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Standards for Substance Abuse Treatment Program

Sec. 14-227f-1. Definitions

For the purposes of Sections 14-227f-1 to 14-227f-12, inclusive, of the Regulations of Connecticut State Agencies, the following words shall have the following meanings:

(1) “Certified counselor” means a person who is a ‘certified alcohol and drug counselor’ or ‘licensed alcohol and drug counselor’ as provided in section 20-74s of the Connecticut General Statutes, or who has a similar certification in another state or jurisdiction.

(2) “Client” means a person receiving services from a substance abuse care or treatment facility, or from a treatment program.

(3) “Commissioner” means the commissioner of motor vehicles, or his designee.

(4) “Department” means the department of motor vehicles.

(5) “Medical Advisory Board” means the Motor Vehicle Operator’s License Medical Advisory Board established and constituted in accordance with section 14-46b of the Connecticut General Statutes.

(6) “Provider” means a person or organization approved by the commissioner to provide a treatment program.

(7) “Treatment program” means a program providing responsible services for the treatment of alcohol and/or drug addiction which has been approved by the commissioner.

(8) “Violator” means a person whose operator’s license or nonresident operating privilege, as shown on the person’s driving history maintained by the department, has been suspended for one of the following:

(A) A conviction of a violation of subsection (a) of section 14-227a of the Connecticut General Statutes; or

(B) A violation of section 14-227b of the Connecticut General Statutes for a second or subsequent time.

(Effective June 3, 1997; amended December 29, 2006)

Sec. 14-227f-2. Treatment required

(a) Except as provided in section 14-227f-6 of the Regulations of Connecticut State Agencies, the commissioner shall not reinstate the operator’s license or nonresident operating privilege of any violator until such person submits evidence to the commissioner that he has satisfactorily completed a treatment program.

(b) Satisfactory completion of the treatment program shall be in addition to other requirements for reinstatement of a person’s operator’s license or nonresident operating privilege.

(Effective June 3, 1997; amended December 29, 2006)

Sec. 14-227f-3. Notice

Each violator shall be notified of the requirement to satisfactorily complete a treatment program at the time that he is notified by the department of suspension of his operator’s license or nonresident operating privilege. Such notice shall be in writing and addressed to the person’s address of record in the files of the department. The notice shall provide a telephone number where the person may obtain further information including treatment program providers, costs and schedules of program availability.

(Effective June 3, 1997)

Sec. 14-227f-4. Content of program. Conditions

Except as otherwise provided, a treatment program shall comprise the following three (3) phases of treatment:

(a) **The Phase I component of the program shall comprise:**

(1) An intake interview including a physical, mental and psychological assessment of the client including the client's medical and treatment history, from which the client's functional capacity and his present needs may be determined. The assessment and a plan for the client's treatment shall be made by a certified counselor. The assessment and plan shall be made at the beginning of Phase I, except that if it is determined by the certified counselor that the client does not require immediate medical treatment, the assessment and plan may be made in conjunction with the portion of the program specified in subdivision (2) of this subsection. Clients identified by the certified counselor as requiring detoxification shall receive immediate medical screening and, if medically appropriate, shall be referred to detoxification services in an appropriate clinical setting with qualified medical personnel. A complete physical examination of the client by a licensed physician may be required, which examination shall be the responsibility of the client and not included in the program fee. Clients diagnosed as having severe addiction problems shall be referred to more appropriate treatment;

(2) A program with the clients in an environment that is segregated from other persons and activities for a period of forty-eight (48) consecutive hours, which period shall include appropriate time and reasonable accommodations for meals, sleep and other necessary personal functions. The program shall have a maximum of twenty (20) participants and a client-to-counselor ratio of no greater than 10:1. The portion of the treatment program specified in this subdivision shall, where appropriate, include some or all of the following topics and exercises, conducted or supervised by certified counselors:

(A) Instruction relating to the disease concept of alcoholism and addiction, including cross addiction and the progressive nature of addiction;

(B) Information on issues relevant to addiction, including but not limited to the legal consequences of addiction, blood content upon intake of addictive substances, the social consequences of addiction, and the physical and mental effects and consequences of substance abuse;

(C) Substance abuse as a family disease including denial of the abuse, the influence of enablers and employers, and family interaction;

(D) Living without active addiction and its benefits;

(E) Interactive peer group exercises including lectures, written exercises and videos;

(F) The benefits of self-help programs such as Alcoholics Anonymous (AA) and Narcotics Anonymous (NA). An actual or simulated meeting may be conducted;

(G) Intervention strategies including avoidance of driving under the influence of alcohol or drugs;

(H) Prevention of relapse; and

(I) An exit interview including an assessment or evaluation.

(3) An after-care program including the components described as Phases II and III, unless the exit evaluation indicates that the client has a medical, psychiatric or other problem that requires immediate treatment and is inconsistent with Phases II and III, which immediate treatment shall be recommended by the provider. Any additional treatment recommended by the provider shall be the responsibility of the client, and is not included in the fee paid by the client. The Phase II and Phase III

components of the treatment program may, if feasible, be undertaken concurrently with any additional recommended treatment, and the client shall be required to complete such after-care program unless other more appropriate treatment is required.

