Rules and Regulations of the State of Georgia

Department 82 DEPARTMENT OF BEHAVIORAL HEALTH AND DEVELOPMENTAL DISABILITIES

Current through Rules and Regulations filed through October 27, 2026

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ADMINISTRATIVE HISTORY

The **Administrative History** following each Rule gives the date on which the Rule was originally filed and its effective date, as well as the date on which any amendment or repeal was filed and its effective date. Principal abbreviations used in the Administrative History are as follows:

f. - filed

eff. - effective

R. - Rule (Abbreviated only at the beginning of the control number)

Ch. - Chapter (Abbreviated only at the beginning of the control number)

ER. - Emergency Rule

Rev. - Revised

Note: Emergency Rules are listed in each Rule's Administrative History by Emergency Rule number, date filed and effective date. The Emergency Rule will be in effect for 120 days or until the effective date of a permanent Rule covering the same subject matter superseding this Emergency Rule is adopted, as specified by the Agency.

Chapter 82-4-1 adopted. F. Jun. 27, 2011; eff. Jul. 17, 2011.

Chapters 82-1 and 82-2 reserved. F. Jun. 30, 2011; eff. Jul. 20, 2011.

Chapter 82-3-1 adopted. F. Jun. 30, 2011; eff. Jul. 20, 2011.

Rules 82-2-1-.01 through 82-2-1-.05 adopted. F. Nov. 22, 2011; eff. Dec. 12, 2011.

Chapter 82-3-1 amended. Chapter 82-4-1 amended and title changed to "Child and Adolescent Crisis Stabilization Units." F. Mar. 9, 2015; eff. Mar. 29, 2015.

Chapter 82-5 and Subject 82-5-1 entitled "Patient's Rights", Chapter 82-7 and Subject 82-7-1 entitled "Patient Cost of Care", Chapter 82-8 and Subject 82-8-1 entitled "Emergency Receiving, Evaluating and Treatment Facilities" adopted. F. Dec. 15, 2021; eff. Jan. 4, 2022.

Chapters 82-9, 82-10, 82-11, 82-12, 82-13 reserved. Chapter 82-14 and Subject 82-14-1 entitled "Licensure Enforcement and Sanctions" adopted. F. May 15, 2026; eff. June 4, 2026.

Chapter 82-10 and Subject 82-10-1 entitled "Drug Abuse Treatment and Education Programs" adopted. F. June 29, 2026; eff. July 19, 2026.

Chapter 82-15 and Subject 82-15-1 entitled "Criminal Background Checks" adopted. F. Sep. 1, 2026; eff. Sep. 21, 2026.

Chapter 82-1. RESERVED.

Cite as Ga. Comp. R. & Regs. R. dept. 82, ch. 82-1

Chapter 82-2. CLINICAL EVALUATION AND SUBSTANCE ABUSE TREATMENTS FOR DUI OFFENDERS.

Subject 82-2-1. .

Rule 82-2-1-.01. Legal Authority.

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

Cite as Ga. Comp. R. & Regs. R. 82-2-1-.01
Authority: O.C.G.A. Sec. 37-7-2.
History. Original rule entitled "Legal Authority" adopted. F. Nov. 22, 2011; eff. Dec. 12, 2011.

Rule 82-2-1-.02. Title and Purposes.

These rules shall be known as the Rules and Regulations for Clinical Evaluation and Substance Abuse Treatment for DUI Offenders. The purpose of these rules is to provide for the approval of clinical evaluators and substance abuse treatment providers to evaluate and treat-DUI offenders, to set minimum qualifications for clinical evaluators and treatment providers and to provide for the enforcement of these rules.

Cite as Ga. Comp. R. & Regs. R. 82-2-1-.02
Authority: O.C.G.A. Secs. 37-7-2, 40-5-1, 40-5-63.1,
History. Original Rule entitled "Title and Purposes" adopted. F. Nov. 22, 2011; eff. Dec. 12, 2011.

Rule 82-2-1-.03. Definitions.

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

(a) "American Society of Addiction Medicine (ASAM) Patient Placement Criteria" means the current Patient Placement Criteria for the Treatment of Substance-Related Disorders by the National Association of Addiction Treatment Providers and American Society of Addiction Medicine.

(b) "Clinical evaluation" means the evaluation process designated by the department which is used to diagnose an individual's substance abuse and/or dependence and, if indicated, refer the individual to appropriate treatment.

(c) "Clinical evaluator" means a licensed or certified individual who meets the qualifications set forth in Section 290-4-13-.04 and is approved by the department to provide clinical evaluations for DUI offenders who are required pursuant to O.C.G.A. 405-63.1 or O.C.G.A. 40-6-391 to undergo a clinical evaluation for substance abuse treatment needs.

(d) "Clinical interview" means the face-to-face interview with a clinical evaluator intended to gather information on the client including, but not limited to demographics, medical history, alcohol concentration of current offense, social and family history, substance abuse history, and vocational background and mental status.

(e) "Department" means the Department of Behavioral Health and Developmental Disabilities or its successor.

(f) "DSM" means the current edition of the Diagnostic and Statistical Manual of Mental Disorders of the American Psychiatric Association.

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

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

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

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

(k) "Treatment provider" means a licensed or certified individual who meets the qualifications set forth m, Section 290-413-.06 and is approved by the department to

provide substance abuse treatment to DUI offenders pursuant to O.C.G.A. 40-5-63.1 or O.C.G.A. 40-6-391.

Cite as Ga. Comp. R. & Regs. R. 82-2-1-.03
Authority: O.C.G.A. Sec. 37-7-42.
History. . Original Rule entitled "Definitions". F. Nov. 22, 2011; eff. Dec. 12, 2011.

Rule 82-2-1-.04. Registry of Clinical Evaluators.

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

(2) **Initial Qualifications.** In order to be placed on the registry of clinical evaluators, an individual must have one of the following combinations of professional licensure, credentials or experience;

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

(b) Certification in addiction psychiatry by the American Board of Psychiatry and Neurology;

(c) Certification by the Georgia Addiction Counselors Association as a Certified Addiction Counselor II;

(d) Certification by the National Association of Alcoholism and Drug Abuse Counselors Association;

(e) Certification by the International Certification and Reciprocity Consortium;

(f) Certificate of Proficiency in the Treatment of Alcohol and Other Psychoactive Substance Use Disorders from the American Psychological Association's College of Professional Psychology, or

(g) Licensure under O.C.G.A. Title 43 as a physician, psychologist, professional counselor, social worker, marriage and family therapist, advanced practice nurse, registered nurse with a bachelor's degree in nursing and:

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

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

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

(4) **Ongoing Qualifications.**

(a) Each clinical evaluator who is approved and placed on the registry of clinical evaluators shall continue to maintain the required initial qualifications and meet continuing education requirements, and upon request shall provide documentation showing evidence thereof. Upon renewal or reissuance of any applicable licensure, certification or credentialing, or upon request by the department, the treatment provider shall provide a copy of the renewed or reissued license, certification or credentialing to the department.

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

(c) If any evaluator fails to submit documentation as required, or fails to maintain the required license, certification, or credentialing, the approval as an evaluator may be revoked, and the evaluator may be removed from the registry effective as of the date of the revocation, suspension, termination or other loss of licensure, certification, or credentialing.

(5) **Active Registry Status**. The department may provide for the registry to be available for viewing on the Internet. Once placed on the registry of clinical evaluators, an individual

will continue', to be listed in active registry status unless one of the following events occurs, which event shall constitute a basis for revocation:

(a) The evaluator fails to administer any clinical evaluations within any continuous twelve-month period;

(b) The evaluator fails to comply with the requirements of these regulations or of the department;

(c) The evaluator notifies the department that the evaluator no longer wishes to remain on the registry;

(d) The evaluator ceases to meet the qualifications listed above; or

(e) The evaluator provides false of misleading information to the department.

(6) **Reinstatement.** If an evaluator is removed from active registry status in accordance with the above, the evaluator's approval is revoked and the evaluator must submit a new application in order to return to active registry status, including an application fee, the amount of which shall be determined from time to time by the Board of Behavioral Health and Developmental Disabilities. The Department may also require the treatment provider to comply satisfactorily with a corrective action plan to correct any deficiencies under these rules or other requirements of the department.

Cite as Ga. Comp. R. & Regs. R. 82-2-1-.04
Authority: O.C.G.A. Sec. 37-7-2.
History. Original Rule entitled "Registry of Clinical Evaluators" adopted. . F. Nov. 22, 2011; eff. Dec. 12, 2011.

Rule 82-2-1-.05. Clinical Evaluation Process.

(1) Clinical evaluations shall only be administered at locations approved by the department by clinical evaluators' who have been approved by the department to conduct such evaluations and who appear on the registry of clinical evaluators.

(2) All clinical evaluations shall consist of a clinical interview and a review of the client's standardized screening instrument administered by the risk reduction program. In addition, the clinical evaluator shall utilize one or more assessment instruments approved by the department.

(3) Information obtained from the clinical evaluation must be sufficient to diagnose or rule out a substance-related disorder according to current DSM criteria and to recommend an appropriate ASAM level of service. If treatment is recommended, the evaluator shall recommend either short term treatment for clients requiring services no higher than ASAM level I, or longer term treatment for a client requiring services at ASAM level I or higher. The department will direct and define by policy the range of hours per week and

the range of weeks of treatment required for short term treatment and longer term treatment.

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

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

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

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

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

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

Cite as Ga. Comp. R. & Regs. R. 82-2-1-.05
Authority: O.C.G.A. Sec. 37-7-2.
History. Original Rule entitled "Clinical Evaluaton Process" adopted. F. Nov. 22, 2011; eff. Dec. 12, 2011.

Rule 82-2-1-.06. Registry of Treatment Providers.

(1) **Application Process.** No provider may provide treatment required pursuant to O.C.G.A. 40-5-63.1 or O.C.G.A. 40-6-391 without first having obtained approval by the department, having been placed by the department on the registry of treatment providers and, as applicable, being on active registry status. All applications shall be submitted on forms prepared by the department, following a procedure outlined by the department. In addition, the department may require applications or related documents to be submitted

electronically, through a secure website, following procedures specified by the department. The application shall include all information, fees, and documents designated by the department and shall be truthful, accurate and complete. The department may require any applicant for treatment provider to submit additional information or verification that is reasonably related to making an approval determination.

(2) **Criteria for Approval.**

(a) In order to be placed on the registry of treatment providers, a treatment provider must provide a program description specifying which ASAM levels of care will be offered and demonstrating the capability to offer the specified level(s) of care;

(b) Treatment providers offering services at ASAM level 11.1 or higher must be licensed by the department's Office of Regulatory Services as a drug abuse treatment program;

(c) Treatment providers who will only offer ASAM level I services must provide direct treatment services or clinical supervision of treatment services. An ASAM level I treatment provider must have one of the following combinations of professional licensure, credentials and experience:

1. Certification as an addiction medicine specialist by the American Society of Addiction Medicine;

2. Certification in addiction psychiatry by the American Board of Psychiatry and Neurology;

3. Certification by the Georgia Addiction Counselors Association as a Certified Addiction Counselor II;

4. Certification by the National Association of Alcoholism and Drug Abuse Association;

5. Certification by the International Certification and Reciprocity Consortium;

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

7. Licensure under O.C.Q.A. Title 43 as a physician, psychologist, professional counselor, social worker,, marriage and family therapist, advanced practice nurse, registered nurse with bachelor's degree in nursing, or certification as an employee assistance -professional, and

(i) documentation of at least 3,000 hours in the five-year period prior to application, of clinical experience in the', treatment of persons who are addicted to alcohol or other drugs, and

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

(3) **Training and Continuing Education**. Each treatment provider will attend training and orientation sponsored by the department within six months prior to being placed on the registry. Each treatment provider will ensure that all persons whom the treatment provider supervises in providing direct services will complete, every two years, a minimum of 20 contact hours of continuing education in the field of substance abuse which has been approved by the department. The department will not approve more than five hours of in-service training in each two-year period.

(4) **Ongoing Qualifications.**

(a) Each treatment provider who is approved and placed on the registry of treatment - providers shall continue to meet at least the required criteria for approval and meet continuing education requirements for placement on the registry, and upon request shall - provide documentation showing evidence thereof. Upon renewal or reissuance-of any applicable licensure, certification or credentialing, or upon request by the department, the treatment provider shall provide a copy of the renewed or reissued license, certification or credentialing to the department.

(b) Each treatment provider shall notify the department within 30, days of the occurrence if the provider's license, certification or credentialing is revoked, suspended,; terminated, or otherwise lost. The treatment provider may not provide treatment after the effective date of the revocation, suspension, termination, or other loss of licensure, certification or credentialing.

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

(5) **Active Registry Status.** The department may provide' for the registry to be available for viewing on the Internet. Once placed on the registry of treatment providers, an individual w ill continue to be listed in active registry status unless one of the following events occurs, which event shall constitute a basis for revocation:

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

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

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

(d) The treatment provider ceases to meet the qualifications listed above, including but not limited to failing to complete required continuing education and training, failing to ensure the training and adequate supervision of persons providing direct services, or the loss of any licensure, certification or credentialing upon which approval was based; or

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

(6) **Reinstatement.** If as treatment provider is removed from active registry status in accordance with the above, the treatment provider's approval is revoked and the treatment provider must submit a new application in order to return to active registry status, including an application fee, the amount of which shall be determined from time to time by the Board of Behavioral Health and Developmental Disabilities. The department may also require the treatment provider to comply satisfactorily with a corrective action plan to correct any deficiencies under these rules or other requirements of the Department.

Cite as Ga. Comp. R. & Regs. R. 82-2-1-.06
Authority: O.C.G.A. Sec. 37-7-2.
History. Original Rule entitled "Registry of Treatment Providers" adopted. F. Nov. 22, 2011; eff. Dec. 12, 2011.

Rule 82-2-1-.07. Treatment Requirements.

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

(2) Longer term treatment (ASAM level I, or higher levels) shall consist of a minimum of three hours of treatment per week. Such treatment may include individual and group counseling, family therapy, vocational counseling, occupational and recreational therapy, psychotherapy and other therapies. In addition attendance at 12-step or other self-help

meetings may be required, but time spent attending such groups will not count as part of the required three-hour treatment minimum.

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

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

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

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

Cite as Ga. Comp. R. & Regs. R. 82-2-1-.07
Authority: O.C.G.A. Sec. 37-7-2.
History. Original Rule entitled "Treatment Requirements" adopted. F. Nov. 22, 2011; eff. Dec. 12, 2011.

Rule 82-2-1-.08. Records.

(1) Confidentiality. All client records shall be confidential and shall be maintained and disclosed in accordance with the provisions of Volume 42 of the Code of Federal Regulations, 42 Part 2,"Confidentiality of Alcohol and Drug Abuse Patient Records," now and hereafter amended, as well as the Health Insurance Portability and Accountability Act of 1996 and attendant privacy and security regulations, as now and hereafter amended.

(2) Transfer of Records,

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

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

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

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

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

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

1. Copy of the risk reduction program certificate of completion;
2. Original Evaluation Contract
3. Screening instrument results transferred from risk reduction program;
4. Evaluation results and treatment referral;
5. Signed authorizations for release(s) of information
6. Copy of referral/enrollment form along with name and address of treatment provider to whom referral was sent;
7. Documentation of eligibility for sliding scale fee, if applicable; and
8. Any other information designated by the department.

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

(a) Treatment Enrollment, Transfer and Completion Report. Each treatment provider shall prepare monthly treatment enrollment, transfer and completion reports on an electronic form designated by the department and submit the forms electronically

as designated by the department. These reports will show all clients who have enrolled in treatment, transferred to another program and completed treatment each month.

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

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

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

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

Cite as Ga. Comp. R. & Regs. R. 82-2-1-.08
Authority: O.C.G.A. Secs. 37-7-2, 40-5-83.
History. Original Rule entitled "Records" adopted. F. Nov. 22, 2011; eff. Dec. 12, 2012.

Rule 82-2-1-.09. Client Contracts.

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

Cite as Ga. Comp. R. & Regs. R. 82-2-1-.09
Authority: O.C.G.A, Sec. 37-7-2.
History. Original Rule entitled "Client Contracts" adopted. F. Nov. 22, 2011; eff. Dec. 12, 2011.

Rule 82-2-1-.10. Treatment/Enrollment Forms for Multiple of Habitual Offenders.

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

(a) **Requests for Treatment/Enrollment Forms.** Upon written request of a treatment provider, the department will send treatment/enrollment forms within two weeks to the treatment provider's mailing address currently on file with the department.

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

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

(d) **Falsifying or Altering Treatment/Enrollment Forms.-**Treatment/enrollment forms are official state documents which under some circumstances can be used to obtain a probationary driver's license or, for driver's license reinstatement. Pursuant to Title 16 of the Georgia' Code it is a crime to knowingly falsify, alter or fraudulently use an official document or certificate.

Cite as Ga. Comp. R. & Regs. R. 82-2-1-.10
Authority: O.C.G.A. Secs. 16-10-8, 16-10-20, 37-7-2.
History. Original Rule entitled "Referral/Enrollment Forms" adopted. F. Nov. 22, 2011; eff. Dec. 12, 2011.

Rule 82-2-1-.11. Certificates of Treatment Completion.

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

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

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

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

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

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

Cite as Ga. Comp. R. & Regs. R. 82-2-1-.11
Authority: O.C.G.A. Secs. 16-10-8, 16-10-20, 37-7-2.
History. Original Rule entitled "Certificates of Treatment Completion" adopted. F. Nov. 22, 2011; eff Dec. 12, 2011.

Rule 82-2-1-.12. Inspections and Investigations.

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

Cite as Ga. Comp. R. & Regs. R. 82-2-1-.12
Authority: O.C.G.A. Sec. 37-7-2.
History. Original Rule entitled "Inspections and Investigations" adopted. F. Nov. 22, 2011; eff. Dec. 12, 2011.

Rule 82-2-1-.13. Enforcement of Program Requirements.

(1) When the department finds that any applicant for the registry of clinical evaluators or treatment providers does not fulfill the requirements of these rules, the department may, subject to notice and opportunity for a hearing, refuse to place the applicant on the applicable registry; provided, however, that the department shall not be required to hold a hearing prior to taking such action.

(2) The department may remove a clinical evaluator or treatment provider from the registry for noncompliance with program requirements. Removal from the registry can be temporary, in the form of a suspension, or permanent, depending on the severity of the violation and the evaluator's or provider's history of compliance. In lieu of removal, the department may revoke the authority of the clinical evaluator or treatment provider to evaluate or enroll new clients.

Cite as Ga. Comp. R. & Regs. R. 82-2-1-.13
Authority: O.C.G.A. Sec. 37-7-2.
History. Original Rule entitled "Enforcement of Program Requirements" adopted. F. Nov. 22, 2011; eff. Dec. 12, 2011.

Rule 82-2-1-.14. Applicability of Georgia Administrative Procedure Act.

All enforcement actions resulting from this chapter shall be administered in accordance with Chapter 13 of Title 50 of the Official Code of Georgia Annotated, the Georgia Administrative Procedure Act. Any request for a hearing in response to any enforcement action taken pursuant to this chapter shall be in writing and must be submitted to the department no later than 10 calendar days from the date of receipt of any written notice of intent by the department to impose an enforcement action.

Cite as Ga. Comp. R. & Regs. R. 82-2-1-.14
Authority: O.C.G.A. Secs. 37-7-2, 50-13-1.
History. Original Rule entitled "Applicability of Georgia Administrative Procedure Act" adopted. F. Nov. 22, 2011; eff. Dec. 12, 2011.

Rule 82-2-1-.15. Severability.

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

Cite as Ga. Comp. R. & Regs. R. 82-2-1-.15
Authority: O.C.G.A. Sec. 37-7-2.
History. Original Rule entitled "Severability" adopted. F. Nov. 22, 2011; eff. Dec. 12, 2011.

Chapter 82-3. .

Subject 82-3-1. ADULT CRISIS STABILIZATION UNITS.

Rule 82-3-1-.01. Legal Authority.

These regulations have been promulgated to ensure that basic statutory licensing requirements to operate Adult Crisis Stabilization Units (CSUs) and any associated Crisis Service Center (CSC) and/or Temporary Observation (Temp Obs) functions are met and to ensure that organizations providing this service promote the empowerment and recovery of the individuals they serve. These rules are adopted and published pursuant to the Official Code of Georgia Annotated (O.C.G.A) Sec. 37-1-29. These rules and regulations supersede any and all prior operational standards related to the designation or certification of Crisis Stabilization Units.

Cite as Ga. Comp. R. & Regs. R. 82-3-1-.01
Authority: O.C.G.A. Sec. 37-1-29.
History. Original Rule entitled "Legal Authority" adopted. F. Jun. 30, 2011; eff. July 20, 2011.
Amended: F. Mar. 9, 2015; eff. Mar. 29, 2015.

Rule 82-3-1-.02. Title and Purpose.

1. The purpose of these rules is to establish general licensing procedures, operational requirements and enforcement procedures required by the Department of Behavioral Health and Developmental Disabilities (DBHDD) for CSUs. The issuance of a CSU operating license requires compliance with these rules and regulations and authorizes the

licensee to establish services to meet the needs of the individuals in a safe, therapeutic environment and to set forth the minimum requirements for providing short term residential, psychiatric stabilization and detoxification services.

2. Compliance with this chapter does not constitute release from the requirements of other applicable federal, state, or local laws, codes, rules, regulations and ordinances. This chapter must be followed where it exceeds other codes and ordinances.

3. Licensure of the CSU does not constitute an entitlement to any type or level of funding by DBHDD.

Cite as Ga. Comp. R. & Regs. R. 82-3-1-.02
Authority: O.C.G.A. Secs. 37-1-29, 37-3-1*et seq.*, 37-7-1*et seq.*
History. Original Rule entitled "Title and Purpose" adopted. F. Jun. 30, 2011; eff. July 20, 2011.
Amended: F. Mar. 9, 2015; eff. Mar. 29, 2015.

Rule 82-3-1-.03. Definitions.

The following words and terms, when used in this chapter, shall have the following meanings, unless the context clearly indicates otherwise:

1. Abuse means any unjustifiable intentional or grossly negligent act, exploitation or series of acts, or omission of acts which causes physical or mental injury or endangers the safety of an individual, including but not limited to, verbal abuse, assault or battery, failure to provide treatment or care, or sexual harassment of the individual;

2. Adult means an individual who is either eighteen (18) years of age or older or an emancipated minor;

3. Advanced Practice Nursing means practice under a "Nurse Protocol Agreement", which is a written document, mutually agreed upon and signed by an APRN and a physician, by which the physician delegates to that APRN the authority to perform certain medical acts pursuant to O.C.G.A. Sec. 43-34-25, which may include without being limited to, the ordering of drugs, medical devices, medical treatments, diagnostic studies, or in life-threatening situations radiographic imaging tests;

1. Advanced Practice Registered Nurse, (hereinafter referred to as APRN), means a registered professional nurse licensed under Title 43, Chapter 25 of the Official Code of Georgia Annotated, who is recognized by the Georgia Board of Nursing as having met the requirements established by the Georgia Board of Nursing to engage in advanced nursing practice and who holds a master's degree or other graduate degree approved by the Georgia Board of Nursing and national board certification in his or her area of specialty, or a person who is recognized as an advanced practice registered nurse by the Georgia Board of Nursing on or before June 30, 2006;

2. Behavioral Health Crisis Center (BHCC) is a CSU which includes CSC and Temp Obs functions and has the capacity to accept individuals in crisis who can present for screening, assessment and evaluation by the appropriate practitioner and can receive referral to the next appropriate level of care. A BHCC is licensed as CSU and all provisions herein apply;

3. Certificate of Need as defined in O.C.G.A. Sec. 31-6-2 means an official determination by the Department of Community Health (DCH), evidenced by certification issued pursuant to an application, that the action proposed in the application satisfies and complies with the criteria contained in the Georgia Code and rules promulgated by DCH;

4. Certified Addiction Counselor means an individual who is certified by one of the approved certifying bodies recognized by the state of Georgia, i.e. the Alcohol and Drug Abuse Certification Board of Georgia or the Georgia Addiction Counselor's Association;

5. Charge Nurse means a registered nurse who has the responsibility for coordination and supervision of nursing services during the period of a work shift;

6. Chemical Restraint means an over-the-counter or prescribed medication or drug that is administered to manage an individual's behavior in a way that reduces the safety risk to the individual or to others that has the effect of reducing the individual's freedom of movement and that is not a standard treatment for the individual's medical or psychiatric condition;

7. Chief Executive Officer (CEO) means the person, by whatever title used, whom the governing body has delegated the responsibility for the management and operation of the facility including the implementation of the rules and policies adopted by the governing body;

8. Commissioner means the commissioner of the Department of Behavioral Health and Developmental Disabilities (DBHDD);

9. Contraband means any item or article of property that poses a threat to the security and safety of the CSU and any associated CSC and/or Temp Obs individuals, employees, visitors or public, or other items prohibited by CSU or state law;

10. Crisis Bed means any bed operated by the Crisis Stabilization Unit excepting transitional beds as defined within;

11. Crisis Service Center (CSC) provides short-term intervention designed to be time limited, generally a single episode that stabilizes the individual and moves them to the appropriate level. CSCs are generally open twenty-four hours, seven day a week and provide walk-in capacity for assessment, stabilization, and referral;

12. Crisis Stabilization Unit (CSU) means a medically monitored short-term residential program that is licensed by the Department under these rules and designated by the Department as an emergency receiving and evaluating facility to provide emergency disability services that include providing psychiatric stabilization and detoxification

services twenty-four hours a day, seven days a week. If a CSU operates a CSC and/or Temp Obs area in conjunction with the CSU, these areas are considered a part of the CSU for the purposes of these Rules and Regulations, as determined necessary and applicable by DBHDD to meet the needs of individuals in a safe, therapeutic environment;

13. Department means the Department of Behavioral Health and Developmental Disabilities (DBHDD);

14. Emancipated minor means a person who is at least sixteen (16) but less than eighteen (18) years of age where the rights of the minor's parents to the custody, control, services, and earnings of the minor have been terminated by operation of state law or pursuant to a valid emancipation order issued by a court of competent jurisdiction;

15. Emergency Disability Services provided in a CSU and any associated CSC and/or Temp Obs means services provided to individuals who meet criteria for admission to an emergency receiving and evaluating facility on voluntary or involuntary status;

16. Emergency Receiving Facility means a facility designated by the Department to receive individuals under emergency conditions as provided in Part 1 of Article 3 of Chapter 3, and Part 1 of Article 3 of Chapter 7 of Title 37 of the Official Code of Georgia Annotated;

17. Evaluating Facility means a facility designated by the Department to receive individuals for evaluations as provided in Part 2 of Article 3 of Chapter 3, and Part 2 of Article 3 of Chapter 7 of Title 37 of the Official Code of Georgia Annotated;

18. Governing Body means the Board of Trustees, the partnership, the corporation, the association, the person, group of persons or other legal entity that is legally responsible for operation of the CSU and any associated CSC and/or Temp Obs functions;

19. Individual means any person applying to, or receiving services in a CSU and any associated CSC and/or Temp Obs;

20. Individualized Recovery Plan (IRP) is the document that is initiated during an individual's admission to the CSU and is continued when the individual is discharged to the next level of care. The development of an IRP proceeds from a synthesis of (a) the reason for admission, (b) the individual's goals and choices, (c) treatment and recovery needs as identified by multidisciplinary assessments, (d) interventions, and (e) discharge criteria;

21. Involuntary Status means admission of an individual who has a mental illness or an addictive disorder and who meets clinical criteria for admission, but who is unable or unwilling to provide informed consent for services pursuant to O.C.G.A. Secs. 37-3-41, 37-7-41;

22. Law Enforcement Hold means that an individual is in the custody or control of law enforcement and must be discharged only to the custody of law enforcement;

23. License means the official authorization granted by the Department pursuant to any of the provisions of O.C.G.A. Sec. 37-1-29 and these rules to operate a CSU physically located in Georgia;

24. Licensed/Certified Clinician in a CSU setting and its associated CSC and/or Temp Obs means a person who is licensed or certified, as specified by professional practice acts, as a LCSW, LMSW, LPC, APC, LMFT, AMFT, PhD, Psychologist or a CACII;

25. Licensed Practical Nurse (LPN) means any person who holds a current license to practice nursing pursuant to O.C.G.A. Sec. 43-26-32*et seq*;

26. Licensing requirements means any provisions of law, rule, regulation, or formal order of the Department which apply to the CSU with respect to initial or continued authority to operate;

27. Manual Hold (also known as Manual Restraint or Personal Hold) means the application of physical force, without the use of any device, for the purpose of restricting the free movement of an individual's body regardless of duration or timeframe;

28. Medical Director means the chief medical officer who is physician with overall responsibility for treatment of individuals receiving services within the CSU and any associated CSC and/or Temp Obs or a physician appointed in writing as the designee of such chief medical officer;

29. Nursing Administrator means a full time employee of the CSU who:
    a. Is a registered professional nurse;
    b. Is responsible for:
        i. The management of the nursing staff in the CSU;
        ii. Effective nursing care systems; and
        iii. Ensuring continuous quality improvement in care.

30. Nursing staff, as used in these rules, means the licensed and unlicensed assistive personnel providing direct care twenty-four hours a day, seven days a week. This includes the registered nurse in charge, other registered nurses on duty, licensed practical nurses, and unlicensed assistive personnel in the employ of the CSU and any associated CSC and/or Temp Obs;

31. Physician means a person lawfully licensed in this state to practice medicine and surgery under the provisions of O.C.G.A. Sec. 43-34-20*et seq.* Physician, as used in these rules, means physician as well as those practitioners to whom the physician may delegate authority as defined in Physician Extender below;

32. Physician's Assistant means a skilled person who is licensed to a supervising physician and who is qualified by academic and practical training to provide patient services not necessarily within the physical presence but under the personal direction or supervision of the supervising physician pursuant to O.C.G.A. Sec. 43-34-102*et seq*;

33. Physician Extender means an advanced practice registered nurse or a physician's assistant to whom the physician may delegate authority as defined in O.C.G.A. Secs. 43-34-23, 43-24-25;

34. Plan of Correction means a plan for correcting deficiencies in meeting rules and regulations of the Department;

35. Psychiatrist means any physician certified as a diplomat in psychiatry by the America Board of Psychiatry and Neurology, or who has completed three (3) years of an approved residency training program in psychiatry and has had at least two (2) years of full-time practice in this specialty;

36. Registered Professional Nurse (RN) means any person who holds a current license to practice nursing under O.C.G.A. Sec. 43-26-3*et seq*;

37. Restraint means any method, device, material or equipment attached or adjacent to the individual's body that the individual cannot easily remove and that restricts freedom of movement or normal access to one's body. This includes use of a manual restraint; manual hold or personal hold; a physical device; a mechanical device; use of material that is any physical matter including cloth or fabric, or use of equipment;

38. Risk Mitigation Plan is a document which addresses safety management for CSUs for which the architectural structure and/or environment of care is not consistent with the applicable provision;

39. Seclusion means the involuntary confinement of an individual alone in a room or area of a room from which the individual is physically prevented from leaving;

40. Temporary Observation (Temp Obs) is a facility-based program that provides a physically secure and medically safe environment during which an individual in crisis is further assessed, stabilized and referred to the next appropriate level of care;

41. Transitional Bed means a bed utilized for an individual on voluntary status who is transferred by order of a physician from a crisis bed but who remains within the CSU in a transitional bed during transition into the community. The designation of a transitional bed is not limited to a specific bed, but can also reference the individual during his/her transitional status;

42. Treatment means care, diagnostic and therapeutic services, including the administration of medication, and any other service for an individual as defined in O.C.G.A. Sec. 37-3-1;

43. Treatment Facility means a facility designated by the Department to receive individuals for involuntary commitment for treatment ordered by the Probate Court provided in Part 3 of Article 3 of Chapter 3 and Part 3 of Article 3 of Chapter 7 of Title 37 of the Official Code of Georgia Annotated;

44. Treatment Team means physician, RN, licensed clinician, and related professionals such as, certified peer specialists, certified addiction counselors, etc;

45. Unlicensed Assistive Personnel, as used in these rules, means individuals in the employ of the CSU and any associated CSC and/or Temp Obs who provide direct care and oversight to individuals served in the CSU and any associated CSC and/or Temp Obs, including, but not limited to, vital signs, activities of daily living, safety observations, and other duties as assigned. Unlicensed assistive personnel may be referred to as psychiatric assistants; certified nursing assistants, mental health assistants, healthcare technicians, or other recognized industry terms;

46. Voluntary Status means admission of an individual who has a mental illness or an addictive disease who meets clinical criteria for admission, and who is able to understand and exercise the rights and powers of an individual on voluntary status pursuant to O.C.G.A. Secs. 37-3-20, 37-7-20.

Cite as Ga. Comp. R. & Regs. R. 82-3-1-.03
Authority: O.C.G.A. Sec. 37-1-29.
History. Original Rule entitled "Definitions" adopted. F. Jun. 30, 2011; eff. July 20, 2011.
Amended: F. Mar. 9, 2015; eff. Mar. 29, 2015.

Rule 82-3-1-.04. General Licensing Requirements.

1. A license is required to operate a CSU and its associated CSC and/or Temp Obs functions:
   a. No person, corporation or other entity shall offer or provide crisis stabilization services as defined in these rules unless designated as an emergency receiving and evaluating facility and licensed by the Department;

   b. An applicant shall obtain a license prior to admitting individuals;

   c. No license shall be issued by the Department unless the CSU and any associated CSC and/or Temp Obs functions are in compliance with these rules.

2. The CSU shall prominently and conspicuously display the license in a public area of the licensed premises that is readily visible to individuals, employees, and visitors. A CSU license shall not be altered.

3. A CSU license shall not be transferred or assigned and each CSU location shall be separately licensed.

4. The CSU shall obtain approval from the Department in writing for any change in bed capacity. Any change in Temporary Observation capacity shall also require Departmental approval.

5. The CSU shall notify the Department in writing at least thirty (30) days prior to, or in the event of an emergent change, within seventy-two (72) hours of any of the following occurrences:

    a. Any construction, renovation, or modification of the CSU, CSC and/or Temp Obs buildings;

    b. Date of cessation of operation of the CSU;

    c. Moving to a new location;

    d. Change in CSU name or telephone number;

    e. Change in ownership; or f. Change in agency CEO, medical director, and/or nurse administrator of the CSU.

6. The license shall be returned to the Department immediately after the notification date When a CSU ceases to operate, is moved to another location, changes ownership, or the license is suspended or revoked. Failure to return the CSU license to the Department shall not mean the CSU is licensed. If the CSU receives notice from the Department that the license is no longer valid, the CSU shall no longer be considered to be licensed.

7. The Department may deny an agency a license for reasons, including but not limited to:

    a. The applicant fails to provide the required application or renewal information;

    b. Operation of a CSU which has been decertified or had its contract cancelled under the Medicare or Medicaid program in any state; federal Medicare or state Medicaid sanctions or penalties; federal or state tax liens; unsatisfied final judgments; eviction involving any property or space used as a CSU; unresolved state Medicaid or federal Medicare audit; denial, suspension, or revocation of a hospital license, belonging to the governing body, owner or operator of an applicant, for a license for any health care facility in any state; a court injunction prohibiting ownership or operation of a facility;

    c. Violation of any rules, regulations, local, state and federal laws.

Cite as Ga. Comp. R. & Regs. R. 82-3-1-.04
Authority: O.C.G.A. Sec. 37-1-29.
History. Original Rule entitled "General Licensing Requirements" adopted. F. Jun. 30, 2011; eff. July 20, 2011.
Amended: F. Mar. 9, 2015; eff. Mar. 29, 2015.

Rule 82-3-1-.05. Application Requirements.

1. An application for a license to provide CSU and any associated CSC and/or Temp Obs services/functions shall be submitted on forms made available by the Department in a format acceptable to the Department. No application shall be acted upon by the Department until the application is determined complete by the Department with all required attachments submitted.

