h. Examination of licensure that qualifies the individual for certification as a DEEP community-based service provider.
- i. Examination of the documentation that assures access to services by people with disabilities;

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- j. Examination of documentation for an insurance program that shall be in force at all times. The insurance program shall include comprehensive liability insurance that covers the private provider and the client, or the private provider and coverage of the client through coverage of the site(s); and
    - k. Examination of policies and procedures that assure the provision of information regarding the availability of screening and testing services for clients identified as high risk of infectious diseases. The infectious diseases include, but are not limited to HIV (Human Immune deficiency Virus), Tuberculosis, Hepatitis B, and Hepatitis C.
  11. All community-based service providers providing evaluation and/or treatment services to DEEP clients shall:
    - a. participate in DEEP and the Office of Substance Abuse Treatment Data Systems (TDS) training prior to providing services for DEEP referrals;
    - b. agree to complete all forms and/or provide data required by OSA to the satisfaction of the DEEP and OSA representative; and
    - c. present documentation of training completion upon request.
  12. All community-based service providers, programs and private providers, applying for certification renewal shall submit documentation that each individual providing direct clinical services for DEEP referrals has completed at least six (6) actual hours per year of DEEP specific training that is directly related to the provision of evaluation and/or treatment services for DEEP clients. DEEP will notify community-based service providers of training programs that will meet this requirement.
  13. When the documentation has been examined and the on-site inspection completed, one of the following administrative actions will be taken:
    - a. A full Certificate of Approval to provide DEEP evaluation and/or treatment services will be granted. Private providers will be granted a Certificate of Approval for two (2) years.
    - b. A conditional Certificate of Approval will be granted;
      - (1) This conditional Certificate may be issued for a period of not more than one year.

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- (2) During this time, the private provider will make the corrections required by the Office within the time specified by the Office.
  - c. A Provisional Certificate may be granted to an applicant who is not eligible for a full Certificate.
    - (1) A Provisional Certificate shall be issued to an applicant who:
      - (a) Has not operated a practice for which the application is made;
      - (b) Has a Certificate, but has not operated during the term of that Certificate; or
      - (c) Complies with these regulations, except those which can only be documented once clients are served by the applicant; and
      - (d) Demonstrates the ability to comply with these regulations by the end of the provisional term. The Office shall specify what requirements need to be met before the private provider can apply for a full Certificate.
    - (2) This provisional certificate may be issued for a minimum of three (3) months and a maximum of one (1) year.
  - d. A Certificate may be denied.
14. Any private provider granted a Certificate for a period of one (1) or more years shall apply for a new Certificate sixty (60) days prior to the expiration date of its current Certificate. Any private provider granted a conditional or provisional Certificate for a period of less than one (1) year shall apply for renewal thirty (30) days prior to the expiration of the current Certificate.
  15. The listing of the community-based service provider who does not submit the certification/license application prior to the expiration date of their current license/certificate will be removed from the DEEP Providers List on the date of expiration of their license/certification. The community-based service provider shall apply for and complete the certification or licensure process prior to being listed in the Providers List.
  16. A current Certificate shall be displayed on the premises in a location highly visible to the public.

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17. Regardless of the term of the Certificate, the Office shall monitor for continued compliance with these requirements on at least an annual basis. In addition, the Office has the right to inspect any aspect of the community-based service provider's services at any time in order to protect the health and welfare of the clients.
  18. The community-based service provider shall notify DEEP when
    - a. There is a change in clinical supervision.
    - b. An office is opened or closed in any location.
    - c. There exists a waiting list for evaluation or treatment service in excess of thirty (30) days.
  19. Corrective actions or sanctions that the Office may take are as follows:
    - a. Options available to the Office: Whenever the Office finds that a private provider is not in compliance with applicable statutes or rules, the office may either order a corrective action or revoke or modify the certificate. If the office takes any of the above actions, the private provider is entitled to a hearing before an action becomes final. This right to a hearing is set forth in sub-section i, Appeal Options.
    - b. Notification of Correction Order: The office, except in cases of emergency, shall ensure that every Corrections Order is in writing and delivered to the private provider fifteen (15) days in advance of the final date of correction.
      - (1) Correction Orders: Correction Orders shall be in writing and shall include:
        - (a) an identification of the law or rule violated,
        - (b) reasons for citing the violation,
        - (c) period of time in which the violation must be corrected,
        - (d) notice of the private provider's right to request a hearing,
        - (e) the consequences of failure to meet the conditions or request a hearing.

- (2) Sending the Correction Order: The Correction Order may be delivered by regular mail to the office of the private provider.
- c. Refusal to Issue or Renew: When a private provider fails to comply with the applicable laws or rules, the office may refuse to issue or renew a full, provisional, or conditional certificate.
  - d. Suspension and Revocation: The Office may suspend or revoke any full, provisional, or conditional certificate for violation of applicable laws, rules, or imposed conditions; committing or permitting any illegal acts or activities in the operation of the practice; or committing or permitting any acts or activities detrimental to the welfare of the client. The notice of suspension or revocation must be in writing and must be delivered to the private provider in hand or by certified mail. If the private provider cannot be reached for service in hand or by certified mail, the notice may be left at the private provider's site. Subject to the private provider's appeal rights, the license is deemed revoked when the Office has delivered in hand or by certified mail a written notice of revocation to the private provider or, if the private provider cannot be reached for service in hand or by certified mail, has left such written notice at the private provider's site.
  - e. Issuance of a Provisional Certificate: A Provisional Certificate shall be issued to a private provider who:
    - (1) has not previously operated a practice for which the application is made;
    - (2) is certified, but has not operated during the term of that certificate; or
    - (3) complies with these requirements, except those that can only be complied with once the client is served by the applicant.
    - (4) demonstrates the ability to comply with these regulations by the end of the provisional term.

The Provisional Certificate shall specify what requirements must be met before the private provider can apply for a full certificate.

- f. Issuance of Conditional Certificate: If during the term of a certificate or at its expiration, the Office concludes that a private provider has failed to comply with applicable laws or rules, the Office may issue a Conditional Certificate or change a Full or Provisional Certificate to a Conditional Certificate.

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- g. Amend or Modify a Certificate: If applicable laws or rules so require, the Office may amend or modify a certificate.
  - h. Emergency Suspension: Whenever conditions are found which in the opinion of the Office, immediately endanger the health and safety of the client living in or attending a site, the Office may request an emergency suspension from the District Court, pursuant to 5 M. R. S. A. §10004(3).
  - i. Appeal Options: When the Office takes an action against the private provider under this sub-chapter, it shall either notify the provider in writing of the provider's right to request an adjudicatory hearing or shall file a complaint with the District Court in accordance with 5 M.R.S.A. §10051. If the Office notifies the private provider of the right to request a hearing, the provider may file a written request for an adjudicatory hearing within ten (10) days of receipt of the notice of action. If the request is received within the period, the proposed action will not take effect, if at all, until after the hearing. If the provider does not request a hearing, then the Office action will become final after the ten (10) day period has elapsed. It will be presumed that the provider received the notice within three (3) days of its mailing unless the provider can prove otherwise.
    - (1) Notification of the Public: In any proceeding determined by the Office to involve issues of substantial public interest, the Office shall notify the public in accordance with 5 M.R.S.A. §9052.
    - (2) Hearing Appeal: A private provider aggrieved by the Office hearing decision may appeal the decision pursuant to 5 M.R.S.A. §11001-11008.
  - j. Reapplication Following Adverse Actions: A private provider who has been denied a certificate or whose current certificate has been modified, conditioned, suspended, revoked, or refused for renewal, may apply for appropriate relief when the deficiencies identified by the Office have been corrected. The provider must submit convincing documentation that the deficiencies have been corrected.
20. Any person may petition the Office to request the adoption, amendment, or repeal of any regulation. Any such petition shall be brought or mailed to the Office and shall state specifically what modification is desired. The Office shall acknowledge receipt of any petition within ten (10) days of the date of receipt. A disposition of the petition shall be made within thirty (30) days after receipt of the petition and the Office shall notify the petitioner in writing of its actions.