(b) Phase II:

The Phase II component of the program shall be a continuation of the Phase I program, and shall include after-care treatment of at least twenty (20) hours conducted by a certified counselor, or conducted by the provider and supervised by a certified counselor. The sessions may be scheduled on a weekly or monthly basis or as otherwise determined by the provider, but no session held shall be more than four (4) hours in length. The sessions may be in a group or individual format, as determined by the provider and the client's treatment plan. The Phase II component shall, if appropriate for the client, include mandatory attendance at a self-help treatment organization.

(c) Phase III:

The Phase III component of the program shall include:

(1) A minimum of twelve (12) months of after-care monitoring, with at least four (4) follow-up visits for evaluation of the client's progress. The visits shall be conducted or supervised by a certified counselor;

(2) Blood and/or urine screening at random intervals as recommended by the provider; and

(3) Attendance at self-help treatment meetings with verified attendance, as may be recommended by the provider.

(d) A client satisfactorily completing the entire treatment program shall be issued a certificate of completion by the provider.

(e) Notwithstanding any other provision of this section, no client shall be issued a certificate of completion, or have his operator's license or nonresident operating privilege reinstated, if he is found to have a current addiction problem which affects his ability to operate a motor vehicle in a safe manner.

(f) A client who attends any portion of the treatment program under the influence of, or in possession of, intoxicating liquor or any addictive drug not prescribed by a physician, or who does not abide by reasonable rules of conduct prescribed by the provider, shall be summarily dismissed from the treatment program.

(g) Each client who enrolls in a treatment program shall agree to submit to a blood, breath or urine test upon request by the provider at any time during the program. Failure to take such test when so requested shall result in dismissal from the program, except that a client may decline to take a blood test, and a test of another type may then be required.

(h) Each client who attends a treatment program shall agree to permit access by the commissioner, and by the Medical Advisory Board, to his medical and treatment records which are relevant to the treatment program. The commissioner shall seek the advice of the Medical Advisory Board with respect to issues concerning relevancy of records.

(Effective June 3, 1997; amended December 29, 2006)

Sec. 14-227f-5. Cost of program

(a) The treatment program shall be paid for by the client. Payment may be required by the provider in advance of the program, or any component thereof.

(b) The charge for the treatment program shall be approved by the commissioner, and no provider shall make any charges in excess of the amount approved.

(Effective June 3, 1997)

Sec. 14-227f-6. Waiver of requirement

(a) Upon receipt of notification from the commissioner of the requirement to participate in a treatment program, a person may, within thirty (30) days, petition the commissioner, in writing, for a waiver of such requirement on the following grounds:

(1) The petitioner is presently undergoing a substantial treatment program for alcohol or drug addiction, or has completed such a program subsequent to his most recent arrest, either as a result of an order of a court or on a voluntary basis; and

(2) The petitioner does not, in the opinion of a physician licensed in this state, and based upon a personal examination, have a current addiction problem which affects his ability to operate a motor vehicle in a safe manner, or pose a significant risk of having such a problem in the foreseeable future.

(b) In reviewing and determining whether to grant any petition, the commissioner shall request and give due consideration to the advice of the Medical Advisory Board.

(c) The commissioner shall communicate his decision to the petitioner in writing, and if the petition is denied, the reason for denial shall be provided.

(d) The commissioner may request that a physician who examines a petitioner and provides an opinion, in accordance with subsection (a) of this section, state in writing how long he has been treating the petitioner, and the basis for his opinion.

(Effective June 3, 1997)

Sec. 14-227f-7. Standards for waiver of requirements

A treatment program shall be deemed substantial for purposes of the waiver requirements of Section 14-227f-6 of the Regulations of Connecticut State Agencies if it meets the following criteria:

(1) It is operated or funded by the Connecticut Department of Mental Health and Addiction Services, or a similar facility in another state, territory or province, or meets the standards of either the Joint Commission of Accredited Hospital Organizations, or the Commission of Accredited Rehabilitation Facilities;

(2) It provides inpatient or outpatient treatment and/or treatment services for persons who engage in substance abuse or who are substance-dependent persons as defined in Section 19a-495-570 of the Regulations of Connecticut State Agencies, which treatment is substantially similar to that specified in Section 14-227f-4 of the Regulations of Connecticut State Agencies. Treatment shall be deemed substantially similar if it meets the following criteria:

(A) If inpatient care, it comprises at least seven (7) consecutive days in a licensed hospital/rehabilitation center, for the purpose of alcohol/drug abuse rehabilitation, and has an aftercare component of at least twenty (20) hours. If recommended by the provider, monitored attendance at self-help meetings shall be required for a period of up to three times per week for a minimum of six (6) months;

(B) If intensive outpatient care, day treatment, it comprises a minimum of ten (10) sessions totaling fifty (50) hours, at a licensed facility, for the purpose of alcohol/drug abuse rehabilitation. It shall also have an aftercare component and, if recommended by the provider, a self-help component, as provided in subdivision (A);

(C) If intensive outpatient care, evening treatment, it comprises a minimum of sixteen (16) sessions totaling forty-eight (48) hours, at a licensed facility, for the purpose of alcohol/drug abuse rehabilitation. It shall also have an aftercare component of at least thirty (30) hours, and, if recommended by the provider, monitored attendance at self-help meetings for a period of up to three times per week, for a minimum of one (1) year; and

(D) A combination of inpatient and outpatient treatment which is equivalent to the care provided in subdivisions (1) to (3), inclusive, of this subsection.