2. The applicant shall submit the following documents to the Department no later than ninety (90) calendar days prior to the projected opening date of the CSU and any associated CSC and/or Temp Obs functions:
   a. An accurate and complete application form;
   b. A working budget showing projected revenue and expenses for the first year of operation, including revenue plan;
   c. Documentation of working capital:
      i. Funds or a line of credit sufficient to cover at least 90 days of operating expenses if the applicant is a corporation, unincorporated organization or association, a sole proprietor or a partnership;
      ii. Appropriate revenue if the applicant is a state or local governmental agency, board or commission.
   d. Documentation of authority to conduct business in the State of Georgia;
   e. A separate twenty-four hour staffing plan for each service/function (CSU, CSC and/or Temp Obs) which includes nurses and physicians;
   f. A floor plan with dimensions and with space and room function designations;
   g. Number of proposed CSU beds; and proposed capacity in Temp Obs;
   h. Photocopies of operating agreements with healthcare providers to provide care that is beyond the scope of the facility;
   i. A program description signed by the medical director that includes, consistent with these rules and Department policy, admission and discharge criteria and procedures, including reasons for denial of admission, for both voluntary and involuntary individuals who do not meet admission criteria;
   j. Proposed daily schedule of treatment and education options throughout twelve waking hours each day, to include treatment and educational opportunities responsive to the mental health, physical health and addictive disorder issues represented by individuals receiving services;

k. Fire Safety Documentation:

a. For new construction, additions, and renovation projects, written approval by the local Building authority as well as well as a fire safety report (e.g., Fire Safety Inspection Report or a Certificate of Occupancy) in the jurisdiction in which the CSU and any associated CSC and/or Temp Obs is based, must be submitted before a license is issued;

b. For buildings already constructed, a copy of a fire safety report indicating approval by the local fire authority for the jurisdiction in which the CSU and any associated CSC and/or Temp Obs is based, dated within the last twelve (12) months of the projected opening date must be submitted before a license is issued.

l. Documentation of agency accreditation as required by Departmental policy.

3. The Department shall conduct announced or unannounced on-site reviews of all facilities and services to determine compliance with the rules and regulations to operate a CSU and any associated CSC and/or Temp Obs functions, prior to a license being granted.

Cite as Ga. Comp. R. & Regs. R. 82-3-1-.05
Authority: O.C.G.A. Sec. 37-1-29.
History. Original Rule entitled "Application requirements" adopted. F. Jun. 30, 2011; eff. July 20, 2011.
Amended: F. Mar. 9, 2015; eff. Mar. 29, 2015.

Rule 82-3-1-.06. Issuance of Initial and Renewal of License.

1. When the Department determines that the applicant is in compliance with all applicable rules and regulations, the Department shall issue an initial license to the applicant.

a. The initial license for a new facility is valid for the first year of operation. The term of the initial license may not exceed one (1) year from the date of issuance;

b. Prior to expiration of the initial license, the Department shall conduct a review of the CSU and/any associated CSC and/or Temp Obs functions for compliance with all applicable rules and regulations;

c. Pursuant to a satisfactory review, the Department shall issue a license which shall be valid for a period of up to two (2) years.

2. It shall be the responsibility of the CSU to complete and submit a renewal application for licensure, as required by the Department, which is postmarked at least ninety (90) calendar days prior to the expiration date of the current license. If the CSU fails to submit the completed renewal application, the Department shall provide notice by certified mail

advising that unless the renewal application and licensure review is satisfactorily completed, the CSU is operating without a valid license and is subject to sanctions.

Cite as Ga. Comp. R. & Regs. R. 82-3-1-.06
Authority: O.C.G.A. Sec. 37-1-29.
History. Original Rule entitled "Issuance of Initial and Renewal of License" adopted. F. Jun. 30, 2011; eff. July 20, 2011.
Amended: F. Mar. 9, 2015; eff. Mar. 29, 2015.

Rule 82-3-1-.07. Operational Scope of Services.

Each CSU shall have a detailed description of the scope of services under which the CSU operates that includes, but is not limited to:

1. The CSU and any associated CSC shall describe its capacity to serve both voluntary and involuntary individuals;

2. The CSU and any associated CSC and/or Temp Obs shall clearly state in its policy that it is not a treatment facility as defined in O.C.G.A. Secs. 37-1-29, 37-3-1(18);

3. The services offered within the CSU shall be provided in a community based setting, and shall be described as crisis residential services rather than inpatient or hospital level of care service;

4. The CSU shall not advertise or hold itself out as a hospital nor shall it bill for hospital or inpatient services;

5. The CSU shall be exempt from any requirement of Georgia's Certificate of Need (CON) program;

6. The facility shall pursue with due diligence operating agreements in writing, with one or more healthcare providers, to provide care that is beyond its scope:

   a. Operating agreements shall be updated at a minimum every five (5) years as evidenced by date and signatures on the agreement document;

   b. The operating agreement with an inpatient treatment facility shall include the agreement that the CSU shall transfer the individual to the treatment facility on the existing involuntary legal document in sufficient time for the treatment facility to evaluate the individual and petition the court for involuntary treatment as necessary.

7. The average annual length of stay in the crisis beds of the CSU shall not exceed eight (8) calendar days;

8. The CSU shall report census and length of stay data as required to the Department for both crisis and transitional beds, respectively;

9. The CSU shall give priority consideration to serving those individuals without private health care coverage;

10. Individuals shall be billed in accordance with Departmental policy on payment for services;

11. The CSU and any associated CSC and/or Temp Obs shall not refuse service to receive, evaluate, or stabilize any individual who meets criteria for services as defined in O.C.G.A. Sec. 37-1-29 and Departmental Policy;

12. The CSU shall not operate solely as a twenty-four hour residential service offering detoxification.

Cite as Ga. Comp. R. & Regs. R. 82-3-1-.07
Authority: O.C.G.A. Secs. 37-1-29, 37-2-11.
History. Original Rule entitled "Operational Scope of Services" adopted. F. Jun. 30, 2011; eff. July 20, 2011.
Amended: F. Mar. 9, 2015; eff. Mar. 29, 2015.

Rule 82-3-1-.08. Program Description.

Each CSU shall have a description of services which shall clearly state the following:

1. The CSU is designed to serve as a first-line community based alternative to hospitalization, offering psychiatric stabilization and detoxification services on a short-term basis;

2. The target population is adults (eighteen (18) years or older). Individuals may also have other co-occurring diagnoses;

3. Emancipated minors may be served when the need for stabilization can be met when they do not need specialized adolescent services, and when their life circumstances demonstrate they are more appropriately served in an adult environment. Admissions to the CSU must be approved by the medical director;

4. Psychiatric stabilization and residential detox services are offered at a clinical intensity level which supports the level of care in DBHDD contracts and the DBHDD Provider Manual for Community Behavioral Health Providers;

5. The CSU and any associated CSC and/or Temp Obs shall have policies and procedures for identifying and managing individuals who meet the diagnostic criteria for a Substance Dependence Disorder;

6. The CSU and any associated CSC and/or Temp Obs shall have policies and procedures for providing a planned regimen of twenty-four hour professionally driven evaluation, care and treatment services for individuals who meet the diagnostic criteria for a Substance Dependence Disorder. All services offered within the CSU and any associated CSC and/or Temp Obs shall be provided under the direction of a physician. Consultation by a psychiatrist shall be available if the covering physician is not a psychiatrist;

7. A physician or psychiatrist shall be on call twenty-four hours a day and shall make rounds seven days a week. The physician is not required to be on site twenty-four hours a day, however the physician must respond to staff calls immediately (delay not to exceed one (1) hour);

8. The CSU and any associated CSC and/or Temp Obs shall provide emergency receiving, screening, and evaluation services twenty-four hours a day, seven days a week and shall have the ability to admit and discharge seven days a week;

9. The CSU and any associated CSC and/or Temp Obs shall have policies and procedures for identifying and managing individuals at high risk of suicide or intentional self- harm;

10. The functions performed by staff whose practice is regulated or licensed by the State of Georgia are within the scope allowed by state law and professional practice acts;

11. The CSU shall have a full-time position classified as a nursing administrator.

12. The CSU shall have an RN present within the CSU twenty-four hours a day, seven days a week who is the charge nurse for the CSU. For every thirty (30) CSU beds there shall be one (1) RN present at all times;

13. Staffing for the CSU shall be established based on the needs of individuals being served as follows:
    a. At all times there shall be at least two (2) nursing staff present within the CSU including the charge nurse (if the charge nurse is an APRN, then he/she may not simultaneously serve as the accessible physician during the same shift);

    b. The ratio of nursing staff to individuals shall not be less than 1:8 (including the charge)

    c. The ratio of nursing staff to individuals shall increase on the basis of the clinical care needs of the individual, including required levels of observation for high risk individuals;

    d. If a nursing staff is assigned a 1:1 support role, then he/she shall not be counted in the 1:8 ratio above;

e. Utilization of licensed practical nurses (LPNs) in CSU shall be to provide technical support to the registered nurse by performing duties specified in O.C.G.A. Sec. 43-26-3*et seq.*

14. Program offerings for the CSU shall be designed to meet the biopsychosocial stabilization needs of each individual, and the therapeutic content of the program (group therapy/training, individual therapy/training, education support, etc.) shall be annually approved by a licensed/certified clinician. This content is captured in a master file which will have the licensed clinician's approval, signature and date of review;

15. The CSU and any associated CSC and/or Temp Obs shall have protocols with respect to stabilization and transfer of individuals to a different level of care. The treating physician shall make the determination as to the time and manner of transfer to ensure no further deterioration of the individual during the transfer between facilities, and shall specify the benefits expected from the transfer in the individual's record;

16. The CSU shall designate a specific number of beds which may be used as a crisis bed or as a transitional bed with Department approval;

17. A physician must write an order for the individual's change in status from CSU crisis status to transition status. The CSU must record the date of transfer and the length of stay in the transitional bed for each episode of care.

Cite as Ga. Comp. R. & Regs. R. 82-3-1-.08
Authority: O.C.G.A. Secs. 37-1-29, 43-26-12*et seq.*
History. Original Rule entitled "Program Description" adopted. F. Jun. 30, 2011; eff. July 20, 2011.
Amended: F. Mar. 9, 2015; eff. Mar. 29, 2015.

Rule 82-3-1-.09. Evaluation and Admissions.

1. The CSU must have written protocols for screening individuals presenting for evaluation pursuant to O.C.G.A Secs. 37-3-41 and 37-7-41. If screening results in an individual not being offered services or admitted to the CSU, the CSU shall maintain documentation of the rationale for the denial of services and referral of the individual.

2. Level of Care instruments defined in the DBHDD Provider Manual for Community Behavioral Health Providers will be utilized to determine the required need and resulting level of care for admission to the CSU.

3. The CSU shall not admit individuals presenting with issues listed under "Exclusion Criteria" in the Department's policy on medical exclusion guidelines and criteria. The CSU staff shall ask the referral source for information regarding the medical status of the individual. If there are medical status issues, the CSU physician may request additional

information or waive medical clearance when clinically appropriate or when medical clearance is not available.

4. The CSU shall not refuse to receive for evaluation an individual who presents to the CSU for evaluation and/or stabilization.

5. Staff shall conduct a search of the individual, his or her clothing, and all personal effects before admission to the unit.

6. Personal searches of individuals (e.g. strip searches) are to be performed only for cause and shall be ordered by the physician. The rationale for the personal search must be clearly documented in the order. Sequential steps of the search, including documentation of staff involved by name and title, must be recorded in the progress notes section of the clinical record. Mandatory removal of clothing or standing orders for personal searches is not permitted.

7. An initial screening for risk of suicide or harm to others shall be conducted for each individual presenting to the CSU, and its associated CSC and/or Temp Obs for evaluation.

8. A physician must assess each individual within twenty-four (24) hours of admission, to the CSU, document the findings of the assessment(s), and write orders for care.

9. Orders for care shall include the clinically appropriate level of observation for the individual.

Cite as Ga. Comp. R. & Regs. R. 82-3-1-.09
Authority: O.C.G.A. Secs. 37-1-29, 37-3-143, 37-3-162, 37-7-143, 37-7-162.
History. Original Rule entitled "Admissions" adopted. F. Jun. 30, 2011; eff. July 20, 2011.
Amended: New title "Evaluation and Admissions." F. Mar. 9, 2015; eff. Mar. 29, 2015.

Rule 82-3-1-.10. Provision of Individualized Care.

1. An Individualized Recovery Plan (IRP) shall be developed and written within seventy- two (72) hours of admission on the basis of assessments conducted by the physician, registered nurse and professional social work or counseling staff. A major goal of each IRP shall be the individual's stabilization and recovery. For individuals with both substance abuse and mental health diagnoses, the IRP shall address issues relative to both diagnoses.

2. At a minimum, this IRP shall be developed in collaboration with the individual, and shall include the following:
   a. A problem statement or statement of needs to be addressed;

b. Goals that are consistent with the individual's needs, realistic, measurable, linked to symptom reduction, and attainable by the individual during the individual's projected length of stay;

c. Objectives, stated in terms that allow measurement of progress, that build on the individual's strengths;

d. Specific treatment offerings, methods of treatment and staff responsible to deliver the treatments;

e. Interventions and preferred approaches that are responsive to findings of past trauma and abuse;

f. Evidence of involvement by the individual, as documented by his or her signature or refusal/ability to sign;

g. Signatures of all staff participating in the development of the plan.

3. The IRP shall be reviewed at a minimum every seventy-two (72) hours by a treatment team to assess the need for the individual's continued stay in the CSU. The IRP shall be updated as appropriate when the individual's condition or needs change.

4. The physician shall, at a minimum:
   a. Conduct the initial assessment of the individual;

   b. Establish a diagnosis and write care orders;

   c. Document the rationale for medications prescribed;

   d. Assess the individual's response to care and services provided; and

   e. Conduct an assessment of the individual at the time of discharge.

5. Discharge summary information shall be provided to the individual at the time of discharge that includes:
   a. Criteria describing evidence of stabilization and discharge planning;

   b. Significant findings relevant to the individual's recovery (strengths, needs, preferences);

   c. Specific instructions for ongoing care;

   d. Individualized recommendations for continued care to include recovery supports, community services, if indicated; and

e. Contact information for how to access community services.

Cite as Ga. Comp. R. & Regs. R. 82-3-1-.10
Authority: O.C.G.A. Secs. 37-1-29, 37-3-64, 37-3-162, 37-7-64, 37-7-162.
History. Original Rule entitled "Provision of Individualized Care" adopted. F. Jun. 30, 2011; eff. July 20, 2011.
Amended: F. Mar. 9, 2015; eff. Mar. 29, 2015.

Rule 82-3-1-.11. Documentation of Care.

The CSU shall maintain a clinical record for each individual, which may be recorded manually or electronically. The clinical record shall contain chronological information on all matters relating to the admission, care and treatment, discharge and legal status of the individual, and shall include documents relating to the individual. The clinical record shall include at least the following:

1. Record of evaluation for admission and outcome of the evaluation, including the date, time, name and credentials of the professional conducting the evaluation;

2. Legal status documents for admission and continued stay in the CSU, as detailed in O.C.G.A. Secs. 37-3-1*et seq.* and 37-7-1 *et seq*;

3. Documentation of guardianship, whenever applicable;

4. Assessments, to include psychiatric, physical health, nursing and psychosocial status; physician orders;

5. Every order given by telephone shall be received by an RN or LPN and shall be recorded immediately with the ordering physician's name, and shall be reviewed and signed by a physician within twenty-four (24) hours. Specific to the ordering of medication, documentation shall demonstrate evidence that an order was made by telephone, the content of order, and date of the order;

6. Documentation by the physician of the individual's response to care, including rationale for changes in orders or levels of observation;

7. An IRP which specifies individualized interventions responsive to the needs of the individual;

8. Documentation of implementation of interventions, including the individual's response to the interventions;

9. Location and type of treatment or education provided, including the date and time of treatment or education, the name and credentials of the professional or other staff providing the service, and the response of the individual to the treatment or education;

10. Evidence of progress toward stabilization and recovery, or lack thereof;

11. Documentation of medical testing (if any), medical findings and medical care needs or interventions provided;

12. Documentation of continued stay justifications;

13. Documentation at least once per day by an RN as to the status of the individual;

14. Documentation of events or incidents that affect care and treatment, including the individual's response;

15. Record of implementation of emergency safety interventions of last resort (seclusion or restraint), if implemented;

16. Name and title of staff providing care and treatment; and

17. Discharge notes and aftercare plans, including the individual's status at discharge, ongoing needs, aftercare plan, and the date, time and method of discharge.

Cite as Ga. Comp. R. & Regs. R. 82-3-1-.11
Authority: O.C.G.A. Secs. 37-1-29, 37-3-162, 37-3-165, 37-3-166, 37-7-162, 37-7-165, 37-7-166.
History. Original Rule entitled "Documentation of Care" adopted. F. Jun. 30, 2011; eff. July 20, 2011.
Amended: F. Mar. 9, 2015; eff. Mar. 29, 2015.

Rule 82-3-1-.12. Protection and Safety of the Individual and of Others.

1. The CSU and any associated CSC and/or Temp Obs shall have procedures regarding authorized entry and/or exit between and from the facility services.

2. The CSU and any associated CSC and/or Temp Obs shall have policies and procedures to protect and respect individuals' rights and privacy while conducting searches.

3. The CSU and any associated CSC and/or Temp Obs shall have control of potentially injurious items, clearly defined in policy to include, but may not be limited to:
    a. Prohibition of flammables, toxins, ropes, wire clothes hangers, sharp-pointed scissors, luggage straps, belts, knives, shoestrings, or other potentially injurious items;

    b. Management of housekeeping supplies and chemicals, including procedures to avoid access by individuals during use or storage. Whenever practical, supplies and chemicals shall be non-toxic or non-caustic;

    c. Safeguarding use and disposal of nursing and medical supplies including drugs, needles and other "sharps" and breakable items.

4. Except as otherwise provided byassociated CSC and/or Temp Obs. The facility shall post notices regarding the prohibition of w law, weapons shall be prohibited at the CSU and any weapons at all entrances and shall have written protocols addressing the same.

5. The CSU and any associated CSC and/or Temp Obs shall develop and implement policies and practices, consistent with Departmental policy, that describe interventions to prevent crises and minimize incidents when they do occur, that are organized in a least to most restrictive sequence. The written policies and procedures shall:
    a. Emphasize positive approaches to interventions;

    b. Protect the health and safety of the individual served at all times;

    c. Specify the methods for documenting the use of the interventions; the admission assessment shall contain an assessment of past trauma or abuse, how the individual served would prefer to be approached should he or she become dangerous to him or herself or to others and the findings from this initial assessment shall guide the process for determining interventions.

6. The CSU shall develop and implement internal policies and practices for use of seclusion or restraint that are consistent with federal and state laws, rules, regulations and DBHDD policy:
    a. Seclusion or restraint, as defined in these regulations, shall be used only as an emergency safety intervention of last resort to ensure the physical safety of the individual and others, and shall be used only after less restrictive interventions have been determined to be ineffective;

    b. Seclusion or restraint shall not be used as punishment or for the convenience of staff

    c. Seclusion and restraint shall not be implemented simultaneously;

    d. All individuals placed in restraints shall be afforded full privacy away from other individuals receiving services;

    e. Chemical restraint as defined by the Code of Federal Regulations shall not be utilized under any circumstances;

    f. Staff and individuals shall be debriefed immediately following an episode of seclusion or restraint, identifying the circumstances leading up to the seclusion or restraint;

    g. The individual's IRP shall be updated following the debriefing of what led to a seclusion or restraint episode, including changes that could be made to prevent the situation from reoccurring or better support the individual if future issues do occur.

7. The CSU and any associated CSC and/or Temp Obs shall develop policies and procedures for implementing suicide prevention interventions addressing: screening, crisis safety plan, assessments, staffing, levels of observation and documentation in accordance with DBHDD policy.
    a. Policies and procedures shall require constant visual observations of persons clinically determined to be actively suicidal;
    b. A person assessed to be potentially suicidal shall be on a higher level of supervision;
    c. Modifications or removal of suicide prevention interventions shall require clinical justification determined by an assessment and shall be specified by the attending physician and documented in the clinical record;
    d. A registered professional nurse or other licensed/certified clinician may initiate suicide prevention interventions prior to obtaining a physician/psychiatrist's order, but in all instances must obtain an order within one (1) hour of initiating the intervention;
    e. Staff shall be debriefed immediately following a suicide attempt, identifying the circumstances leading up to the suicide attempt;
    f. The individual's IRP shall be updated following the debriefing of what led to the suicide attempt, including changes that could be made to prevent the situation from reoccurring or to better support the individual if future issues do occur.
8. Other high-risk behaviors such as assaultive behavior shall be addressed in the CSU policies and procedures.

Cite as Ga. Comp. R. & Regs. R. 82-3-1-.12
Authority: O.C.G.A. Secs. 16-11-127, 37-1-29, 37-3-162, 37-3-165, 37-7-162, 37-7-165.
History. Original Rule entitled "Protection and Safety of the Individual and of Others" adopted. F. Jun. 30, 2011; eff. July 20, 2011.
Amended: F. Mar. 9, 2015; eff. Mar. 29, 2015.

Rule 82-3-1-.13. Pharmacy Services and Management of Medication.

1. All pharmacy operations or services within the CSU must be licensed and under the direct supervision of a registered pharmacist or provided by contract with a licensed pharmacy operated by a registered pharmacist.
2. The CSU must ensure access to pharmacy services for prescription medications within eight (8) hours of the physician's order.

3. Stat medication not maintained in the CSU must be available for administration within one (1) hour of the order to give the medication.

4. Any request for exemptions for requirements regarding a pharmacy license must be submitted in writing to the Georgia State Board of Pharmacy.

5. The CSU shall establish and implement policies, procedures and practices that guide the safe and effective use of medications and shall, at a minimum, address the following:

    a. Medications and medical care orders shall be written, signed, administered, and implemented upon direct order from a physician, as defined in O.C.G.A. Secs. 43-34-23, 43-34-25;

    b. Medications shall be used solely for the purposes of providing effective treatment and protecting the safety of the individual and other persons and shall not be used as punishment or for the convenience of staff or as chemical restraint;

    c. There shall be no standing orders for any psychotropic medication;

    d. Medication management policies and procedures shall follow federal and state laws, rules and regulations, and shall direct the management of medication ordering, procurement, prescribing, transcribing, dispensing, administration, documentation, wasting or disposal and security, to include the management of controlled substances, floor stock, and physician sample medications;

    e. There shall be documented evidence of oversight by the medical director for the accounting of and dispensing of sample medications;

    f. The CSU shall develop a policy on informed consent on medication, including the right to refuse medication;

    g. The CSU shall follow the Department's policies and procedures for Informed Consent and Involuntary Administration of Psychotropic Medication;

    h. There shall be a process to identify, track and correct deviations in medication prescribing, transcribing, dispensing, administration, documentation, or drug security of ordering or procurement of medication that results in a variance;

    i. The CSU shall develop and implement policies and procedures that describe actions to follow when drug reactions and other emergencies related to the use of medications occur, and emergency medical care that may be initiated by a registered nurse in order to alleviate a life threatening situation; and

    j. The CSU shall conduct daily checks and maintain temperature logs for all medication room refrigerators. Temperatures for the refrigerator shall be set between 34°F to 41°F (1°C to 5°C).

Cite as Ga. Comp. R. & Regs. R. 82-3-1-.13
Authority: O.C.G.A. Secs. 37-1-29, 37-3-162, 37-3-163, 37-3-165, 37-7-162, 37-7-165.
History. Original Rule entitled "Pharmacy Services and Management of Medication" adopted. F. Jun. 30, 2011; eff. July 20, 2011.
Amended: F. Mar. 9, 2015; eff. Mar. 29, 2015.

Rule 82-3-1-.14. Laboratory Services.

1. Laboratory work and other diagnostic procedures deemed necessary shall be performed as ordered by the physician.

2. Any CSU that processes laboratory tests on-site shall provide documented evidence of a current Clinical Laboratory Improvement Amendment waiver.

Cite as Ga. Comp. R. & Regs. R. 82-3-1-.14
Authority: O.C.G.A. Sec. 37-1-29.
History. Original Rule entitled "Laboratory Services" adopted. F. Jun. 30, 2011; eff. July 20, 2011.
Amended: F. Mar. 9, 2015; eff. Mar. 29, 2015.

Rule 82-3-1-.15. Food Services.

All CSU food service operations shall comply with current federal and state laws and rules concerning food service and shall include:

1. At least three (3) nutritious meals per day shall be served;

2. Nutritional snacks shall be available to each individual;

3. No more than fourteen (14) hours may elapse between the end of an evening meal and the beginning of a morning meal;

4. Therapeutic diets shall be provided when ordered by the physician;

5. Under no circumstances may food be withheld for disciplinary reasons;

6. The CSU must have a sufficient designated area to accommodate meal service.

   Individuals may eat or be served in shifts during daily operations. The eating area may double as a group or activity area;

7. If food is prepared by the CSU, the CSU must have a satisfactory food service permit score, pursuant to Georgia Department of Human Services, Public Health, Food Service, 290-5-14-.10. If applicable, a copy of the current food service permit must be on file in the CSU;

8. The CSU may utilize meal preparation services from an affiliated or contracted entity with a current food service permit. There shall be a formal contract between the CSU and the contracted food entity containing assurances that the contracted food entity will meet all food service and dietary standards imposed by this rule;

9. If the CSU elects to have meals prepared off-site, the CSU will have a modified kitchen that includes a microwave, a refrigerator, an ice maker and clean-up facilities;

10. The CSU must maintain a daily temperature log for the freezer(s) and refrigerator(s).

    Temperatures for the refrigerator shall be set between 34°F and 41°F (1°C to 5°C) and the freezer temperature should be set between 0°F and 10°F (-17°C to -15°C);

11. Foods, drinks and condiments shall be dated when opened and discarded when expired;

12. Each CSU shall maintain a three-day supply of non-perishable emergency food and water at all times.

Cite as Ga. Comp. R. & Regs. R. 82-3-1-.15
Authority: O.C.G.A. Sec. 37-1-29.
History. Original Rule entitled "Food Service" adopted. F. Jun. 30, 2011; eff. July 20, 2011.
Amended: F. Mar. 9, 2015; eff. Mar. 29, 2015.

Rule 82-3-1-.16. Infection Control and Prevention.

The CSU and any associated CSC and/or Temp Obs functions shall develop and implement policies and procedures for infection control and prevention that include the following:

1. Standard precautions are defined and the use of personal protective equipment when handling blood, body substances, excretions and secretions are outlined;

2. Proper hand washing techniques are outlined;

3. Proper disposal of biohazards, such as potentially infected waste and spills- management, needles, lancets, scissors, tweezers and other sharp instruments is described;

3. Prevention and treatment of needle stick/sharp injuries are outlined;

4. The management of common illnesses such as, but not limited to Methicillin-Resistant Staphylococcus Aureus **(**MRSA), colds and influenza, gastrointestinal viruses, pediculosis and tinea pedis, etc. is described;

6. Specific procedures to manage infectious diseases including but not limited to tuberculosis, hepatitis B, Human Immunodeficiency Virus (HIV), Acquired Immune Deficiency Syndrome (AIDS) or other infectious diseases are described;

7. Handling and maintenance of individual care equipment is described;

8. The infection control risk assessment and plan is reviewed annually for effectiveness and revision, if necessary;

9. The CSU and any associated CSC and/or Temp Obs shall have written hygienic practices and procedures regarding the management of linens and minimizing healthcare-associated infections, including collection, sorting, transport, washing and storage of soiled linens. The practices shall be based upon a cited expert source (such as the U.S. Centers for Disease Control and Prevention) and updated annually to ensure the procedures reflect evolving standard practice. At a minimum, the facility shall:

    a. Have immediately available a quantity of clean bed linens and towels, etc., essential for the proper care of individuals at all times; and

    b. Have collection, sorting, and cleaning procedures which are designed to prevent contamination of the environment, individuals served, and personnel.

10. In relation to individuals who are carriers of an infectious illness, the transfer and the release of confidential information to select unit medical and nursing staff on a need to know basis is addressed; and

11. Hand washing facilities provided in both the kitchen and the bathroom areas shall include hot and cold running water, soap dispensers, disposable towels and/or hand blowers.

Cite as Ga. Comp. R. & Regs. R. 82-3-1-.16
Authority: O.C.G.A. Sec. 37-1-29.
History. Original Rule entitled "Infection Control and Prevention" adopted. F. Jun. 30, 2011; eff. July 20, 2011.
Amended: F. Mar. 9, 2015; eff. Mar. 29, 2015.

Rule 82-3-1-.17. Rights and Responsibilities of Individuals.

1. The CSU and any associated CSC and/or Temp Obs functions shall safeguard the rights of individuals treated pursuant to applicable state laws and rules and regulations.

2. The CSU and its associated CSC and/or Temp Obs functions shall maintain a written statement of rights and responsibilities for individuals receiving services, as articulated in DBHDD rule and policy.

3. During receipt of services and/or admission to the CSU, each individual shall receive a written statement of his or her rights and responsibilities. Receipt of this information shall be documented in the clinical record and validated by the signature of the individual. If the individual is unable or unwilling to sign, this shall be recorded.

4. The CSU and its associated CSC and/or Temp Obs functions shall inform the individual or guardian in writing of any changes in rights and responsibilities.

5. Individual rights related to required notices, lengths of stay on involuntary status, or other processes related to rights specified in Georgia law, DBHDD rule or policy, shall be maintained.

Cite as Ga. Comp. R. & Regs. R. 82-3-1-.17
Authority: O.C.G.A. Secs. 37-1-29, 37-3-23, 37-3-44, 37-3-160*et seq*, 37-3-164, 37-7-23, 37-7-160 *et seq*, 37-7-164.
History. Original Rule entitled "Rights and Responsibilities of Individuals" adopted. F. Jun. 30, 2011; eff. July 20, 2011.
Amended: F. Mar. 9, 2015; eff. Mar. 29, 2015.

Rule 82-3-1-.18. Confidentiality.

The CSC and any associated CSC and/or Temp Obs functions shall:

1. Have records management policies, procedures and practices to manage and to protect the confidentiality and protected health information of individuals' records, to include electronic records;

2. Have records management policies which support secure, organized records and shall be consistent with all applicable policies and procedures and federal and state laws and regulations;

3. Ensure that the individual's rights regarding his or her own confidential and protected health information are protected, including but not limited to, access to protected health information, requesting amendment(s) to the clinical record, requesting restriction of disclosure, and requesting an accounting of disclosures that have been made;

4. Have a Notice of Privacy Practices regarding confidentiality of the individual's protected health information, which Notice shall comply with the requirements of Health Insurance Portability and Accountability Act (HIPAA);

5. Post the Notice of Privacy Practices at all times in the admissions area and in prominent locations where it is reasonable to expect individuals to be able to read the notice. Additional copies must be available for distribution upon request;

6. Provide a copy of the Notice of Privacy Practices to the individual and his or her representatives, as defined by state law, upon the individual's admission;

7. Have policies, procedures and practices that are compliant with the requirements of HIPAA regarding:

a. Complaints regarding violation of confidentiality and privacy rights;

b. Reports of breaches of HIPAA to the Department, and as required by law when applicable to the individual, to the United States Secretary of Health and Human Services, and to the media;

c. Sanctions of employees for violations of HIPAA; and

d. Identifying business associates, as defined by HIPAA, of the CSU and obtaining satisfactory assurances of the business associates' compliance with the requirements of HIPAA.

8. Ensure the clinical record, information about an individual contained in incident reports and any documents that are not part of the clinical record, and all information about an individual whether oral or written, and regardless of how stored, is confidential;

9. Not, unless authorized in writing by a valid authorization signed by the individual, or by applicable law:
   a. Confirm or deny whether an individual is receiving or has received services from the CSU; or

   b. Disclose any confidential or protected health information regarding the individual.

Cite as Ga. Comp. R. & Regs. R. 82-3-1-.18
Authority: O.C.G.A. Secs. 37-1-29, 37-3-166, 37-7-166.
History. Original Rule entitled "Incident and Complaint Reporting and Investigation Procedures" adopted. F. Jun. 30, 2011; eff. July 20, 2011.
Repealed: New Rule entitled "Confidentiality" adopted. F. Mar. 9, 2015; eff. Mar. 29, 2015.

Rule 82-3-1-.19. Documentation of Legal Status.

The legal status of each individual shall be clearly recorded within the clinical record to include:

1. Documenting the legal and clinical basis for the individual's admission to the CSU, whether voluntary or involuntary, consistent with all applicable state laws, rules and regulations;

2. Documentation of the legal and clinical basis for continued admission to the CSU for purposes of evaluation when consistent with all applicable state laws, rules and regulations;

3. A record of voluntary or involuntary status change, including the date and time of such change;

4. Documentation of the assessment of the individual's capacity to understand and exercise the rights and powers of voluntary admission; and

5. Where specific Departmental legal forms exist to document any of the above mentioned actions, those forms shall be utilized.

Cite as Ga. Comp. R. & Regs. R. 82-3-1-.19
Authority: O.C.G.A. Sec. 37-1-29, 37-3-1*et seq*, 37-3-24, 37-7-1 *et seq*, 37-7-24.
History. Original Rule entitled "Department Complaint and Incident Investigation Procedures" adopted. F. Jun. 30, 2011; eff. July 20, 2011.
Repealed: New Rule entitled "Documentation of Legal Status" adopted. F. Mar. 9, 2015; eff. Mar. 29, 2015.

Rule 82-3-1-.20. Performance Improvement Plan and Activities.

The CSU and any associated CSC and/or Temp Obs functions shall develop a quality assurance plan and update it annually:

1. The quality assurance plan shall address and ensure a comprehensive integrated review of all services and practices which shall include, but shall not be limited to the following:
    a. High-risk situations and special cases (such as suicide, death, serious injury, violence and abuse of any individual) are reviewed within twenty-four (24) hours;
    b. Medical emergencies;
    c. Medication variance;
    d. Infection control;
    e. Emergency safety interventions including any instances of seclusion or restraint; and
    f. Environmental safety and maintenance, including an environmental scan which self-assesses risk for individuals served by or working in the facility and identified strategies and subsequent plans for mitigating those risks.

2. The quality assurance plan shall use performance measures and data collection that continually assess and improve the quality of the services being delivered;

3. The quality assurance committee shall submit a quarterly report to the nursing administrator, medical director, agency CEO, and governing body for their review and appropriate action;

4. The CEO and governing body shall evaluate the facility's effectiveness in improving performance.

Cite as Ga. Comp. R. & Regs. R. 82-3-1-.20
Authority: O.C.G.A. Sec. 37-1-29.
History. Original Rule entitled "Confidentiality" adopted. F. Jun. 30, 2011; eff. July 20, 2011.
Repealed: New Rule entitled "Performance Improvement Plan and Activities" adopted. F. Mar. 9, 2015; eff. Mar. 29, 2015.

Rule 82-3-1-.21. Environment of Care.

Areas accessible by individuals shall meet the following requirements:

1. The CSU and any associated CSC and/or Temp Obs shall maintain an environment that is clean and is in good repair;

2. The environment of the CSU shall have natural light and exterior views;

3. The general architecture of the CSU and any associated CSC and/or Temp Obs, along with tools and technology, shall provide for optimal line-of-sight observations from the nurses' station throughout the unit, mitigating hidden spots and blind corners;

4. The CSU shall be a locked facility;

5. Interior finishes, lighting, and furnishings of the CSU and any associated CSC and/or Temp Obs shall conform to applicable fire and safety codes as classified for *Health Care Occupancy/Limited Care Facilities* in the current edition of National Fire Protection Association's NFPA 101 Life Safety Code Handbook, Chapter 18/19: New and Existing Health Care Occupancies;

6. Furnishings, hardware, fixtures, or protrusions of the CSU and any associated CSC and/or Temp Obs must be:
    a. Made of materials which mitigate the risk of use as weapons or for self-harm (hanging, cutting, etc.);

    b. Intact and functional;

    c. Maintained in good condition; and

    d. Tamper resistant.