Section C      THE DRIVER EDUCATION EVALUATION PROGRAM FOR CLIENTS  
UNDER 21 YEARS OF AGE AT THE TIME OF THE OFFENSE  
(THE MOVING AHEAD PROGRAM)

1. First and multiple offenders under 21 years of age at the time of the offense who have not attained 21 years of age at the time they are registering for a program shall attend the Moving Ahead program. The Moving Ahead program consists of the following components:
  - a. The clients receive education, especially designed for the age group, on substance use, abuse and addiction. Education is provided through a group discussion process that includes segments on values clarification, peer pressure and decision-making.
  - b. The assessment component is designed to make a preliminary assessment regarding the extent of a client's alcohol or other drug use or abuse or potential for abuse. A client may be referred for further evaluation based on the results of his/her preliminary assessment.
  - c. The evaluation component consists of a two to four hour clinical substance abuse evaluation that includes one session with a significant other provided by a community-based service provider to determine if evidence of a substance abuse problem exists and if the client is at risk to recidivate. If the clinical substance abuse evaluation indicates that treatment for alcohol or other drug abuse is needed, the client will be required to complete treatment. The client is responsible for the cost of the clinical substance abuse evaluation.
  - d. The treatment component, provided by a community-based service provider, is designed to address the client's specific problem with or abuse of alcohol and/or other drugs. The client is responsible for the cost of the treatment.
2. A referral for an extensive clinical substance abuse evaluation shall be made when the client has a preliminary assessment summary score of fourteen (14) or higher.

3. Anytime a referral for a clinical substance abuse evaluation is made under this section the client may choose to enter directly into treatment.
4. DEEP will provide the client with at least three names, addresses and telephone numbers of community-based service providers who are approved to conduct the clinical substance abuse evaluation and/or treatment from a list of approved community-based service providers. The client shall receive the clinical substance abuse evaluation or treatment from an approved community-based service provider of his/her choice. DEEP will maintain a list of approved community-based service providers.
5. Clients who have completed treatment subsequent to the most recent incident and the treatment was completed six (6) months or more prior to the registration for the program being attended shall receive a status update evaluation.
6. The chosen community-based service provider shall not provide the clinical substance abuse evaluation or treatment services until they receive the referral form from DEEP.
7. First and multiple offenders under 21 years of age at the time of the offense who have attained 21 years of age at the time of registration for the Driver Education and Evaluation Programs shall attend and pay the fee for the program described in Section D. He/she may be referred for a clinical substance abuse evaluation as a result of the preliminary assessment and may be referred to treatment as a result of that evaluation. The cost of the clinical substance abuse evaluation and the treatment, if necessary, is the responsibility of the client.
8. The fee for the Moving Ahead program is one hundred fifty dollars (\$150).
9. First and multiple offenders registering for the Moving Ahead program may be eligible for a reduced fee in the amount of seventy-five dollars (\$75) provided that:
  - a. Eligibility for Medicaid or food stamps is verified; and
  - b. He/she participates in the Moving Ahead program while eligible for food stamps or Medicaid; and
  - c. He/she notifies DEEP office five (5) working days prior to the program registered for, if for any reason participation is not possible.

10. Anytime the client does not notify DEEP twenty-four hours (24) hours prior to the start of a program for which they have registered that they are unable to attend the program they will be charged an additional fee of seventy-five dollars (\$75) when registering for another program.
  
11. Upon satisfactory completion of the Moving Ahead program, the Office will notify the Secretary of State, Bureau of Motor Vehicle, Division of Driver Licensing Services.

SECTION D. THE DRIVER EDUCATION AND EVALUATION PROGRAM FOR FIRST OFFENDER ADULTS, FIRST OFFENDERS OVER 21 YEARS OF AGE AND MULTIPLE OFFENDERS  
(THE RISK REDUCTION PROGRAM)

1. First offender adults, multiple offender adults, and first and multiple offenders under 21 years of age on the date of the incident who have attained 21 years of age at the time they register for a program shall participate in the twenty-hour Risk Reduction Program. The Risk Reduction Program consists of the following components:
  - a. Clients will receive education on substance use, abuse and addiction including self-assessment of risk level using both a prevention and intervention-oriented approach.
  - b. The assessment component is designed to make a preliminary assessment regarding the extent of a client's alcohol or other drug use or abuse or potential for abuse. A client may be referred for a clinical substance abuse evaluation based on the results of his/her preliminary assessment.
  - c. The evaluation component consists of a two to four hour clinical substance abuse evaluation that includes one session with a significant other provided by an approved community-based service provider to determine if evidence of a substance abuse problem exists and if the client is at risk to recidivate. If the clinical substance abuse evaluation determines that alcohol or other drug abuse treatment is needed the client will be required to complete treatment. The client is responsible for the cost of the evaluation.
  - d. The treatment component provided by an approved community-based service provider is designed to address the client's specific problem with or abuse of alcohol or other drugs. The client is responsible for the cost of treatment.
2. A referral for an extensive clinical substance abuse evaluation shall be made when the client has a preliminary assessment summary score of fourteen (14) or higher.
3. Any time a referral for a clinical substance abuse evaluation is made under this section the client may choose to enter directly into treatment.

4. First and multiple offenders who receive a suspension and/or conviction for operating under the influence of alcohol and/or other drugs that involves homicide, death or serious bodily injury shall receive a clinical substance abuse evaluation. Those offenders who have received a suspension and/or conviction for operating under the influence of alcohol and other drugs that resulted in a homicide shall complete the program as required under Title 29-A, Section 2455, subsection 3, and/or former Title 29, Section 1313-A, subsection 3.
5. DEEP will provide the client with a list of names, addresses and telephone numbers of community-based service providers who are approved to conduct the clinical substance abuse evaluation and/or treatment. The client shall receive the clinical substance abuse evaluation or treatment from an approved community-based service provider of his/her choice. DEEP will maintain a list of approved community-based service providers.
6. The chosen community-based service provider shall not provide the clinical substance abuse evaluation or treatment services until they receive the referral form from DEEP.
7. The fee for the Driver Education and Evaluation Risk Reduction Program is one hundred seventy-five dollars (\$175).
8. Anytime the client does not notify DEEP twenty-four hours (24) hours prior to the start of a program for which they have registered that they are unable to attend the program they will be charged an additional fee of one hundred dollars (\$100) when registering for another program.
9. Upon satisfactory completion of the Risk Reduction Program, the Office will notify the Secretary of State, Bureau of Motor Vehicle, Division of Driver Licensing Services.

## Section E. THE CLINICAL SUBSTANCE ABUSE EVALUATION

The clinical substance abuse evaluation is to determine if evidence of a substance abuse problem exists and if the individual is a risk to recidivate by using various tests and interview techniques, and to refer the client who has displayed evidence of abuse to an approved community-based service provider for treatment.

The second opinion evaluation for the purpose of appeal is to determine if the client has an alcohol or other drug problem that requires treatment, or if the client has, as a result of receiving treatment, met the criteria for completion of treatment.

The status update evaluation is to determine if the client meets the criteria for completion of treatment as defined in Section A.

1. All clinical substance abuse evaluations, second opinions, and status updates provided by approved community-based service providers shall be conducted as follows:
  - a. All clinical substance abuse evaluations, second opinions, and status update evaluations shall consist of a minimum of two (2) and a maximum of four (4) clinical hour sessions, with a minimum of five working days between the first and second session, provided that if, after the first session, the evaluator and the client both agree upon a positive finding, the evaluator may waive any subsequent sessions. Clinical substance abuse evaluations, second opinions, or status update evaluations shall not exceed four (4) clinical hour sessions.
  - b. No group evaluations will be performed in either the first or second sessions, except as provided in 1(c) below.
  - c. The community-based service provider conducting the clinical substance abuse evaluation, second opinion, or status update evaluation shall require the presence of a significant other at one of the evaluation sessions, provided that if the first session results in a positive finding, the evaluator may waive the need for a significant other. If, after being requested to do so, a client refuses to bring a significant other to an evaluation session, the refusal shall, by itself, result in an unsatisfactory completion of the evaluation. When, in the judgment of the evaluator, exceptional circumstances prevent the client from bringing a significant other to the evaluation, these reasons shall be documented in the client's case file and this failure shall not, by itself, result in an unsatisfactory completion of the evaluation.