(3) It develops as part of its services a plan for the person's treatment, in conjunction with the client and his certified counselor, who shall be certified by the Department of Public Health;

(4) The client has been discharged with the advice of the facility, and the facility and/or the client's certified counselor certifies that the client is not a substance-dependent or substance-abusing person; and

(5) Notwithstanding the other provisions of this section, a treatment program shall be deemed equivalent, for purposes of the waiver requirements specified in Section 14-227f-6 of the Regulations of Connecticut State Agencies, if so determined by the commissioner, upon the recommendation of the Medical Advisory Board.

(Effective June 3, 1997; amended December 29, 2006)

Sec. 14-227f-8. Failure to complete program

A person who fails to complete the program specified in Section 14-227f-4 of the Regulations of Connecticut State Agencies satisfactorily, or does not receive a waiver in accordance with Section 14-227f-6 of the Regulations of Connecticut State Agencies, shall not have his operator's license or nonresident operating privilege reinstated.

(Effective June 3, 1997; amended December 29, 2006)

Sec. 14-227f-9. Approval of program providers. Observers

(a) The commissioner, upon application in writing and submission to him of the details of a proposed treatment program in such form as he shall require, shall approve or disapprove any such provider applicant to provide a treatment program. A provider applicant shall be a public or private entity which is experienced in, or is presently engaged in, providing responsible services for the treatment of alcohol and drug addiction. No applicant shall be approved by the commissioner unless the proposed program provides treatment substantially in accordance with Section 14-227f-4 of the Regulations of Connecticut State Agencies.

(b) The commissioner may at any reasonable time observe and monitor the conduct of a treatment program conducted by an approved provider. Each approved provider shall abide by reasonable professional standards as required by the commissioner.

(Effective June 3, 1997; amended December 29, 2006)

Sec. 14-227f-10. Additional requirements for providers

In addition to conforming to the program contents as provided in Section 14-227f-4 of the Regulations of Connecticut State Agencies, an approved program provider shall comply with the following requirements:

(1) The provider shall be financially sound, and provide indemnification for the performance of its obligations to all program participants;

(2) The Phase I component of the program shall have immediate access to a licensed physician;

(3) All portions of the program shall be conducted or supervised by certified counselors;

(4) If a client does not satisfactorily complete the program, or if it is determined that the client needs additional treatment, the provider shall make a report to the commissioner of the reasons for such evaluation and/or recommendation;

(5) The program provider shall maintain, for a minimum of ten (10) years, or as otherwise required by law, records for each client, which records shall fully identify the client and shall include such history of the client's treatment, diagnosis and prognosis as shall be reasonable and necessary for evaluation of the client by the

commissioner and the Medical Advisory Board. The provider shall maintain such records in confidence, except for disclosure to designated employees of the department, and the members of the department's Medical Advisory Board, or as otherwise required by law;

(6) The provider shall permit the commissioner access to its financial statements and records, and shall permit audits, as deemed necessary by the commissioner. The provider shall agree to approval by the commissioner of the fees charged to its clients for the program. The fees may include a reasonable profit to the provider, and also may include a designated additional amount above actual costs which shall be used by the provider to assist clients who prove indigence; and

(7) The provider shall agree to submit to the commissioner, and to interested persons, detailed information about the location of such programs, the facilities, the credentials of the personnel, the program contents and the costs for such program.

(Effective June 3, 1997; amended December 29, 2006)

Sec. 14-227f-11. List of approved providers. Demographics. Trial programs

(a) The commissioner shall maintain a list of approved program providers, and the cost of each program. Such list shall be made available to the public upon request at no cost.

(b) The commissioner may, in his discretion, prescribe the number and location of approved providers and treatment programs, to assure geographical balance and continuity of treatment programs.

(c) The commissioner may, upon initial approval of a provider, require or permit the provider to conduct one or more treatment programs on a trial basis, in order to evaluate such provider and the conduct of the treatment program, prior to final approval of the provider.

(Effective June 3, 1997)

Sec. 14-227f-12. Request for advice by commissioner. Confidentiality

(a) The commissioner may, at any time, request the advice and assistance of the Medical Advisory Board, and any other public or private agency or individual person or entity, engaged in providing responsible services for the treatment of alcohol and drug addiction, with regard to any portion of a treatment program or its conduct.

(b) Each provider, the commissioner and the department shall maintain in confidence all records concerning an individual's treatment and medical records, except as otherwise provided by law.

(Effective June 3, 1997)