7. The ceiling and the air distribution devices, lighting fixtures, sprinkler heads, and other appurtenances of the CSU and any associated CSC and/or Temp Obs shall be of the tamper-resistant type;

8. Doors of the CSU must meet the following requirements:
    a. Doors in seclusion and/or restraint rooms shall not be locked from within;

b. The CSU shall have a policy in effect to address locking doors in bedrooms and bathrooms which will address an individual's privacy and safety and which addresses staff access at all times to supervise and monitor that individual's clinical status and safety;

c. The CSU must have written risk management protocols in place to address situations in which an attempt might be made to prevent access to any area of the CSU;

d. If the CSU is equipped with electronic locks on internal doors or egress doors, the CSU shall ensure that such locks have manual common key mechanical override that will operate in the event of a power failure or fire;

9. Light switches and electrical outlets of the CSU and any associated CSC and/or Temp Obs shall be secured with tamper-resistant type screws;

10. For CSUs and any associated CSC and/or Temp Obs which are new facilities and who apply for licensure on or after (PUBLISH DATE OF NEW RULES), sprinkler heads shall be flush mounted on ceilings lower than nine (9) feet. Sprinklers shall have institutional heads that are recessed and drop down when activated;

11. Security and safety devices of the CSU and any associated CSC and/or Temp Obs shall be mounted, installed, secured in a manner which:
    a. Mitigates the risk of use as weapons or for self-harm (hanging, cutting, etc.);

    b. Prevents interference; and

    c. Prevents any attempt to render inoperable with its purpose as a security device.

12. Upon request, the CSU and any associated CSC and/or Temp Obs shall provide a means of locked storage for any individual's valuables or personal belongings;

13. The CSU and any associated CSC and/or Temp Obs must have policies/procedures to address identification, detection, handling, and storage of individuals' belonging that are determined to be potentially harmful;

14. The CSU and any associated CSC and/or Temp Obs shall maintain the environmental temperature between 65°F and 82°F (18°C to 27°C);

15. The interior of the CSU, and any associated CSC and/or Temp Obs shall be non-smoking. If the CSU offers smoking, the facility must designate a sheltered, outside space as a smoking area;

16. Lighting fixtures of the CSU and any associated CSC and/or Temp Obs shall be recessed and tamper-resistant with Lexan or other strong translucent materials;

17. Windows shall be protected with Lexan or other shatter-resistant material that will minimize breakage;

18. The CSU and any associated CSC and/or Temp Obs shall be equipped and maintained so as to provide a sufficient amount of hot water for individuals' use;

19. Heated water provided for individuals' use must be maintained between 110°F and 120°F (43°C and 48°C);

20. The CSU and any associated CSC and/or Temp Obs must have policies/procedures to routinely check and document the hot water temperature at various outlets throughout the CSU and to correct any variance from the standard temperature if needed;

21. The CSU and any associated CSC and/or Temp Obs shall have consistently available drinking water for individuals' access using mechanisms which meet general expectation of infection control procedures;

22. The pre-admission waiting area of the CSU, including restroom(s), must meet all safety requirements applicable to designated individual areas;

23. The CSU and any associated CSC and/or Temp Obs shall have written policies and procedures for the provision of, or arrangement for, services for individuals with physical disabilities (including those with sensory impairments) in compliance with all federal rules and regulations;

24. The CSU and any associated CSC and/or Temp Obs shall have facilities accessible to and usable by physically disabled individuals which meet the minimum requirements of Section 504 of the Rehabilitation Act of 1973. CSUs shall install required alterations or modifications in accordance with the 1984 Law of Georgia regarding Access to and Use of Public Facilities by Physically Handicapped Persons O.C.G.A. Sec. 30-3-1*et seq*;

25. The CSU and any associated CSC and/or Temp Obs shall maintain safety equipment to include an Automated External Defibrillator (AED) and all other necessary medical safety supplies;

26. The CSU shall provide laundry facilities on the premises for the individual's personal laundry;

27. Entrances and exits, sidewalks, and escape routes of the CSU and any associated CSC and/or Temp Obs shall be constantly maintained free of all impediments and hazards;

28. The CSU shall have at least one (1) operable, non-pay telephone which is private and accessible at reasonable times for use by the individual; and

29. The CSU shall, at a minimum, have designated areas within its facility which meet the following requirements:

a. A **screening area** with capacity to be locked where searches can be done in a private and safe manner, respecting individual rights and privacy;

b. **Exam room;**

c. **Bedrooms**:

   i. Beds and other heavy furniture capable of use to barricade a door shall be secured to the floor or wall;

   ii. The use of beds with springs, cranks, rails or wheels, including hospital beds, rollaway beds, cots, bunk beds, stacked, hide-a beds and studio couches is prohibited;

   iii. Rooms utilized for more than one individual shall have a minimum of 60 (sixty) square feet per individual; a private room shall not be less than 80 (eighty) square feet.

   iv. Windows may be textured to provide privacy without the use of curtains or blinds.

d. **Bathrooms**:

   i. The CSU shall have gender specific bathrooms with proper ventilation;

   ii. Exposed plumbing pipes shall be covered to prevent individual access;

   iii. The CSU shall have a minimum ratio of one (1) shower for each six (6) individuals receiving services and one (1) toilet and lavatory for each six (6) individuals receiving services;

   iv. Individual shower stalls and dressing areas shall be provided;

   v. The CSU shall have a bathroom facility that is in compliance with the Americans with Disabilities Act (ADA) for use by individuals with physical disabilities. It shall include toilet, lavatory, shower and flush-mounted safety grab bars;

   vi. Access to a bathroom shall not be through another individual's bedroom;

   vii. The shower head shall be recessed or have a smooth curve from which items cannot be hung;

   viii. Overhead rods, fixtures, privacy stalls, supports or protrusions must be selected and installed in a manner which mitigates the risk of use of weapons or for self-harm (hanging, cutting, etc.). If the physical plant space of the CSU is prohibitive of this, there must be written policies and

protocols to monitor and reduce this risk with supporting evidence of compliance to these policies and protocols;

ix. The toilet shall be secured and tamper resistant;

x. Mirrors shall not be common glass and must be fully secured and flat mounted to the wall is required.

e. **Seclusion and/or Restraint Room.** For CSUs which apply for licensure on or after (PUBLISH DATE OF NEW RULES), the privacy of the person is protected by the seclusion and/or restraint room location either being not visible from the common consumer areas, or if visible, the seclusion and/or restraint room is constructed to be offset from main thoroughfares and have restricted visibility to the interior of the room:

i. At least one (1) identified room used for seclusion and/or restraint shall have a bed commercially designed for use with restraints that is bolted to the floor and without sharp edges. The surface of the bed must be impermeable to resist penetration by body fluids;

ii. The floors and walls, up to a height of three (3) feet, shall be finished to resist penetration of body fluids; and be constructed of a high impact sheetrock;

iii. For CSUs which apply for licensure on or after (PUBLISH DATE OF NEW RULES), the seclusion and/or restraint room shall have a minimum of seventy (70) square feet with one wall of the room no less than nine (9) feet in length;

iv. For CSUs which apply for licensure on or after (PUBLISH DATE OF NEW RULES), the ceiling height shall be at least nine (9) feet;

v. The door to the room shall open outward;

vi. The bed placement in the seclusion and/or restraint room shall provide adequate space for staff to apply restraints and shall not allow individuals to access the lights, smoke detectors or other items that may be in the ceiling of the room;

vii. Rooms used for seclusion and/or restraint must provide staff full visual access to the individual and shall include a vision panel installed in the door;

viii. Where the interior of the seclusion and/or restraint room is padded; it is in good repair and must be fully intact.

f. Fenced Recreational Area:

i. The CSU shall have an outdoor area enclosed by a privacy fence no less than six (6) feet high, where individuals may have access to fresh air and exercise. It must provide privacy from public view and shall not provide access to contact with the public;

ii. This area shall be constructed to retain individuals inside the area and minimize elopements from the area;

iii. The fenced area shall be designed for safety without blind corners to be readily visible by one staff individual standing in a central location, and designed to minimize elopement.

30. CSUs and any associated CSC and/or Temp Obs shall meet rules specified in Rule 82-3-1-.21, Environment of Care or shall submit a Risk Mitigation Plan to the Department for approval addressing a particular citation and related protocols for safety management. This shall be submitted at the time of licensing review and annually thereafter.

Cite as Ga. Comp. R. & Regs. R. 82-3-1-.21
Authority: O.C.G.A. Sec. 37-1-29.
History. Original Rule entitled "Documentation of Legal Status" adopted. F. Jun. 30, 2011; eff. July 20, 2011.
Repealed: New Rule entitled "Environment of Care" adopted. F. Mar. 9, 2015; eff. Mar. 29, 2015.

Rule 82-3-1-.22. Fire Prevention and Safety Requirements.

1. The CSU and any associated CSC and/or Temp Obs functions shall have an emergency fire and disaster plan that includes the following:

a. Protocols for and documentation of practice of monthly fire drills rotated so that all shifts have had at least one (1) drill quarterly including time taken to complete the drills and follow-up recommendations for drills that are unsatisfactorily completed;

b. Disaster drills protocols such as flood, tornado, and hurricane are practiced at least quarterly;

c. Directions for evacuation of the CSU and any associated CSC and/or Temp Obs utilizing posted evacuation routes;

d. Preparation of the individuals for evacuation;

e. Documentation of monthly fire extinguisher inspection;

f. Documentation of annual inspections of other safety mechanisms such as sprinklers, smoke alarms, emergency lights, kitchen range/hood, etc.

g. Provision for annual review and revision of the fire and emergency safety plan;

h. Procedures for training staff on all emergency and disaster drills;

2. The CSU and any associated CSC and/or Temp Obs shall comply with all federal, state local, and accreditation fire safety standards. Local fire codes with more stringent standards or additional requirements shall supersede the minimum requirements set forth in this rule.

Cite as Ga. Comp. R. & Regs. R. 82-3-1-.22
Authority: O.C.G.A. Sec. 37-1-29.
History. Original Rule entitled "Performance Improvement Plan and Activities" adopted. F. Jun. 30, 2011; eff. July 20, 2011.
Repealed: New Rule entitled "Fire Prevention and Safety Requirements" adopted. F. Mar. 9, 2015; eff. Mar. 29, 2015.

Rule 82-3-1-.23. Human Resources.

The CSU and any associated CSC and/or Temp Obs shall comply with the following:

1. Develop and implement policies and procedures that address the hiring, training, promotion and termination of staff;

2. Define the responsibilities, qualifications, competencies of staff for all positions;

3. Ensure that the type and number of professional staff attached to the unit are:
   a. Properly licensed or credentialed in the professional field as required;

   b. Present in numbers to provide adequate supervision to staff;

   c. Present in numbers to provide services, supports, care and treatment to individuals as required;

   d. Experienced and competent in the profession they represent; and

   e. At least one (1) staff trained in Basic Cardiac Life Support (BCLS) and first aid shall be on duty at all times. In addition, one (1) staff trained in the use of the Automated External Defibrillator (AED) equipment shall also be on duty.

4. Paraprofessionals working in mental health, addictive diseases and co-occurring disability services must complete the standard training requirements for paraprofessionals;

5. Have procedures for verifying licenses, credentials, experience and competence of staff:

a. Document implementation of these procedures for all staff attached to the CSU; and

b. Licenses and credentials shall be current as required by the field.

6. Ensure that all persons providing services comply with all applicable laws, rules and regulations regarding professional licenses, qualifications and requirements related to the scope of practice;

7. Comply with all applicable laws, rules and regulations governing criminal history records checks;

8. Have processes for managing personnel information and records;

9. Have provisions for sanctioning or removing staff when:
   a. Staff are determined to have deficits in required competencies; or

   b. Staff are accused of abuse, neglect or exploitation.

10. Ensure that, prior to providing direct care to individuals, all staff, volunteers, and contactors shall be trained and show evidence of competence in all areas as defined in the DBHDD Provider Manual for Community Behavioral Health Providers;

11. Ensure that, within the first sixty (60) days of providing direct care to individuals, all staff, volunteers and contractors having direct contact with individuals shall receive training in all areas as defined in the DBHDD Provider Manual for Community Behavioral Health Providers;

12. Have documentation of an annual training plan that addresses 100% of staff who deliver therapeutic content is trained in at least one (1) clinical/programmatic content topic related to the delivery of care;

13. Ensure that all employees are tested for tuberculosis prior to direct contact with individuals and are retested at least annually thereafter.

Cite as Ga. Comp. R. & Regs. R. 82-3-1-.23
Authority: O.C.G.A. Sec. 37-1-20, 37-1-29.
History. Original Rule entitled "Environment of Care" adopted. F. Jun. 30, 2011; eff. July 20, 2011.
Repealed: New Rule entitled "Human Resources" adopted. F. Mar. 9, 2015; eff. Mar. 29, 2015.

Rule 82-3-1-.24. Transportation.

1. The CSU and any associated Temp Obs functions shall assist in the coordination of necessary transportation through transfer and/or discharge to community-based services.

2. The CSU shall provide transportation in compliance with the DBHDD Provider Manual for Community Behavioral Health Providers for individuals in transitional beds who are otherwise unable to access services in the community while in transitional status.

Cite as Ga. Comp. R. & Regs. R. 82-3-1-.24
Authority: O.C.G.A. Sec. 37-1-29.
History. Original Rule entitled "Fire Prevention and Safety Requirements" adopted. F. Jun. 30, 2011; eff. July 20, 2011.
Repealed: New Rule entitled "Transportation" adopted. F. Mar. 9, 2015; eff. Mar. 29, 2015.

Rule 82-3-1-.25. Incident and Complaint Reporting and Investigation Procedures.

The CSU, CSC and/or Temp Obs shall:

1. Report critical incidents to the Department as defined by the Departmental policy on reporting of incidents;

2. Have internal mechanisms to document, investigate and take appropriate action for complaints and incidents which are not required to be reported to the Department;

3. Post in a visible area the procedure to be taken to make a complaint directly to the Department.

Cite as Ga. Comp. R. & Regs. R. 82-3-1-.25
Authority: O.C.G.A. Secs. 37-1-29, 37-3-149, 37-7-149.
History. Original Rule entitled "Physical Environment Requirements" adopted. F. Jun. 30, 2011; eff. July 20, 2011.
Repealed: New Rule entitled "Incident and Complaint Reporting and Investigation Procedures" adopted. F. Mar. 9, 2015; eff. Mar. 29, 2015.

Rule 82-3-1-.26. Department Complaint and Incident Investigation Procedures.

1. The Department shall be authorized to conduct investigations:
    a. Investigations shall be conducted to ensure compliance with all applicable laws, rules and regulations;

    b. Department representatives shall be authorized to enter the premise at any time to survey or investigate to ensure compliance with or prevent a violation to ensure the quality and integrity of care of individuals;

c. The Department shall have complete access to, including but not limited to authorization to examine and reproduce, any records required to be maintained in accordance with contracts, standards, laws, rules and regulations of the Department;

d. The Department shall maintain the confidentiality of records as specified by federal and state law.

2. The Department shall have the authority to conduct announced or unannounced on-site reviews at its discretion at any time or as part of the investigation of complaints or incidents. The Department shall issue written findings within a reasonable period of time. Based on its findings of the review, the Department may:

   a. Require corrective action that is approved by the Department:

      i. When the Department finds that any licensee has violated any provision of this Chapter, the Department will prepare a written report identifying each violation and anticipated corrective action;

      ii. The facility shall submit to the Department a written plan of correction in response to the report of violations, which includes details related to the types of anticipated corrections along with stated timeframes for completions of corrections. The facility may, in addition, offer an explanation for the violation or dispute the findings of the Department as long as an acceptable plan of correction is submitted within thirty (30) days of the facility's receipt of the written report of inspection;

      iii. If the initial plan of correction is unacceptable to the Department, the facility will be provided with at least one (1) opportunity to revise the unacceptable plan of correction. Failure to submit an acceptable plan of correction may result in the Department initiating enforcement procedures;

      iv. The facility shall comply with its plan of correction.

   b. Prohibit admissions to the CSU for a defined period of time;

   c. Temporarily suspend the CSU license upon findings determined to be of significant risk to health or safety of individuals; or

   d. Revoke the license.

Cite as Ga. Comp. R. & Regs. R. 82-3-1-.26
Authority: O.C.G.A. Secs. 37-1-29, 37-2-11.2.
History. Original Rule entitled "Human Resources" adopted. F. Jun. 30, 2011; eff. July 20, 2011.
Repealed: New Rule entitled "Department Complaint and Incident Investigation Procedures" adopted. F. Mar. 9, 2015; eff. Mar. 29, 2015.

Rule 82-3-1-.27. Enforcement.

The Department shall have the authority to impose any one or more of the sanctions enumerated in Rules 82-3-1.28 and 82-3-1.29 upon a finding that an applicant or licensee has:

1. Knowingly made any verbal or written false statement of material fact either in connection with the application for a license, on documents submitted to the Department as part of any inspection or investigation, or in the falsification or alteration of facility records made or maintained by the facility;

2. Failed or refused, without legal cause, to provide the Department with access to the premises subject to regulation or information pertinent to the initial and continued licensing of the facility;

3. Failed to comply with any licensing requirements of this state; or

4. Failed to comply with the provisions of state law or with any provisions of these rules.

Cite as Ga. Comp. R. & Regs. R. 82-3-1-.27
Authority: O.C.G.A. Secs. 37-1-20, 37-1-29.
History. Original Rule entitled "Enforcement" adopted. F. Jun. 30, 2011; eff. July 20, 2011.
Amended: F. Mar. 9, 2015; eff. Mar. 29, 2015.

Rule 82-3-1-.28. Sanctions and Penalties.

1. Sanctions against Licensees. When the Department finds that any licensee has violated any provision of these rules and regulations, the Department, subject to notice and opportunity for a hearing, may impose any one or more of the sanctions in subparagraphs (a) through (e) below:

   a. Administer a Public Reprimand. If the sanction of public reprimand is finally imposed, as defined by a final adverse finding, the public reprimand shall consist of a notice prepared by the Department that the CSU has been reprimanded; such notice shall include a written report of the Department's findings along with the CSU's response and corrective action plan;

   b. Suspend any License. The Department may suspend any license for a definite period or for an indefinite period in connection with any condition which may be attached to the restoration of said license;

   c. Prohibit Persons in Management or Control. The Department may prohibit a licensee from allowing a person who previously was involved in the management or control of any CSU which has had its license revoked or application denied within the past twelve (12) months to be involved in the management or control of such CSU. Any such person found by the Department to have acted diligently and in good faith to

ensure correction of violations in a CSU which has had its license revoked or denied; however, shall not be subject to this prohibition if that person became involved in the management or control of the CSU after the CSU was notified by the Department of violations of licensing requirements giving rise to a revocation or denial action. This subparagraph shall not be construed to require the Department to obtain any information that is not readily available to it regarding any person's involvement with a CSU. For the purpose of this Rule, the twelve- month period will begin to run from the date of any final adverse finding or the date that any stay of enforcement ceased, whichever occurs first;

d. Revoke any License. The Department may revoke any license. If the sanction of license revocation is finally imposed, as defined by a final adverse finding, the Department shall effectuate it by requiring the CSU to return its license to the Department;

e. Limit or Restrict any License. The Department may limit or restrict any license as the Department deems necessary for the protection of the public (a provisional or temporary time-limited license granted by the Department shall not be considered to be a limited or restricted license).

2. Sanctions against Applicants. When the Department finds that any applicant for a license has violated any provision of these rules, the Department, subject to notice and opportunity for a hearing, may impose any one or more of the following sanctions in subparagraphs (a) through (c) below:

   a. Refuse to Grant License. The Department may refuse to grant (deny) a license and the

      i. Department may do so without first holding a hearing prior to taking such action:

         The Department may deny an application for a license where the CSU has failed to demonstrate compliance with licensing requirements. Additionally, the Department may deny an application for a license where the applicant or alter ego of the applicant has had a license denied, revoked, or suspended within one (1) year of the date of an application, or where the applicant has transferred ownership or governing authority of a CSU within one (1) year of the date of a new application when such transfer was made in order to avert denial, revocation, or suspension of a license;

      ii. For the purpose of determining the one (1) year denial period, the period shall begin to run from the date of the final adverse finding, or the date any stay of enforcement ceased, whichever occurs first. In further determining whether to grant or deny a license, the Department may consider the applicant's overall record of compliance with licensing requirements;

b. Prohibit Persons in Management or Control. The Department may prohibit an applicant from allowing a person who previously was involved in the management or control of any CSU which has had its license revoked or application denied within the past twelve (12) months to be involved in the management or control of such CSU. Any such person found by the Department to have acted diligently and in good faith to ensure correction of violations in a CSU which has had its license revoked or denied, however, shall not be subject to this prohibition if that person became involved in the management or control of the CSU after the CSU was notified by the Department of violations of licensing requirements giving rise to denial action. This subparagraph shall not be construed to require the Department to obtain any information that is not readily available to it regarding any person's involvement with a CSU. For the purpose of this rule, the twelve-month period will begin to run from the date of any final adverse finding or the date that any stay of enforcement ceased, whichever occurs first;

c. Limit or Restrict any License. The Department may limit or restrict any license as it deems necessary for the protection of the public (a provisional or temporary time-limited license granted by the Department shall not be considered to be a limited or restricted license).

3. Standards for Taking Sanctions. In taking any of the actions pursuant to this rule, the Department shall consider the seriousness of the violation or violations, including the circumstances, extent, and gravity of the prohibited act or acts or failure to act, and the hazard or potential hazard created to the physical or emotional health and safety of the public and/or the individuals served.

4. Non-Compliance with Sanctions. Failure on the part of any CSU to abide by any sanction which is finally imposed against it shall constitute grounds for the imposition of additional sanctions, including revocation.

5. Settlements. With regard to any contested case instituted by the Department pursuant to this Chapter or other provisions of law or regulation which may now or hereafter authorize remedial or disciplinary grounds and action, the Department may, in its discretion, dispose of the action so instituted by settlement. In such cases, the Department, the CSU, and those persons deemed by the Department to be successors in interest to any settlement agreement, shall be bound by the terms specified therein. Violation thereof by any applicant or licensee, their agents, employees, or others acting on their behalf, shall constitute grounds for the imposition of any sanctions enumerated in this Chapter, including revocation.

Cite as Ga. Comp. R. & Regs. R. 82-3-1-.28
Authority: O.C.G.A. Secs. 37-1-20, 37-1-29.
History. Original Rule entitled "Sanctions and Penalties" adopted. F. Jun. 30, 2011; eff. July 20, 2011.
Amended: F. Mar. 9, 2015; eff. Mar. 29, 2015.

Rule 82-3-1-.29. Extraordinary Sanctions Where Imminent and Substantial Danger.

Where the commissioner of the Department determines that individuals in the care of CSU and any associated CSC and/or Temp Obs subject to licensure are subject to an imminent and substantial danger, the commissioner may order any of the extraordinary sanctions listed in any part of this rule to take effect immediately unless otherwise specified in the order, without notice and opportunity for hearing prior to the order taking effect:

1. Content of the Order. The order shall contain the following:
   a. The scope of the order;
   b. Reasons for the issuance of the order;
   c. Effective date of the order if other than the date the order is issued;
   d. Person to whom questions concerning the order are to be addressed; and
   e. Notice of the right to obtain a preliminary hearing and an administrative hearing after the issuance of the order regarding the emergency order as a contested case.

2. Emergency Relocation. The commissioner may order emergency relocation of the individual of any CSU and any associated CSC and/or Temp Obs subject to licensure to the nearest appropriate facility. Prior to issuing an emergency order, the commissioner may consult with persons knowledgeable in the field of psychiatric care and a representative of the CSU to determine if there is a potential for greater adverse effects on the individual or the individual's care as a result of the proposed issuance of an emergency order. The commissioner shall provide notice to the individual, his or her next of kin or guardian and his or her physician of the emergency relocation and the reasons therefore; relocation to the nearest appropriate CSU designed to ensure the welfare and, when possible, the desires of the individual;

3. Emergency Placement of Monitor. The commissioner may order the emergency placement of a monitor in a CSU and any associated CSC and/or Temp Obs subject to licensure when conditions at the facility require immediate oversight for the safety of the individuals;

4. Emergency Prohibition of Admissions. The commissioner may order the emergency prohibition of admissions to a CSU when such CSU has failed to correct a violation of Departmental permit rules within a reasonable period of time, as specified in the Department's corrective order, and the violation could either jeopardize the health and safety of any individuals if allowed to remain uncorrected or is a repeat violation over a twelve (12) month period, which is intentional or due to gross negligence;

5. Emergency Suspension of Admissions. The commissioner may order admissions to a CSU be suspended until the Department has determined that the violation has been corrected or

until the Department has determined that the CSU has undertaken the action necessary to effect correction of the violation;

6. Preliminary Hearing. The CSU affected by the commissioner's emergency order may request that the Department hold a preliminary hearing within the Department on the validity of the order and the need for its continuation. Such hearing shall occur within ten (10) days following the request;

7. Cumulative Remedy. The Department shall not be limited to a single emergency action under these rules, nor is the Department precluded from other actions permitted by other law or regulations during the time an emergency order is in force.

Cite as Ga. Comp. R. & Regs. R. 82-3-1-.29
Authority: O.C.G.A. Sec. 37-1-29.
History. Original Rule entitled "Extraordinary Sanctions Where Imminent and Substantial Danger" adopted. F. Jun. 30, 2011; eff. July 20, 2011.
Amended: F. Mar. 9, 2015; eff. Mar. 29, 2015.

Rule 82-3-1-.30. Waivers and Variances.

The Department may, in its discretion, grant waivers and variances of specific rules upon application or petition being filed on forms provided by the department. The Department may establish conditions which must be met by the program in order to operate under the waiver or variance granted. Waivers and variances may be granted in accordance with the following considerations:

1. Variance. A variance may be granted by the Department upon a showing by the applicant or petitioner that the particular rule or regulation that is the subject of the variance request should not be applied as written because strict application of the rule would cause undue hardship. The applicant or petitioner must also show that adequate standards affording protection for the health, safety and care of individuals exist and will be met in lieu of the exact requirements of the rule or regulations in question;

2. Waiver. The Department may dispense entirely with the enforcement of a rule or regulation by granting a waiver upon a showing by the applicant or petitioner that the purpose of the rule or regulation is met through equivalent standards affording equivalent protection for the health, safety and care of individuals;

3. Experimental Variance or Waiver. The Department may grant waivers and variances to allow experimentation and demonstration of new and innovative approaches to delivery of services upon a showing by the applicant or petitioner that the intended protections afforded by the rule or regulation which is the subject of the request are met and that the innovative approach has the potential to improve service delivery.

Cite as Ga. Comp. R. & Regs. R. 82-3-1-.30
Authority: O.C.G.A. Sec. 37-1-29.
History. Original Rule entitled "Waivers and Variances" adopted. F. Jun. 30, 2011; eff. July 20, 2011.
Amended: F. Mar. 9, 2015; eff. Mar. 29, 2015.

Rule 82-3-1-.31. Severability.

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

Cite as Ga. Comp. R. & Regs. R. 82-3-1-.31
Authority: O.C.G.A. Sec. 37-1-29.
History. Original Rule entitled "Transportation" adopted. F. Jun. 30, 2011; eff. July 20, 2011.
Repealed: New Rule entitled "Severability" adopted. F. Mar. 9, 2015; eff. Mar. 29, 2015.

Rule 82-3-1-.32. Additional Crisis Service Center (CSC) and Temporary Observation (Temp Obs) Requirements.

A CSU under contract to operate a CSC and/or Temp Obs is expected to comply with the following in the administration of those functions:

1. Program Description. A CSU under contract to operate a CSC and/or Temp Obs shall have a description of services which shall clearly states that the distinct, yet interrelated roles of the CSU, CSC and/or Temp/Obs as a program is designed as an alternative and/or diversion to hospitalization.

2. Evaluation and Admission. The CSU under contract to operate a CSC and/or Temp Obs must follow admissions and exclusion criteria as defined in the DBHDD Provider Manual for Community Behavioral Health Provider.

3. Provision of Individualized Care. A licensed staff shall, at a minimum:
    a. Conduct an assessment of the individual;
    b. Document the rationale for proposed interventions, as applicable;
    c. Assess the individual's response to care and services provided; and
    d. Assess status of the individual to determine continuity of care or referral to community services.

4. Environment of Care

   a. If the facility operates an area where individuals are evaluated and/or observed prior to admission determination being made, the facility has a secure area where individuals who are being evaluated on an involuntary basis can be held;

   b. The CSC/Temp Obs shall have at least one (1) operable, non-pay telephone which is private and accessible at reasonable times for use by the individual; and is not located within the CSU residence space.

Cite as Ga. Comp. R. & Regs. R. 82-3-1-.32
Authority: O.C.G.A. Sec. 37-1-29, 37-3-64, 37-3-162, 37-7-64, 37-7-162, 43-26-12*et seq.*
History. Original Rule entitled "Severability" adopted. F. Jun. 30, 2011; eff. July 20, 2011.
Repealed: New Rule entitled "Additional Crisis Service Center (CSC) and Temporary Observation (Temp Obs) Requirements" adopted. F. Mar. 9, 2015; eff. Mar. 29, 2015.

Rule 82-3-1-.33. Repealed.

Cite as Ga. Comp. R. & Regs. R. 82-3-1-.33
Authority: O.C.G.A. Sec. 37-1-29.
History. Original Rule entitled "Fees" adopted. F. Jun. 30, 2011; eff. July 20, 2011.
Repealed: F. Mar. 9, 2015; eff. Mar. 29, 2015.

Chapter 82-4. .

Subject 82-4-1. CHILD AND ADOLESCENT CRISIS STABILIZATION UNITS.

Rule 82-4-1-.01. Legal Authority.

These regulations have been promulgated to ensure that basic statutory licensing requirements to operate Child and Adolescent Crisis Stabilization Units (C & A CSUs) are met and to ensure that organizations providing this service promote the empowerment and resiliency of the individuals they serve. These rules are adopted and published pursuant to the Official Code of Georgia Annotated (O.C.G.A) Sec. 37-1-29. These rules and regulations supersede any and all prior operational standards related to the designation or certification of Crisis Stabilization Units.

Cite as Ga. Comp. R. & Regs. R. 82-4-1-.01
Authority: O.C.G.A. Sec. 37-1-29.
History. Original Rule entitled "Legal Authority" adopted. F. Jun. 27, 2011; eff. July 17, 2011.
Amended: F. Mar. 9, 2015; eff. Mar. 29, 2015.

Rule 82-4-1-.02. Title and Purpose.

1. The purpose of these rules is to establish general licensing procedures, operational requirements and enforcement procedures required by the Department of Behavioral Health and Developmental Disabilities (DBHDD) for the C & A CSU. The issuance of a C & A CSU operating license requires compliance with these rules and regulations and authorizes the licensee to establish services to meet the needs of the individuals in a safe, therapeutic environment. The issuance of such license also sets forth the minimum requirements for providing medically monitored short-term residential services for the purpose of providing psychiatric stabilization for individuals who are seriously emotionally disturbed and/or detoxification services for individuals. The C & A CSU shall be designated as an emergency receiving and evaluating facility.

2. Compliance with this Chapter does not constitute release from the requirements of other applicable federal, state, or local laws, codes, rules, regulations and ordinances. This Chapter must be followed where it exceeds other codes and ordinances.

3. Licensure of the C & A CSU does not constitute an entitlement to any type or level of funding by DBHDD.

Cite as Ga. Comp. R. & Regs. R. 82-4-1-.02
Authority: O.C.G.A. Secs. 37-1-29, 37-3-1*et seq*, 37-7-1 *et seq.*
History. Original Rule entitled "Title and Purpose" adopted. F. Jun. 27, 2011; eff. July 17, 2011.
Amended: F. Mar. 9, 2015; eff. Mar. 29, 2015.

Rule 82-4-1-.03. Definitions.

The following words and terms, when used in this chapter, shall have the following meanings, unless the context clearly indicates otherwise:

1. Abuse means any unjustifiable intentional or grossly negligent act, exploitation or series of acts, or omission of acts which causes physical or mental injury or endangers the safety of an individual, including but not limited to, verbal abuse, assault or battery, failure to provide treatment or care, or sexual harassment of the individual;

2. Adolescent means an individual between the ages of thirteen (13) and seventeen (17) and who is not emancipated;

3. Advanced Practice Nursing means practice under a "Nurse Protocol Agreement", which is a written document, mutually agreed upon and signed by an APRN and a physician, by which the physician delegates to that APRN the authority to perform certain medical acts pursuant to O.C.G.A. Sec. 43-34-25, which may include without being limited to, the ordering of drugs, medical devices, medical treatments, diagnostic studies, or in life-threatening situations radiographic imaging tests;

4. Advanced Practice Registered Nurse, (hereinafter referred to as APRN), means a registered professional nurse licensed under Title 43, Chapter 25 of the Official Code of

Georgia Annotated, who is recognized by the Georgia Board of Nursing as having met the requirements established by the Georgia Board of Nursing to engage in advanced nursing practice and who holds a master's degree or other graduate degree approved by the Georgia Board of Nursing and national board certification in his or her area of specialty, or a person who is recognized as an advanced practice registered nurse by the Georgia Board of Nursing on or before June 30, 2006;

5. Certificate of Need (CON) as defined in O.C.G.A. Sec. 31-6-2 means an official determination by the Department of Community Health (DCH), evidenced by certification issued pursuant to an application, that the action proposed in the application satisfies and complies with the CON criteria contained in the Georgia Code and rules promulgated by DCH;

6. Certified Addiction Counselor means an individual who is certified by one of the approved certifying bodies recognized by the state of Georgia, i.e. the Alcohol and Drug Abuse Certification Board of Georgia or the Georgia Addiction Counselor's Association;

7. Charge Nurse means a registered nurse who has the responsibility for coordination and supervision of nursing services during the period of a work shift;

8. Chemical Restraint means an over-the-counter or prescribed medication or drug that is administered to manage an individual's behavior in a way that reduces the safety risk to the individual or to others that has the effect of reducing the individual's freedom of movement and that is not a standard treatment for the individual's medical or psychiatric condition;

9. Chief Executive Officer (CEO) means the person, by whatever title used, whom the governing body has delegated the responsibility for the management and operation of the facility including the implementation of the rules and policies adopted by the governing body;

10. Child means an individual between the ages of five (5) and twelve (12) years old;

11. Commissioner means the commissioner of the Department of Behavioral Health and developmental Disabilities (DBHDD);

12. Contraband means any item or article of property that poses a threat to the security and safety of the C & A CSU, individuals, employees, visitors or public, or other items prohibited by C & A CSU policy or state law;

13. Crisis Bed means any bed operated by the Crisis Stabilization Unit;

14. Crisis Stabilization Unit (CSU) means a medically monitored short-term residential program that is licensed by the Department under these rules and designated by the Department as an emergency receiving and evaluating facility to provide emergency disability services that include providing psychiatric and behavioral stabilization and detoxification services twenty-four hours a day, seven days a week;

15. Department means the Department of Behavioral Health and Developmental Disabilities (DBHDD);

16. Emancipated minor means a person who is at least sixteen (16) but less than eighteen (18) years of age where the rights of the minor's parents to the custody, control, services, and earnings of the minor have been terminated by operation of state law or pursuant to a valid emancipation order issued by a court of competent jurisdiction;

17. Emergency Disability Services provided in a C & A CSU means services provided to individuals who meet criteria for admission to an emergency receiving and evaluating facility on voluntary or involuntary status;

18. Emergency Receiving Facility means a facility designated by the Department to receive individuals under emergency conditions as provided in Part 1 of Article 3 of Chapter 3 and Part 1 of Article 3 of Chapter 7 of Title 37 of the Official Code of Georgia Annotated;

19. Evaluating Facility means a facility designated by the Department to receive individuals for evaluations provided in Part 2 of Article 3 of Chapter 3 and Part 2 of Article 3 of Chapter 7 of Title 37 of the Official Code of Georgia Annotated;

20. Governing Body means the Board of Trustees, the partnership, the corporation, the association, the person, group of persons or other legal entity that is legally responsible for operation of the C & A CSU;

21. Individual means a child or adolescent receiving services in a C & A CSU;

22. Individualized Resiliency Plan (IRP) is the document that is initiated during an individual's admission to the C & A CSU and is continued, when the individual is discharged to the next level of care. The development of an IRP proceeds from a synthesis of (a) the reason for admission, (b) the individual/family's goals and choices,(c) treatment and support needs as identified by multidisciplinary assessments, (d) interventions, and (e) discharge criteria;

23. Involuntary Status means admission of an individual who has a mental illness or an addictive disease and who meets clinical criteria for admission, and whose guardian has not admitted the individual on a voluntary status pursuant to O.C.G.A. Secs. 37-3-41, 37-7-41;

24. Law Enforcement Hold means that an individual is in the custody or control of law enforcement and must be discharged only to the custody of law enforcement;

25. Legal Guardian means:
    a. The parent of a minor, provided that he or she has physical custody of the minor and his or her parental rights have not terminated; or

b. A guardian of the minor who is duly appointed and serving pursuant to a court order.