- d. Clinical substance abuse evaluations, second opinions, and status update evaluations shall be documented. The documentation shall include, but not be limited to, the following:
- (1) A statement explaining the reason for the evaluation, including the referral source.
  - (2) A mental status assessment.
  - (3) A psychosocial history, including family background, employment, education, legal and medical history.
  - (4) A detailed history of alcohol and other drug use, including age of first use, evidence of tolerance or withdrawal, memory loss, consumption, list of all drugs used (past and present, patterns of use, and family history of alcohol/drug problems).
  - (5) The history of previous treatment for a substance abuse disorder, if any, including past participation in self-help, and any significant period of abstinence or recovery.
  - (6) Diagnostic assessment test instrument scores and their clinical interpretation.
  - (7) The content of the interview with at least one significant other.
  - (8) A description of the client's current alcohol and/or other drug use status.
  - (9) A clinical summary, including the DSM IV diagnosis and the stage of chemical dependency in accordance with the Completion of Treatment Guidelines, any recommendations for further service, and the client's current risk for repeating an alcohol or other-drug related offense.
- e. Status update evaluations shall include documentation of previous treatment, including a copy of the discharge summary and aftercare plan.
- f. The community-based service provider shall require abstinence from alcohol and/or other non-prescribed drugs during the course of the evaluation.

2. Upon completion of the last scheduled session, the client will be informed of the results of the evaluation. The result shall be a) an incomplete evaluation, b) a negative finding, c) a positive finding, or d) a positive finding-in remission.
  - a. **Incomplete Evaluation.** If the client fails to attend all the required evaluation sessions, fails to bring a significant other, fails to complete the evaluation or fails to comply with any other reasonable requirement that is a customary part of the evaluation, the client will be informed that he or she has not satisfactorily completed the evaluation.

Any time an evaluation is not completed within six (6) months, the client will be required to undergo another complete evaluation. However, if the first evaluation has resulted in a positive finding, any subsequent evaluation will be conducted as a second opinion evaluation.
  - b. **Negative Finding.** When the evaluation determines that there is no clinical evidence that a client has an alcohol or other drug problem requiring treatment, the client will be informed that the evaluation, in the opinion of the community-based service provider, has resulted in a negative finding. The evaluation result will be communicated to DEEP by the evaluator within five (5) working days on forms supplied by the DEEP.
  - c. **Positive Finding.** When the evaluation determines that a client has an alcohol or other drug problem requiring treatment, the client will be informed that, in the opinion of the community-based service provider, the evaluation has resulted in a positive finding that will require either outpatient, non residential or residential treatment. The consequences of a client's failure to comply with the treatment requirements will be explained to the client. The result of the evaluation will be communicated to DEEP by the community-based service provider within five (5) working days on forms provided by DEEP.
  - d. **Positive Finding - in Remission.** When the evaluation determines that the client has had an alcohol or other drug problem for which the client has demonstrated clinical evidence of remission sufficient to comply with the Satisfactory Completion of Treatment as defined in Section A, the client will be informed that, in the opinion of the community-based service provider, the evaluation has resulted in a positive-in remission finding. The result will be communicated to DEEP by the community-based service provider within five (5) working days on forms provided by DEEP.

3. When an evaluation results in a positive finding, the community-based service provider will prescribe a type of treatment that is, in the evaluator's judgment, appropriate and likely to be beneficial. The community-based service provider will give the client the names and addresses of at least three (3) different private providers and/or programs that are licensed or approved to provide the type of treatment services prescribed. The client may then choose an approved community-based service provider of the prescribed treatment services. The community-based service provider will communicate the results of the evaluation to DEEP within five (5) working days on forms provided by DEEP.

The Director will review the forms and other submitted documentation and will decide and be responsible for determining the evaluation result. The Director at his/her discretion, may request additional documentation that has resulted in the recommendation.

The Director will notify, verbally, when possible, and in writing, the community-based service provider and the client, when the Director disagrees with the evaluation result.

When treatment is required as a result of the Director's decision, DEEP will provide the client with the names of at least three approved community-based service providers.

When treatment is not required as a result of the Director's decision, DEEP will forward forms to the Secretary of State, Bureau of Motor Vehicle, Division of Driver Licensing Services.

Anytime the client disagrees with a positive finding resulting from the first evaluation, he/she may request a second opinion evaluation.

4. In prescribing a treatment regimen consisting of residential treatment, the evaluator shall consider but not be limited to the following factors:
  - a. Prior and ongoing treatment in a non-residential or outpatient setting;
  - b. Physical addiction to alcohol and/or other drugs;
  - c. Prior residential care;
  - d. Ongoing involvement with the criminal justice system due to substance abuse;
  - e. Ongoing involvement with the social service system due to substance abuse; and
  - f. Prior OUI offenses.

5. In prescribing a treatment regimen consisting of nonresidential rehabilitation, the evaluator shall consider, in addition to all of the factors listed above, the following factors:
  - a. Extent of family, or significant other, support system
  - b. Availability of a substance free home and work environment conducive to intensive outpatient treatment, and
  - c. Ability to commute on a daily basis to and from nonresidential rehabilitation site.
6. When prescribing a treatment regimen, outpatient, nonresidential rehabilitation, or residential rehabilitation, the evaluator will document the reasons and maintain the documentation within the client's record.

## Section F. TREATMENT

All treatment services required under these regulations shall be governed by the following requirements:

1. The private provider shall have policies to ensure that the clinical substance abuse evaluation and treatment of a DEEP referred client shall be consistent with that of any other referred client.
2. The private provider shall have procedures to ensure that:
  - a. He/she is familiar with DEEP reporting requirements; and
  - b. Reporting requirements will be fulfilled.
3. Every private provider shall have clinical supervision provided by appropriately qualified individuals.
  - a. Supervision may be conducted on an individual or group basis or a combination of both. DEEP private providers may receive peer supervision provided that there are three (3) or more clinicians involved one of who shall be a Licensed Alcohol Drug Counselor (LADC).
  - b. Clinical supervision shall:
    - (1) Occur at a minimum frequency of one (1) hour of clinical supervision for each twenty (20) hours of direct client contact by the clinician or not less than one (1) hour per calendar quarter in the case of a part time clinician.
    - (2) Be documented, and the documentation shall be part of the clinical supervision file.
    - (3) Supervision shall include the following duties:
      - (a) Review of case records;
      - (b) Provide case management supervision;
      - (c) Participate in the development of the private provider's training plan and upgrading of clinical skills;

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- (d) Maintain a log of clinical supervision meetings that shall contain date, duration, and content of supervision meetings.
      - (e) Clinical supervisors shall document any discussion or changes pertaining to the client's treatment plan.
    - c. Private providers shall have a signed clinical supervision agreement for individual or peer supervision. The agreement shall describe the services provided, state that all supervision activities will be documented in compliance with these regulations, and state that supervision will be provided in compliance with federal confidentiality regulations.
  - 4. Each private provider offering DEEP treatment services shall have written admission policies and procedures, which shall include:
    - a. Procedures to make clients aware of the private provider's philosophies, rules and regulations; and
    - b. A fee schedule and payment policies that shall be fully explained to the client upon admission into treatment.
  - 5. No DEEP private provider conducting DEEP evaluation or treatment services shall discriminate against any person in any manner prohibited by the laws of Maine or the United States.
  - 6. Each client shall receive a complete assessment, including clinical consideration of the client's needs, and a written individual treatment plan based on this assessment. The assessment shall include, but not be limited to:
    - a. Pertinent medical information.
    - b. A history of the use of alcohol and other drugs, including the age of onset, duration, patterns, and consequences of use, types of and responses to previous treatment, and use of alcohol and other drugs by family members.
    - c. An emotional and behavioral assessment of the client.
    - d. A social assessment of each client, which shall include information on childhood, environment and home, religion, education, financial status, peer group, family circumstances, employment, and military service.