26. License means the official authorization granted by the Department pursuant to any of the provisions of O.C.G.A. Sec. 37-1-29 and the rules to operate a C & A CSU physically located in Georgia;

27. Licensed/Certified Clinician in a CSU setting means a person who is licensed or certified as a LCSW, LMSW, LPC, APC, LMFT, AMFT, PhD, Psychologist or a CACII;

28. Licensed Practical Nurse (LPN) means any person who holds a current license to practice nursing pursuant to O.C.G.A. Sec. 43-26-32*et seq*;

29. Licensing requirements means any provisions of law, rule, regulation, or formal order of the Department which apply to the C & A CSU with respect to initial or continued authority to operate;

30. Manual Hold (also known as Manual Restraint or Personal Hold) means the application of physical force, without the use of any device, for the purpose of restricting the free movement of an individual's body regardless of duration or timeframe;

31. Medical Director means the chief medical officer who is physician with overall responsibility for treatment of individuals receiving services within the C & A CSU or a physician appointed in writing as the designee of such chief medical officer;

32. Nursing Administrator means a full time employee of the C & A CSU who:
    a. Is a registered professional nurse;
    b. Is responsible for:
        i. The management of the nursing staff in the C & A CSU;
        ii. Effective nursing care systems; and
        iii. Ensuring continuous quality improvement in care.

33. Nursing staff, as used in these rules, means the licensed and unlicensed assistive personnel providing direct care twenty-four hours a day, seven days a week. This includes the registered nurse in charge, other registered nurses on duty, licensed practical nurses, and unlicensed assistive personnel in the employ of the C & A CSU;

34. Physician means a person lawfully licensed in this state to practice medicine and surgery under the provisions of O.C.G.A. Sec. 43-34-20*et seq.* Physician, as it is used in these rules, means physician as well as those practitioners to whom the physician may delegate authority as defined in Physician Extender below;

35. Physician's Assistant means a skilled person who is licensed to a supervising physician and who is qualified by academic and practical training to provide patients' services not necessarily within the physical presence but under the personal direction or supervision of the supervising physician pursuant to O.C.G.A. Sec. 43-34-102*et seq*;

36. Physician Extender means an advanced practice registered nurse or a physician's assistant to whom the physician may delegate authority as defined in O.C.G.A. Secs. 43-34-23, 43-34-25;

37. Plan of Correction means a plan for correcting deficiencies in meeting rules and regulations of the Department;

38. Psychiatric Residential Treatment Facility (PRTF) means a facility that provides comprehensive mental health and substance abuse treatment to children, adolescents and young adults twenty-one (21) years of age or younger who, due to severe emotional disturbance, are in need of quality active treatment that can only be provided in an inpatient treatment setting and for whom alternative, less restrictive forms of treatment have been tried and found unsuccessful or are not medically indicated;

39. Psychiatrist means any physician certified as a diplomat in psychiatry by the American Board of Psychiatry and Neurology, or who has completed three (3) years of an approved residency training program in psychiatry and has had at least two (2) years of full-time practice in this specialty;

40. Registered Professional Nurse (RN) means any person who holds a current license to practice nursing under O.C.G.A. Sec 43-26-3*et seq*;

41. Restraint means any method, device, material or equipment attached or adjacent to the individual's body that the individual cannot easily remove and that restricts freedom of movement or normal access to one's body. This includes use of a manual restraint; manual hold or personal hold, a physical device, a mechanical device, use of material that is any physical matter including cloth or fabric, or use of equipment;

42. Risk Mitigation Plan is a document which addresses safety management for CSUs for which the architectural structure and/or environment of care is not consistent with the applicable provision;

43. Seclusion means the involuntary confinement of an individual alone in a room or area of a room from which the individual is physically prevented from leaving;

44. Treatment means care, diagnostic and therapeutic services, including the administration of medication, and any other service for an individual as defined in O.C.G.A. Sec. 37-3-1;

45. Treatment Facility means a facility designated by the Department to receive individuals for involuntary commitment for treatment provided in Part 3 of Article 3 of Chapter 3

and Part 3 of Article 3 of Chapter 7 of Title 37 of the Official Code of Georgia Annotated;

46. Treatment Team means physician, RN, licensed clinician, and related professionals such as certified peer specialists, certified addiction counselors, etc;

47. Unlicensed Assistive Personnel, as used in these rules, means individuals in the employ of the C & A CSU who provide direct care and oversight to individuals served in the C & A CSU, including, but not limited to, vital signs, activities of daily living, safety observations, and other duties as assigned. Unlicensed assistive personnel may be referred to as psychiatric assistants, certified nursing assistants, mental health assistants, healthcare technicians, or other recognized industry terms;

48. Voluntary Status means admission of an individual who has a mental illness or an addictive disease who meets clinical criteria for admission, and who is able to understand and exercise the rights and powers of an individual on voluntary status as defined in O.C.G.A. Secs. 37-3-20, 37-7-20.

Cite as Ga. Comp. R. & Regs. R. 82-4-1-.03
Authority: O.C.G.A. Sec. 37-1-29.
History. Original Rule entitled "Definitions" adopted. F. Jun. 27, 2011; eff. July 17, 2011.
Amended: F. Mar. 9, 2015; eff. Mar. 29, 2015.

Rule 82-4-1-.04. General Licensing Requirements.

1. A license is required to operate a C & A CSU.
   a. No person, corporation or other entity shall offer or provide crisis stabilization services as defined in these rules unless designated as an emergency receiving and evaluating facility and licensed by the Department as a C & A CSU;
   b. An applicant shall obtain a license prior to admitting individuals;
   c. No license shall be issued by the Department unless the C & A CSU is in compliance with these rules.
2. The C & A CSU shall prominently and conspicuously display the license in a public area of the licensed premises that is readily visible to individuals, employees, and visitors. A C & A CSU license shall not be altered.
3. A C & A CSU license shall not be transferred or assigned and each C & A CSU location shall be separately licensed.
4. The C & A CSU shall obtain approval from the Department in writing for any change in bed capacity

5. The C & A CSU shall notify the Department in writing at least thirty (30) days prior to, or in the event of an emergent change, within seventy-two (72) hours of any of the following occurrences:
    a. Any construction, renovation, or modification of the C & A CSU buildings;
    b. Date of cessation of operation of the C & A CSU;
    c. Moving to a new location;
    d. Change in C & A CSU name or telephone number;
    e. Change in ownership; or
    f. Change in agency CEO, medical director, and/or nurse administrator of the CSU.
6. The license shall be returned to the Department immediately after the notification date when a C & A CSU ceases to operate, is moved to another location, changes ownership, or the license is suspended or revoked. Failure to return the C & A CSU license to the Department does not mean the C & A CSU is licensed. If the C & A CSU received notice from the Department that the license is no longer valid, the C & A CSU shall no longer be considered licensed.
7. The Department may deny an agency a license for reasons, including, but not limited to:
    a. The applicant fails to provide the required application or renewal information;
    b. Operation of a C & A CSU which has been decertified or had its contract cancelled under the Medicare or Medicaid program in any state; federal Medicare or state Medicaid sanctions or penalties; federal or state tax liens; unsatisfied final judgments; eviction involving any property or space used as a C & A CSU; unresolved state Medicaid or federal Medicare audit; denial, suspension, or revocation of a hospital license belonging to the governing body, owner or operator of an applicant, for a license for any health care facility in any state; a court injunction prohibiting ownership or operation of a facility;
    c. Violation of any rules, regulations, local, state and federal laws.

Cite as Ga. Comp. R. & Regs. R. 82-4-1-.04
Authority: O.C.G.A. Sec. 37-1-29.
History. Original Rule entitled "General Licensing Requirements" adopted. F. Jun. 27, 2011; eff. July 17, 2011.
Amended: F. Mar. 9, 2015; eff. Mar. 29, 2015.

Rule 82-4-1-.05. Application Requirements.

1. An application for a license to provide C & A CSU services shall be submitted on forms made available by the Department in a format acceptable to the Department. No application shall be acted upon by the Department until the application is determined complete by the Department with all required attachments submitted.

2. The applicant shall submit the following documents to the Department no later than ninety (90) calendar days prior to the projected opening date of the C & A CSU:

    a. An accurate and complete application form;

    b. A working budget showing projected revenue and expenses for the first year of operation, including revenue plan;

    c. Documentation of working capital:

        i. Funds or a line of credit sufficient to cover at least ninety (90) days of operating expenses if the applicant is a corporation, unincorporated organization or association, a sole proprietor or a partnership;

        ii. Appropriate revenue if the applicant is a state or local governmental agency, board or commission.

    d. Documentation of authority to conduct business in the State of Georgia;

    e. A twenty-four hour staffing plan which includes nurses and physicians;

    f. A floor plan with dimensions and with space and room function designations;

    g. Number of proposed beds;

    h. Photocopies of operating agreements with healthcare providers to provide care that is beyond the scope of the C & A CSU;

    i. A program description signed by the medical director that includes consistent with these rules and Department policy, admission and discharge criteria and procedures, including reasons for denial of admission, for both voluntary and involuntary individuals who do not meet C & A CSU admission criteria;

    j. Proposed daily schedule of treatment and education options throughout twelve (12) waking hours each day, to include treatment and educational opportunities responsive to the mental health, physical health and addictive disorder issues represented by individuals in service;

    k. Fire Safety Documentation:

        a. For new construction, additions, and renovation projects, written approval by the local building authority as well as well as a fire safety report (e.g., Fire

Safety Inspection Report or a Certificate of Occupancy in the jurisdiction in which the CSU is based) must be submitted before a license is issued.

b. For buildings already constructed, a copy of a fire safety report indicating approval by the local fire authority for the jurisdiction in which the CSU is based (dated within the last twelve (12) months of the projected opening date of the CSU) must be submitted before a license is issued.

l. Documentation of agency accreditation as required by Departmental policy;

3. The Department shall conduct announced or unannounced on-site reviews of all facilities and services to determine compliance with the rules and regulations to operate a C & A CSU prior to a license being granted.

Cite as Ga. Comp. R. & Regs. R. 82-4-1-.05
Authority: O.C.G.A. Sec. 37-1-29.
History. Original Rule entitled "Application Requirements" adopted. F. Jun. 27, 2011; eff. July 17, 2011.
Amended: F. Mar. 9, 2015; eff. Mar. 29, 2015.

Rule 82-4-1-.06. Issuance of Initial and Renewal of License.

1. When the Department determines that the applicant is in compliance with all applicable rules and regulations, the Department shall issue an initial license to the applicant:
   a. The initial license for a new facility is valid for the first year of operation. The term of the initial license may not exceed one (1) year from the date of issuance;

   b. Prior to expiration of the initial license, the Department shall conduct a review of the C & A CSU for compliance with all applicable rules and regulations;

   c. Pursuant to a satisfactory review, the Department shall issue a license which shall be valid for a period of up to two (2) years.

2. It shall be the responsibility of the C & A CSU to complete and submit a renewal application for licensure, as required by the Department which is postmarked at least ninety (90) calendar days prior to the expiration date of the current license. If the C & A CSU fails to submit the completed renewal application, the Department shall provide notice by certified mail advising that unless the renewal application and licensure review is satisfactorily completed, the C & A CSU is operating without a valid license and is subject to sanctions.

Cite as Ga. Comp. R. & Regs. R. 82-4-1-.06
Authority: O.C.G.A. Sec. 37-1-29.
History. Original Rule entitled "Issuance of Initial and Renewal of License" adopted. F. Jun. 27, 2011; eff. July 17,

2011.
Amended: F. Mar. 9, 2015; eff. Mar. 29, 2015.

Rule 82-4-1-.07. Operational Scope of Services.

Each C & A CSU shall have a detailed description of the scope of services under which the C & A CSU operates that includes, but is not limited to:

1. The C & A CSU shall describe its capacity to serve both voluntary and involuntary individuals;

2. The C & A CSU shall clearly state in its policy that it is not a treatment facility; as defined in O.C.G.A. Secs. 37-1-29, 37-3-1(18);

3. The services offered within the C & A CSU shall be provided in a community based setting, and shall be described as crisis residential services rather than inpatient or hospital level of care service;

4. The C & A CSU shall not advertise or hold itself out as a hospital nor shall it bill for hospital or inpatient services;

5. The C & A CSU shall be exempt from any requirement of Georgia's Certificate of Need (CON) program;

6. The C & A CSU shall pursue with due diligence operating agreements in writing, with one or more healthcare providers, to provide care that is beyond its scope. Operating agreements shall be updated at a minimum every five (5) years as evidenced by date and signatures on the agreement document;

7. The average annual length of stay in the crisis beds of the C & A CSU shall not exceed fourteen (14) calendar days;

8. The C & A CSU shall report census and length of stay data as required to the Department;

9. The C & A CSU shall give priority consideration to serving those individuals without private health care coverage;

10. Individuals shall be billed in accordance with Departmental policy on payment for services. Fees for individuals served under the Department of Human Services or under the Department of Juvenile Justice shall be set by mutual agreement between Departments;

11. The C & A CSU shall not refuse to receive, evaluate, or stabilize any individual who meets the criteria for services as defined in O.C.G.A. Sec. 37-1-29 and Departmental Policy;

12. The C & A CSU shall not operate solely as a twenty-four hour residential service offering detoxification;

13. The C & A CSU shall not provide study and report services; and

14. The C & A CSU shall not be available for court ordered placement for the purpose of temporary placement only.

Cite as Ga. Comp. R. & Regs. R. 82-4-1-.07
Authority: O.C.G.A. Secs. 37-1-29, 37-2-11.
History. Original Rule entitled "Operational Scope of Services" adopted. F. Jun. 27, 2011; eff. July 17, 2011.
Amended: F. Mar. 9, 2015; eff. Mar. 29, 2015.

Rule 82-4-1-.08. Program Description.

The C & A CSU's description of services shall clearly state the following:

1. The C & A CSU is designed to serve as a first-line community based alternative to hospitalization, offering psychiatric stabilization and detoxification services on a short-term basis;

2. The target population is individuals ages five (5) through seventeen (17) requiring psychiatric or behavioral stabilization, and youth ages thirteen (13) through seventeen (17) with substance related disorders or with co-occurring mental health and substance use needs;

3. When an emancipated minor presents for service at a C & A CSU, the C & A CSU shall assess the individual's life circumstances to determine if the individual is more appropriately served in an adult environment;

4. Psychiatric stabilization and residential detoxification services are offered at a clinical intensity level which supports the level of care in DBHDD contracts and the DBHDD Provider Manual for Community Behavioral Health Providers;

5. The CSU shall have policies and procedures for identifying and managing individuals who meet the diagnostic criteria for a Substance Dependence Disorder;

6. The CSU shall have policies and procedures for providing a planned regimen of twenty-four hour, professionally-driven evaluation, care and treatment services for individuals who meet the diagnostic criteria for a Substance Dependence Disorder;

7. All services offered within the C & A CSU shall be provided under the direction of a physician. It is preferred that the C & A CSU provide services under the direction of a psychiatrist with training or experience in working with children and youth. Consultation by a psychiatrist shall be available if the covering physician is not a psychiatrist;

8. A physician or psychiatrist shall be on call twenty-four hours a day and shall make rounds seven days a week. The physician is not required to be on site twenty-four hours a day; however the physician must respond to staff calls immediately, (delay not to exceed one (1) hour);

9. The C & A CSU shall provide emergency receiving, screening, and evaluation services twenty-four hours a day, seven days a week and shall have the ability to admit and discharge seven days a week;

10. The C & A CSU shall have policies and procedures for identifying and managing individuals at high risk of suicide or intentional self-harm;

11. The functions performed by staff whose practice is regulated or licensed by the State of Georgia are within the scope allowed by state law and professional practice acts;

12. The C & A CSU shall have a full-time position classified as a nursing administrator. It is preferred that the employee serving in this position have training or experience with treating children and youth;

13. The C & A CSU shall have an RN present within the C & A CSU twenty-four hours a day, seven days a week who is the charge nurse for the C & A CSU. For every sixteen (16) C & A CSU beds there shall be one (1) RN present at all times;

14. Staffing shall be established based on the needs of individuals being served as follows:

    a. At all times there shall be at least three (3) staff present within the C & A CSU including the charge nurse (if the charge nurse is an APRN, then he/she may not simultaneously serve as the accessible physician during the same shift);

    b. There shall not be more than four (4) individuals for every one (1) staff (including the charge nurse);

    c. The ratio of nursing staff to individuals shall increase on the basis of the clinical care needs of the individual, including required levels of observation for high risk individuals;

    d. If a nursing staff is assigned a 1:1 support role, then he/she shall not be counted in the 1:4 ratios above.

    e. Utilization of licensed practical nurses (LPNs) in C & A CSU shall be to provide support to the registered nurse by performing duties specified in O.C.G.A. Sec. 43-26-3*et seq.*

15. Academic needs shall be met through the local school system in accordance with the needs of the individual;

16. Program offerings shall be age appropriate and designed to meet the needs of each individual, and the therapeutic content of the program (group therapy/training, individual therapy/training, education support, etc.) shall be annually approved by a licensed/certified clinician. This content is captured in a master file which will have the licensed clinician's approval, signature and date of review;

17. The C & A CSU shall have protocols with respect to stabilization and transfer of individuals to a different level of care. The treating physician shall make the determination as to the time and manner of transfer so as to ensure no further deterioration of the individual during the transfer between facilities, and shall specify the benefits expected from the transfer in the individual's record;

18. Children or youth shall return to their natural environment as quickly as possible; therefore, the total length of stay in a C & A CSU for any one episode of care shall not exceed twenty-nine (29) calendar days.

Cite as Ga. Comp. R. & Regs. R. 82-4-1-.08
Authority: O.C.G.A. Secs. 37-1-29, 43-26-12*et seq.*
History. Original Rule entitled "Program Description" adopted. F. Jun. 27, 2011; eff. July 17, 2011.
Amended: F. Mar. 9, 2015; eff. Mar. 29, 2015.

Rule 82-4-1-.09. Evaluation and Admissions.

1. The C & A CSU must have written protocols for screening individuals presenting for evaluation on a voluntary basis or under O.C.G.A. Secs. 37-3-41, 37-7-41. If screening results in an individual not being offered services or admitted to the C & A CSU, the C & A CSU shall maintain documentation of the rationale for the denial of services and referral of the individual.

2. Level of Care instruments defined in the DBHDD Provider Manual for Community Behavioral Health Providers will be utilized to determine the required need and resulting level of care for admission to the C & A CSU. The C & A CSU shall not admit individuals presenting with issues listed under "Exclusion Criteria" in the Department's policy on medical exclusion guidelines and criteria. The C & A CSU staff shall ask the referral source for information regarding the medical status of the individual. If there are medical status issues, the C & A CSU physician may request additional information or waive medical clearance when clinically appropriate or when medical clearance is not available.

3. The C & A CSU shall not refuse to receive for evaluation an individual who presents to the C & A CSU for evaluation and/or stabilization.

4. Staff shall conduct a search of the individual, his or her clothing, and all personal effects before admission to the unit.

5. Personal searches of individuals (e.g. strip searches) are to be performed only for cause and shall be ordered by the physician. The rationale for the personal search must be clearly documented in the order. Sequential steps of the search, including documentation of staff involved by name and title, must be recorded in the progress notes section of the clinical record. Mandatory removal of clothing or standing orders for personal searches are not permitted.

6. An initial screening for risk of suicide or harm to others shall be conducted for each individual presenting to the CSU for evaluation.

7. Orders for care shall include the clinically appropriate level of observation for the individual.

Cite as Ga. Comp. R. & Regs. R. 82-4-1-.09
Authority: O.C.G.A. Secs. 37-1-29, 37-3-143, 37-3-162, 37-7-143, 37-7-162.
History. Original Rule entitled "Admissions" adopted. F. Jun. 27, 2011; eff. July 17, 2011.
Amended: New title "Evaluation and Admissions." F. Mar. 9, 2015; eff. Mar. 29, 2015.

Rule 82-4-1-.10. Provision of Individualized Care.

1. A physician shall assess each individual to establish a diagnosis and write care orders within twenty-four (24) hours of admission, and document appropriate orders for care; an assessment for risk of suicide will be made by a physician.

2. The licensed clinical social worker or licensed professional counselor shall assess the individual within forty-eight (48) hours of admission to the C & A CSU.

3. An Individualized Resiliency Plan (IRP) shall be developed and written within seventy-two (72) hours of admission on the basis of assessments conducted by the physician, registered nurse and professional social work or counseling staff. A major goal of each IRP shall be the individual's stabilization and recovery. For individuals with both substance abuse and mental health diagnoses, the IRP shall address issues relative to both diagnoses.

4. At a minimum, this IRP shall be developed in collaboration with the individual/family and shall include the following:
    a. A problem statement or statement of needs to be addressed;

    b. Goals that are consistent with the individual's needs, realistic, measurable, linked to symptom reduction, and attainable by the individual during the individual's projected length of stay;

    c. Objectives, stated in terms that allow measurement of progress, that build on the individual's strengths;

d. Specific treatment offerings, methods of treatment and staff responsible to deliver the treatments;

e. Interventions and preferred approaches that are responsive to findings of past trauma and abuse;

f. Evidence of involvement by the individual's legal guardian, as documented by his or her signature or refusal to sign;

g. Development of a crisis plan for use upon discharge;

h. Signatures of all staff participating in the development of the plan;

i. Evidence of involvement by the individual and/or family, as documented by the individual's signature that is in a manner that is age/developmentally appropriate;

j. A discharge and transition plan.

5. The IRP shall be reviewed at a minimum every seventy-two (72) hours by a treatment team to assess the need for the individual's continued stay in the C & A CSU. The IRP shall be updated as appropriate when the individual's needs or condition change.

6. The physician shall, at a minimum:
   a. Conduct the initial assessment of the individual;

   b. Establish a diagnosis and write care orders;

   c. Document the rationale for medications prescribed;

   d. Assess the individual's response to care and services provided; and

   e. Conduct an assessment of the individual at the time of discharge.

7. Discharge summary information shall be provided to the individual at the time of discharge that includes:
   a. Criteria describing evidence of stabilization and discharge planning;

   b. Significant findings relevant to the individual's recovery (strengths, needs, preferences);

   c. Specific instructions provided to the individual and to the legal guardian for ongoing care;

   d. Individualized recommendations for continued care to include recovery supports, community services, if indicated; and

e. Contact information for how to access community services.

Cite as Ga. Comp. R. & Regs. R. 82-4-1-.10
Authority: O.C.G.A. Secs. 37-1-29, 37-3-64, 37-3-162, 37-7-64, 37-7-162.
History. Original Rule entitled "Provision of Individualized Care" adopted. F. Jun. 27, 2011; eff. July 17, 2011.
Amended: F. Mar. 9, 2015; eff. Mar. 29, 2015.

Rule 82-4-1-.11. Documentation of Care.

The C & A CSU shall maintain a clinical record for each individual, which may be recorded manually or electronically. The clinical record shall contain chronological information on all matters relating to the admission, care and treatment, discharge and legal status of the individual, and shall include documents relating to the individual. The clinical record shall include at least the following:

1. Record of evaluation for admission and outcome of the evaluation, including the date, time, name and credentials of the professional conducting the evaluation;

2. Legal status documents for admission and continued stay in the C & A CSU, as detailed in O.C.G.A. Secs. 37-3-1*et seq.* and 37-7-1 *et seq*;

3. Documentation of guardianship, whenever applicable;

4. Documentation of consent for services by the legal guardian;

5. Assessments, to include psychiatric, physical health, nursing and psychosocial status;

6. Physician orders;

7. Every order given by telephone shall be received by an RN or LPN and shall be recorded immediately with the ordering physician's name, and shall be reviewed and signed by a physician within twenty-four (24) hours. Specific to the ordering of medication, documentation shall demonstrate evidence that an order was made by telephone, the content of order, and date of the order;

8. Documentation by the physician of the individual's response to care, including rationale for changes in orders or levels of observation;

9. An IRP which specifies individualized interventions responsive to the needs of the individual;

10. There shall be documentation of consent by the legal guardian to the IRP;

11. Documentation of implementation of interventions, including the individual's response to the interventions;

12. Location and type of treatment or education provided, including the date and time of the treatment or education, the name and credentials of the professional or other staff providing the service, and the response of the individual to the service;

13. Evidence of progress toward stabilization and recovery, or lack thereof;

14. Documentation of medical testing (if any), medical findings and medical care needs or interventions provided;

15. Documentation of continued stay justifications;

16. Documentation at least once per day by an RN as to the status of the individual;

17. Documentation of events or incidents that affect care and treatment, including the individual's response thereto;

18. Record of implementation of emergency safety interventions (seclusion or restraint) of last resort, if implemented;

19. Name and title of staff providing care and treatment; and

20. Discharge notes and aftercare plans, including the individual's status at discharge, ongoing needs, aftercare plan, and the date, time and method of discharge.

Cite as Ga. Comp. R. & Regs. R. 82-4-1-.11
Authority: O.C.G.A. Secs. 37-1-29, 37-3-162, 37-3-165, 37-3-166, 37-7-162, 37-7-165, 37-7-166.
History. Original Rule entitled "Documentation of Care" adopted. F. Jun. 27, 2011; eff. July 17, 2011.
Amended: F. Mar. 9, 2015; eff. Mar. 29, 2015.

Rule 82-4-1-.12. Protection and Safety of the Individual and of Others.

1. The C & A CSU shall have policies and procedures regarding authorized entry to or exit from the unit.

2. The C & A CSU shall have policies and procedures to protect and respect individuals' rights and privacy while conducting searches.

3. Control of potentially injurious items shall be clearly defined in policy to include, but may not be limited to:
    a. Prohibition of flammables, toxins, ropes, wire clothes hangers, sharp-pointed scissors, luggage straps, belts, knives, shoestrings, or other potentially injurious items;

b. Management of housekeeping supplies and chemicals, including procedures to avoid access by individuals during use or storage. Whenever practical, supplies and chemicals shall be non-toxic and/or non-caustic.

4. Safeguard the use and disposal of nursing and medical supplies including drugs, needles and other "sharps" and breakable items.

5. Except as otherwise provided by law, weapons shall be prohibited at the C & A CSU. The C & A CSU shall post notices regarding the prohibition of weapons at all entrances to the facility and shall have written protocols addressing the same.

6. The C & A CSU shall develop and implement policies and practices, consistent with Departmental policy, that describe interventions to prevent crises and minimize incidents when they do occur, that are organized in a least to most restrictive sequence. The written policies and procedures shall:
   a. Emphasize positive approaches to interventions;

   b. Protect the health and safety of the individual served at all times;

   c. Specify the methods for documenting the use of the interventions; the admission assessment shall contain an assessment of past trauma or abuse, how the individual served would prefer to be approached should he or she become dangerous to him/ herself or to others, and the findings from this initial assessment shall guide the process for determining interventions.

7. The C & A CSU shall develop and implement internal policies and practices for use of time-out, seclusion or restraint that are consistent with federal and state laws, rules, regulations and DBHDD policy:
   a. Seclusion or restraint, as defined in these regulations, shall be used only as an emergency safety intervention of last resort to ensure the physical safety of the individual and others, and shall be used only after less restrictive interventions have been determined to be ineffective;

   b. Seclusion or restraint shall not be used as punishment or for the convenience of staff;

   c. Seclusion and restraint shall not be implemented simultaneously;

   d. All individuals placed in restraints shall be afforded full privacy away from other individuals receiving services;

   e. Chemical restraint as defined in the Code of Federal Regulations shall not be utilized under any circumstances;

f. Staff, individuals and their legal guardian shall be debriefed immediately following an episode of seclusion or restraint, identifying the circumstances leading up to the seclusion or restraint;

g. The individual's IRP shall be updated following the debriefing of what led to a seclusion or restraint episode, including changes that could be made to prevent the situation or better support the individual if future issues occur.

8. The C & A CSU shall develop policies and procedures for implementing suicide prevention interventions addressing: screening, assessments, crisis safety plans, staffing, levels of observation and documentation in accordance with DBHDD policy:

   a. Policies and procedures shall require constant visual observations of persons clinically determined to be actively suicidal;

   b. A person assessed to be potentially suicidal shall be on a higher level of supervision;

   c. Modifications or removal of suicide prevention interventions shall require clinical justification determined by an assessment and shall be specified by the attending physician and documented in the clinical record;

   d. A registered professional nurse or other licensed/certificate clinician may initiate suicide prevention interventions prior to obtaining a physician/psychiatrist's order, but in all instances must obtain an order within one (1) hour of initiating the intervention;

   f. Staff shall be debriefed immediately following a suicide attempt, identifying the circumstances leading up to the suicide attempt;

   g. The individual's IRP shall be updated following the debriefing of what led to the suicide attempt, including changes that could be made to prevent the situation from reoccurring or to better support the individual if future issues do occur;

9. Other high-risk behaviors such as assaultive behavior shall be addressed in the C & A CSU policies and procedure.

Cite as Ga. Comp. R. & Regs. R. 82-4-1-.12
Authority: O.C.G.A. Secs. 16-11-127, 37-1-29, 37-3-162, 37-3-165, 37-7-162, 37-7-165.
History. Original Rule entitled "Protection and Safety of the Individual and of Others" adopted. F. Jun. 27, 2011; eff. July 17, 2011.
Amended: F. Mar. 9, 2015; eff. Mar. 29, 2015.

Rule 82-4-1-.13. Pharmacy Services and Management of Medication.

1. All pharmacy operations or services within the C & A CSU must be licensed and under the direct supervision of a registered pharmacist or provided by contract with a licensed pharmacy operated by a registered pharmacist.

2. The C & A CSU must ensure access to pharmacy services for prescription medications within eight (8) hours of the physician's order.

3. Stat medication not maintained in the C & A CSU must be available for administration within one (1) hour of the order to give the medication.

4. Any request for exemptions for requirements regarding a pharmacy license must be submitted in writing to the Georgia State Board of Pharmacy.

5. The C & A CSU shall establish and implement policies, procedures and practices that guide the safe and effective use of medications and shall, at a minimum, address the following:
    a. Medications and medical care orders shall be written, signed, administered, and implemented upon direct order from by the physician or psychiatrist, as defined in O.C.G.A. Secs. 43-34-23, 43-34-25;

    b. Medications shall not be administered without the consent of the legal guardian, except in an emergency;

    c. Medications shall be used solely for the purposes of providing effective treatment and protecting the safety of the individual and other persons and shall not be used as punishment or for the convenience of staff or as chemical restraint;

    d. There shall be no standing orders for psychotropic medication;

    e. Medication management policies and procedures shall follow federal and state laws, rules and regulations, and shall direct the management of medication ordering, procurement, prescribing, transcribing, dispensing, administration, documentation, wasting or disposal and security, to include the management of controlled substances, floor stock, and physician sample medications;

    f. There shall be documented evidence of oversight by the medical director for the accounting of and dispensing of sample medications;

    g. The C & A CSU shall have a policy on informed consent for medications, including the right of the legal guardian to refuse consent for medication;

    h. The C & A CSU shall have protocols in place should an individual refuse medication;

    i. The C & A CSU shall follow the Department's policies and procedures for Informed Consent and Involuntary Administration of Psychotropic Medication;

j. There shall be a process to identify, track and correct deviations in medication prescribing, transcribing, dispensing, administration, documentation, or drug security of ordering or procurement of medication that results in a variance;

k. The C & A CSU shall develop and implement policies and procedures that describe actions to follow when drug reactions and other emergencies related to the use of medications occur, and emergency medical care that may be initiated by a registered nurse in order to alleviate a life threatening situation; and

l. The C & A CSU shall conduct daily checks and maintain temperature logs for all medication room refrigerators. Temperatures for the refrigerator shall be set between 34°F to 41°F (1°C to 5°C).

Cite as Ga. Comp. R. & Regs. R. 82-4-1-.13
Authority: O.C.G.A. Secs. 37-1-29, 37-3-162, 37-3-163, 37-3-165, 37-7-162.
History. Original Rule entitled "Pharmacy Services and Management of Medication" adopted. F. Jun. 27, 2011; eff. July 17, 2011.
Amended: F. Mar. 9, 2015; eff. Mar. 29, 2015.

Rule 82-4-1-.14. Laboratory Services.

1. Laboratory work and other diagnostic procedures deemed necessary shall be performed as ordered by the physician.

2. Any C & A CSU that processes laboratory tests on-site shall provide documented evidence of a current Clinical Laboratory Improvement Amendment Waiver.

Cite as Ga. Comp. R. & Regs. R. 82-4-1-.14
Authority: O.C.G.A. Sec. 37-1-29.
History. Original Rule entitled "Laboratory Services" adopted. F. Jun. 27, 2011; eff. July 17, 2011.
Amended: F. Mar. 9, 2015; eff. Mar. 29, 2015.

Rule 82-4-1-.15. Food Services.

All C & A CSU food service operations shall comply with current federal and state laws and rules concerning food service:

1. At least three (3) nutritious meals per day shall be served;

2. Nutritional snacks shall be available to each individual;

3. No more than fourteen (14) hours may elapse between the end of an evening meal and the beginning of a morning meal;

4. Therapeutic diets shall be provided when ordered by the physician;

5. Under no circumstances may food be withheld for disciplinary reasons;

6. The C & A CSU must have a sufficient designated area to accommodate meal service. Individuals may eat or be served in shifts during daily operations. The eating area may double as a group or activity area;

7. If food is prepared by the C & A CSU, the C & A CSU must have a satisfactory food service permit score, pursuant to Georgia Department of Human Services, Public Health, Chapter 290-5-14-.10. If applicable, a copy of the current food service permit must be on file in the C & A CSU;

8. The C & A CSU may utilize meal preparation services from an affiliated or contracted entity with a current food service permit. There shall be a formal contract between the C & A CSU and contracted food entity containing assurances that the contracted food entity will meet all food service and dietary standards imposed by this rule;

9. If the C & A CSU elects to have meals prepared off-site, the C & A CSU will have a modified kitchen that includes a microwave, a refrigerator, an ice maker and clean-up facilities;

10. The C & A CSU must maintain a daily temperature log for freezer and refrigerator. Temperatures for the refrigerator shall be set between 34°F and 41°F (1°C to 5°C) and the freezer temperature should be set between 0°F and 10°F (-17°C to -15°C);

11. Food, drinks and condiments shall be dated when opened and discarded when expired;

12. Each C & A CSU shall maintain a three-day supply of non-perishable emergency food and water at all times.

Cite as Ga. Comp. R. & Regs. R. 82-4-1-.15
Authority: O.C.G.A. Sec. 37-1-29.
History. Original Rule entitled "Food Services" adopted. F. Jun. 27, 2011; eff. July 17, 2011.
Amended: F. Mar. 9, 2015; eff. Mar. 29, 2015.

Rule 82-4-1-.16. Infection Control and Prevention.

The C & A CSU shall develop and implement policies and procedures for infection control and prevention that include the following:

1. Standard precautions are defined and the use of personal protective equipment when handling blood, body substances, excretions and secretions are outlined;

2. Proper hand washing techniques are outlined;

3. Proper disposal of biohazards, such as potentially infected waste and spills- management, needles, lancets, scissors, tweezers and other sharp instruments are described;

4. Prevention and treatment of needle stick/sharp injuries are outlined;

5. The management of common illnesses such as, but not limited to Methicillin-Resistant Staphylococcus Aureus **(**MRSA), colds and influenza, gastrointestinal viruses, pediculosis and tinea pedis, etc. is described;

6. Specific procedures to manage infectious diseases including but not limited to tuberculosis, hepatitis B, Human Immunodeficiency Virus (HIV), Acquired Immune Deficiency Syndrome (AIDS) or other infectious diseases are described;

7. Handling and maintenance of individual care equipment is described;

8. The C & A CSU's infection control risk assessment and plan is reviewed annually for effectiveness and revision, if necessary;

9. The C & A CSU shall have written hygienic practices and procedures regarding the management of linens and minimizing healthcare-associated infections, including collection, sorting, transport, washing and storage of soiled linens. The practices shall be based upon a cited expert source (such as the U.S. Centers for Disease Control and Prevention) and updated annually to ensure the procedures reflect evolving standard practice. At a minimum, the C & A CSU shall:
    a. Have immediately available a quantity of clean bed linens and towels, etc., essential for the proper care of individuals at all times; and

    b. Have collection, sorting, and cleaning procedure shall be designed to prevent contamination of the environment, individuals served, and personnel.

10. In relation to individuals who are carriers of an infectious illness, the transfer and the release of confidential information to select unit medical and nursing staff on a need to know basis is addressed;

11. Hand washing facilities provided in both the kitchen and the bathroom areas shall include hot and cold running water, soap dispensers, disposable towels and/or hand blowers.

Cite as Ga. Comp. R. & Regs. R. 82-4-1-.16
Authority: O.C.G.A. Sec. 37-1-29.
History. Original Rule entitled "Infection Control and Prevention" adopted. F. Jun. 27, 2011; eff. July 17, 2011.
Amended: F. Mar. 9, 2015; eff. Mar. 29, 2015.

Rule 82-4-1-.17. Rights and Responsibilities of Individuals.

1. The C & A CSU shall safeguard the rights of individuals treated pursuant to applicable state laws and rules and regulations.

2. The rights and responsibilities of individuals and their legal guardians are paramount. It is the expectation that a legal guardian shall be an informed partner in the assessment and treatment of individuals. The individual under the age of eighteen (18) served should also be an informed participant. Although the individual's consent is not legally mandated, it should be encouraged and promoted in every treatment element. Documentation shall support the provision of the following:
    a. Each C & A CSU shall maintain a written statement of rights and responsibilities for individuals receiving services and their legal guardian, as articulated in DBHDD rule and policy;

    b. During admission or orientation to the C & A CSU, each individual and the individual's legal guardian shall receive a written statement of his or her rights and responsibilities. Receipt of this information shall be documented in the clinical record and validated by the signature of the individual and their legal guardian. If the legal guardian is unable or unwilling to sign, this shall be recorded;

    c. The C & A CSU shall inform the individual and the legal guardian in writing of any changes in rights and responsibilities;

    d. Individual rights related to required notices, lengths of stay on involuntary status, or other processes related to rights specified in Georgia law, DBHDD rule or policy, shall be maintained.

Cite as Ga. Comp. R. & Regs. R. 82-4-1-.17
Authority: O.C.G.A. Secs. 37-1-29, 37-3-23, 37-3-44, 37-3-160*et seq*, 37-3-164, 37-7-23, 37-7-160 *et seq*, 37-7-164.
History. Original Rule entitled "Rights and Responsibilities of Individuals" adopted. F. Jun. 27, 2011; eff. July 17, 2011.
Amended: F. Mar. 9, 2015; eff. Mar. 29, 2015.

Rule 82-4-1-.18. Confidentiality.

1. The C & A CSU shall have records management policies, procedures and practices to manage and to protect the confidentiality and protected health information of individuals' records, to include electronic records.

2. The C & A CSU's records management policies shall support secure, organized records and shall be consistent with all applicable policies and procedures and federal and state laws and regulations.

3. The C & A CSU shall ensure that the individual's rights regarding his or her own confidential and protected health information are protected, including but not limited to, access to protected health information, requesting amendment to the clinical record, requesting restriction of disclosure, and requesting an accounting of disclosures that have been made.

4. The C & A CSU shall have a Notice of Privacy Practices regarding confidentiality of the individual's protected health information, which Notice shall comply with the requirements of Health Insurance Portability and Accountability Act (HIPAA).

5. The C & A CSU shall post the Notice of Privacy Practices at all times in the admissions area and in prominent locations where it is reasonable to expect individuals to be able to read the notice. Additional copies must be available for distribution upon request.

6. The C & A CSU shall provide a copy of the Notice of Privacy Practices to the individual and his or her legal guardian, as defined by state law, upon the individual's admission.

7. The C & A CSU shall have policies, procedures and practices that are compliant with the requirements of HIPAA regarding:
   a. Complaints regarding violation of confidentiality and privacy rights;
   b. Reports of breaches of HIPAA to the Department, and as required by law when applicable to the individual, to the United States Secretary of Health and Human Services, and to the media;
   c. Sanctions of employees for violations of HIPAA; and
   d. Identifying business associates, as defined by HIPAA, of the C & A CSU and obtaining satisfactory assurances of the business associates' compliance with the requirements of HIPAA.

8. The clinical record, information about an individual contained in incident reports and any documents that are not part of the clinical record, and all information about an individual whether oral or written, and regardless of how stored, is confidential.

9. Unless authorized in writing by a valid authorization signed by the legal guardian, or by applicable law, the C & A CSU shall not:
   a. Confirm or deny whether an individual is receiving or has received services from the C & A CSU; or
   b. Disclose any confidential or protected health information regarding the individual.

Cite as Ga. Comp. R. & Regs. R. 82-4-1-.18
Authority: O.C.G.A. Secs. 37-1-29, 37-3-166, 37-7-166.
History. Original Rule entitled "Incident and Complaint Reporting and Investigation Procedures" adopted. F. Jun. 27, 2011; eff. July 17, 2011.

Repealed: New Rule entitled "Confidentiality" adopted. F. Mar. 9, 2015; eff. Mar. 29, 2015.

Rule 82-4-1-.19. Documentation of Legal Status.

The legal status of each individual shall be clearly recorded within the clinical record to include:

1. Documenting the legal and clinical basis for the individual's admission to the C & A CSU, whether voluntary or involuntary consistent with all applicable state laws, rules and regulations;
2. Documentation of the legal and clinical basis for continued admission to the C & A CSU for purposes of evaluation when consistent with all applicable state laws, rules and regulations;
3. A record of voluntary or involuntary status change, to include the date and time of such change and consent by the parent or legal guardian;
4. Where an individual is found to be in need of treatment and suitable for treatment at said facility, the facility must obtain consent for treatment from the parent or legal guardian of the individual who shall receive treatment unless such minor is emancipated O.C.G.A. Sec. 37-3-20(a);
5. Documentation of the assessment of the individual's capacity to understand and exercise the rights and powers of voluntary admission; and
6. Where specific Departmental legal forms exist to document any of the above mentioned actions, those forms shall be utilized.

Cite as Ga. Comp. R. & Regs. R. 82-4-1-.19
Authority: O.C.G.A. Secs. 37-1-29, 37-3-1*et seq*, 37-3-24, 37-7-1 *et seq*, 37-7-24.
History. Original Rule entitled "Department Complaint and Incident Investigation Procedure" adopted. F. Jun. 27, 2011; eff. July 17, 2011.
Repealed: New Rule entitled "Documentation of Legal Status" adopted. F. Mar. 9, 2015; eff. Mar. 29, 2015.

Rule 82-4-1-.20. Performance Improvement Plan and Activities.

The C & A CSU shall develop a quality assurance plan and update it annually:

1. The quality assurance plan shall address and ensure a comprehensive integrated review of all services and practices which shall include but not be limited to the following:
    a. High risks situations and special cases (such as suicide, death, serious injury, violence and abuse of any individual) are reviewed within twenty-four (24) hours;

b. Medical emergencies;

c. Medication variance;

d. Infection control;

e. Emergency safety interventions including seclusion or restraint;

f. Environmental safety and maintenance; including an environment scan which self-assesses risk for individuals served by or working in the facility and identified strategies and subsequent plans for mitigating those risks;

g. Clinical outcome measures.

2. The quality assurance plan shall use performance measures and data collection that continually assess and improve the quality of the services being delivered;

3. The quality assurance committee shall submit a quarterly report to the nursing administrator, medical director, agency CEO, and governing body for their review and appropriate action if necessary;

4. The CEO and governing body shall evaluate the C & A CSU's effectiveness in improving performance.

Cite as Ga. Comp. R. & Regs. R. 82-4-1-.20
Authority: O.C.G.A. Sec. 37-1-29.
History. Original Rule entitled "Confidentiality" adopted. F. Jun. 27, 2011; eff. July 17, 2011.
Repealed: New Rule entitled "Performance Improvement Plan and Activities" adopted. F. Mar. 9, 2015; eff. Mar. 29, 2015.

Rule 82-4-1-.21. Environment of Care.

Areas accessible by individuals shall meet the following requirements:

1. The CSU shall maintain an environment that is clean and in good repair;

2. The environment of the C & A CSU shall have natural light and exterior views;

3. The general architecture of the C & A CSU, along with tools and technology, shall provide for optimal line-of-sight observations from the nurses' station throughout the unit, mitigating hidden spots and blind corners;

4. The C & A CSU shall be a locked facility;

5. The C & A CSU shall have sleeping areas that are gender and age specific;

6. Interior finishes, lighting, and furnishings shall conform to applicable fire and safety codes; as classified for *Health Care Occupancy/Limited Care Facilities* in the current edition of National Fire Protection Association's NFPA 101 Life Safety Code Handbook, Chapter 18/19: New and Existing Health Care Occupancies;

7. Furnishings, hardware, fixtures, or protrusions must be:
    a. Made of materials which mitigate the risk of use as weapons or for self- harm (hanging, cutting, etc.);
    b. Intact and functional;
    c. Maintained in good condition, and ;
    d. Tamper resistant.

8. The ceiling and the air distribution devices, lighting fixtures, sprinkler heads, and other appurtenances shall be of the tamper-resistant type;

9. Doors of the C & A CSU must meet the following requirements:
    a. Doors in seclusion and/or restraint rooms shall not be locked from within;
    b. The C & A CSU shall have a policy in effect to address locking doors in bedrooms and bathrooms which will address an individual's privacy and safety and which addresses staff access at all times to supervise and monitor that individual's clinical status and safety;
    c. The CSU must have written risk management protocols in place to address situations in which an attempt might be made to prevent access to any area of the C & A CSU;
    d. If the C & A CSU is equipped with electronic locks on internal doors or egress doors, the C & A CSU shall ensure that such locks have manual common key mechanical override that will operate in the event of a power failure or fire;

10. Light switches and electrical outlets shall be secured with -tamper-resistant type screws;

11. For C & A CSUs which are new facilities and who apply for licensure on or after (PUBLISH DATE OF NEW RULES), sprinkler heads shall be flush mounted on ceilings lower than nine (9) feet. Sprinklers shall have institutional heads that are recessed and drop down when activated;

12. Security and safety devices shall be mounted, installed, or secured in a manner which:
    a. Mitigates the risk of use as weapons or for self-harm (hanging, cutting, etc.);
    b. Prevents interference; and

c. Prevents any attempt to render inoperable with its purpose as a security devise.

13. Upon request, the C & A CSU shall provide a means of locked storage for any individual's valuables or personal belongings;

14. The C & A CSU must have policies/procedures to address identification, detection, handling, and storage of individuals' belongings that are determined to be potentially harmful;

15. The C & A CSU shall maintain the environmental temperature between 65°F and 82°F(18°C to 27°C);

16. The interior and grounds of the C & A CSU shall be non-smoking;

17. Lighting fixtures shall be recessed and tamper-resistant with Lexan or other strong translucent materials;

18. Windows shall be protected with Lexan or other shatter-resistant material that will minimize breakage;

19. The C & A CSU shall be equipped and maintained so as to provide a sufficient amount of hot water for individuals' use.

    a. Heated water provided for individuals' use must be maintained between 110°F and 120°F(43°C and 48°C);

    b. The C & A CSU must have policies/procedures to routinely check and document hot water temperature at various outlets throughout the C & A CSU and to correct any variance from the standard temperature if needed;

20. The C & A CSU shall have consistently available drinking water for individuals' access using mechanisms which meet general expectations of infection control and procedures;

21. The pre-admission waiting area, including restroom(s), must meet all safety requirements applicable to designated individual areas;

22. The C & A CSU shall have written policies and procedures for the provision of or arrangement for, services for individuals with physical disabilities (including those with sensory impairments) in compliance with all federal rules and regulations;

23. The C & A CSU shall have facilities accessible to and usable by physically disabled individuals which meet the minimum requirements of Section 504 of the Rehabilitation Act of 1973. The C & A CSU shall install required alterations or modifications in accordance with the 1984 Law of Georgia regarding Access to and Use of Public Facilities by Physically Handicapped Persons, O.C.G.A. Sec. 30-3-1*et seq*;

24. The C & A CSU shall maintain safety equipment to include an Automated External Defibrillator (AED) and all other necessary medical safety supplies;

25. The C & A CSU shall provide laundry facilities on the premises for the individual's personal laundry;

26. Entrances and exits, sidewalks, and escape routes shall be constantly maintained, free of all impediments and hazards;

27. The C & A CSU shall have at least one (1) operable, non-pay telephone which is private and accessible at reasonable times for use by individuals; and

28. The C & A CSU physical environment shall provide for space that accommodates the developmental needs of the individual and shall, at a minimum, have the following designated areas within its facility which meet the following requirements:

    a. A **screening area** with capacity to be locked where searches can be done in a private and safe manner, respecting individual rights and privacy;

    b. **Exam room;**

    c. **Bedrooms**:

        i. Beds and other heavy furniture capable of use to barricade a door shall be secured to the floor or wall;

        ii. The use of beds with springs, cranks, rails or wheels, including hospital beds, rollaway beds, cots, bunk beds, stacked beds, hide-a beds and studio couches is prohibited;

        iii. Rooms utilized for more than one individual shall have a minimum of sixty (60) square feet per individual; a private room shall not be less than eighty (80) square feet;

        iv. Windows may be textured to provide privacy without the use of curtains or blinds.

    d. **Bathrooms:**

        i. The C & A CSU shall have gender specific bathrooms with proper ventilation;

        ii. Exposed plumbing pipes shall be covered to prevent access by individuals;

        iii. The C & A CSU shall have a minimum of one (1) shower for each six (6) individuals receiving services and one (1) toilet and lavatory for each six (6) individuals receiving services;

iv. Individual shower stalls and dressing areas shall be provided;

v. The C & A CSU shall have a bathroom facility that is in compliance with the American Disabilities Act (ADA) for use by individuals with physical disabilities. It shall include a toilet, lavatory, shower and flush-mounted safety grab bars;

vi. Access to a bathroom shall not be through another individual's bedroom;

vii. The shower head shall be recessed or have a smooth curve from which items cannot be hung;

viii. Overhead rods, fixtures, privacy stalls supports or protrusions must be selected and installed in a manner which mitigates the risk of use of weapons or for self- harm (hanging, cutting, etc.) If the physical plant space of the C & A CSU is prohibitive of this, there must be written policies and protocols to monitor and reduce this risk with supporting evidence of compliance to these policies and protocols;

ix. The toilet shall be secured and tamper resistant;

x. Mirrors shall not be common glass and must be fully secured and flat mounted to the wall.

e. **Seclusion and/or Restraint Room.** For C & A CSUs which apply for licensure on or after (PUBLISH DATE OF NEW RULES), the privacy of the person is protected by the seclusion and/or restraint room location either being not visible from the common consumer areas, or if visible, the seclusion and/or restraint room is constructed to be offset from main thoroughfares and have restricted visibility to the interior of the room;

i. At least one (1) identified room used for seclusion and/or restraint shall have a bed commercially designed for use with restraints that is bolted to the floor and without sharp edges. The surface of the bed must be impermeable to resist penetration by body fluids;

ii. The floors and walls, up to a height of three (3) feet, shall be finished to resist penetration of body fluids or be constructed of a high impact sheetrock;

iii. For C & A CSUs which apply for licensure on or after (PUBLISH DATE OF NEW RULES), the seclusion and/or restraint room shall have a minimum of seventy (70) square feet with one wall of the room no less than nine (9) feet in length;

iv. For C & A CSUs which apply for licensure after (PUBLISH DATE OF NEW RULES), the ceiling height of seclusion and/or restraint rooms shall be at least nine (9) feet.

v. The door to the room shall open outward;

vi. The bed placement in the seclusion and/or restraint room shall provide adequate space for staff to apply restraints and shall not allow individuals to access the lights, smoke detectors or other items that may be in the ceiling of the room;

vii. Rooms used for seclusion and/or restraint must provide staff full visual access of the individual, and shall include a vision panel installed in the door;

viii. Where the interior of the seclusion and/or restraint room is padded, it is in good repair and must be fully intact.

f. Fenced Recreational Area:

i. The C & A CSU shall have an age appropriate outdoor area enclosed by a privacy fence no less than six (6) feet high, where individuals may have access to fresh air and exercise. It must provide privacy from public view and shall not provide access to contact with the public;

ii. This area shall be constructed to retain individuals inside the area and minimize elopements from the area;

iii. The fenced area shall be designed for safety without blind corners to be readily visible by one staff person standing in a central location; and designed to minimize elopement.

29. The C & A CSU shall meet rules specified in Rule 82-4-1-.21, Environment of Care or shall submit a Risk Mitigation Plan to the Department for approval addressing a particular citation and related protocols for safety management. This shall be submitted at the time of licensing review and annually thereafter.

Cite as Ga. Comp. R. & Regs. R. 82-4-1-.21
Authority: O.C.G.A. Sec. 37-1-29.
History. Original Rule entitled "Documentation of Legal Status" adopted. F. Jun. 27, 2011; eff. July 17, 2011.
Repealed: New Rule entitled "Environment of Care" adopted. F. Mar. 9, 2015; eff. Mar. 29, 2015.

Rule 82-4-1-.22. Fire Prevention and Safety Requirements.

1. Each C & A CSU shall have an emergency fire and disaster plan that includes the following:
    a. Protocols for and documentation of practice of monthly fire drills rotated so that all shifts have had at least one (1) drill quarterly, including time taken to complete the drill and follow-up with recommendations for drills that are unsatisfactorily completed;

    b. Disaster drills protocols such as flood, tornado, hurricane are practiced at least quarterly;

    c. Direction for evacuation of the C & A CSU utilizing posted evacuation routes;

    d. Preparation of the individuals for evacuation;

    e. Documentation of monthly fire extinguisher inspection;

    f. Documentation of at least annual inspections of other safety mechanisms such as sprinklers, smoke alarms, emergency lights, kitchen range/hood, etc;

    g. Provision for annual review and revision of the fire and emergency safety plan;

    h. Procedures for training staff on all emergency and disaster drills.

2. The C & A CSU shall comply with all federal, state, local, and accreditation fire safety standards. Local fire codes with more stringent standards or additional requirements shall supersede over the minimum requirements set forth in this rule.

Cite as Ga. Comp. R. & Regs. R. 82-4-1-.22
Authority: O.C.G.A. Sec. 37-1-29.
History. Original Rule entitled "Performance Improvement Plan and Activities" adopted. F. Jun. 27, 2011; eff. July 17, 2011.
Repealed: New Rule entitled "Fire Prevention and Safety Requirements" adopted. F. Mar. 9, 2015; eff. Mar. 29, 2015.

Rule 82-4-1-.23. Human Resources.

1. The C & A CSU shall develop and implement policies and procedures that address the hiring, training, promotion and termination of staff.

2. The C & A CSU shall define the responsibilities, qualifications, and competencies of staff For all positions.

3. The C & A CSU shall ensure that the type and number of professional staff attached to the unit are:

a. Properly licensed or credentialed in the professional field as required;

b. Present in numbers to provide adequate supervision to staff;

c. Present in numbers to provide services, supports, care and treatment to individuals as required;

d. Experienced and competent in the profession they represent; and

e. At least one (1) staff trained in Basic Cardiac Life Support (BCLS) and first aid shall be on duty at all times. In addition, one staff trained in the use of the Automated External Defibrillator (AED) equipment shall also be on duty.

4. Paraprofessionals working in mental health, addictive diseases and co-occurring disability services must complete the standard training requirements for paraprofessionals.

5. The C & A CSU shall have procedures for verifying licenses, credentials, experience and competence of staff:
   a. The C & A CSU shall document implementation of these procedures for all staff attached to the C & A CSU; and

   b. Licenses and credentials shall be current as required by the field.

6. The C & A CSU shall ensure that all persons providing services comply with all applicable laws, rules and regulations regarding professional licenses, qualifications and requirements related to the scope of practice.

7. The C & A CSU shall comply with all applicable laws, rules and regulations governing criminal history records checks.

8. The C & A CSU shall have processes for managing personnel information and records.

9. The C & A CSU shall have provisions for sanctioning or removal of staff when:
   a. Staff are determined to have deficits in required competencies; or

   b. Staff are accused of abuse, neglect or exploitation of individuals.

10. The C & A CSU shall ensure that, prior to providing direct care to individuals, all staff, volunteers, and contactors shall be trained and show evidence of competence in all areas as defined in the DBHDD Provider Manual for Community Behavioral Health Providers.

11. The C & A CSU shall ensure that, within the first sixty (60) days of providing direct care to individuals, all staff, volunteers and contractors having direct contact with individuals shall receive training in all areas as defined in DBHDD Provider Manual for Community Behavioral Health Providers.

12. The C & A CSU shall have documentation of an annual training plan that addresses 100% of staff who deliver therapeutic content is trained in at least one (1) clinical and programmatic content topic related to the delivery of care.

13. The C & A CSU shall ensure that all employees are tested for tuberculosis prior to direct contact with individuals and are retested at least annually thereafter.

Cite as Ga. Comp. R. & Regs. R. 82-4-1-.23
Authority: O.C.G.A. Secs. 37-1-20, 37-1-29.
History. Original Rule entitled "Environment of Care" adopted. F. Jun. 27, 2011; eff. July 17, 2011.
Repealed: New Rule entitled "Human Resources" adopted. F. Mar. 9, 2015; eff. Mar. 29, 2015.

Rule 82-4-1-.24. Transportation.

The C & A CSU shall assist in the coordination of necessary transportation through transfer and/or discharge to assure the youth's safe passage to the appropriate destination.

Cite as Ga. Comp. R. & Regs. R. 82-4-1-.24
Authority: O.C.G.A. Sec. 37-1-29.
History. Original Rule entitled "Educational Offerings" adopted. F. Jun. 27, 2011; eff. July 17, 2011.
Repealed: New Rule entitled "Transportation" adopted. F. Mar. 9, 2015; eff. Mar. 29, 2015.

Rule 82-4-1-.25. Incident and Complaint Reporting and Investigation Procedures.

1. The C & A CSU shall report critical incidents to the Department as defined by the Departmental policy on reporting of incidents.

2. The C & A CSU shall have internal mechanisms to document, investigate and take appropriate action for complaints and incidents which are not required to be reported to the Department.

3. The C & A CSU shall also post in a visible area the procedure to be taken to make a complaint directly to the Department through the Department's Office of External Affairs.

4. The C & A CSU shall notify the parent(s) or legal guardian(s) as soon as possible, and in no case later than twenty-four (24) hours, after a serious occurrence.

Cite as Ga. Comp. R. & Regs. R. 82-4-1-.25
Authority: O.C.G.A. Secs. 37-1-29, 37-3-149, 37-7-149.
History. Original Rule entitled "Fire Prevention and Safety Requirements" adopted. F. Jun. 27, 2011; eff. July 17, 2011.
Repealed: New Rule entitled "Incident and Complaint Reporting and Investigation Procedures" adopted. F. Mar. 9, 2015; eff. Mar. 29, 2015.

Rule 82-4-1-.26. Department Complaint and Incident Investigation Procedures.

1. The Department shall be authorized to conduct investigations:
   a. Investigations shall be conducted to ensure compliance with all applicable laws, rules and regulations;

   b. Department representatives shall be authorized to enter the premises of a C & A CSU at any time to survey or investigate to ensure compliance with or prevent a violation of any rule or regulation and/or to ensure the quality and integrity of care provided to individuals;

   c. The Department shall have complete access to, including but not limited to authorization to examine and reproduce, any records required to be maintained in accordance with contracts, standards, laws, rules and regulations of the Department;

   d. The Department shall maintain the confidentiality of C & A CSU records as specified by federal and/or state law.

2. The Department shall have the authority to conduct announced or unannounced on-site reviews at its discretion at any time or as part of the investigation of complaints or incidents. The Department shall issue written findings within a reasonable period of time. Based on its findings of the review, the Department may:
   a. Require corrective action that is approved by the Department;
      i. When the Department finds that any licensee has violated any provision of this Chapter, the Department will prepare a written report identifying each violation and anticipated corrective action.

      ii. The facility shall submit to the Department a written plan of correction in response to the report of violations, which includes details related to the types of anticipated corrections along with stated timeframes for completions of corrections. The facility may, in addition, offer an explanation for the violation or dispute the findings of the Department as long as an acceptable plan of correction is submitted within thirty (30) days of the facility's receipt of the written report of inspection.

      iii. If the initial plan of correction is unacceptable to the Department, the facility will be provided with at least one (1) opportunity to revise the unacceptable plan of correction. Failure to submit an acceptable plan of correction may result in the Department initiating enforcement procedures;

      iv. The facility shall comply with its plan of correction.

   b. Prohibit admissions to the C & A CSU for a defined period of time;

c. Temporarily suspend the C & A CSU license upon findings determined to be of significant risk to health or safety of individuals; or

d. Revoke the license.

Cite as Ga. Comp. R. & Regs. R. 82-4-1-.26
Authority: O.C.G.A. Secs. 37-1-29, 37-2-11.2.
History. Original Rule entitled "Physical Environment Requirements" adopted. F. Jun. 27, 2011; eff. July 17, 2011.
Repealed: New Rule entitled "Department Complaint and Incident Investigation Procedure" adopted. F. Mar. 9, 2015; eff. Mar. 29, 2015.

Rule 82-4-1-.27. Enforcement.

The Department shall have the authority to impose any one or more of the sanctions enumerated in Rules 82-4-1.28 and 82-4-1.29 upon a finding that an applicant or licensee has:

1. Knowingly made any verbal or written false statement of material fact either in connection with the application for a license or on documents submitted to the Department as part of any inspection or investigation or in the falsification or alteration of facility records made or maintained by the facility;

2. Failed or refused, without legal cause, to provide the Department with access to the premises subject to regulation or information pertinent to the initial and continued licensing of the facility;

3. Failed to comply with any licensing requirements of this state; or

4. Failed to comply with the provisions of state law or with any provisions of these rules.

Cite as Ga. Comp. R. & Regs. R. 82-4-1-.27
Authority: O.C.G.A. Secs. 37-1-20, 37-1-29.
History. Original Rule entitled "Human Resources" adopted. F. Jun. 27, 2011; eff. July 17, 2011.
Repealed: New Rule entitled "Enforcement" adopted. F. Mar. 9, 2015; eff. Mar. 29, 2015.

Rule 82-4-1-.28. Sanctions and Penalties.

1. Sanctions against Licensees. When the Department finds that any licensee has violated any provision of these rules and regulations, the Department, subject to notice and opportunity for a hearing, may impose any one or more of the sanctions in subparagraphs (a) through (e) below:

   a. Administer a Public Reprimand. If the sanction of public reprimand is finally imposed, as defined by a final adverse finding, the public reprimand shall consist of

a notice prepared by the Department that the C & A CSU has been reprimanded; such notice shall include a written report of the Department's findings along with the C & A CSU's response and corrective action plan;

b. Suspend any License. The Department may suspend any license for a definite period or for an indefinite period in connection with any condition which may be attached to the restoration of said license;

c. Prohibit Persons in Management or Control. The Department may prohibit a licensee from allowing a person who previously was involved in the management or control of any C & A CSU which has had its license revoked or application denied within the past twelve (12) months to be involved in the management or control of such C & A CSU. Any such person found by the Department to have acted diligently and in good faith to ensure correction of violations in a C & A CSU which has had its license revoked or denied; however, shall not be subject to this prohibition if that person became involved in the management or control of the C & A CSU after the C & A CSU was notified by the Department of violations of licensing requirements giving rise to a revocation or denial action. This subparagraph shall not be construed to require the Department to obtain any information that is not readily available to it regarding any person's involvement with a C & A CSU. For the purpose of this Rule, the twelve (12) month period will begin to run from the date of any final adverse finding or the date that any stay of enforcement ceased, whichever occurs first;

d. Revoke any License. The Department may revoke any license. If the sanction of license revocation is finally imposed, as defined by a final adverse finding, the Department shall effectuate it by requiring the C & A CSU to return its license to the Department;

e. Limit or Restrict any License. The Department may limit or restrict any license as the Department deems necessary for the protection of the public (a provisional or temporary time limited license granted by the Department shall not be considered to be a limited or restricted license).

2. Sanctions against Applicants. When the Department finds that any applicant for a license has violated any provision of Rule 83-3-1.27, Enforcement, the Department, subject to notice and opportunity for a hearing, may impose any one or more of the following sanctions in subparagraphs (a) through (c) below:

   a. Refuse to Grant License. The Department may refuse to grant (deny) a license and that the Department may do so without first holding a hearing prior to taking such action:

      i. The Department may deny an application for a license where the C & A CSU has failed to demonstrate compliance with licensing requirements. Additionally, the Department may deny an application for a license where the applicant or alter ego of the applicant has had a license denied, revoked, or

suspended within one (1) year of the date of an application, or where the applicant has transferred ownership or governing authority of a C & A CSU within one (1) year of the date of a new application when such transfer was made in order to avert denial, revocation, or suspension of a license;

ii. For the purpose of determining the one (1) year denial period, the period shall begin to run from the date of the final adverse finding, or the date any stay of enforcement ceased, whichever occurs first. In further determining whether to grant or deny a license, the Department may consider the applicant's overall record of compliance with licensing requirements;

b. Prohibit Persons in Management or Control. The Department may prohibit an applicant from allowing a person who previously was involved in the management or control of any C & A CSU which has had its license revoked or application denied within the past twelve (12) months to be involved in the management or control of such C & A CSU. Any such person found by the Department to have acted diligently and in good faith to ensure correction of violations in a C & A CSU which has had its license revoked or denied, however, shall not be subject to this prohibition if that person became involved in the management or control of the C & A CSU after the C & A CSU was notified by the Department of violations of licensing requirements giving rise to denial action. This subparagraph shall not be construed to require the Department to obtain any information that is not readily available to it regarding any person's involvement with a C & A CSU. For the purpose of this rule, the twelve (12) month period will begin to run from the date of any final adverse finding or the date that any stay of enforcement ceased, whichever occurs first;

c. Limit or Restrict any License. The Department may limit or restrict any license as it deems necessary for the protection of the public (a provisional or temporary time-limited license granted by the Department shall not be considered to be a limited or restricted license).

3. Standards for Taking Sanctions. In taking any of the actions pursuant to this rule, the Department shall consider the seriousness of the violation or violations, including the circumstances, extent, and gravity of the prohibited act or acts or failure to act, and the hazard or potential hazard created to the physical or emotional health and safety of the public including the individuals served within the C & A CSU.

4. Non-Compliance with Sanctions. Failure on the part of any C & A CSU to abide by any sanction, which is finally imposed against it, shall constitute grounds for the imposition of additional sanctions, including revocation.

5. Settlements. With regard to any contested case instituted by the Department pursuant to this Chapter or other provisions of law or regulation which may now or hereafter authorize remedial or disciplinary grounds and action, the Department may, in its discretion, dispose

of the action so instituted by settlement. In such cases, the Department, the C & A CSU, and those persons deemed by the Department to be successors in interest to any settlement agreement, shall be bound by the terms specified therein. Violation thereof by any applicant or licensee, their agents, employees, or others acting on their behalf, shall constitute grounds for the imposition of any sanctions enumerated in this Chapter, including revocation.

Cite as Ga. Comp. R. & Regs. R. 82-4-1-.28
Authority: O.C.G.A. Secs. 37-1-20, 37-1-29.
History. Original Rule entitled "Enforcement" adopted. F. Jun. 27, 2011; eff. July 17, 2011.
Repealed: New Rule entitled "Sanctions and Penalties" adopted. F. Mar. 9, 2015; eff. Mar. 29, 2015.

Rule 82-4-1-.29. Extraordinary Sanctions Where Imminent and Substantial Danger.

Where the commissioner of the Department determines that individuals in the care of C & A CSU subject to licensure are subject to an imminent and substantial danger, the commissioner may order any of the extraordinary sanctions listed in any part of this rule to take effect immediately unless otherwise specified in the order, without notice and opportunity for hearing prior to the order taking effect:

1. Content of the Order. The order shall contain the following:
   a. The scope of the order;
   b. Reasons for the issuance of the order;
   c. Effective date of the order if other than the date the order is issued;
   d. Person to whom questions concerning the order are to be addressed; and
   e. Notice of the right to obtain a preliminary hearing and an administrative hearing after the issuance of the order regarding the emergency order as a contested case.
2. Emergency Relocation. The commissioner may order emergency relocation of the individual of any C & A CSU subject to licensure to the nearest appropriate facility. Prior to issuing an emergency order, the commissioner may consult with persons knowledgeable in the field of psychiatric care and a representative of the C & A CSU to determine if there is a potential for greater adverse effects on the individual or the individual's care as a result of the proposed issuance of an emergency order. The commissioner shall provide notice to the individual, his or her legal guardian, and his or her physician of the emergency relocation and the reasons therefore; relocation to the nearest appropriate C & A CSU designed to ensure the welfare and, when possible, the desires of the individual;

3. Emergency Placement of Monitor. The commissioner may order the emergency placement of a monitor in a C & A CSU subject to licensure when conditions at the C & A CSU require immediate oversight for the safety of the individual;

4. Emergency Prohibition of Admissions. The commissioner may order the emergency prohibition of admissions to a C & A CSU when such C & A CSU has failed to correct a violation of Departmental permit rules within a reasonable period of time, as specified in the Department's corrective order, and the violation could either jeopardize the health and safety of any individuals if allowed to remain uncorrected or is a repeat violation over a twelve (12) month period, which is intentional or due to gross negligence;

5. Emergency Suspension of Admissions. The commissioner may order admissions to a C & A CSU suspended until the Department has determined that the violation has been corrected or until the Department has determined that the C & A CSU has undertaken the action necessary to effect correction of the violation;

6. Preliminary Hearing. The C & A CSU affected by the commissioner's emergency order may request that the Department hold a preliminary hearing within the Department on the validity of the order and the need for its continuation. Such hearing shall occur within ten (10) days following the request;

7. Cumulative Remedy. The Department shall not be limited to a single emergency action under these rules, nor is the Department precluded from other actions permitted by other law or regulations during the time an emergency order is in force.

Cite as Ga. Comp. R. & Regs. R. 82-4-1-.29
Authority: O.C.G.A. Sec. 37-1-29.
History. Original Rule entitled "Sanctions and Penalties" adopted. F. Jun. 27, 2011; eff. July 17, 2011.
Repealed: New Rule entitled "Extraordinary Sanctions Where Imminent and Substantial Danger" adopted. F. Mar. 9, 2015; eff. Mar. 29, 2015.

Rule 82-4-1-.30. Waivers and Variances.

The Department may, in its discretion, grant waivers and variances of specific rules upon application or petition being filed on forms provided by the department. The Department may establish conditions which must be met by the program in order to operate under the waiver or variance granted. Waivers and variances may be granted in accordance with the following considerations:

1. Variance. A variance may be granted by the Department upon a showing by the applicant or petitioner that the particular rule or regulation that is the subject of the variance request should not be applied as written because strict application of the rule would cause undue hardship. The applicant or petitioner must also show that adequate standards affording protection for the health, safety and care of individuals exist and will be met in lieu of the exact requirements of the rule or regulations in question;

2. Waiver. The Department may dispense entirely with the enforcement of a rule or regulation by granting a waiver upon a showing by the applicant or petitioner that the purpose of the rule or regulation is met through equivalent standards affording equivalent protection for the health, safety and care of individuals;

3. Experimental Variance or Waiver. The Department may grant waivers and variances to allow experimentation and demonstration of new and innovative approaches to delivery of services upon a showing by the applicant or petitioner that the intended protections afforded by the rule or regulation which is the subject of the request are met and that the innovative approach has the potential to improve service delivery.