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- e. Consideration of all information from the referral sources.
  - f. Physical, emotional, behavioral, social, recreational, and, when appropriate, legal, vocational, transportation, and educational needs.
  - g. Clinical considerations, which include a determination of the type and extent of any special examinations, tests, or evaluations, necessary for a complete assessment.
  - h. A list of the client's strengths and weaknesses.
  - i. In addition to the above, a clinical assessment for adolescents shall include, but not be limited to an assessment of:
    - (1) developmentally age-appropriate behaviors.
    - (2) cognitive functioning, of physical maturation, and of learning disabilities or attention deficits that may impact treatment.
    - (3) peer group functioning, including, but not limited to, education and social maturity level.
  - j. The clinical assessment shall conclude with a summary that contains, but is not limited to the clinician's findings, a list of the problems to be addressed during treatment, the stage of chemical dependency experienced by the client in accordance with the Completion of Treatment Guidelines, and the recommended frequency and duration of treatment.
7. The private provider shall have written procedures for determining whether additional evaluation is appropriate which includes a plan to assure the provision of these services, if not provided by the private provider.
  8. The private provider shall have written procedures for determining whether a medical examination is necessary and a procedure for referring the client, if deemed appropriate.
  9. An individually written treatment plan consistent with treatment philosophy shall be maintained for each client. The plan shall be:
    - a. based on the clinical assessment required by Section K, 6.
    - b. developed within three (3) sessions

- c. based on the Completion of Treatment Guidelines adopted by the Office.
10. Individual treatment plans shall contain the following elements:
- a. Problems to be addressed during treatment;
  - b. Measurable long-term treatment goals that relate to problems identified in the assessment;
  - c. Measurable short-term goals leading to the completion of the long-term goals;
    - (1) Time frames for the anticipated dates of achievement/completion of each goal, or for reviewing progress towards goals.
    - (2) Specification and description of the indicators used to assess the individual's progress.
    - (3) The treatment procedures proposed to assist the client in achieving these goals, including:
      - (a) Type and frequency of services and/or assigned activities to be provided
      - (b) Referrals for needed services that are not provided directly by the private provider.
  - d. Documentation of participation by the client in the treatment planning process or the reason why the client did not participate.
11. The treatment plan shall be reviewed and updated during the course of treatment.
- a. This review shall:
    - (1) Document the degree to which the client is meeting his/her treatment goals;
    - (2) Modify existing goals or establish new ones as necessary.
  - b. The updated plan shall be signed by the counselor and client, as appropriate, at the time of review.

- c. The plan shall be reviewed each time an issue is identified that impacts the current treatment plan or every 10 visits or every 3 months.
12. Progress notes, serving as the basis for evaluating treatment and updating treatment plans, shall be maintained on each client. Progress notes shall:
  - a. document implementation of the treatment plan;
  - b. document all treatment rendered to the client;
  - c. contain descriptions of changes in the client's condition, his/her response to treatment, and the response of significant others to his/her treatment.
13. An aftercare plan shall be developed. The aftercare plan shall:
  - a. be developed with the participation of the client and, where indicated, family guardian, or significant other.
  - b. be in accordance with the client's reassessed needs at the time of transfer.
  - c. describe, when appropriate, the private provider's responsibility for facilitating the transfer of the client to further services, or the client's support system.
14. DEEP clients participating in aftercare as a result of treatment in a residential program or other protective environment as determined by the Director will be required to complete a minimum of four (4) sessions of post-treatment aftercare during a thirty (30) day period prior to submission of the completion form or other documentation used for determination of treatment completion.
15. A discharge summary shall be completed. The discharge summary shall:
  - a. describe the client's course of treatment.
  - b. make reference to the client's progress toward planned goals as listed in the treatment plan.
  - c. describe the client's condition at discharge.

16. A case record shall be maintained for each client.
  - a. The client case record describes the client's health status at the time of admission, the services provided, the client's progress during treatment, and the client's health status at the time of discharge.
  - b. The case record shall include, but not be limited to:
    - (1) Identification data;
    - (2) Reports from referring sources;
    - (3) Result of the client's clinical substance abuse evaluation;
    - (4) Results of the client's clinical assessment;
    - (5) A statement signed by the client declaring his/her knowledge of the fee schedule;
    - (6) Treatment plans and treatment plan reviews;
    - (7) Progress notes;
    - (8) The aftercare plan;
    - (9) The discharge summary;
    - (10) Whenever appropriate to the client's treatment, the case record shall additionally include, but not be limited to:
      - (i) Family evaluation;
      - (ii) Correspondence pertinent to the case;
      - (iii) Signed releases of information;
      - (iv) Referral for service to other agencies, including reasons for referral; and
      - (v) Discharge summary from any prior treatment for substance abuse.

17. Every private provider shall have written discharge policies and procedures that shall include:
  - a. Procedures for planning the client's discharge in consultation with the client when one of the following conditions are met:
    - (1) It is evident to the community-based service provider that the client has received optimum benefit from treatment and further progress requires either the return to the community or the client's referral to another type of treatment program; or
    - (2) the established length of treatment is about to expire for the client.
  - b. A statement describing indicators to be used in determining successful program completion.
18. Community-based service providers shall submit to the DEEP, on forms provided by the DEEP, advice that treatment is complete. The form must be accompanied by a discharge summary or status report, whichever is appropriate. The Director will decide and be responsible for determining that treatment is complete.

The Director at her/his discretion, may request the documentation that has resulted in the advice.

The Director will forward forms to the Secretary of State, Bureau of Motor Vehicle, Division of Driver Licensing Services when it is determined that treatment is complete.

The Director may return forms to the community based service provider who provided the treatment within five (5) working days when it is determined that treatment is not complete. The Director will provide a written explanation of the determination if it is determined that treatment is not complete.
19. Clients who have completed treatment six (6) months prior to submitting documentation of treatment completion shall be required to provide documentation of compliance with Section A, Satisfactory Completion of Treatment, through referral to an approved community-based program or private provider for a status update evaluation.
20. Participation in a self-help group(s), in and of itself, will not be accepted in lieu of, or as a substitute for, treatment by an approved community-based service provider or out-of-state or military treatment provider.

21. Community-based service providers shall justify for DEEP any extension of treatment that may go beyond thresholds established by the Completion of Treatment Guidelines.

At such time the community-based service provider decides the client would benefit from treatment beyond existing guidelines, the counselor shall submit a written request to provide the additional services. The community-based service provider shall not provide the additional services until the request receives approval. Each justification shall be limited to three (3) sessions over a thirty (30) day period for those clients evaluated as problem user and six (6) sessions over a forty-five (45) day period for those clients evaluated as early, middle, late, or final stage.

The request shall contain:

- a. a statement identifying the stage of substance abuse, modality of treatment and the number of sessions completed and recommended; and
- b. a summary of the reason(s) why the treatment must extend beyond the existing guidelines; and
- c. a list of the issues/problems that will be resolved as a result of the extension; and
- d. the projected number of sessions/days necessary for completion.

The client case record shall contain copies of the materials used to justify the extension. The client shall sign the justification.

The DEEP Director shall grant or refuse the extension request. Additional services shall not be provided prior to request approval.

Any client who disagrees with the need to extend the number of treatment sessions/days may request a second opinion as described in Section H.

22. Private providers shall be in compliance with Federal Confidentiality Regulations as outlined in 42 Code of Federal Regulations, Part 2.
- a. Case records shall be protected in accordance with Federal Confidentiality Regulations.
  - b. There shall be a written plan describing methods and procedures used to ensure confidentiality of case records, including electronic client data, if appropriate.

- c. There shall be a written plan for disposition of client records in case of program closure, including electronic client data, if appropriate. The plan for disposition of client records in case of program closure shall be in compliance with federal confidentiality and DEEP regulations.
- d. Case records shall be preserved for a minimum of six (6) years except in the case of a minor, where they shall be kept for six (6) years following the client's 18th birthday.
- e. All clients shall be informed and made aware of client rights regarding confidentiality. The following statement on confidentiality shall be read to all clients at the time of application or as soon as possible thereafter. This statement shall be signed or initialed by the client. A copy of the statement shall be given to the client and a copy shall be included in the case record.

The confidentiality of alcohol and drug abuse patient records maintained by this program is protected by Federal law and regulations. Generally, the program may not say to a person outside the program that a patient attends the program or disclose any information identifying a patient as an alcohol or drug abuser unless:

- (1) The patient consents in writing;
- (2) The disclosure is allowed by a court order; or
- (3) The disclosure is made to medical personnel in a medical emergency or to qualified personnel for research, audit, or program evaluation.

Violations of Federal law and regulations by a program is a crime. Suspected violations may be reported to appropriate authorities in accordance with Federal regulations.

Federal law and regulations do not protect any information relating to a crime committed by a patient either at the program or against any person who works for the program or about any threat to commit such a crime.

Federal law and regulations do not protect any information about suspected child abuse or neglect from being reported under State law to appropriate State or local authorities.

I understand that I have a legal right to report any violation to the Office of Substance Abuse in Augusta.

23. The DEEP private provider shall arrange for a person of authority to have access to DEEP case records in the case of the DEEP provider's absence or incapacity. The private provider shall have a signed agreement stating the responsibility of a person of authority that shall include:
- a. providing the DEEP Director or his/her duly appointed representative with the documentation and/or those DEEP client case records requested during the DEEP provider's absence or incapacity;
  - b. the authority to maintain the case records for the required time period in compliance with federal confidentiality and DEEP regulations prior to disposing of the records in the event that the private provider is diagnosed as permanently incapacitated or the private provider's death; and
  - c. understanding and adherence to Federal Confidentiality Regulations.

Section G. COMPLETION OF TREATMENT OTHER THAN DRIVER EDUCATION AND EVALUATION PROGRAMS

1. The Director shall certify to the Secretary of State, Bureau of Motor Vehicle, Division of Driver Licensing Services those individuals who have satisfactorily completed the requirements for completion of treatment as defined in Section A by means other than a program pursuant to section 20073-B.

- a. The completion of treatment other than the Driver Education and Evaluation Programs, the "Completion of Treatment Program" is for those clients who voluntarily enter and successfully complete, or have successfully completed treatment at the time of registration. A request to participate in the Completion of Treatment Program shall be made prior to the client's arrival at the DEEP program site unless the client has completed treatment subsequent to the last alcohol-related or other drug-related motor vehicle incident.
- b. Additional information may be requested in order to make a decision. The client's request may be granted, or the client may be referred to the appropriate DEEP program. If the request is granted, the client will be provided the names and addresses of at least three community-based service providers who are approved to conduct the treatment from a list of approved community-based service providers. The client will choose the community-based service provider who will conduct the treatment. The necessary forms will be forwarded to the chosen provider.

The Director will maintain a list of approved community-based service providers.

The community-based service provider shall not provide treatment services until he/she has received the referral form from DEEP.

- c. Clients who are determined by DEEP or the community-based service provider for any reason not to need treatment may be required to complete the appropriate DEEP program as required by these regulations. In such a case, the client would be required to pay the fee for that program and additional cost as required by these regulations.

- d. Clients requesting to participate in the Completion of Treatment Program who have completed treatment six (6) months prior to the request shall be required to provide documentation of compliance with Section A, Satisfactory Completion of Treatment, through referral to an approved community-based service provider for a status update evaluation. The status update evaluation shall be conducted in compliance with Section E.
2. Approved community-based service providers who provide treatment for those registered for the Completion of Treatment Program shall forward a report to DEEP within five (5) working days of the completion of the third session if the client is a first offender and the offense occurred on or after July 14, 1994, on forms provided by DEEP documenting that the client has completed three (3) sessions.

If the clients OUI offense was on or after July 14, 1994, DEEP will notify the Secretary of State, Bureau of Motor Vehicle, Division of Licensing Services that the client is participating in the Completion of Treatment Program and has completed three (3) sessions provided by an approved community-based service provider.

3. The non-refundable administrative fee for the Completion of Treatment Program is one hundred dollars (\$100).
4. Clients who complete their treatment with a counselor or program other than those approved or licensed by the Office may be determined to have satisfied DEEP requirements provided that:
  - a. The person who provided the substance abuse treatment services is qualified to provide such services;
  - b. The client successfully completes the program; and
  - c. The client or counselor provides documentation of a and b above which contains:
    - (1) A description of the nature and degree of the substance abuse problem experienced by the client;
    - (2) The treatment plan that includes goals completed by the client;
    - (3) Identification of any and all additional treatment services and aftercare required of the client by the treatment provider;

- (4) A statement that the client meets the Satisfactory Completion of Treatment definition under Section A;
  - (5) Licensing that qualifies the person or program to serve OUI offenders; and
  - (6) Circumstances that made it necessary for the client to receive services from a non-OSA approved provider.
- d. In responding to clients treated by non-OSA certified providers, the Office will accept as qualified, Licensed Alcohol and Drug Counselors, and those qualified as stated in Section B, (3).
5. Upon identification by the client of a non-Office of Substance Abuse approved counselor or program, the counselor or program will be sent a letter requesting the information required to document that the client has completed treatment and a statement that DEEP will not accept documentation for completion on any other DEEP clients that are not currently receiving services from the non-approved private provider or program. The content of the letter will request that the non-approved counselor or program alert clients that they are not approved to provide DEEP evaluation or treatment services. The counselor or program will be invited to seek certification, licensure, or approval to provide services for DEEP referrals.

## Section H. SECOND OPINION

1. Any DEEP client who contests the results of an alcohol or other drug evaluation may request a second opinion evaluation by contacting the Driver Education and Evaluation Programs (DEEP). DEEP shall give the client the names and addresses of other approved community-based service providers. The client may then arrange for a second opinion evaluation to be conducted by a different community-based service provider provided that the client has informed the first evaluator that he/she intends to seek a second opinion. DEEP will forward the appropriate paperwork to the chosen community-based service provider. The second opinion evaluation shall be conducted in accordance with Section E and other appropriate sections of these regulations. The client shall be informed of the process required for a second opinion evaluation.
  - a. If the finding of the second opinion evaluation agrees with the finding of the first evaluation, the client shall be required to complete the treatment regimen prescribed by the first evaluator before he or she will have satisfactorily completed DEEP.
  - b. If the finding of the second opinion evaluation disagrees with the finding of the first evaluation, the Director will review the results of both evaluations and issue a conclusive finding on the basis of the two evaluation findings. The Director will communicate his finding to the client and to both community-based service providers within fifteen (15) working days from the date of receipt of the documentation required to complete the review. If the Director's finding is positive, he will give the client the names and addresses of community-based service providers who are approved to provide the type of treatment services required. The client may then choose the community-based service provider of the required treatment services.
  - c. If the Director's decision results in a negative finding the Director will notify the client, both community-based service providers, and the Secretary of State, Bureau of Motor Vehicle, Division of Driver Licensing Services.
  - e. Any time the client disagrees with the results of the administrative review and conclusive finding issued by the Director, he/she may appeal the results as described in Section I.

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2. Any DEEP client who contests the completion of treatment decision as a result of referral to treatment from the Moving Ahead or Risk Reduction Program may request a second opinion evaluation by contacting the Driver Education and Evaluation Programs (DEEP). DEEP shall give the client the names and addresses of at least three other approved community-based service providers. The client may then arrange for a second opinion evaluation to be conducted by a different community-based service provider. DEEP will forward the appropriate paperwork to the chosen community-based service provider. The second opinion evaluation shall be conducted in accordance with Section E and other appropriate sections of these regulations. The client shall be informed of the process required for a second opinion evaluation.
- a. If the finding of the second opinion evaluation agrees with the first opinion conducted by the community-based service provider, the client shall be required to complete the treatment regimen prescribed by the first community-based service provider before he or she will have satisfactorily completed the DEEP.
  - b. If the finding of the second opinion evaluation disagrees with the finding of the first opinion, the Director will review the results of both opinions and issue a conclusive finding on the basis of the two completions of treatment findings. The Director will communicate his finding to the client and to both community-based service providers within fifteen (15) working days from the date of receipt of the documentation required to complete the review. If the Director's finding is positive, the client will be required to complete the treatment regimen as prescribed by the first community-based service provider. The client will be referred back to the first community-based service provider.
  - c. If the treatment is found to have been completed according to Satisfactory Completion of Treatment, Section A, the Director will notify the client, both community-based service providers, and the Secretary of State, Bureau of Motor Vehicle, Division of Driver Licensing Services.
  - d. Any time the client disagrees with the results of the administrative review and conclusive finding issued by the Director, he/she may appeal the results as described in Section I.