Cite as Ga. Comp. R. & Regs. R. 82-4-1-.30
Authority: O.C.G.A. Sec. 37-1-29.
History. Original Rule entitled "Extraordinary Sanctions Where Imminent and Substantial Danger" adopted. F. Jun. 27, 2011; eff. July 17, 2011.
Repealed: New Rule entitled "Waivers and Variances" adopted. F. Mar. 9, 2015; eff. Mar. 29, 2015.

Rule 82-4-1-.31. Severability.

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

Cite as Ga. Comp. R. & Regs. R. 82-4-1-.31
Authority: O.C.G.A. Sec. 37-1-29.
History. Original Rule entitled "Waivers and Variances" adopted. F. Jun. 27, 2011; eff. July 17, 2011.
Repealed: New Rule entitled "Severability" adopted. F. Mar. 9, 2015; eff. Mar. 29, 2015.

Rule 82-4-1-.32. Repealed.

Cite as Ga. Comp. R. & Regs. R. 82-4-1-.32
Authority: O.C.G.A. Sec. 37-1-29.
History. Original Rule entitled "Transportation" adopted. F. Jun. 27, 2011; eff. July 17, 2011.
Repealed: F. Mar. 9, 2015; eff. Mar. 29, 2015.

Rule 82-4-1-.33. Repealed.

Cite as Ga. Comp. R. & Regs. R. 82-4-1-.33
Authority: O.C.G.A. Sec. 37-1-29.
History. Original Rule entitled "Severability" adopted. F. Jun. 27, 2011; eff. July 17, 2011.
Repealed: F. Mar. 9, 2015; eff. Mar. 29, 2015.

Rule 82-4-1-.34. Repealed.

Cite as Ga. Comp. R. & Regs. R. 82-4-1-.34
Authority: O.C.G.A. Sec. 37-1-29.
History. Original Rule entitled "Fees" adopted. F. Jun. 27, 2011; eff. July 17, 2011.
Repealed: F. Mar. 9, 2015; eff. Mar. 29, 2015.

Chapter 82-5. PATIENT'S RIGHT.

Subject 82-5-1. PATIENT'S RIGHT.

Rule 82-5-1-.01. Legal Authority.

These rules are adopted and published pursuant to the Official Code of Georgia Annotated (O.C.G.A.) Title 37, Chapters 3, 4, and 7.

Cite as Ga. Comp. R. & Regs. R. 82-5-1-.01
Authority: O.C.G.A. §§ 37-1-23, 37-1-40, 37-1-41, 37-3-2, 37-4-3, 37-7-2.
History. Original Rule entitled "Legal Authority" adopted. F. Dec. 15, 2021; eff. Jan. 4, 2022.

Rule 82-5-1-.02. Purpose, Implementation, and Definitions.

(1) **Purpose.** The Purpose of these regulations is to safeguard the rights of persons treated pursuant to the Official Code of Georgia Annotated (O.C.G.A.) Chapters 37-3, 37-4 and 37-7.

(2) **Applicability.** These regulations set forth rights of individuals served in hospitals and intermediate care facilities for individuals with intellectual disabilities that are owned and operated by the Department.

(a) When the individual is a minor or an adult with a legally appointed guardian, the regulations are applicable to that person with certain exceptions as specifically stated in various parts of the regulations. These variations are noted in the text of the regulations.

(b) For persons being served by virtue of a court order related to a criminal matter, the regulations are applicable to the extent that they do not violate or conflict with the provisions of the order or the need to provide for the safety of the individual or of others.

(3) **Implementation.** Each facility shall instruct each staff member in the contents of these regulations. Each facility also, at the beginning of each individual's treatment, shall notify the individual or the individual's parent or guardian, if applicable, of the rights and remedies contained in these regulations and of their applicability to the individual.

Notifications shall be done in a manner commensurate with the individual's abilities and capabilities of comprehension and understanding.

(4) **Definitions.** Unless a different meaning is required by the context, the following terms used in these regulations shall have the meanings hereinafter set forth:

(a) "Chief Medical Officer" means the physician designated by the chief administrative officer of the facility with overall responsibility for individual treatment at any facility receiving individuals pursuant to O.C.G.A. Chapters 37-3 or 37-7, or their designee. Where individuals are receiving treatment under the provisions of O.C.G.A. Chapter 37-4, this term shall include the term "Regional Hospital Administrator" when applicable.

(b) "Court," with the exception of references in these regulations to courts presiding over criminal cases in which an individual has been found incompetent to stand trial or not guilty by reason of insanity, means, in the case of an individual who is 17 years of age or older, the probate court for the county of residence of the individual or the county in which such individual is found. In the case of an individual who is under the age 17 years, it means the juvenile court for the county of residence of the individual or the county in which such individual is found.

(c) "Department" means the Georgia Department of Behavioral Health and Developmental Disabilities and includes its duly authorized agents and designees.

(d) "Facility" means any State-owned or State-operated Hospital and any State-owned or State-operated Intermediate Care Facility for Individuals with Intellectual Disabilities (ICF/IID).

(e) "Guardian" means a person appointed by a Court under O.C.G.A. Title 29 to act on behalf of an individual who has been judicially determined to lack sufficient capacity to make or communicate significant responsible decisions concerning his or her health or safety.

(f) "Individual" means any person with mental illness who receives treatment in a facility pursuant to O.C.G.A. Chapter 37-3 and any person with a substance use disorder who receives treatment in a facility pursuant to O.C.G.A. Chapter 37-7. It also includes any person with an intellectual or developmental disability who receives habilitation in a facility pursuant to O.C.G.A. Chapter 37-4. "Individual" also includes a person for whom treatment or habilitation is sought. "Individual" also includes those who receive such services pursuant to a Court Order in a criminal case, including persons who are committed to a facility after having been found incompetent to stand trial or not guilty by reason of insanity.

(g) "Individualized service plan" (ISP; also referred to as "Individual Recovery Plan" or IRP) means a plan that is developed during an individual's stay in a facility, and that includes specific elements based on the reason for the individual's stay, as follows:

1. If the individual's stay in the facility is pursuant to O.C.G.A. Chapter 37-3 (i.e. related to mental illness as contemplated by that Chapter) or Chapter 37-7 (i.e. related to substance use as contemplated by that Chapter), the ISP must be specifically tailored to the individual's treatment needs, and shall clearly include the following:

   (i) A statement of treatment goals or objectives, based upon and related to a proper evaluation, which can be reasonably achieved within a designated time interval;

   (ii) Treatment methods and procedures to be used to obtain these goals, which methods and procedures are related to these goals and which include a specific prognosis for achieving these goals;

   (iii) Identification of the types of professional personnel who will carry out the treatment and procedures, including appropriate medical or other professional involvement by a physician or other health professional properly qualified to fulfill legal requirements mandated under State and Federal law;

   (iv) Documentation of the individual's involvement and, if applicable, the individual's acceptance of and/or adherence to the service plan; and

   (v) A statement attesting that the chief medical officer or Regional Hospital Administrator, or that person's designee if such designee is a physician appointed in writing, has made a reasonable effort to meet the plan's individualized treatment goals in the least restrictive available environment possible, closest to the individual's home community.

2. The ISP also includes the corresponding individualized program plan for an individual's stay in a facility pursuant to O.C.G.A. Chapter 37-4 (i.e. related to habilitation for intellectual/developmental disabilities as contemplated by that Chapter). Such an ISP shall be updated on a continuing basis, and shall include, at a minimum, the following elements:

   (i) A statement of the nature of the specific problems and the specific needs of the individual;

   (ii) A statement of the least restrictive setting available and conditions necessary to achieve the purposes of habilitation based upon the needs of the individual;

(iii) A description of intermediate and long-range goals with the projected timetable for their attainment;

(iv) A description of the proposed program, facility, or department(s) responsible for involvement with the individual to attain these goals;

(v) An explanation of criteria for acceptance or rejection of other alternative settings for habilitation; and

(vi) Proposed criteria for release to less restrictive settings for habilitation.

(h) "Intermediate Care Facility for Individuals with Intellectual Disabilities" means a facility in which only individuals served pursuant to O.C.G.A. Chapter 37-4 are served.

(i) "Physician" means any person duly authorized to practice medicine in this State pursuant to O.C.G.A. Chapter 43-34 and, unless otherwise noted in these regulations, an Advanced Practice Registered Nurse or Physician Assistant practicing under the direction or supervision of a practicing Physician.

(j) "Regional Hospital Administrator" means the chief administrative officer who has overall management responsibility at any facility receiving individuals pursuant to O.C.G.A. Chapters 37-3, 37-4, and 37-7, or an individual appointed as the designee of such Regional Hospital Administrator.

(k) "Representative" means the person appointed pursuant to O.C.G.A. Title 37, Chapters 37-3, 37-4, or 37-7 to receive notices and perform other actions authorized by O.C.G.A. Title 37, Chapters 3, 4, and 7.

(l) "Staff member" or "staff" means any person who is an employee, independent contractor, or other agent of the Department or of a facility. The use of "staff member" in these regulations for such persons shall in no way alter the legal relationship between such persons and the Department or subject the Department to any liability to which it is not otherwise subject.

(m) "Treatment" means care; diagnostic services; therapeutic services, including the administration of medications; and any other service for the treatment or habilitation of an individual. It includes such services, as well as social service care, vocational rehabilitation, and career counseling. It also includes habilitation of an individual pursuant to O.C.G.A. Chapter 37-4.

Cite as Ga. Comp. R. & Regs. R. 82-5-1-.02
Authority: O.C.G.A. §§ 37-1-23, 37-1-40, 37-1-41, 37-3-2, 37-4-3, 37-7-2, 37-3-1, 37-4-2, 37-7-1.
History. Original Rule entitled "Purpose, Implementation and Definitions" adopted. F. Dec. 15, 2021; eff. Jan. 4,

2022.

Rule 82-5-1-.03. Treatment.

(1) **Appropriateness.**

(a) General. Each individual shall receive care and treatment that is suited to the individual's needs in the least restrictive environment available offering appropriate care and treatment.

(b) Individual Service Plans.

1. The examination of individuals shall be governed as follows:

(i) For individuals being treated pursuant to O.C.G.A. Chapters 37-7 and 37-3, each individual shall be assessed by the staff as soon as possible after admission, but within the time limits contained within O.C.G.A. Chapters 37-7 and 37-3, or 48 hours, whichever comes first;

(ii) Admissions to facilities may no longer take place under O.C.G.A. Chapter 37-4.

2. The development of an individualized service plan shall be governed as follows:

(i) For persons being treated in a hospital pursuant to O.C.G.A. Chapters 37-7 and 37-3, staff shall develop an individualized service plan for each individual as soon after the initial assessment as practicable, but within the time limits contained within O.C.G.A. Chapters 37-7 and 37-3 or 10 days, whichever comes first;

(ii) Admissions to facilities may no longer take place under O.C.G.A. Chapter 37-4.

3. Each individualized service plan shall be reviewed at regular intervals to determine the individual's progress toward the stated goals and objectives of the plan and to determine whether the plan should be modified because of the individual's present condition. These reviews should be based upon relevant progress notes in the individual's clinical record and upon other related information. Information from the individual and other sources, including family members, should be obtained and utilized where feasible. Reviews should be conducted as required by applicable standards such as those required by Medicare, Medicaid, and the Joint Commission.

(c) Physical Restraints, and Seclusion.

1. Seclusion may not be used with individuals who are served by a DBHDD ICF/IID facility. Use of physical restraints in a DBHDD ICF/IID must comply with the requirements of the State Operations Manual of the Centers for Medicare and Medicaid Services, Appendix J; relevant federal regulations; and O.C.G.A. § 37-4-124.

2. Other use of seclusion or restraint under these regulations shall only be accomplished in a manner that complies with the requirements of the State Operations Manual of the Centers for Medicare and Medicaid Services, Appendix A; relevant federal regulations; O.C.G.A. § 37-3-165; and O.C.G.A. § 37-7-165.

3. "Time-out" means a situation in which an individual is placed in a room from which egress is prevented. This definition applies only for an individual admitted pursuant to Chapter 37-4. A time-out is permitted only if all of the following conditions are met:

   (i) the placement is a part of an approved systematic time-out (emergency placement of an individual into a time-out room is not allowed under these regulations); and

   (ii) the individual is under the direct, constant visual supervision of designated staff; and

   (iii) the door to the room is held shut by staff, or by a mechanism requiring constant physical pressure from a staff member to keep the mechanism engaged.

4. The Department shall establish and maintain policies that set forth the manner in which Department staff will comply with these requirements.

(2) Participation of Individual.

(a) Access to information. Each individual and the individual's guardian (if applicable and not prohibited by law), or in the case of a minor individual the individual and the individual's parent(s) (unless prohibited by law), shall:

1. have the right to review the individual's own medical records subject to conditions in § 82-5-1-.06(3) of these regulations, the right to be told their diagnosis, and the right to be consulted and informed about the treatment recommendation and any risk involved;

2. have the right to be fully informed about the individual's medication, including its side effects and available treatment alternatives; such disclosures shall be made unless the disclosure to the individual is

determined by the chief medical officer, the Regional Hospital Administrator, or the individual's treating physician to be detrimental to the individual's physical or mental health and unless a notation to that effect is made part of the individual's record; and

3. have the right to be so informed about matters related to the individual's treatment or habilitation, as required or allowed under these regulations, to the fullest extent possible in a manner that is commensurate with the individual's, guardian's, and/or parent's abilities of comprehension and understanding; such information shall not be withheld from a guardian or parent of a minor child in cases in which disclosure is to be made to that person.

(b) Consent to Medical Treatment and Involuntary Administration of Psychotropic Medication. The Department shall recognize the personal physical integrity of all individuals and their rights to consent to or refuse medical treatment.

1. No treatment of any kind shall be administered by the Department to an individual if that individual refuses the treatment prior to the treatment, except that:

(i) Psychotropic medication may be administered without the consent of the individual or other person where a physician determines that refusal would be unsafe to the individual or others. If the individual continues to refuse medication after such initial emergency treatment, a concurring opinion from a second physician must be obtained before medication can be continued without the individual's consent. Additionally:

(I) All psychotropic medications shall be used solely for the purposes of providing effective treatment and protecting the safety of the individual and other persons and shall not be used as punishment or for the convenience of staff; and

(II) The Department shall establish and maintain policies that set forth the manner in which Department staff may administer psychotropic medication in compliance with state and federal law in cases where and individual does not consent to administration of such medication.

(ii) For an adult individual who has been judicially determined to be incompetent to give consent or make decisions of a similar nature, consent for treatment shall be obtained from the individual's guardian with capacity to make such decisions, provided the individual does not refuse to consent to medical treatment; however,

nothing in this subsection should be construed as to abridge any rights of an individual 18 years of age or over to refuse to consent to medical treatment as to his own person. If the individual is a minor, consent shall be obtained from the minor's parent or guardian.

(iii) In the absence of a guardian of an adult, if there is a determination in the medical record by a licensed physician after the physician has personally examined an adult that the adult lacks sufficient understanding or capacity to make significant responsible decisions regarding his or her medical treatment or the ability to communicate by any means such decisions, consent shall be obtained from a surrogate who is authorized under Georgia law to consent to such treatment.

(iv) When treatment is being provided by an outside provider, the responsibility for determining capacity of the individual to consent, and subsequently obtaining consent, lies with the outside provider.

(v) When the treatment for which consent is sought is not standard psychiatric treatment, the consent obtained from the persons listed in this section shall not be sufficient to authorize the treatment unless court approval is also obtained after a hearing. Standard psychiatric treatment shall not include insulin coma or psychosurgery.

(vi) In cases of grave emergency where the medical staff of the facility determines that immediate surgical or other intervention is necessary to prevent serious physical consequences or death, and where delay in obtaining consent would create a grave danger to the physical health of the individual as determined by at least two physicians, then essential surgery or other intervention may be administered without the consent of the individual or other person. In such cases, a record of the determination of the physicians shall be entered into the medical records of the individual and this will be the prior consent for such surgery or other intervention. Such consent shall be valid notwithstanding the type of admission of the individual, and it shall also be valid whether the individual has been adjudicated incapacitated pursuant to O.C.G.A Title 29. Actual notice of any action taken pursuant to this section shall be given to the individual and the spouse, next of kin, attorney, guardian, or representative of the individual as soon as practicable.

(3) Participation of Representative.

(a) Two representatives shall be appointed for each individual whose rights are the subject of these regulations. If two representatives cannot be located, a guardian ad litem shall be requested from the Court by the relevant facility. Appointments shall be made in accordance with Rule .07 of this Chapter.

(b) The Department shall establish and maintain policies that set forth the rights and responsibilities of representatives and of individuals with regard to their representatives in a manner that complies with O.C.G.A. Title 37, Chapters 3, 4, and 7.

(4) Private Physician.

(a) If an individual is able to secure the services of a private physician who is not on the medical staff of the facility, the individual shall have the right to have that physician visit the individual at the inpatient facility. The individual or the individual's guardian, parent, or other surrogate, if applicable, shall sign a written form indicating the name, telephone, and address of the private physician and requesting that the physician be allowed to make such visits. Thereafter, the private physician shall be allowed to visit the individual at the inpatient facility at any reasonable time, and subject only to other reasonable regulations. The staff shall require the private physician to produce proper identification and proof of current certification as a physician upon the initial visit and thereafter as necessary. The private physician shall be provided a private area in which to examine and consult with the individual. Upon the individual's written authorization, the private physician shall be allowed to examine the individual's clinical record.

(b) As such an examination by a private clinician is required by law, a private clinician who examines an individual in a facility of the Department under this provision is not required to be credentialed by the facility where the examination takes place.

Cite as Ga. Comp. R. & Regs. R. 82-5-1-.03
Authority: O.C.G.A. §§ 37-1-23, 37-1-40, 37-1-41, 37-3-2, 37-4-3, 37-7-2, 37-3-43, 37-7-43, 37-3-85, 37-4-44, 37-7-85, 37-4-124, 37-3-165, 37-7-165, 37-3-162, 37-4-122, 37-7-162, 37-3-167, 37-4-126, 37-7-167, 37-3-163, 37-4-123, 37-7-163, 31-9-1 et seq., 37-3-147, 37-4-107, 37-7-147.
History. Original Rule entitled "Treatment" adopted. F. Dec. 15, 2021; eff. Jan. 4, 2022.

Rule 82-5-1-.04. Treatment Environment.

(1) **General.**

(a) The dignity of each individual shall be respected at all times and upon all occasions, including any occasion on which the individual is taken into custody,

detained, or transported. Except where required under conditions of extreme urgency, those procedures, facilities, vehicles and restraining devices normally used for criminals or those accused of crime shall not be used in connection with individual, to the extent that this is under the Department's control.

(2) Abuse, Neglect, and Sexual Activity.

(a) Abuse or neglect of any individual is prohibited. A staff member may use only such force as is necessary to restrain and secure an individual threatening imminent harm, or committing harm, to himself or others, and may use only such force as is necessary to prevent an involuntary individual from leaving a facility. Such necessary force shall not constitute abuse. For the purpose of this section, an involuntary individual is one who is being treated involuntarily, or who is being examined or evaluated to determine the need for involuntary treatment, or who is the subject of a petition and certificate seeking involuntary treatment.

(b) No staff member shall engage in any sort of sexual activity with any individual.

(c) The Department shall establish and maintain policies requiring incident management. All incidents are to be immediately reported in accordance with Department policy by staff who witness an incident of abuse or sexual activity. A staff member who fails to comply with the applicable requirements of this Section shall be subject to adverse action in accordance with personnel procedures of the Department or the governing authority.

(3) Personal Effects.

(a) An individual's right to the individual's personal effects shall be respected. Each individual admitted to or treated in a facility must be provided with individual storage space for the individual's belongings as space permits. An individual's right to retain the individual's personal property may be restricted for the following reasons:

1. To protect the health or safety of the individual or others;

2. To prevent the individual from using an item that would interfere with the orderly operation of the facility;

3. To protect the individual's valuable property when there is substantial risk that it will be lost or stolen; or

4. Where the property constitutes contraband.

(b) Each facility shall encourage and assist each individual to provide for the safekeeping of the individual's money in bank accounts, and the safekeeping of the individual's other valuables in safe places maintained by the facility.

(c) Whenever an individual's personal property is retained by the facility, a detailed notation listing the items retained by the facility shall be made in the individual's record. In addition, the individual shall be provided with a receipt if the individual so requests.

(d) At the time an individual is discharged, or as agreed to by the facility and the individual, all money and personal effects placed in the facility's custody shall be returned, except where possession of a certain item by an individual would be illegal.

(e) No staff member shall be responsible for the loss of or damage to an individual's property where reasonable efforts to assure the safety of that property have been made.

(f) An individual's personal effects may not be examined or searched after the individual's admission unless the individual (or the individual's guardian or parent, if applicable) consents to the search, or unless the chief medical officer or Regional Hospital Administrator, upon personal knowledge or information provided by staff members or other reliable persons, determines there is reasonable cause for believing the individual has an item or items that may be dangerous or whose possession is illegal. If a search is deemed necessary, the reasons for it must be recorded in the individual's record along with the date, time, and result of the search. The individual has a right to be present at any search and told the reason for the search, except when such search is deemed urgent for safety reasons and the individual or resident is not immediately available. Nothing in this section shall prevent the facility from making an inventory of items in the individual's possession at the time of their admission or from assisting the individual, as required by the individual's condition, in the care and upkeep of the individual's belongings. This section does not apply to locations in a facility where there is no reasonable expectation of privacy or upon return of an individual to a facility or to a unit of a facility.

(4) Communications and Visits.

(a) Mail. Receiving and sending mail shall be governed as follows for individuals being treated on an inpatient basis in a hospital pursuant to O.C.G.A. Chapters 37-7, 37-3 and 37-4.

1. Each individual shall be allowed to receive and send sealed, unopened correspondence, and no individual's correspondence shall be opened, delayed, held or censored by the facility, except under the following conditions:

(i) If there are reasonable grounds to believe that incoming mail contains items or substances which may be dangerous to the individual or others, the chief medical officer or Regional Hospital Administrator

may direct reasonable examination of such mail and disposal of items or substances found therein. All writings must be presented to the individual within 24 hours of inspection. A requirement that an individual open a package or letter in the presence of staff does not, where staff do not read any writings contained in the package or letter, constitute an examination for purposes of this regulation.

(ii) The Chief Medical Officer or Regional Hospital Administrator may apply to the court for a temporary order to restrict outgoing mail. The court, upon a showing of probable cause that such mail is dangerous to the individual or others, may grant a temporary restriction of the individual's mail privileges, provided that within 5 days after the issuance of such temporary order, the court holds a hearing to determine whether an order of restriction for an extended time shall issue.

(I) In no event shall mail be restricted pursuant to such temporary order for more than 5 days.

(II) If the court determines the individual's outgoing mail is dangerous to the individual or others, it may order the mail restricted for a period not to exceed 30 days.

(III) The court order may be renewed as necessary for periods not to exceed 30 days, with a new hearing to take place each time.

(IV) The chief medical officer or Regional Hospital Administrator of the facility shall restrict communication as provided in the court order.

(iii) Any restriction of incoming or outgoing mail under this section shall not exceed a period of 5 days, except that such restriction may be renewed by the chief medical officer or Regional Hospital Administrator for a period not to exceed 5 days, provided that such renewal periods in the aggregate shall not exceed the period specified in the court order when outgoing mail is restricted pursuant to such order. Prior to a renewal, the chief medical officer or Regional Hospital Administrator shall make a new determination that such mail continues to be dangerous to the individual or others.

(iv) Correspondence of the individual with the individual's attorney shall not be restricted under this Section, nor shall correspondence to an individual from a public official be restricted under this section.

(v) Each time an individual's incoming or outgoing mail is examined, written notice of the examination, and notice of the right to a full and fair hearing within 5 days after a temporary court order, shall be served on the individual and the individual's representatives as provided in § 82-5-1-.07 of these regulations. An individual (other than an individual whose status is involuntary) may waive in writing such notice to the individual's representatives. In addition, the circumstances surrounding the examination of any mail shall be recorded in the individual's clinical record. Each facility shall maintain policies that encourage the individuals' exercise of the individual's communication rights, including supply to indigent individuals of writing materials and postage in reasonable amounts.

(b) Telephone calls.

1. Each individual has the right to make reasonable use of telephones. To assure this right, each facility shall:

(i) Maintain locations for calling (including pay telephones where feasible) which allow for privacy;

(ii) Supply indigent individuals with funds or access to telephones for making a reasonable number of calls; and

(iii) Prohibit any monitoring of individual calls without consent from the individual except pursuant to a court order. A requirement that staff dial a particular number for an individual does not constitute monitoring of an individual's calls for purposes of this regulation.

2. The facility may place reasonable restrictions, such as those relating to the distance, time, length, and frequency of calls, upon the use of telephones by all individuals generally. In addition, reasonable restrictions may be placed upon an individual's use of telephones under the following conditions:

(i) The restriction must be required by the type of seriousness of the individual's mental condition and must be ordered by the individual's attending physician;

(ii) The type and extent of the restriction, along with the specific reason for the restriction must be stated in the order; and

(iii) The order shall expire automatically 24 hours after it is given, unless it is terminated sooner, but additional 24-hour orders may be

given according to the same procedure as that required for the original order.

3. The individual may consent in writing to restrictions to the use of the telephones.

4. Telephone communication of an individual with their attorney or private physician shall not be restricted in accordance with §§ 82-5-1-.04(4)(b)2(i), (iii).

(c) Visitation. Visitation shall be governed as follows for individuals being treated on an individual basis in a hospital pursuant to O.C.G.A. Chapters 37-7, 37-3, and 37-4.

1. Each individual admitted to a facility has the right to receive visitors daily or to refuse in writing to receive any visitors or particular visitors. Privacy, to the extent that it is possible, should be provided.

2. The facility may place reasonable restrictions, such as those relating to time and place, upon visitation by persons outside the facility for all individuals generally. Visiting hours shall be set for at least 4 hours daily, 2 hours of which shall be after 6 p.m. In addition, reasonable restrictions may be placed upon an individual's right of visitation under the following conditions:

   (i) The restriction must be required by the type of seriousness of the individual's mental or physical condition and must be ordered by the individual's attending physician;

   (ii) The type and extent of the restriction, along with the specific reasons for the restriction, must be stated in the order; and

   (iii) The order shall expire automatically 24 hours after it is given, unless it is terminated sooner, but additional 24-hour orders may be given according to the same procedure as that required for the original order.

3. The individual may consent in writing to restrictions on visitation.

4. Visitation by an individual's attorney or private physician shall not be restricted in accordance with §§ 82-5-1-.04(4)(c)2(i), (iii).

5. The right to visitation does not establish the right to a visit by a person whose presence at the facility has been prohibited by the facility.

(d) Other.

1. Each individual admitted to a facility shall have the right to regular social interaction with others, including persons of the opposite sex, subject only to the provisions of § 82-5-1-.03(1)(c) of these regulations (seclusion) and to other reasonable regulations, such as those relating to time and place.

2. Each individual admitted to a facility shall have the right to attend religious services, but no individual may be compelled to attend such services. The individual should be assisted in the observance of the individual's religion to the extent possible.

Cite as Ga. Comp. R. & Regs. R. 82-5-1-.04
Authority: O.C.G.A. §§ 37-1-23, 37-1-40, 37-1-41, 37-3-2, 37-4-3, 37-7-2, 37-3-162, 37-4-122, 37-7-162, 37-3-160, 37-4-120, 37-7-160, 37-3-165, 37-4-124, 37-7-165, 37-3-143, 37-4-103, 37-7-143, 37-3-142, 37-4-102, 37-7-142.
History. Original Rule entitled "Treatment Environment" adopted. F. Dec. 15, 2021; eff. Jan. 4, 2022.

Rule 82-5-1-.05. Personal Affairs.

(1) **General.** No individual, whether voluntary or involuntary, shall be deprived of any civil, political, personal, or property rights or be considered legally incompetent for any purpose without due process of law. Hospital staff may exercise clinically-informed discretion in deciding whether to assist an individual in exercising these rights. These rights include, but are not limited to:

(a) The right to dispose of property;

(b) The right to execute legal instruments;

(c) The right to make purchases;

(d) The right to enter into contractual relationships;

(e) The right to register and vote;

(f) The right to marry and to obtain a separation, divorce, or annulment;

(g) The right to hold a driver's license; and

(h) The right to make a will.

(2) Legal Counsel.

(a) Each individual admitted to a facility has the right to secure legal counsel to represent the individual in the individual's personal affairs during the individual's hospitalization. The individual should be assisted by staff members to the extent possible in securing legal counsel.

1. If the individual can afford legal counsel, the individual may secure counsel at the individual's own expense.

2. If the individual needs legal counsel for the individual's personal affairs but cannot afford such counsel, the individual may contact the local legal aid service for assistance.

3. Each facility shall post on every treatment unit the name, address, and telephone number of local lawyer referral services and local agencies which provide legal services to indigent persons.

(b) The securing of legal counsel for an individual at hearings concerning the individual's committal or treatment is not governed by these regulations.

(c) Each individual admitted to a facility shall have the right to have the individual's legal counsel visit the individual at the facility. The individual (or the individual's guardian or parent, if applicable) or the attorney shall provide the facility with the attorney's name, telephone number, and address. The staff shall require the attorney to produce proper identification and proof of current certification as an attorney upon the initial visit and thereafter as necessary. The attorney shall be allowed to visit the individual at the facility at any reasonable time, and subject to other reasonable regulations. The attorney shall be provided a private area in which to consult with the individual.

(d) Upon the individual's written authorization, the attorney shall be allowed to examine the individual's clinical record and shall also be allowed to interview staff who have treated the individual. However, an attorney for matters relating to the individual's presence at the facility by virtue of Title 37 or by virtue of a Court Order in a criminal case may view the individual's record during the period of the attorney's representation of the individual on such matters.

(3) **Voting.**

(a) Each individual admitted to a facility who is entitled to vote shall be given the right to vote in primary, special, and general elections and in referenda.

(b) The Regional Hospital Administrator of each facility, or their designee, shall:

1. At least 30 days prior to a national or statewide election, post notice of the election in each hospital treatment unit;

2. Notify individuals 18 years old and over of their right to register to vote, to obtain absentee ballots, and to cast ballots; and the notification shall be conducted to allow sufficient time for voter registration and acquisition of absentee ballots;

3. When clinically suitable and if staffing of the facility permits, allow residents to leave the premises to exercise voting privileges or to register to vote, and require personnel, where available, to accompany residents; otherwise voting by absentee ballot is sufficient;

4. Make arrangements with state and local officials to provide for voter registration and casting of ballots by interested individuals; and

5. Assist election officials in determining an individual's place of residence for voting purposes.

(4) Employment Outside Facility.

(a) Each facility shall encourage and assist an individual in securing suitable employment outside the facility, if the individual wishes to be so employed and if such employment will aid in the individual's treatment. The training of individuals for gainful employment shall also be encouraged through appropriate resources and referrals.

(b) All wages and benefits earned by employment outside the facility shall belong solely to the individual.

(5) Attorney's Access.

(a) An attorney representing an individual in a matter relating to the individual's hospitalization shall have the right to visit and consult with the individual at the facility in accordance with § 82-5-1-.05(2)(c) of these regulations.

(b) At reasonable times, and subject to the notification and identification provisions of § 82-5-1-.05(2)(c) of these regulations, the individual's attorney for hospitalization matters shall have the right to interview the physician and staff members who attended or are now attending the individual, and the right to have the individual's records interpreted by them.

(c) The chief medical officer or Regional Hospital Administrator of each facility shall establish reasonable policies to make available to the individual's attorney all information not otherwise privileged in the possession of the facility which the attorney requires to advise and represent the individual concerning matters relating to the individual's presence at the facility by virtue of O.C.G.A. Title 37 or by virtue of a court order in a criminal case.

Cite as Ga. Comp. R. & Regs. R. 82-5-1-.05
Authority: O.C.G.A. §§ 37-1-23, 37-1-40, 37-1-41, 37-3-2, 37-4-3, 37-7-2, 37-3-140, 37-4-100, 37-7-140, 37-3-141, 37-4-101, 37-37-7-141, 37-3-166, 37-3-168, 37-4-125, 37-4-127, 37-7-166, 37-7-168, 37-3-144, 37-4-104, 37-7-144.
History. Original Rule entitled "Personal Affairs" adopted. F. Dec. 15, 2021; eff. Jan. 4, 2022.

Rule 82-5-1-.06. Clinical Records.

(1) **Contents.**

(a) A clinical record shall be maintained at each facility for each individual treated at that facility, containing protected health information of the individual. The record shall contain information on all matters relating to the admission, care, treatment, discharge, and legal status of the individual, and shall include all medical and legal documents relating to the individual. The record shall not contain peer review or administrative documents such as incident reports and investigations of incidents or complaints. The record specifically shall contain at least the following: progress notes; documents describing or arising from the individual's history; the results of all psychiatric, psychological, and physical examinations; individualized service plans; evaluations other than evaluations developed at the direction of a court that is assessing an individual's competence or responsibility under O.C.G.A. Title 17, Chapter 7, which are not to be maintained in the medical record; orders for treatment; orders for physical restraints, seclusion, and other restrictions permitted by these regulations or other applicable law; clinical documentation of accidents and incidents and of follow-up care provided; court orders establishing guardianship of the individual if applicable; advance directives of the individual if possible; and court orders and other court documents received by the facility. When clinical records or parts of clinical records are released as provided in this section, copies of the clinical record should be released. If the record is electronic, a tangible copy may be produced as legally sufficient for purposes of disclosures, except as otherwise provided in this section. The name(s) or other identifying information of other individuals who are receiving or formerly received treatment or services may not be recorded in an individual's clinical record. The initials of another individual may be recorded if necessary.

(2) **Confidentiality.**

(a) The Department shall create and enact policies that implement the rules relating to confidentiality contained in HIPAA and in federal substance abuse confidentiality laws and regulations. Staff shall comply with applicable confidentiality provisions established by Georgia law.

(3) Examination by individual.

(a) Every individual currently or formerly admitted to a facility shall have the right to examine all clinical records kept in that individual's name by the Department or

the facility where the individual is or was hospitalized or treated; provided, however, that if the individual is currently admitted to the facility, the individual shall not have the right to examine such clinical records if:

1. The disclosure of such records to the individual is determined, by the chief medical officer or Regional Hospital Administrator or the individual's attending physician or psychologist, to be detrimental to the individual's physical or mental health; and

2. A notation to that effect is made in the individual's record.

(b) Each facility shall assist individuals in reviewing their own records but may establish reasonable limitations, such as those relating to time, place, and frequency, upon such review.

(4) Correction by individual.

(a) Every individual currently or formerly admitted to a facility shall have the right to request that any inaccurate information found in the individual's clinical record be corrected. A request from an individual currently admitted to a facility shall be made in writing to the person in charge of records at the facility or to another person designated by the superintendent. That person will consult the appropriate staff at the facility if needed. If the request is made orally to a staff member, that staff member will assist the individual in making the request to the appropriate person.

(b) Upon receipt of a request for correction of the record of an individual currently or formerly admitted to the facility, the person in charge of records at the facility or the person so designated shall within 5 days:

1. Make the requested correction, and provide the individual with a copy of the corrected record; or

2. Notify the individual, in writing, of the inability to obtain amendment of the record and the reason therefore, and notify the individual that he may file a complaint regarding this refusal in accordance with § 82-5-1-.08(1) of these regulations; such notification shall be complete upon mailing.

(c) If amendments are made to the records of an individual currently or formerly admitted to a facility, they should be added to the record and the original record should be preserved.

(5) **Copies.**

(a) It is the policy of the Department to provide routine information to the general public in compliance with the Georgia Open Records Act or DBHDD policy regarding medical records.

(b) Fees charged for copying services in State facilities shall comply with policies set by the Department.

(c) Waiver or reduction of fees may be granted where such action is in the public interest or when based on an individual's ability to pay.

(d) Staff members shall assist the individual in the selection of records for copying purposes. A policy of full disclosure and assistance shall be followed, while waste in copying practices is to be discouraged.

Cite as Ga. Comp. R. & Regs. R. 82-5-1-.06
Authority: O.C.G.A. §§ 37-1-23, 37-1-40, 37-1-41, 37-3-2, 37-4-3, 37-7-2, 37-3-166, 37-4-125, 37-7-166, 37-3-167, 37-4-126, 37-7-167.
History. Original Rule entitled "Clinical Records" adopted. F. Dec. 15, 2021; eff. Jan. 4, 2022.