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## Section I. APPEALS

1. The Driver Education and Evaluation Programs Appeals Board, or any one member of the Board, has authority to hear and decide any of the following issues:
  - a. The client may appeal a failure by the Director to certify completion of treatment requirements by means other than completion of the applicable Driver Education and Evaluation Program.
  - b. The client may appeal a failure by the Director to certify completion of treatment requirements by means of completion of the applicable Driver Education and Evaluation Program, provided, however, that the client has obtained a second opinion from a certified community-based service provider of the need for treatment.
  - c. The client may appeal an evaluation decision by the Director or by a certified community-based service provider of evaluation services, referring a client to treatment, provided, however, that the client has obtained a second opinion from a certified community-based service provider of evaluation services.
2. The client shall request a hearing within thirty (30) days of receipt of notice of the action being appealed. The request shall be in writing, delivered to DEEP, shall refer to the action being appealed and shall state the reasons why the client believes the action was erroneous. It will be presumed that the client received notice of the action within three (3) days of mailing unless the client can prove otherwise.
3. Upon receipt of a request for a hearing, with regard to issues which the Board has authority to hear, DEEP will schedule a hearing promptly. Notice of the date and place of the hearing will be sent to the client, his authorized representative if one is known to the Director, the members of the Board, the Director's representative involved in the action appealed, and the community-based service provider(s) involved in the action appealed, at least ten (10) days in advance of the hearing.
4. At the hearing, the client or his authorized representative shall have the opportunity:
  - a. to examine all documents and records that formed the basis of the action appealed, either at the hearing or, upon his timely request, at a reasonable time prior to the hearing;
  - b. at his option, to present his case for himself or with the aid of others including legal counsel;

- c. to bring witnesses;
  - d. to establish all pertinent facts and circumstances;
  - e. to advance any arguments without undue interference;
  - f. to question or refute any testimony or evidence including the opportunity to confront and cross-examine adverse witnesses.
5. All hearings will:
- a. be conducted privately and open only to the client, others whom the client wishes to be present, members of the Director's staff, witnesses chosen by the Director and community-based service provider(s) involved in the action appealed;
  - b. be conducted informally without technical rules of evidence, although the requirements of due process will be met and all witnesses will be sworn;
  - c. be opened by the member(s) of the Board present who will make a statement of points in issue, give all participants an opportunity to present relevant oral or written testimony or documentary evidence and to offer rebuttal, question witnesses, examine all evidence presented at the hearing, and establish competency of witnesses offering subjective or technical opinions;
  - d. be recorded by electronic tape recording which will be filed by tape in the DEEP office to be available to the staff, the Board and the client or his authorized representative, together with all documentary evidence submitted as exhibits at the hearing; and
  - e. be concluded when the member(s) of the Board present are satisfied that all relevant evidence has been introduced.
6. The hearing decision will:
- a. be based exclusively on evidence or testimony presented at the hearing;
  - b. be issued promptly;
  - c. include a statement of the issue, list of participants, findings of fact, references to pertinent provisions in law and regulations governing the decision and a reasoned basis for the decision;

- d. result in;
  - (1) affirmation of the action appealed;
  - (2) reversal of the action appealed;
  - (3) an order requiring further evaluation of the client;
  - (4) a remand to the Director for consideration of evidence of relevant new or changed circumstances offered by the client;
  - (5) a finding of completion of treatment; and/or
  - (6) such other alternative recommendation as the Board sees fit.
- e. be provided to the Director, the client, his authorized representative if any, the community-based service provider(s) participating in the hearing and all members of the Board;
- f. be final agency action, except in the case of a remand to the Director, in which case the later hearing decision, made after the Director reports back to the Board member(s) conducting the hearing the results of the Director's consideration of additional evidence upon remand, will be final agency action; and
- g. include a notice to the client that he may seek judicial review of final agency action by filing a petition in Superior Court within thirty (30) days of receipt of notice of final agency action.

## Section J. OUT-OF-STATE

Out-of-state residents who receive an OUI offense in Maine may satisfy DEEP requirements by providing documentation of completion of a compatible out-of-state programs or completion of treatment in accordance with Section A.

1. Clients completing out-of-state programs, in order to satisfy DEEP requirements, shall participate in and complete the program required for that number of offenses in their state. The program must include:
  - a. A preliminary assessment of first offenders to determine if an evaluation is necessary.
  - b. An evaluation of multiple offenders to determine if treatment is necessary.
  - c. Treatment, if necessary, completed in accordance with Section A, Satisfactory Completion of Treatment.
2. Clients completing DEEP requirements by participating in out-of-state treatment or programs shall receive services from counselors or programs licensed or certified to provide substance abuse counseling in that state.
3. Clients who have completed treatment six (6) months prior to submitting documentation of treatment completion shall be required to provide documentation of compliance with Section A, Satisfactory Completion of Treatment, through referral to an approved program or counselor for a status update evaluation.
4. Clients, counselors, or programs may be required to provide an original, certified, or notarized copy of certificates documenting satisfactory completion.
5. Upon determination that the client has satisfactorily completed the program required by their state of residency, or have satisfied the requirements for completion of treatment as defined in Section A, the Office will notify the Secretary of State, Bureau of Motor Vehicle, Division of Driver Licensing Services.
6. Clients completing out-of-state programs, in order to satisfy DEEP requirements, shall pay a nonrefundable administrative fee of one hundred fifty dollars (\$150).

## Section K. MILITARY

Clients who are full time active military may satisfy DEEP requirements by completing a compatible military program, or completion of treatment in accordance with Section A.

1. Clients completing military programs, in order to satisfy DEEP requirements, shall provide documentation of Satisfactory Completion of Treatment in accordance with Section A or participate in and complete the program required by the military. The program must include:
  - a. A substance abuse evaluation to determine if treatment is necessary.
  - b. Treatment, if necessary, completed in accordance with Section A.
  - c. Completion of any aftercare that may be required by the military.
  - d. Documentation from the appropriate military authority that requirements have been completed.
2. Clients completing DEEP requirements by completing treatment or participating in military programs shall receive services from counselors determined qualified by the military to provide substance abuse counseling.
3. Clients who have completed treatment six (6) months prior to submitting documentation of treatment completion shall be required to provide documentation of compliance with Section A, Satisfactory Completion of Treatment, through referral to an approved program or counselor for a status update evaluation.
4. Clients, counselors, or programs may be required to provide an original, certified, or notarized copy of certificates documenting satisfactory completion.
5. Upon determination that the client has satisfactory completed the program required by their state of residency, or have satisfied the requirements for completion of treatment as defined in Section A, the Office will notify the Secretary of State, Bureau of Motor Vehicle, Division of Driver Licensing Services.
6. Clients completing military programs, in order to satisfy DEEP requirements, shall pay a non-refundable administrative fee of one hundred fifty dollars (\$150).

## Section L. DEEP COMPLETION OF TREATMENT GUIDELINES

### Statement of purpose

This document sets forth a common framework within which community-based service providers of DEEP approved substance abuse services can evaluate, treat and recommend completion of treatment of persons suspended for operating under the influence. It presents criteria for classifying individuals according to their degree of progression in the disease of alcohol and/or other drug addiction and recommends appropriate treatment requirements. Consistent use of this framework should result in a uniform approach to the DEEP evaluation, referral and treatment process.

Although addicted persons share the characteristics of loss of control, they nevertheless differ in the degree to which they have progressed in their disease. This progression is a gradual worsening of the person's condition and an increasing dependence on, and involvement with substances. This continuum of change has often been conceptualized as a series of stages reflected in the physical, psychological, social, economic and other conditions of the person. The Guidelines follow this common practice by distinguishing four stages of dependence.....the early stage, the middle stage, the late and final stages, and the non-addicted stage of the problem user.

The number of negative consequences and the frequency and severity of occurrence of each consequence characterize each stage. The number, severity and frequency of negative consequences increase as the individual progresses from problem user to final stage.

The client's needs and thus the appropriate treatment response differ according to the client's stage in the progression. That is, a treatment approach that might be effective with a problem user may be completely ineffective with a person in the middle stage. Conversely what might be appropriate for a middle stage person might be entirely too intensive and restrictive for a problem user.

Clinical experience and knowledge of published studies generated the series of stages mentioned above. Client's needs are defined and matched to those general types of treatment most suited to meeting those needs. This establishes a guideline for the practitioner's use during the initial client clinical substance abuse evaluation. It also provides DEEP with a reference point for assessing evaluations.

Obviously, electing sufficient information about multiple areas of an individual's life is not always easy, especially when the individual may be consciously or unconsciously denying or minimizing the extent of his involvement with substances. It is critical to supplement information obtained from the substance abuser with information obtained from significant others. Thus the true pattern of the person's involvement with substances may only emerge after a somewhat lengthy series of interviews. This information may then be used to clarify the individual's degree of chemical addiction.

This is not a magic formula for classifying every individual unambiguously into one particular category. Rather, this system describes general patterns of behavior that usually are associated with a given degree of progression into alcoholism/other drug addiction. It provides a set of reference points for gauging an individual's degree of harmful involvement with substances. Based on these reference points, a suitable intensity and modality of treatment may be recommended.

The guidelines represent the appropriate number of contact hours necessary within a minimum time period for significant client improvement in each stage. However, chemical addiction is an illness that affects each individual differently. Each individual because of his/her own particular circumstances responds differently to required treatment.

Some problem users and chemically addicted clients may respond readily to recommended treatment. In these cases, the guidelines may require more treatment than necessary. However, if the client is completed prior to the recommended threshold the reason for recommending early completion must be justified in the status report or discharge summary. Other clients may not respond to treatment for a significant period of time resulting in the continued need for treatment beyond the recommended number of sessions and minimum time lines. When the counselor decides there is a need for continued treatment that may go beyond thresholds established by the Completion of Treatment Guidelines, the counselor is required by regulation to justify the extension of treatment.

The rest of this document is given over to delineating the typical problems and behaviors experienced by individuals in each of the identified stages. Associate with each stage is the treatment approach recommended by the Driver Education and Evaluation Programs (DEEP) as having the highest probability of successful outcome, without being overly restrictive. In an effort to reduce ambiguity, terms requiring precise definition are defined in the appendix of the document.

## **Salient Characteristics/Symptoms**

### **1. PROBLEM USER**

The most important distinguishing characteristic of this group is that they have not yet lost control over their use of drugs. Although there is always some risk of adverse consequences from drug use, most individuals do not experience such consequences, or experience them only infrequently and to a mild degree. Persons in this stage are focused on the short term and artificial benefits substance use appears to bring them. Typically, use is fostered by social pressure or by internal needs. The person may have turned to substance use to dull feelings of pain and insecurity. They may use chemicals as substitutes for other forms of satisfaction.

Interventions in this stage typically do not require intensive treatment approaches. Generally, individuals may require a bolstering of their self-esteem in order to better withstand peer pressure, and to inject more intrinsic satisfaction into their lives. These persons should also receive objective information on the effects of substance abuse and the long-term risks of continuing their pattern of use. Some individuals may have deep rooted underlying problems that may require intensive treatment, possibly including referral to specialized programs.

These less intensive treatment interventions can usually be accomplished in 6 outpatient contact hours spread over a 45-day period.

#### **a. PHYSICAL**

- (1) Abuse of substance(s) four times or less per year
- (2) Risk of physical injury as a result of abuse
- (3) May be experiencing physical difficulties as a result of abuse
- (4) No physical addiction
- (5) Impairment four times or less per year as a result of substance abuse

**b. PSYCHOLOGICAL**

- (1) Use of substance may eliminate ability to perceive harmful consequences
- (2) Abuse of substance has enabled the individual to learn that the substance may be used to relieve stress/problems
- (3) Harmful consequences may have resulted from abuse of substance
- (4) Individual justifies abusing substance four times or less per year

**c. SOCIAL**

- (1) Possible financial, legal, housing, employment and/or educational difficulties as a result of substance abuse (less than several occasions)
- (2) Beginning difficulties with family and significant others as a result of abuse
- (3) Association with those who will accept and encourage use

<b>2. Treatment Modality</b>	<b>Recommended Duration and Frequency of Treatment</b>
a. Outpatient	6 contact hours over a 45-day period
b. Elective aftercare	

### 3. EARLY STAGE

The individual in this stage has become dependent upon the use of substances. It is likely that he/she has experienced loss of control over consumption of one or more substances. The person has begun to make psychological adjustments to minimize the appearance of substance use, and to ensure continued access to substances.

Many physical, economic and social problems experienced by the problem user have begun to worsen and new problems have arisen.

Generally the person is still employed, and still within an intact family. The involvement of significant others is an important component of the treatment process.

Treatment needs to overcome the person's denial, rationalization and minimization of his/her substance use. Education and awareness of the nature of substance abuse are also required. Once the denial has been overcome, the person must be given the tools required to live a life free from substance use. It is often necessary to provide counseling for the resolution of ancillary problems that have arisen due to the person's substance abuse.

In order to accomplish these tasks, a minimum of 12 contact hours over a 90-day period is recommended. Usually, successful treatment can be accomplished in an outpatient setting. Severe situational problems may justify residential services. As in all subsequent stages of the illness, the treatment agent should forge a link between the person and appropriate self-help group. An aftercare program is usually necessary to ensure continued maintenance of sobriety.

#### **a. PHYSICAL**

- (1) Abuse of substance(s) more than four times per year
- (2) May experience physical injury as a result of abuse
- (3) Physical difficulties as a result of abuse
- (4) Physical addiction not readily evident
- (5) Possible unpleasant and/or fearful experiences with substance(s)
- (6) Loss of memory as a result of substance abuse
- (7) Tolerance increase (appropriate substances)

**b. PSYCHOLOGICAL**

- (1) Dependence on substance to relieve stress/difficulties
- (2) Stress/difficulties as a result of substance use
- (3) Minimizes use/abuse of substance(s)
- (4) Attempts to control use/abuse of substance(s)
- (5) Frequent (more than four times per year) loss of control of quantity and frequency results in impaired judgment and reasoning ability
- (6) Increasing impatience, reliance and/or preoccupation with the use of substance(s)
- (7) Cause and effect of use, feelings and/or consequences projected onto other people, places and/or things

**c. SOCIAL**

- (1) Has experienced difficulties in the area of financial, legal, housing, employment and/or education several times as a result of substance(s) abuse
- (2) Difficulties with family and significant others as a result of substance abuse
- (3) Seeks out those who will accept and encourage substance abuse
- (4) Seeks out social activities to include substance abuse situations

**4. Treatment Modality                      Recommended Duration and Frequency of Treatment**

- a. Outpatient    12 contact hours over a 90-day period
- b. Aftercare

## 5. MIDDLE STAGE

Individuals in this stage are still maintaining some elements of a “normal” affiliation with society. However, their substance abuse has become a primary component of their life and affects every area of it. Substance abuse has become almost a prerequisite for feeling “normal.” Problems in all areas of living are more numerous and more severe than in earlier stages.

It is possible that individuals in this stage may require detoxification to rid their bodies of toxic effects of substance abuse prior to participating in counseling. Given the severity of their problems, a longer and more intensive period of treatment is required. Some persons with a relatively intact and supportive home environment may only require outpatient services. These should consist of at least 18 contact hours over a 120-day period. Persons living in a deteriorated environment, or with physical problems requiring some supervision, or with more severe psychological or social problems, may require residential treatment.

Aftercare programs geared to the person’s needs are strongly recommended and may be required for as much as two years following initial treatment.

### a. PHYSICAL

- (1) Established pattern of abuse of substance(s) more than four times per year
- (2) May be experiencing physical injury/disorders as a result of repeated abuse
- (3) Experiencing unpleasant/fearful experiences with substance(s)
- (4) Tolerance change (appropriate substances)
- (5) Physical addiction may be evident
- (6) Frequent (more than four times per year) loss of memory
- (7) Frequent (more than four times per year) incapacitation as a result of an established pattern of abuse.