Rule 82-5-1-.07. Notice; Representatives and Guardians Ad Litem.

(1) **Notice.**

(a) To individual: Any time that notice is required to be given to an individual by these regulations or other applicable law, the date on which the notice is given shall be entered in the individual's clinical record. If the individual is unable to read or comprehend a notice sufficiently, a reasonable effort shall be made to explain the notice to them.

(b) To representatives: At any time that notice is required to be given to an individual's representatives, the notice shall be served on those persons designated in accordance with § 82-5-1-.07(2) of these regulations. The individual's guardian ad litem shall likewise be served. Unless otherwise provided, notice may be served in person or by first class mail. When notice is served by mail, a record shall be made of the date of mailing and shall be placed in the individual's clinical record. Service shall be complete upon mailing to the last known mailing address.

(c) Judicial orders. At any time a court enters an order affecting an individual pursuant to these regulations or other applicable law and serves said order on the Department, a copy of that order shall be served on the individual and the individual's representative as provided in subparagraphs (a) and (b) of this subsection, unless the order contains an accompanying certificate that such service has already been made.

(2) Representatives and Guardians Ad Litem.

(a) Selection. At the time an individual is admitted to a facility, the names and addresses of at least two representatives shall be entered in the individual's clinical record. The individual has the right to designate one representative.

1. If the individual designates one representative, the facility shall designate the second, who shall be selected from the following persons in the order of listing: the individual's legal guardian, spouse, an adult child, parent, attorney, adult next of kin, or adult friend.

2. If the individual does not exercise the individual's right to designate one representative, the facility shall designate both of the individual's representatives, in accordance with the following rules.

(i) One of the representatives shall be selected from the following persons in the order of listing: the individual's legal guardian, spouse, an adult child, parent, attorney, adult next of kin, or adult friend.

(ii) The second representative shall be selected from the same list without regard to the order of listing, but shall not be the person who signed the petition allowed under the provisions of O.C.G.A. Chapters 37-3, 37-4, and 37-7.

3. If the facility is unable to secure at least two representatives after diligent search, or if an agency or agent of the State of Georgia is the guardian of the individual, that fact shall be entered in the individual's record and the facility shall apply to the court in the county of the individual's residence for the appointment of a guardian ad litem, which shall not be the Department.

4. On application of any person or on its own motion, the court may also appoint a guardian ad litem for an individual for whom representatives have been named whenever the appointment of a guardian ad litem is deemed necessary for protection of the individual's rights. Such guardian ad litem shall act as the representative of the individual on whom notice is to be served under the applicable provision of law and shall have the powers granted to representatives by those provisions.

(b) Powers.

1. Representatives shall have the power to receive the notices required to be sent to them by these regulations and other applicable law, and the power to consult with the facility staff to the extent allowed by law and policy.

2. Guardians ad litem shall have the power to receive the notices required to be sent to them by these regulations or other applicable law. The guardian ad litem's power shall accord with the limited purpose stated in the order of the

court, and the guardian ad litem's appointment shall expire automatically after 90 days or after a lesser time stated in the order. The responsibility of the guardian ad litem shall not extend beyond the specific purpose of the appointment, and the authority of the guardian ad litem will not generally extend to acting on behalf of the individual with regard to matters such as consent for placement or medical treatment.

Cite as Ga. Comp. R. & Regs. R. 82-5-1-.07
Authority: O.C.G.A. §§ 37-1-23, 37-1-40, 37-1-41, 37-3-2, 37-4-3, 37-7-2, 37-3-147, 37-4-107, 37-7-147, 37-3-164, 37-4-44, 37-7-164.
History. Original Rule entitled "Notice; Representatives and Guardians Ad Litem" adopted. F. Dec. 15, 2021; eff. Jan. 4, 2022.

Rule 82-5-1-.08. Remedies for Violations.

(1) Complaint Procedures.

Any individual (or the individual's guardian or parent of a minor individual, if applicable) or the individual's representative or any staff member may file a complaint alleging that an individual's rights under these regulations or other applicable law have been violated by staff members or persons under their control. A person who considers filing such a complaint is encouraged to resolve the matter informally by discussing it first with the staff members or other persons involved, with the Personal Advocate, with a member of the Human Rights Committee, or similar mechanism. Such complaints, when arising, shall be governed by policy established and maintained by the Department in a manner that is consistent with the standards set forth in this section. Such policy shall establish procedures consistent with the following:

(a) The Department shall establish and maintain policies that set forth procedures by which individuals may file complaints relating to individuals' rights. The Department shall establish and maintain multiple means by which all individuals are notified of the ways they may file a complaint.

1. Each facility that is subject to these regulations shall appoint a Personal Advocate whose responsibilities will include involvement with the Complaint process as set forth in these regulations and as set forth in Department policy.

2. Each facility that is subject to these regulations shall establish and maintain a Human Rights Committee, at least two members of which shall not be employees of the facility. The responsibilities of the Human Rights

Committee shall include review of the manner in which the facility addresses complaints that are the subject of this regulation.

(b) The Department shall establish policies that set forth the manner and timeframe in which a disinterested staff member, designated by position, investigates each unresolved complaint, as well as timeframes in which each complaint investigation must be completed and the manner in which the conclusion of the investigator is delivered to the individual.

(c) The Department shall establish policies that set forth the manner and timeframe in which an individual may appeal the conclusion of the investigator. Any such appeal must be reviewed by a disinterested staff member, appointed by the Regional Hospital Administrator, who is qualified by training and experience to review such an appeal. Policy shall set forth timeframes during which evaluation of any such appeal must be completed and the manner in which the conclusion of the reviewer will be delivered to the individual. The Regional Hospital Administrator must approve the resolution of the appeal before it is provided to the individual.

(d) The Department shall establish policies that set forth the manner and timeframe in which an individual may appeal to the Commissioner the resolution an initial appeal. Any such appeal must be reviewed by a disinterested DBHDD staff member appointed by the Commissioner who is qualified by training and experience to review such an appeal. Policy shall set forth timeframes during which evaluation of any such appeal must be completed and the manner in which the conclusion of the staff member who has reviewed the appeal will be delivered to the individual. The Commissioner or the Commissioner's designee must approve the resolution of the appeal to the Commissioner before the resolution is provided to the individual.

(e) No appeal under this regulation is subject to judicial review.

(f) The individual is not required to use the procedure established by this section in lieu of other available legal remedies.

(2) General Provisions.

(a) Whenever the Human Rights Committee or the Personal Advocate becomes aware of a situation that appears to require immediate action to protect the welfare and safety of any individual, the Committee or the Personal Advocate shall immediately notify the nearest available staff member with authority to correct the situation. In any situation that requires immediate action to protect an individual's welfare or safety, the Regional Hospital Administrator may be notified instead. If adequate corrective action is not taken by that staff member, the Committee or the

Personal Advocate shall immediately notify the Regional Hospital Administrator, or if necessary, the Director or the Commissioner of the Department.

(b) No person shall be subject to any form of discipline or reprisal solely because they sought a remedy through, or participated in, the procedures established by this section.

(c) Obstruction of the investigation or disposition of a complaint by any person shall be reported to the Regional Hospital Administrator, who shall take action to eliminate the obstruction. Staff members are subject to adverse action in accordance with personnel procedures of the Department for engaging in such obstruction.

(d) This complaint procedure does not replace or invalidate any other Department policy or procedure pertaining to reporting requirements, disciplinary matters, or the like.

(e) Staff members who are involved in a complaint shall not be involved in processing that complaint.

(3) Judicial Supervision.

(a) Any individual (or the individual's guardian or parent of a minor individual, if applicable) or the individual's representative may file a petition in the appropriate court alleging that:

1. The individual is being unjustly denied a right or privilege granted by these regulations or other applicable law; or

2. A procedure authorized by these regulations or other applicable law is being abused; or

3. The individual objects to the treatment being administered to the individual.

(b) Upon the filing of such a petition, the court shall have the authority to conduct a judicial inquiry and to issue appropriate orders to correct any abuse of these regulations or other applicable law. The individual, the individual's representatives, or the individual's attorney may appeal any such order of the probate court or of the court's hearing officer to the superior court of the county in which the proceeding was held, and may appeal any such order of the Juvenile Court to the Court of Appeals and to the Supreme Court.

(c) At any time and without notice, a person detained by a facility, or a relative or friend on behalf of such person, may petition as provided by law for a writ of habeas corpus to question the cause and legality of detention and to request any court of competent jurisdiction on its own initiative to issue a writ of release. In

the case of any such petition for the release of a person detained in a facility pursuant to a court order under O.C.G.A. § 17-7-130 or O.C.G.A. § 17-7-131, a copy of the petition, along with proper certificate of service, shall also be served upon the presiding judge of the court ordering such detention and the prosecuting attorney for such court; service may be made by certified mail, return receipt requested.

(4) Medication Prior to Hearings. The individual has a right to appear and testify at hearings free from any side effects or adverse effects of medication as is reasonably possible. The individual's attorney, if any, should be informed of any medication the individual is receiving at the time of the hearing.

Cite as Ga. Comp. R. & Regs. R. 82-5-1-.08
Authority: O.C.G.A. §§ 37-1-23, 37-1-40, 37-1-41, 37-3-2, 37-4-3, 37-7-2, 37-3-149, 37-4-109, 37-7-149, 37-3-148, 37-4-108, 37-7-148.
History. Original Rule entitled "Remedies for Violations" adopted. F. Dec. 15, 2021; eff. Jan. 4, 2022.

Rule 82-5-1-.09. Severability.

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

Cite as Ga. Comp. R. & Regs. R. 82-5-1-.09
Authority: O.C.G.A. §§ 37-1-23, 37-1-40, 37-1-41, 37-3-2, 37-4-3, 37-7-2.
History. Original Rule entitled "Severability" adopted. F. Dec. 15, 2021; eff. Jan. 4, 2022.

Chapter 82-6. RESERVED.

Cite as Ga. Comp. R. & Regs. R. dept. 82, ch. 82-6

Chapter 82-7. PATIENT COST OF CARE.

Subject 82-7-1. PATIENT COST OF CARE.

Rule 82-7-1-.01. Legal Authority.

The legal authority for this chapter, unless otherwise noted, is the Patient Cost of Care Act, O.C.G.A. Title 37, Chapter-9.

Cite as Ga. Comp. R. & Regs. R. 82-7-1-.01
Authority: O.C.G.A. § 37-9-1, *et seq*.
History. Original Rule entitled "Legal Authority" adopted. F. Dec. 15, 2021; eff. Jan. 4, 2022.

Rule 82-7-1-.02. Applicability.

This chapter applies to any state hospital under the control of the department and any facility that provides services to individuals that is controlled by a state hospital.

Cite as Ga. Comp. R. & Regs. R. 82-7-1-.02
Authority: O.C.G.A. § 37-9-1, *et seq*.
History. Original Rule entitled "Applicability" adopted. F. Dec. 15, 2021; eff. Jan. 4, 2022.

Rule 82-7-1-.03. Organization and Purpose.

The purpose of these rules is to effect the requirements of the Patient Cost of Care Act, which mandates that the Georgia Department of Behavioral Health and Developmental Disabilities establishes standards for determining assessments for patient cost of care, determines liability thereof, makes investigations thereof, establishes billing and collection procedures, and provides for hearings, among other requirements.

Cite as Ga. Comp. R. & Regs. R. 82-7-1-.03
Authority: O.C.G.A. § 37-9-1, *et seq*.
History. Original Rule entitled "Organization and Purpose" adopted. F. Dec. 15, 2021; eff. Jan. 4, 2022.

Rule 82-7-1-.04. Definitions.

(1) Unless a different meaning is required by the context, the following terms as used in these regulations shall have the meanings hereinafter set forth:

(a) "Assessment" means a determination by the Department of the amount payable by the persons liable for cost of care for services rendered to an individual; such amount shall be either the full cost of care or, if applicable, the amount payable toward cost of care, determined in accordance with the requirements of O.C.G.A § 37-9-5. There shall be a rebuttable presumption that the full cost of care be imposed. This presumption shall prevail until testimony, documentation, or evidence is provided pursuant to other provisions of O.C.G.A Title 37, Chapter 9.

(b) "Commissioner" means the Commissioner of the Georgia Department of Behavioral Health and Developmental Disabilities, or the Commissioner's designee.

(c) "Cost of care" means the costs incurred for the support, care, and treatment of each individual, or the per patient average of such costs as determined by the

Department on the basis of the estimated current operating costs of the hospital or an identifiable part or section thereof providing such services.

(d) "Department" means the Georgia Department of Behavioral Health and Developmental Disabilities and includes its duly authorized agents and designees.

(e) "Hospital Chief Financial Officer" means that person appointed by DBHDD's Chief Financial Officer or their designee to manage the administration of the Patient Cost of Care Program.

(f) "Income," except for individuals who are residents of other states, means that amount determined by adding to the gross income as now or hereafter defined in Georgia income tax laws, minus deductions and personal exemptions as authorized by such income tax laws, in addition to the items listed in this paragraph, if such items are not already included in gross income as defined above. For an individual who is a resident of another state, "income" means the same as above except no deductions will be made for any deductions or personal exemptions as authorized by Georgia income tax laws. The following items are to be added, respectively:

1. Any amounts received by or on behalf of the person liable for cost of care from accident insurance or workers' compensation for total or partial incapacity to work, plus the amount of any damages received by or on behalf of the person liable for cost of care, whether by suit or agreement, on account of such injuries or sickness;

2. The net income from property acquired by gift, bequest, devise, or descent;

3. Interest upon obligations of the United States government or of this state or of a political subdivision thereof;

4. The net income from individual holdings of stock in banks and trust companies incorporated under the banking laws of this state or of the United States;

5. Retirement income, social security benefits, veterans' benefits, and any other benefits that could be applied for the support of the individual served;

6. The net income from any other assets, including but not limited to personal property, real property, mixed property, and any other property or estate wherever located and in whatever form, inclusive of any assets sold or transferred within a period of ninety (90) days prior to the date services were first rendered to the individual by a hospital.

(g) "Individual" (formerly referred to as client, consumer, and/or patient) means any person who is admitted to or who receives services from a state hospital, including

any person who is admitted to or receives services from a facility operated by a state hospital.

(h) "Persons liable for cost of care" means:

1. The individual served or their estate;

2. The individual's spouse;

3. The parent or parents of any individual under eighteen (18) years of age who is served;

4. Any fiduciary or representative payee holding assets for the individual or on their behalf, including, in such person's representative capacity, the guardian, trustee, executor, or administrator of any trust, estate, inheritance, or fund in which an individual has a legal or beneficial interest;

5. Any person, if not otherwise liable, listed as the insured member of a contract, plan, or benefit to the extent that such contract, plan, or benefit provides payment of hospitalization, medical expenses, and other health care services for the individual as a covered beneficiary or dependent;

6. A stepparent or any other person residing with and providing support of an individual under eighteen (18) years of age who has not been legally adopted by such stepparent or other person, with maximum liability limited to the amount such stepparent or other individual is authorized by Georgia income tax laws to claim as a standard deduction and personal exemption for the individual receiving services; provided, however, that this limitation shall not apply to liability pursuant to other provisions of this chapter regarding hospital, health, and other medical insurance, program, or plan benefits or subrogation rights.

(i) "State hospital" means any state hospital which now or hereafter comes under the control of the Department and any facility operated in conjunction therewith. This includes facilities operated by state hospitals that are not located on state hospital grounds and that also provide care or services to individuals.

Cite as Ga. Comp. R. & Regs. R. 82-7-1-.04
Authority: O.C.G.A. § 37-9-2
History. Original Rule entitled "Definitions" adopted. F. Dec. 15, 2021; eff. Jan. 4, 2022.

Rule 82-7-1-.05. Authority to Develop Procedures.

The Commissioner hereby is empowered to delegate authority to implement these regulations, including authority to determine assessments based on the standards prescribed in these Cost of

Care regulations to the DBHDD Chief Financial Officer. Each determination of assessment shall be made pursuant to procedures developed under the direction of the Commissioner in accordance with these regulations and the Patient Cost of Care Act.

Cite as Ga. Comp. R. & Regs. R. 82-7-1-.05
Authority: O.C.G.A. § 37-9-1, *et seq.*
History. Original Rule entitled "Authority to Develop Procedures" adopted. F. Dec. 15, 2021; eff. Jan. 4, 2022.

Rule 82-7-1-.06. Care of Individuals Not Related to Payment.

Care rendered to all individuals in state hospitals and programs shall be of the same nature and quality without regard to whether the payment of any sum or sums is made for the cost of care.

Cite as Ga. Comp. R. & Regs. R. 82-7-1-.06
Authority: O.C.G.A. § 37-9-3.
History. Original Rule entitled "Care of Individuals Not Related to Payment" adopted. F. Dec. 15, 2021; eff. Jan. 4, 2022.

Rule 82-7-1-.07. Responsibility for Cost of Care.

(1) Each individual receiving services from a state hospital shall be legally responsible for and shall pay to the Department of Behavioral Health and Developmental Disabilities, the cost of their care received from a state hospital. Payments for cost of care shall be payable following the receipt of services in accordance with standards and procedures established by the Department. In the event the Department is unable to collect the assessment from the individual served, or in the event the individual's assessment is less than the full cost of care for such individual, all other persons liable for the cost of care for such individual shall pay to the Department their respective assessments as provided by O.C.G.A § 37-9-5.

(2) The Department shall develop procedures by which it shall determine all persons who are liable for the cost of care of an individual and by which it shall notify such persons of their joint and several liability and of their assessment. Such notice shall offer opportunity for any person so notified to be heard to show cause, if there be any, why such person should not be liable for payment of the assessment, as provided by O.C.G.A § 37-9-5.

Cite as Ga. Comp. R. & Regs. R. 82-7-1-.07
Authority: O.C.G.A. § 37-9-1, *et seq.*
History. Original Rule entitled "Responsibility for Cost of Care" adopted. F. Dec. 15, 2021; eff. Jan. 4, 2022.

Rule 82-7-1-.08. Requirements for Procedures to Determine and Allocate Cost of Care.

(1) The Department shall establish:

(a) A method for determining cost of care;

(b) A method for assessing the portion of cost of care owed by each individual;

(c) A method for determining other persons liable for cost of care for each individual;

(d) A method for notifying each individual (including any representative of that individual designated in accordance with GA COMP. R. & REGS § 82-5-1.07(2)) and/or persons liable for cost of care of the responsibility for assisting the Department in assessing cost of care, the assessment of the individual's cost of care, and the right to contest and appeal the assessment of the cost of care for which that person is liable.

(2) The Department's procedures shall meet the following requirements:

(a) The procedures shall comply with the Patient Cost of Care Act, O.C.G.A. Title 37, Chapter 9.

(b) The procedures shall ensure each individual receives appropriate care and treatment regardless of any issue related to cost of care.

(c) The procedures shall ensure that each assessment of an individual's responsibility for cost of care will be based upon:

1. a determination that each individual has exhausted his or her eligibility and receipt of benefits under all other existing or future private, public, local, state, or federal programs or plans and;

2. upon a process by which the Department assesses and recovers the cost of an individual's care from the individual and from or any other persons or entities who may be liable for such patient's cost of care if such patient is eligible for benefits under any other program or plan.

Cite as Ga. Comp. R. & Regs. R. 82-7-1-.08
Authority: O.C.G.A. § 37-9-1, *et seq.*
History. Original Rule entitled "Requirements for Procedures to Determine and Allocate Cost of Care" adopted. F. Dec. 15, 2021; eff. Jan. 4, 2022.

Rule 82-7-1-.09. Standards for Assessments.

(1) Standards for determining assessments are based on the income, assets, insurance, and other third-party coverage or entitlements, and other circumstances of persons liable for cost of care.

(2) The Department hereby establishes the assessment for cost of care for any individual covered by a contract of insurance or other third-party reimbursement contract or entitlement as:

(a) the total amount payable under such contract or entitlement up to the total cost of care, or that portion of cost of care payable under such contract or entitlement; provided, however, that if benefits payable under such contract or entitlement are less than the total cost of care, the amounts payable by all persons liable for cost of care toward any remaining balance shall be determined by application of the standards prescribed in paragraphs (3) and (4), below; further provided, however, that:

1. amounts payable toward any remaining balance for an individual eligible under any insurance contract, plan, or benefit shall be determined in accordance with any provisions for payment stipulated by the insurance contract, plan, or benefit as a requirement for participation in the insurance, plan, or benefit;

2. amounts payable toward any remaining balance for 93an individual eligible under the Medical Assistance Program (Title XIX of the Social Security Act) shall be determined in accordance with the provisions of the Georgia State Plan for Medical Assistance; and

3. amounts payable toward any remaining balance for a person eligible under the Medicare Program (Title XVIII of the Social Security Act) shall be determined in accordance with the regulations and policies of the Social Security Administration; or,

(b) the total amount payable under such contract or entitlement which exceeds total cost of care if paid in accordance with the provisions or regulations of such contract or entitlement.

(3) The Department shall develop a standard scale for determining assessments for cost of care for all individuals and other persons liable for cost of care, except as provided in paragraph (2) above, or further provided in paragraph (3) below, derived by application of the following factors:

(a) for all individuals except as provided in paragraphs (b) or (c) below:

1. poverty income guidelines published by the federal government, effective upon issuance by the Department; but effective not later than sixty (60) days following the publication date of the revised guidelines in the Federal Register;

2. total of deductions and personal exemptions allowable under Georgia Income Tax laws and regulations; except (1) no deductions or personal exemptions will be allowed to persons residing in another state, and (2) no

deductions or personal exemptions will be allowed more than once in calculating assessments of the individual and other responsible parties for each individual served;

3. a graduated range of income levels in excess of the sum of (3)(a)1. and (3)(a)2. above;

4. the number of dependents as defined by Georgia Income Tax Laws and regulations, except that no dependent is to be reflected more than once in calculating assessment(s) for any one individual served;

5. a base and graduated percentage charge associated with each income level;

6. a charge in conjunction with the initial and any subsequent annual assessment associated with assets that are not exempt from Medicaid or Social Security calculations equal to five percent (5%) of accumulated non-exempt assets; except, effective January 1, 1993, for individuals hospitalized six (6) continuous months and having assets accumulated from government benefit payments, a charge associated with assets will be made as provided in paragraph (c) below;

(b) for individuals remaining in inpatient care in State Hospitals longer than three (3) continuous months but fewer than six (6) continuous months, who receive monthly benefits or funds:

1. on earned income and other income which is not paid or otherwise available to be paid on a regular monthly basis, the same factors as (3)(a)1.-5.;

2. on benefits or other funds paid or available to be paid on a regular monthly basis, even though actual payments may occur at a different interval of time:

(i.) total of benefits and funds received or available to be received on a monthly basis;

(ii.) a deduction equal to the amount of the personal needs allowance allowed individuals in state operated hospitals or state operated facilities, in accordance with the State Medical Assistance Plan;

(iii.) any other deduction that the Department clearly defines by published policy prior to allowing such deduction;

(iv.) a charge in conjunction with the initial and any subsequent annual assessment associated with assets that are not exempt from Medicaid or Social Security calculations equal to five percent (5%) of accumulated non-exempt assets; except, effective January 1,

1993, for individuals hospitalized for six (6) continuous months and having assets accumulated from government benefit payments, a charge associated with assets will be made as provided in paragraph (c) below.

(c) for patients hospitalized six (6) or more continuous months and remaining in inpatient status, who have accumulated assets from government benefit payments, effective January 1, 1993:

1. a charge for full cost of care against the individual's accumulated assets which are in excess of allowed limits as those for establishing eligibility for institutionalization benefits under the State Medical Assistance Plan and which are not otherwise exempt and counted as resources of the individual under the State Medical Assistance Plan.

(4) The Department prescribes the same standard scale referenced in Paragraph (3), above, for a stepparent or other person residing with and providing support of an individual under eighteen (18) years of age who has not been legally adopted by such stepparent or other person; except, after application of the factors in paragraphs (3)(b)-(c) to derive an assessment for such individual, liability will be capped at the total amount such individual is authorized by Georgia income tax laws to claim as a standard deduction and personal exemption for the individual.

1. This provision of limited liability does not apply to hospital, health, and other medical insurance, program, or plan benefits payable toward cost of care; any benefits or funds or other entitlements for which the individual is eligible; or to any subrogation rights as provided by law.

2. The resultant standard scale shall be published in a uniform table and is hereby incorporated into these rules, and by reference, made a part thereof. Copies of the standard scale shall be available on request at each Hospital Patient Accounts Office.

Cite as Ga. Comp. R. & Regs. R. 82-7-1-.09
Authority: O.C.G.A. §§ 37-9-2, 37-9-5, 37-9-6, 37-9-7, 37-9-8, 37-9-9.
History. Original Rule entitled "Standards for Assessments" adopted. F. Dec. 15, 2021; eff. Jan. 4, 2022.

Rule 82-7-1-.10. Reassessments/Redeterminations.

(1) The Department shall reexamine the individual's assessment periodically and adjust such assessment as hereinafter provided in accordance with changes in the ability to pay of the person liable for cost of care and in a manner that complies with the Patient Cost of Care

Act. If the Department determines that the economic circumstances of a person liable for cost of care have improved to an extent justifying an increase in the assessment, any such increase shall apply only to cost of care for services rendered for the individual after the effective date of the increase in assessment. No such increase shall cause the assessment to exceed the total cost of care. The Department may not increase an assessment without affording the person liable for cost of care an opportunity for a hearing on the increase in the assessment. A person liable for cost of care may apply to the Department for a change in the assessment when the person's economic circumstances have changed sufficiently to adversely affect their future ability to pay. If an assessment for services previously rendered for an individual is being paid in accordance with a scheduled plan of payments approved by the Department, then a reduction in assessment because of a change in the economic circumstances affecting the ability to pay of the person liable for cost of care may apply to that portion of the assessment which remains unpaid as of the date of the reduction, as well as to the assessment for cost of services rendered after the date of the reduction. However, no such reduction shall require the refund of any payments made on an assessment prior to the date of the reduction. After investigation and hearing, the Department shall act upon the application made by the person liable for cost of care. Any redetermination of the assessment pursuant to this subsection shall be subject to the requirements of O.C.G.A § 37-9-6. Notwithstanding any reexamination or corresponding adjustment of an assessment which might be afforded, each assessment shall be valid for a period of twelve (12) months from the date of the initial assessment or any reassessment thereafter. No reduction, increase, or opportunity for hearing shall be allowed after the assessment period.

(2) All assessments determined under the provisions of the Patient Cost of Care Act, and in accordance with the standards prescribed in Rule 82-7-1-.09 above, shall be subject to redetermination under any of the following circumstances:

(a) On request of any person who has been notified of liability for payment of cost of care in either their personal or representative capacity;

(b) On discovery by the Department of error, omission, or false statements which were relied upon by the Hospital Chief Financial Officer in determining assessments for cost of care;

(c) On discovery by the Department of changes in economic circumstances of any person liable for cost of care assessments; and

(d) At the end of a period not to exceed twelve (12) months from the date an assessment was originally made.

(3) Except as determined under the provisions of paragraph (2) above, no redetermination shall increase the assessment for cost of care for services received prior to such redetermination. Such redetermination may decrease assessments for care previously received if a change in economic or other circumstances so dictates. However, no such

reduction shall require the refund of any payments made on an assessment prior to the date of the reduction of the assessment.

(4) The Department may accept payment for full cost of care if any person liable for cost of care offers such payment in lieu of declaring financial circumstances and having an assessment determined by hearing.

(5) The Department shall adopt and comply with procedures to inform adequately individuals served and other persons liable for the cost of care of their right to hearings and of their right to request reassessments.

Cite as Ga. Comp. R. & Regs. R. 82-7-1-.10
Authority: O.C.G.A. §§ 37-9-4, 37-9-5.
History. Original Rule entitled "Reassessments/Redeterminations" adopted. F. Dec. 15, 2021; eff. Jan. 4, 2022.

Rule 82-7-1-.11. Investigation of Income and Assets of Persons Liable for Cost of Care.

(1) As provided in O.C.G.A. § 37-9-7, the Department, through its duly authorized agents, has the authority to investigate or otherwise determine the income and assets of the individual served or their estate and, when necessary, the income and assets of all other persons liable for the cost of care of such individual to determine ability to pay cost of care. Furthermore, all persons liable for cost of care must provide signed consent forms to authorize an investigation to determine the income and assets of such persons to determine ability to pay cost of care. The Department shall further have the authority to contract with any person, firm, or corporation it finds necessary to provide the information appropriate for carrying out its duties under this chapter.

(2) The Department requires declarations to be filed by the individual served or other persons liable for cost of care necessary to determine the assessments required by this regulation and shall prescribe the form and content thereof. All such declarations are to be regarded as essential to carrying out the public policy of this state; any person who knowingly falsifies such declarations may be referred to law enforcement. If an individual served or other person liable for cost of care fails to provide information required by such declarations or provide signature of consent for the Department to conduct an investigation authorized by subsection (1) of this section, that failure shall create a rebuttable presumption that the individual or other persons liable for cost of care consent to and agree with the assessment of the full cost of care, and the declaration shall contain on its face, conspicuously and in clear language, a statement to that effect.

(3) As provided in O.C.G.A. § 37-9-7, the Department, through its duly authorized agents, has access to Georgia income tax records for the purpose of obtaining necessary information to enforce this regulation. Upon the request of the Department or its duly authorized agents, the state revenue commissioner and their agents or employees shall

disclose such income tax information contained in any report or return required under Georgia law as may be necessary to enforce the provisions of this chapter. Any tax information secured from the federal government by the Department of Revenue, pursuant to express provisions of § 6103 of the Internal Revenue Code, may not be disclosed by the Department of Revenue pursuant to this subsection. Any person receiving any tax information or tax returns under the authority of this subsection shall be considered either an officer or employee as those terms are used in O.C.G.A § 48-7-60(a); accordingly, any person receiving any tax information or returns under the authority of this subsection shall be subject to O.C.G.A § 48-7-61.

(4) Any evidence, records, or other information obtained by the Department or its duly authorized agents pursuant to the authority of this section is confidential and shall be used by the Department or its agents only for the purposes of enforcing this regulation and shall not be released for any purpose other than a hearing provided for by this regulation.

(5) Persons with no other documentation or evidence may sign an affidavit attesting to their indigent financial status.

(6) In addition to the use of income for determining assessments for the payment of cost of care, any other assets of a person liable for cost of care, except as provided in this regulation, shall be considered in determining an assessment and is liable to be assessed for the payment thereof. Such assets include any tangible or intangible property or any combination thereof and also include the net proceeds derived from the disposition of any such property, including any disposition of any such property which took place ninety (90) days or less prior to the date services were first rendered to the individual by a hospital. When the income of a person liable for cost of care is sufficient to determine that an assessment should be made for the total cost of care, it shall not be necessary for the Department to investigate and determine the other assets of such person; but such investigation and determination may be made by the Department if necessary to collect the assessment from the person liable for cost of care.

(7) The following assets of a person liable for cost of care shall be exempt from subsection (6) of this section:

(a) Real property which qualifies for a homestead exemption from ad valorem taxation; and

(b) Any other real property which constitutes the principal residence of the person liable for cost of care, but which does not qualify for a homestead exemption under this subsection.

(8) Notwithstanding any other provisions of this section, as of January 1, 1993, following six (6) months of continuous inpatient hospitalization, the Department is expressly authorized to levy an assessment for the full cost of care against the assets of all individuals having assets accumulated from government benefit payments in excess of amounts allowed by the eligibility resource limit for institutionalized residents established by Title XIX of the Social Security Act of 1935, as amended, and regulations promulgated pursuant thereto,

until said assets are reduced to a level which would establish resource eligibility under such program for the individual served; provided, however, that the assets listed in § 82-7-1-.09 shall be exempt from such assessment if said assets would also be an excluded resource under eligibility criteria of Title XIX of the federal Social Security Act. Following April 13, 1992, the Department shall provide notice regarding the provisions of this subsection to individuals and family members or other appropriate persons who may be affected by the provisions of this subsection.

(9) Nothing in this regulation shall be construed to supersede the provisions of the Revised Georgia Trust Code of 2010, O.C.G.A Title 53, Chapter 12.

Cite as Ga. Comp. R. & Regs. R. 82-7-1-.11
Authority: O.C.G.A. § 37-9-7.
History. Original Rule entitled "Investigation of Income and Assets of Persons Liable for Cost of Care" adopted. F. Dec. 15, 2021; eff. Jan. 4, 2022.

Rule 82-7-1-.12. Sources of Payment of Cost of Care.

(1) Notwithstanding any other provisions of law, the Department is not required to expend public funds for the purpose of providing support, care, and treatment covered under this regulation to any individual until such individual has exhausted the individual's eligibility and receipt of benefits under all other existing or future private, public, local, state, or federal programs or plans.

(2) Before the Department expends public funds for an individual's cost of care, the Department may assess and recover the cost of an individual's care from the individual served or other persons liable for such individual's cost of care if such individual is eligible for benefits under any other program or plan.

Cite as Ga. Comp. R. & Regs. R. 82-7-1-.12
Authority: O.C.G.A. § 37-9-9.
History. Original Rule entitled "Sources of Payment of Cost of Care" adopted. F. Dec. 15, 2021; eff. Jan. 4, 2022.

Rule 82-7-1-.13. Administrative Hearing Procedures.

(1) Hearings shall be conducted by the Office of State Administrative Hearings ("OSAH") after referral of any request for a hearing to OSAH.

(2) On request of a party affected by an assessment for cost of care to challenge the assessment, the Hospital receiving such a request will forward the request to the department's legal office so that an OSAH Form 1 may be filed.

(3) DBHDD Legal Services may attempt to resolve the issue with the person requesting a hearing prior to forwarding an OSAH Form 1 to OSAH. The department shall develop policies and procedures that set forth the manner such a request is handled. If the matter is not resolved informally, the department's legal office will file the OSAH Form 1 with OSAH.

Cite as Ga. Comp. R. & Regs. R. 82-7-1-.13
Authority: O.C.G.A. § 37-9-10.
History. Original Rule entitled "Administrative Hearing Procedures" adopted. F. Dec. 15, 2021; eff. Jan. 4, 2022.

Rule 82-7-1-.14. Actions for Collection.

The Department shall bill persons liable for cost of care for the amount due on their assessments in the same manner as other debts and accounts. No bill shall be payable unless it contains the dates of service for which the costs billed therein were incurred. The Department is authorized to maintain in the name of the Department and the State of Georgia any action at law or equity in any court of this state or any other state which may be necessary to collect such sums.

Cite as Ga. Comp. R. & Regs. R. 82-7-1-.14
Authority: O.C.G.A. § 37-9-11.
History. Original Rule entitled "Actions for Collection" adopted. F. Dec. 15, 2021; eff. Jan. 4, 2022.

Rule 82-7-1-.15. Severability.

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

Cite as Ga. Comp. R. & Regs. R. 82-7-1-.15
Authority: O.C.G.A. §§ 37-1-23, 37-1-40, 37-1-41, 37-3-2, 37-4-3, 37-7-2, 37-9-13.
History. Original Rule entitled "Severability" adopted. F. Dec. 15, 2021; eff. Jan. 4, 2022.

Chapter 82-8. EMERGENCY RECEIVING, EVALUATING AND TREATMENT FACILITIES.

Subject 82-8-1. EMERGENCY RECEIVING, EVALUATING AND TREATMENT FACILITIES.

Rule 82-8-1-.01. Authority.

The legal authority for this Chapter is Chapters 3 and 7 of Title 37 of the Official Code of Georgia, Annotated.

Cite as Ga. Comp. R. & Regs. R. 82-8-1-.01
Authority: O.C.G.A. §§ 37-3-1, *et seq.*, 37-7-1, *et seq*.
History. Original Rule entitled "Authority" adopted. F. Dec. 15, 2021; eff. Jan. 4, 2022.

Rule 82-8-1-.02. Definitions.