**b. PSYCHOLOGICAL**

- (1) Dependence on substance(s) as primary means of coping
- (2) Dependence on substance(s) to relieve stress and negative feelings
- (3) Stress/difficulties as a result of abusing substances(s)
- (4) Established pattern of loss of control of quantity and frequency
- (5) Further impairment of judgment and reasoning abilities
- (6) Inability to discriminate different feelings
- (7) Denial/rationalization of substance(s) abuse
- (8) Established pattern of substance(s) abuse to maintain feeling of "normalcy"
- (9) Projection onto other people, places and/or things

**c. SOCIAL**

- (1) Serious difficulties with family and significant others as a result of repeated substance(s) abuse
- (2) Several problems in areas such as financial, legal, housing, employment and educational as a result of substance(s) abuse
- (3) Changes in social relationships that allow repeated substance abuse
- (4) Social activities generally limited to substance using situations

<b>6.</b>	<b>Treatment Modality</b>	<b>Recommended Duration and Frequency of Treatment</b>
a.	Possible detoxification	18 contact hours over 120-day period
b.	Day Residential Rehabilitation	or
c.	Residential Rehabilitation	Completion of a Residential Rehabilitation Program
d.	Outpatient	and
e.	Aftercare	4 contact hours over a 30-day period

## 7. LATE STAGE

This person's entire life typically revolves around substance use and abuse. The person displays continual use of substances and many chronic physical symptoms of such use. Psychologically, his cognitive and emotional states are dulled and confused by substance use. Usually the person has lost the defensive denial or rationalization of substance abuse found in earlier stages. Normal social and other relations have been seriously disrupted.

Treatment in this stage almost always requires detoxification due to the patterns of substance abuse. This should be followed by residential rehabilitation. If the person has experienced many treatment contacts and requires more extensive treatment, halfway house treatment is recommended. This should be followed by 6 contact hours over a 45-day period from discharge.

If the person has not had prior treatment experience and has some family or social supports, halfway house treatment may not be necessary. In this case, residential treatment should be followed up by 30 contact hours over a 180-day period of continuing outpatient treatment.

Continued aftercare is also recommended.

### a. PHYSICAL

- (1) Close prolonged abuse of substance(s)
- (2) Experiencing physical injury/disorders as a result of continual abuse
- (3) Unpleasant/fearful experiences become expected and tolerated
- (4) Physical addiction evident
- (5) Inability to tolerate substance(s) evident [appropriate substance(s)]
- (6) Prolonged loss of memory
- (7) Prolonged incapacitation

**b. PSYCHOLOGICAL**

- (1) Substance(s) provide only means of (temporary) relief
- (2) Prolonged dependence on substance(s) to relieve stress and negative feeling
- (3) Substance(s) abuse without consideration of risks
- (4) Severe inability to identify different feelings
- (5) Severe confusion as evidenced by a state of disorder, embarrassment and failure to distinguish between personal values as a result of substance(s) abuse
- (6) Minimal denial or rationalization of substance(s) abuse

**c. SOCIAL**

- (1) Serious disruption of relationships with family and significant others as a result of continual substance(s) abuse
- (2) Financial, legal, housing, employment and educational areas disintegrate as a result of continual substance(s) abuse
- (3) Withdrawal from social relationships except association with late and final stage abusers
- (4) Acceptance of prolonged substance(s) abuse

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**8. Treatment Modality Recommended Duration and Frequency of Treatment**

- a. Late Stage A<sup>1</sup>
- (1) Detoxification
  - (2) Residential Rehabilitation 21 to 30 days of residential rehabilitation and/or 3 to 6 months halfway house followed by
  - (3) Halfway House
  - (4) Outpatient
  - (5) Aftercare 6 contact hours over a 45-day period after discharge from halfway house or one year documented sobriety
- b. Late Stage B<sup>2</sup>
- (1) Detoxification
  - (2) Residential Rehabilitation 21 to 30 days of residential rehabilitation followed by 30 contact hours over a 180-day period.
  - (3) Outpatient
  - (4) Aftercare

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<sup>1</sup> Unsuccessful repeated treatment episodes resulting in utilizing a halfway house as a necessary treatment modality.

<sup>2</sup> Initial treatment experience with family/social re-entry after residential rehabilitation.

## **9. FINAL STAGE**

Individuals in this stage are not likely to have much opportunity to drive since their social and financial position is commonly so severely disrupted. They display continuous abuse of substances with accompanying life threatening physical deterioration. They are totally disengaged from society and their social world is restricted to fellow final stage abusers and the commercial and social systems that serve them.

Since these individuals are often homeless, they need shelter that may become a necessary part of the treatment plan. Detoxification is certainly necessary. This should be followed by extended care and then possibly by halfway house treatment. This should be followed by a period of outpatient contact prior to issuance of a renewed license to drive.

Given the extreme deterioration of these individuals, their treatment plans should be individually reviewed by DEEP staff with the approved provider.

### **a. PHYSICAL**

- (1) Abuse of substance(s) without voluntary interruption
- (2) Life threatening physical deterioration
- (3) Physical injury/disorders as a result of continuous abuse
- (4) Unpleasant/fearful experiences accepted
- (5) Physical addiction evident
- (6) Absence of tolerance to substance(s) [appropriate substance(s)]
- (7) Loss of memory for prolonged periods of time without interruption
- (8) Incapacitation without voluntary interruption

**b. PSYCHOLOGICAL**

- (1) Complete dependence on substance(s) as a means of living
- (2) Substance(s) abuse without voluntary interruption or consideration of risks
- (3) Substance induced psychological deterioration
- (4) No denial or justification of abuse
- (5) Emotional disorganization

**c. SOCIAL**

- (1) Complete disintegration of meaningful social relationships
- (2) Behavior acceptable to only final stage substance(s) abusers
- (3) Inability to be self-supporting as a result of continuous substance(s) abuse/chemical addiction
- (4) All resources, regardless of origin, are used to maintain continuous substance(s) abuse/chemical addiction
- (5) Unattached and may be transient

**10. Treatment Modality                      Recommended Duration and Frequency of Treatment**

- |    |                        |  |
|----|------------------------|--|
| a. | Shelter/Detoxification |  |
| b. | Extended Care          |  |
| c. | Halfway House          |  |
| d. | Outpatient             |  |
| e. | Aftercare              | Individually reviewed by DEEP with the approved agency or provider.<br><br>Substantial treatment and/or self-help/aftercare involvement for an extensive period of time previous to completing |

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**Appendix**

1. Abuse Use of alcohol or other substances that may result in harm to oneself or another.
2. Contact Hours At least fifty-minute group or individual session comprised of education and/or interaction for the purpose of attaining treatment goal(s).
3. Continual Close prolonged succession or occurrence.
4. Continuous Without voluntary interruption.
5. Difficulty Trouble or distress.
6. Disintegrate Breaking up.
7. Disorder Upset normal functions or health.
8. Frequent Abuse Use of alcohol or other substances that may result in harm to oneself or another more than four times per year.
9. Occasional Irregular or rare intervals.
10. Occasional Abuse Use of alcohol or other substances that may result in harm to oneself or another less than four times per year.
11. Problem Any puzzling or difficult circumstances or person.
12. Rare Four times or less per year.
13. Repeated Established pattern or frequent abuse.
14. Serious Giving cause for concern.
15. Several More than two.
16. Tolerance Ability to resist the effects of a drug, etc., taken over a period of time in larger and larger doses.

**STATUTORY AUTHORITY:**

5 M.R.S.A. Part 25, c. 521 Sub-ch. 1, §20005  
5 M.R.S.A. Part 25, c. 521, sub-ch. 5, §20072, 20073-B, 20074, 20075, 20076  
5 M.R.S.A. Part 25, c. 521, sub-ch. 5, §20078-A

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**NON-SUBSTANTIVE CORRECTIONS:**

November 8, 1999 - corrected 'Section P' to "Appendix"; minor capitalization.

**REPEALED AND REPLACED:**

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