(1) Unless a different meaning is required by the context, the following terms as used in this Rule shall have the meaning hereinafter ascribed to them:

(a) The term "private facility" means any hospital facility that is a proprietary hospital or a hospital operated by a nonprofit corporation or association approved for the purposes of Chapter 3 or Chapter 7 of Title 37 of the Official Code of Georgia Annotated, as provided herein, or any hospital facility operated by a hospital authority created pursuant to the "Hospital Authorities Law," Article 4 of Chapter 7 of Title 31. DBHDD's approval or designation of a private facility for such purposes does not make the facility a "state owned" or "state operated" facility within the meaning of Title 37 or of this Chapter of regulations.

(b) The term "Crisis Stabilization Unit" (CSU) means a short-term residential program operated for the purpose of providing psychiatric stabilization and detoxification services that complies with applicable department standards and that provides brief, intensive crisis services 24 hours a day, seven days a week (these standards also apply to Behavioral Health Crisis Centers (BHCCs)) which complies with applicable DBHDD Provider Manuals. CSUs are not "state owned" or "state operated" facilities by reason of Title 37 or of this Chapter of regulations.

(c) The term "department" means the Department of Behavioral Health and Developmental Disabilities of the State of Georgia.

(d) The term "emergency receiving facility" means a facility designated by the department to receive patients under emergency conditions as provided in Part 1 of Article 3 of Chapter 3, or Part 1 of Article 3 of Chapter 7, of Title 37.

(e) The term "evaluating facility" means a facility designated by the department to receive patients for evaluation as provided in Part 2 of Article 3 of Chapter 3, or Part 2 of Article 3 of Chapter 7, of Title 37.

(f) The term "treatment facility" means a facility designated by the department to receive patients for treatment as provided in Part 3 of Article 3 of Chapter 3, or Part 3 of Article 3 of Chapter 7, of Title 37.

(g) The term "Psychiatrist" means any physician certified as a Diplomat in Psychiatry by the American Board of Psychiatry and Neurology, or who has completed three

years of approved residency training program in psychiatry and has had two years of full-time practice in this specialty.

(h) The term "VA" means the United States Department of Veterans Affairs.

Cite as Ga. Comp. R. & Regs. R. 82-8-1-.02
Authority: O.C.G.A. §§ 37-3-1, 37-7-1.
History. Original Rule entitled "Definitions" adopted. F. Dec. 15, 2021; eff. Jan. 4, 2022.

Rule 82-8-1-.03. Designation as Emergency Receiving, Evaluating and Treatment Facilities.

The department may designate as an Emergency Receiving, Evaluating, and/or Treatment Facility any private facility or any such portion of a community mental health and substance abuse program which complies with the standards for a CSU within the State of Georgia at the request of or with the consent of the governing officers of such facility.

(1) A VA hospital may lawfully act as an emergency receiving facility, evaluating facility, or treatment facility pursuant to O.C.G.A. § 37-3-102(a) without having been designated as such by the department.

(2) Any private facility or any CSU requesting approval and designation as an Emergency Receiving, Evaluating, or Treatment Facility will make application on forms approved by the department.

(3) Any Crisis Stabilization Unit (CSU), to be eligible for designation, shall be a part of a comprehensive community mental health and substance abuse program which comprehensive program has been certified by DBHDD, to be in compliance with applicable DBHDD Provider Manuals.

(4) Any private facility seeking designation by the department must attest that it is compliant with, and must maintain compliance with, the requirements pertaining to emergency receiving, evaluation, and treatment facilities set forth in State of Georgia Rules and Regulations for Hospitals (Georgia Comp. R. & Regs § 111-8-40-.37) and Guidelines for the Design and Construction of Hospitals and Healthcare Facilities. The private facility must submit its attestation of compliance annually.

(5) The facility designated will provide only those emergency receiving, evaluation and/or treatment services for which it has received prior approval from DBHDD.

(6) If a facility already designated as an Emergency Receiving Facility, an Evaluating Facility, and/or a Treatment Facility wishes to add an additional designation, such additional designation requires approval from DBHDD. (For example, if a facility

designated only as an Emergency Receiving Facility wishes also to be designated as an Evaluating Facility, DBHDD must approve and confer such designation.)

(7) If a facility moves to a different location, the facility must submit a new application to DBHDD, which will follow its procedure in designating the new facility location as an Emergency Receiving, Evaluating, and/or Treatment Facility. A facility's designation is not transferrable to another location.

(8) The facility must remain in compliance with the CMS regulations and accrediting body standards.

(a) When the Center for Medicare and Medicaid Services (CMS) or any accrediting body makes any findings related to a designated facility's Emergency Receiving, Evaluation, and/or Treatment services, the facility must provide DBHDD with those findings within 30 days of the date on which the findings are communicated to the facility.

(b) Additionally, a copy of any corrective action plan (including any amended corrective action plan or in-process corrective action plan) developed by the facility in response to such findings must be forwarded to DBHDD by the facility within 30 days of the date on which the facility communicates the corrective action plan to CMS or the accrediting body.

(9) If a designated facility is notified that it will lose or has lost any license, or will incur or has incurred a restriction or suspension of any license, the designated facility must notify DBHDD within 24 hours of its receipt of such notice.

(10) If a designated facility wishes to remove one or more of its own designations, the facility shall give written notice to DBHDD at least 30 days in advance of the date on which it intends to cease operating under that designation.

(11) As the department is the best suited entity to determine which facility will be the nearest of its available facilities to which an individual needing admission may be admitted, and as O.C.G.A. § 37-3-100(a) and O.C.G.A. § 37-7-100(a) provide the department with discretion to designate the state-owned or state-operated facility to which an individual will be admitted for emergency receiving, evaluation, and/or treatment, the department shall establish, maintain, and make publicly available procedures by which a determination is made to which state-owned or state-operated facility an individual will be admitted in the event that the individual is not admitted to a private facility. The department shall make every effort to encourage any person or entity responsible for transporting or for directing transport of an individual to a facility under the terms of Title 37, Chapter 3 and Chapter 7, to make use of these procedures.

(12) As O.C.G.A. § 37-3-100(a) and O.C.G.A. § 37-7-100(a) provide that the department may designate a private facility as the facility to which an individual is to be admitted for emergency receiving, evaluation, and/or treatment if the department has obtained prior agreement of the private facility, a private facility may decline admission to an

individual or limit admission to a class of individuals where such declination is otherwise lawful. Private facilities are reminded that they may be required to comply with the Emergency Medical Treatment and Labor Act (EMTALA), the Americans with Disabilities Act (ADA), and other applicable federal laws.

(13) The department possesses the discretion, under O.C.G.A. § 37-3-100(d) and O.C.G.A. § 37-7-100(d), to transfer an individual from one state-owned or state-operated facility to another state-owned or state-operated facility.

(a) Such a transfer may be directed to accomplish efficient utilization of a facility as determined by the facility and the department.

(b) Individuals in voluntary legal status may only be transferred with their consent.

(c) Notice of any such transfer shall be provided to the individual and the individual's representatives, and the individual shall be informed in writing as to the reasons for the transfer.

(14) If a private facility or an individual requests a transfer of an individual who has been admitted to a private facility under Title 37, Chapter 3 or Chapter 7, from the private facility to a state-owned or state-operated facility, and the individual meets criteria for admission to the department's facility, the department is required to accept admission of the individual to the state-owned or state-operated facility that the department determines is the most appropriate.

(15) If an individual hospitalized in a state-owned or state-operated facility under Title 37, Chapter 3 or Chapter 7, requests transfer to a private facility, the department shall transfer the individual to the facility if (i) the individual can pay for the individual's treatment at the private facility and (ii) the private facility agrees to accept the individual.

(16) As set forth in O.C.G.A. § 37-3-101 and O.C.G.A. § 37-7-101, the governing body of the county of residence of the individual involved is required, subject to Court direction, to arrange for emergency transport to an emergency receiving facility. The governing body of the county of residence of the individual involved further bears responsibility for all required transportation for mental health purposes subsequent to the initial transport.

(a) When an individual is in the care of a facility, the facility may determine the manner of non-emergency transport required for purposes of treatment of an individual. It may request the appropriate county governing body to provide such transportation. If the facility arranges on its own for such transportation to be accomplished by a party other than the Sheriff of the appropriate county, the county shall not be billed, and the facility may bill the individual.

(b) In non-emergency situations, no female shall be transported without another female being in attendance unless the person transporting the female is the

female's husband, father, adult brother, or adult son, as required by O.C.G.A. § 37-3-101 and O.C.G.A. § 37-7-101.

(17) The department shall by December 31, 2021, develop and maintain policies that set forth the manner and frequency in which de-identified, aggregated data is reported to the department pursuant to O.C.G.A. § 37-3-40 and O.C.G.A. § 37-7-40.

(18) Failure to submit the information required by O.C.G.A. § 37-3-40 and O.C.G.A. § 37-7-40 shall result in the suspension of a facility's designation as an emergency receiving facility until the required reports are submitted to the department.

Cite as Ga. Comp. R. & Regs. R. 82-8-1-.03
Authority: O.C.G.A. Secs. 40, 60, 80 of Chaps. 3 and 7 of Title 37; O.C.G.A. §§ 37-3-6, 37-7-7.
History. Original Rule entitled "Designation as Emergency Receiving, Evaluating and Treatment Facilities" adopted. F. Dec. 15, 2021; eff. Jan. 4, 2022.

Rule 82-8-1-.04. Emergency Receiving Facility.

(1) A private facility which has been designated as an emergency receiving facility shall comply with the regulations for hospitals set forth in Georgia Comp. R. & Regs. Chapter 111-8-40, as they now exist or as may be amended.

(2) The private facility shall arrange for the availability of a physician who will examine the patient as soon as possible, but in any event within 48 hours of admission.

(3) The private facility shall provide at least one seclusion room that conforms with the requirements of Georgia Comp. R. & Regs § 111-8-40-.37(5). Every seclusion area shall be equipped with shatterproof windows and a locked door that can be opened from the outside, to accommodate individuals with reasonable safety, even if such equipment is not otherwise required by § 111-8-40-.37(5). The facility must maintain the privacy of any individual in the seclusion room by minimizing that individual's visibility to other individuals being served.

(4) Every Crisis Stabilization Unit (CSU) shall follow the applicable DBHDD policies and applicable DBHDD Provider Manuals.

(5) Every private facility designated as an emergency receiving, evaluating, and/or treatment facility, and every CSU, shall follow generally accepted standards and consider best practices related to discharge planning.

Cite as Ga. Comp. R. & Regs. R. 82-8-1-.04
Authority: O.C.G.A. §§ 37-3-40, 37-7-40.
History. Original Rule entitled "Emergency Receiving Facility" adopted. F. Dec. 15, 2021; eff. Jan. 4, 2022.

Rule 82-8-1-.05. Evaluating Facility.

(1) A private facility which has been designated as an evaluating facility shall comply with the regulations for hospitals set forth in Georgia Comp. R. & Regs. Chapter 111-8-40, as they now exist or as may be amended.

(2) The active medical staff of the private facility or the CSU shall include a physician who has completed at least one year of approved psychiatric residency. Additionally, the facility shall make available consultation by a psychiatrist as defined in Rule -.02 of this Chapter.

(3) The private facility or the CSU shall provide at least one seclusion room that conforms with the requirements of Georgia Comp. R. & Regs § 111-8-40-.37(5). Every seclusion area shall be equipped with shatterproof windows and a locked door that can be opened from the outside, to accommodate individuals with reasonable safety, even if such equipment is not otherwise required by § 111-8-40-.37(5). The facility must maintain the privacy of any individual in the seclusion room by minimizing that individual's visibility to other individuals being served.

(4) The private facility or the CSU shall utilize available resources in the community to provide psychological tests and social work services if such services are needed for the patients and do not exist within the facility. In utilizing such resources, the private facility or the CSU shall comply with the requirements of Georgia Comp. R. & Regs § 111-8-40-.37; and, if that regulation or any other applicable law or regulation does not permit the utilization of such resource, then this paragraph shall not be construed as authorizing its utilization.

(5) Every Crisis Stabilization Unit (CSU) shall follow the applicable DBHDD policies and applicable DBHDD Provider Manuals.

(6) The private facility or the CSU shall follow generally accepted standards and consider best practices related to discharge planning.

Cite as Ga. Comp. R. & Regs. R. 82-8-1-.05
Authority: O.C.G.A. §§ 37-3-60, 37-7-60.
History. Original Rule entitled "Evaluating Facility" adopted. F. Dec. 15, 2021; eff. Jan. 4, 2022.

Rule 82-8-1-.06. Treatment Facility.

(1) A private facility which has been designated as a treatment facility shall comply with the regulations for hospitals set forth in Georgia Comp. R. & Regs. Chapter 111-8-40, as they now exist or as may be amended.

(2) The private facility shall have an identifiable program specifically designed for individuals with behavioral health challenges.

(3) The program described at (2) immediately above shall be directed by a psychiatrist employed or contracted by the private facility.

(4) The services provided by a private facility shall include, at a minimum, psychological services, social services, activity therapies, and rehabilitation services.

(5) The private facility shall follow generally accepted standards and consider best practices related to discharge planning.

Cite as Ga. Comp. R. & Regs. R. 82-8-1-.06
Authority: O.C.G.A. §§ 37-3-80, 37-7-80.
History. Original Rule entitled "Treatment Facility" adopted. F. Dec. 15, 2021; eff. Jan. 4, 2022.

Rule 82-8-1-.07. Enforcement.

(1) The administration and enforcement of these rules and regulations shall be as prescribed in Chapter 1, Chapter 3, and Chapter 7 of Title 37 of the Official Code of Georgia Annotated.

(2) If DBHDD determines that a facility has violated one or more of the regulations in this Chapter, or has failed to comply with one or more DBHDD standards applicable to the facility, or has failed to comply with the terms of any contract or agreement the facility has with DBHDD, then, in addition to any other remedies available by law, DBHDD may enforce the regulations, standards, or contract or agreement by actions which may include:

(a) issuing a time-limited designation or designations to the facility;

(b) temporarily suspending a designation or designations of the facility;

(c) removing a designation or designations of the facility.

(3) DBHDD shall give written notice of any of the actions specified at paragraph (B) above to the facility. Such notice shall clearly state the action being taken, the reason for the action, the duration of the action (provided, however, that the removal of a designation shall be understood to be permanent unless otherwise expressly stated in the notice). Such notice shall also contain information sufficient to allow a facility to exercise its rights under this Rule.

(4) If DBHDD gives written notice as described in paragraph (C) of this Rule, and if the facility has not consented to the action described in the notice, then such action shall be subject to the provisions of Chapter 13 of Title 50 of the Official Code of Georgia Annotated, the Georgia Administrative Procedure Act. Any request for a hearing in response to such action shall be in writing and must be submitted to DBHDD no later than 10 calendar days from the date of receipt of the written notice from DBHDD. If

DBHDD transmits the written notice via electronic mail (e-mail), the written notice shall be deemed received by its addressee on the date on which it was sent. The written notice from DBHDD to impose an enforcement action upon any Emergency Receiving, Evaluating, or Treatment Facility shall include the address to which a request for a hearing must be directed.

(5) Any request for a hearing submitted pursuant to paragraph D shall comply with the following:

(a) If DBHDD's written notice states that the revocation or suspension is based on one or more specific findings that the facility violated a state or federal law, these regulations, and/or DBHDD policies and standards, then the request for hearing shall state each finding that the facility wishes to contest at the hearing; and shall also state whether the facility disputes (i) the factual basis of the finding; (ii) DBHDD's determination that the facility violated the law, regulation, or policy or standard; or (iii) both.

(b) If, pursuant to subparagraph (a) immediately above, the facility disputes the factual basis of a finding, then the hearing request shall include a statement explaining why the facility believes the factual basis is untrue.

(c) The hearing request must be sent to DBHDD at the address listed in the written notice to impose an enforcement action.

(d) When DBHDD receives a hearing request in accordance with this regulation, DBHDD shall transmit the hearing request to the Office of State Administrative Hearings in accordance with the Georgia Administrative Procedures Act and shall otherwise comply with that Act.

Cite as Ga. Comp. R. & Regs. R. 82-8-1-.07
Authority: O.C.G.A. Title 50, Chapter 13.
History. Original Rule entitled "Enforcement" adopted. F. Dec. 15, 2021; eff. Jan. 4, 2022.

Rule 82-8-1-.08. Severability.

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

Cite as Ga. Comp. R. & Regs. R. 82-8-1-.08
Authority: O.C.G.A. §§ 37-1-23, 37-1-40, 37-1-41, 37-3-2, 37-4-3, 37-7-2.
History. Original Rule entitled "Severability" adopted. F. Dec. 15, 2021; eff. Jan. 4, 2022.

Chapter 82-9. RESERVED.

Cite as Ga. Comp. R. & Regs. R. dept. 82, ch. 82-9

Chapter 82-10. Drug Abuse Treatment and Education Programs.

Subject 82-10-1. Drug Abuse Treatment and Education Programs.

Rule 82-10-1-.01. Legal Authority.

These rules are adopted and published pursuant to the Official Code of Georgia Annotated (O.C.G.A.) § 26-5-1*et seq.*

Cite as Ga. Comp. R. & Regs. R. 82-10-1-.01
Authority: O.C.G.A. § 26-5-6.
History. Original Rule entitled "Legal Authority" adopted. F. June 29, 2026; eff. July 19, 2026.

Rule 82-10-1-.02. Title and Purpose.

(1) These rules shall be known as the Rules and Regulations for Drug Abuse Treatment and Education Programs.

(2) The purpose of these rules is to provide minimal requirements for the licensing and survey of drug abuse treatment and education programs.

(3) These rules do not apply to the following:

(a) Licensed hospitals;

(b) Any crisis stabilization unit certified by the Department of Behavioral Health and Developmental Disabilities;

(c) Approved Emergency, Receiving, Evaluation and/or Treatment (ERET) facilities as defined in Chapter 82-8-1, "Emergency Receiving, Evaluating and Treatment Facilities"; and

(d) Licensed Narcotic Treatment Programs monitored by the State Opioid Treatment Authority.

Cite as Ga. Comp. R. & Regs. R. 82-10-1-.02
Authority: O.C.G.A. § 26-5-6.
History. Original Rule entitled "Title and Purpose" adopted. F. June 29, 2026; eff. July 19, 2026.

Rule 82-10-1-.03. Definitions.

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

(1) "Ambulatory detoxification program" means a program for the medical management and other support for processes associated with the physical process of withdrawal from drugs in a non-residential setting. Persons treated in this setting are without unusual or significant medical risks or behavioral problems. Specific requirements for this program type are set forth in Rule 82-10-1-.20.

(2) "Behavior management" means those principles and techniques used by a facility to assist a client in facilitating self-control, addressing inappropriate behavior, and achieving positive outcomes in a constructive and safe manner. Behavior management principles and techniques shall be used in accordance with the client's treatment plan, written policies and procedures governing service expectations, treatment goals, safety, security, and these rules and regulations.

(3) "Branch" means a part-time (operating less than five days per week) substance abuse program at a site or location different from the location of the licensed program, yet which is operated as a part of the licensed program and is not separately licensed. Residential and ambulatory detoxification programs are excluded from operating as a branch program. Effective July 1, 2026, new branch programs are required to be separately licensed from the parent program.

(4) "Corrective Action Plan" or "CAP" means a plan developed by the facility in response to a violation identified on a written report of survey or investigation that contains the steps or actions that have been taken, or are planned, to address or correct the violation and the anticipated date of the correction.

(5) "Department" means the Department of Behavioral Health and Developmental Disabilities, or its successor.

(6) "Drug abuse treatment and education program" or "program" or "DATEP" means any system of treatment or therapeutic advice, or counsel provided for the rehabilitation of drug dependent persons and shall include programs offered in residential and/or nonresidential settings. Specific requirements for these program types are set forth in Rules 82-10-1-.19 through 82-10-1-.25.

(7) "Drug dependent person" means a person who is in imminent danger of becoming dependent upon or addicted to the use of drugs or who habitually lacks self-control as to the use of drugs or who uses drugs to the extent that their health is substantially impaired or endangered, or their social or economic function is substantially disrupted.

(8) "Drug" means any substance defined as a drug by federal or Georgia law or any other chemical substance which may be used in lieu of a drug to obtain similar effects, with the exception of alcohol and its derivative.

(9) "Emergency safety interventions" means those behavioral intervention techniques that are authorized under an approved emergency safety intervention plan and are utilized by properly trained staff in an urgent situation to prevent a client from doing immediate harm to self or others.

(10) "Emergency safety intervention plan" means the plan developed by the facility utilizing a nationally recognized, Department-approved, evidence-based, training program for emergency safety intervention. The plan shall clearly identify the emergency safety interventions staff may utilize and those that may never be used.

(11) "Final adverse finding" means the finding(s) set forth in or upheld by a report of the Department, order or decision of the Commissioner, agreement between a facility and the Department, or formal order as of the date of:

(a) The issuance of a ruling by the Superior Court or Commissioner of the Department of Behavioral Health and Developmental Disabilities on any appeal from a decision of a state administrative law judge, a hearing officer, or a hearing examiner pursuant to a contested case involving the imposition of a sanction;

(b) The finalization by operation of law of a decision of a state administrative law judge, a hearing officer, or a hearing examiner when no appeal is made;

(c) The disposition of a contested case by settlement between the parties; or

(d) The expiration of the time allotted for a facility to contest a sanction imposed by the Department, if the facility does not properly contest the sanction within that time period.

(12) "Governing body" means the county board of health, the partnership, the corporation, the association, or the person or group of persons who maintains and controls the facility and who is legally responsible for the operation.

(13) "Investigation" means any examination by the Department of Behavioral Health and Developmental Disabilities, or its representatives, of a facility, including but not necessarily limited to the premises, staff, persons in care, and documents pertinent to an allegation(s) of non-compliance or a reportable incident. Investigations may be initiated at any time and may be announced or unannounced at the discretion of the Department.

(14) "License" means the official permit issued by the Department of Behavioral Health and Developmental Disabilities which authorizes the holder to operate a drug abuse treatment and education program for the term provided therein.

(15) "Manual hold" means the application of physical force, without the use of any device, for the purpose of restricting the free movement of a client's body. A manual hold does not include briefly holding the client without undue force to calm or comfort the client, holding the client by the hand or by the shoulders or back to walk the client safely from one area to another where the client is not forcefully resisting the assistance, or assisting the client in voluntarily participating in activities of daily living.

(16) "Mechanical restraint" means a device attached or adjacent to the client's body that is not a prescribed and approved medical protection device, and that he or she cannot easily remove, that restricts freedom of movement or normal access to his or her body.

(17) "Medical protection device" means a device used to aid in the healing process or prevent exacerbation of an injury or wound by restricting the normal access of the resident to his or her body or parts. A medical protective device is not used for behavioral restraint. The intended use for medical protective devices is for medical reasons such as promoting healing in a wound or preventing exacerbation of an injury that may lead to complications. A device used for management of behavioral issues is not a medical protective device.

(18) "Narcotic Treatment Program" means any system of treatment provided for chronic heroin or opiate-like drug-dependent persons that administers narcotic drugs under physicians' orders either for detoxification purposes or for maintenance treatment in a rehabilitative context offered by any county board of health, partnership, corporation, association, or person or groups of persons engaged in such administration.

(19) "Outpatient Drug Treatment Program" means a non-residential program staffed by professional and paraprofessional persons that provides structured drug treatment or therapeutic services, primarily counseling and other supportive services for drug dependent persons and is not classified as an ambulatory detoxification program or Specialized Day Treatment Program. Specific requirements for this program type are set forth in Rule 82-10-1-.24.

(20) "Parent program" means the licensed program that develops and maintains administrative controls of Subunits and Branches of the program.

(21) "Physician extender" means a licensed Physician Assistant (PA) or Advanced Practice Registered Nurse (APRN), qualified by training and experience as determined by the supervising physician, who conduct assessments, develop treatment plans, manage documentation and communicate with other healthcare providers under a designated supervising physician through an approved job description (for PAs) or nurse protocol agreement (for APRNs).

(22) "Reportable incident" means any event that involves an immediate threat to the care, health or safety of a facility's client which either happens at the facility or is connected with the care the client received from the facility.

(23) "Residential intensive treatment program" means a residential program staffed by professional and paraprofessional persons which provide highly structured treatment and therapeutic activities that focus on stabilization, abstinence, and skills required for recovery; are not classified as a residential sub-acute detoxification program. Specific requirements for this program type are set forth in Rule 82-10-1-.21.

(24) "Residential sub-acute detoxification program" means a residential program for drug dependent persons which includes the medical management and other support for processes associated with the physical withdrawal from drugs in a residential setting, staffed by professional and paraprofessional persons, which is not in a licensed hospital or designated emergency receiving, evaluating and/or treatment facility. Specific requirements for this program type are set forth in Rule 82-10-1-.19.

(25) "Residential transitional treatment program" means a residential program which provides therapeutic services to drug dependent persons, who are transitioning to the community or to other treatment modalities, and who, typically, lack a stable living situation and require variable levels of therapeutic services. Specific requirements for this program type are set forth in Rule 82-10-1-.22.

(26) "Seclusion" means the involuntary confinement of a client alone in a room or in any area of a room from which the client is prevented from leaving, regardless of the purpose of the confinement. The practice of "restrictive time-out" (RTO) is seclusion and may not be utilized except in compliance with the requirements related to seclusion. The phrase "prevented from leaving" includes not only the use of a locked door, but also the use of physical or verbal control to prevent the client from leaving.

(27) "Specialized day treatment program" means a non-residential program specifically for drug dependent persons staffed by professional and paraprofessional persons that provides structured treatment or therapeutic services, utilizing activity schedules as part of its operational method; it is not classified as an ambulatory detoxification or outpatient drug treatment program. Specific requirements for this program type are set forth in Rule 82-10-1-.23.

(28) "Special program" means a program specifically for drug dependent persons that provides a system of therapeutic services which does not fit into existing DATEP program classifications. Specific requirements for this program type are set forth in Rule 82-10-1-.25.

(29) "Subunit" means a full-time program for drug dependent persons operating semi-autonomously in a different location from the Parent program, which may provide different modalities of services, and must independently meet the licensing requirements and shall be separately licensed.

(30) "Survey" means any monitoring visit or other inquiry by the Department of Behavioral Health and Developmental Disabilities, or its representatives, of a facility, including but not necessarily limited to the premises, staff, persons in care, and documents pertinent to initial and continued licensing so that the Department may determine whether a facility

is operating in compliance with licensing requirements or has violated any licensing requirements. Surveys may be announced or unannounced at the discretion of the Department.

Cite as Ga. Comp. R. & Regs. R. 82-10-1-.03
Authority: O.C.G.A. § 26-5-1 et seq.
History. Original Rule entitled "Definitions" adopted. F. June 29, 2026; eff. July 19, 2026.

Rule 82-10-1-.04. Governing Body.

Each licensed facility shall have a clearly identified governing body. The chairperson or chief executive officer of the governing body shall complete a statement of responsibility on behalf of the governing body acknowledging the governing body's responsibility for the operation of the facility in accordance with these rules in connection with any application for a license on a form provided by the Department. If a facility is individually owned, then the owner(s) will complete the statement of responsibility.

Cite as Ga. Comp. R. & Regs. R. 82-10-1-.04
Authority: O.C.G.A. § 26-5-1 et seq.
History. Original Rule entitled "Governing Body" adopted. F. June 29, 2026; eff. July 19, 2026.

Rule 82-10-1-.05. Licenses.

(1) No governing body shall operate a drug abuse treatment and education program in the state without first obtaining a license or provisional license. A licensed facility may offer one or more of the program services described in these rules.

(2) Effective July 1, 2026, new branch programs, as defined in Rule 82-10-1-.03, are required to operate with a separate license from the parent program. Those that are in existence prior to July 1, 2026, may continue to have a shared licensure structure until such time any change is made to the functioning of the program (additional services, changes in the number of people served, changes in ownership/governing body, etc.).

(3) **License.** A license will be issued, upon presentation of evidence satisfactory to the Department, that the facility is in compliance with these rules and all applicable federal and state laws for the handling and dispensing of drugs, and all state and local health, safety, (including fire, sanitation, building) and zoning requirements. A license shall remain in force and effect for a period determined by the Department unless sooner suspended or revoked by the Department. Such license shall describe each type of service and program that the licensee is authorized to provide. Any changes in authorized services and programs shall be reported to the Department. The Department will determine whether a new license is required.

(4) **Provisional license.** A provisional license may be issued for a period not to exceed ninety (90) days to a facility that has substantially complied with all requirements for a regular license. Provisional licenses shall be renewed at the discretion of the Department only in cases of extreme hardship and in no case for longer than ninety (90) days. The obligations and conditions of a provisional license shall be the same as those of a license unless otherwise provided for by the Department. Such provisional license shall describe each type of service and program that the licensee is authorized to provide. Any changes in authorized services and programs shall be reported to the Department. The Department will determine whether a new license is required.

(5) **Qualifications requirement.** To obtain or retain a license or provisional license, the administrator of the facility and its employees must be qualified, as defined in these rules, to administer or work in a program. However, the Department may require additional reasonable verification of the qualifications of the administrator and employees either at the time of application for a license or provisional license or at any time during the license period.

(6) **License is non-transferable**. A license or provisional license to operate a facility is nontransferable for a change of location or governing body. Each license or provisional license shall be returned to the Department in the following cases: changes in location, governing body, facility closure or the license is suspended or revoked.

(7) **Exclusions.** The following types of entities are not subject to these specific rules:

(a) Narcotic Treatment Programs which are licensed/monitored by the State Opioid Treatment Authority;

(b) Licensed hospitals not operating separate and distinct drug abuse treatment programs as classified by the Department;

(c) Designated Emergency Receiving, Evaluation and/or Treatment (ERET) facilities that are not operating drug abuse treatment programs as defined herewithin;

(d) Licensed individual professionals operating in compliance with their state practice acts but do not offer or purport to offer "Drug Abuse Treatment and Education Programs";

(e) Organizations or persons that provide supportive services (i.e., residence, transportation, etc.) to drug dependent persons but do not offer or purport to offer "Drug Abuse Treatment and Educational Programs." Support services under the direct control of licensed programs must be a part of the licensed program; and

(f) Organizations or persons that provide treatment, therapeutic advice, or counsel for the rehabilitation of drug dependent persons that do not fall under one of the program types defined herewithin these Rules (specifically, Residential Sub-acute Detoxification Programs, Ambulatory Detoxification Programs, Residential Intensive Treatment Programs, Specialized Day Treatment Programs, Outpatient

Drug Treatment Programs, or Special Programs, all as defined in Rule 82-10-1-.03). Examples of organizations or person that meet this exception include primary care clinicians and mental health therapy providers who are not providing services under one of the program types defined herein.

Cite as Ga. Comp. R. & Regs. R. 82-10-1-.05
Authority: O.C.G.A. § 26-5-1 et seq.
History. Original Rule entitled "Licenses" adopted. F. June 29, 2026; eff. July 19, 2026.

Rule 82-10-1-.06. Accreditation.

The Department may, in its discretion, issue a license to a facility that provides proof of accreditation by an accreditation agency approved by the Department, if the accreditation agency's requirements are substantially equivalent or more stringent than the requirements of these rules. The license may be issued without an on-site visit by the Department, however, the Department reserves the right to perform an on-site survey of accredited facilities. Any denial, suspension, or revocation of such accreditation shall result in similar licensure actions, and the governing body shall be required to apply for a new license. For the purpose of this rule, proof of accreditation shall include a copy of the facility's most recent accreditation report together with any supplemental recommendations or reports. Such reports shall be submitted to the Department whenever received by a facility and whenever requested by the Department.

Cite as Ga. Comp. R. & Regs. R. 82-10-1-.06
Authority: O.C.G.A. § 26-5-1 et seq.
History. Original Rule entitled "Accreditation" adopted. F. June 29, 2026; eff. July 19, 2026.

Rule 82-10-1-.07. Applications.

(1) An application for a license to operate a drug abuse treatment and education program shall be submitted to the Department on forms provided by the Department, as well as requested updating information, and shall include assurances satisfactory to the Department that the facility is in compliance with all applicable federal and state laws for the handling and dispensing of drugs, with professional practice acts, and all state and local health, safety, sanitation, building, and zoning requirements.

(2) False or misleading information. An application for a license must be truthfully and fully completed. In the event that the Department has reason to believe that an application has not been completed truthfully, the Department may require additional verification of the facts alleged. The Department may refuse to issue a license where false statements have been made in connection with an application or any other documents required by the Department.

(3) The Department may deny the application of any governing body with a DATEP license that has been suspended, restricted, or revoked within the past twelve (12) months.

Cite as Ga. Comp. R. & Regs. R. 82-10-1-.07
Authority: O.C.G.A. § 26-5-1 et seq.
History. Original Rule entitled "Applications" adopted. F. June 29, 2026; eff. July 19, 2026.

Rule 82-10-1-.08. Reporting Incidents to the Department.

(1) The facility shall report all reportable incidents to the Department within twenty-four (24) hours; provided, however, legal action involving the juvenile justice system is not required to be reported.

(2) Reportable incidents include the following incidents involving a facility's clients:

(a) Death;

(b) Serious injury requiring medical attention beyond first aid;

(c) Rape;

(d) Assault;

(e) Battery;

(f) Abuse;

(g) Neglect;

(h) Exploitation;

(i) External disaster or emergency effecting operation of the facility;

(j) Injury beyond first aid from an emergency safety intervention; and

(k) Any incident which results in federal, state, or private legal action by or against the facility which affects any child or the conduct of the facility.

(3) Reports of reportable incidents shall be made in a form acceptable to the Department, and the Department may specify a methodology and/or an online platform or system through which such reports must be electronically submitted.

(4) The Department may request the facility to conduct an investigation of any reportable incident. If so requested, the facility shall provide the Department with a detailed investigative report within seven (7) days of the Department's request. At the request of

the facility, and for good cause shown, the Department may in its discretion allow the facility additional time to complete and submit such investigative report.

(5) Where required by O.C.G.A. § 30-5-4, the facility shall also report incidents to an appropriate law enforcement agency or prosecuting attorney.

(6) **Child abuse reports.** Whenever the facility has reason to believe that a client who is a minor in care has been subjected to child abuse it shall cause a report of such abuse to be made to the child welfare agency providing protective services as designated by the Department of Human Services (Division of Family and Children Services) or in the absence of such an agency to an appropriate police authority or district attorney in accordance with the requirements of O.C.G.A. § 19-7-5. A copy of such report shall also be filed with the Department.

Cite as Ga. Comp. R. & Regs. R. 82-10-1-.08
Authority: O.C.G.A. § 26-5-1 et seq.
History. Original Rule entitled "Reporting Incidents to the Department" adopted. F. June 29, 2026; eff. July 19, 2026.

Rule 82-10-1-.09. Surveys, Investigations and Corrective Action Plans.

(1) **Survey.** The Department is authorized to conduct a survey to determine whether a facility is operating in compliance with licensing requirements or has violated any licensing requirements. Such surveys may be initiated at any time, in the discretion of the Department, and may continue during the pendency of any action initiated by the Department. After initial licensure, the Department shall conduct on-site surveys of each facility on a regular basis. The Department may authorize third party audits or surveys of facilities for the purpose of determining whether a facility is in compliance with these rules.

(2) **Investigation.** Where the Department determines that a rule violation related to a complaint or a reportable incident may have occurred, the Department may initiate an investigation. Such investigations may be initiated at any time, in the discretion of the Department, and may continue during the pendency of any action initiated by the Department.

(3) **Cooperation with survey and investigation.** The facility shall cooperate with any survey or investigation conducted by the Department and shall provide, without delay, reasonable and meaningful access to the facility's premises, and information pertinent to licensure including staff and persons in care. The Department shall have the authority to require the production of any documents related to the initial and continued licensing of any facility.

(4) **Violations report.** If violations of any licensing rules are identified, the facility will be given a written report of the violation that identifies the rule violated; provided however,

that the names and identifying information regarding the complainants are classified as confidential. Nothing in this rule shall be construed to require the Department to release the name or identifying information regarding a complainant without first obtaining proper authorization from such complainant. Nor shall this rule be construed to require the Department to release any other confidential or privileged information without first obtaining proper authorization.

(5) **Violations dispute.** The facility may offer an explanation for or dispute the Department's findings of violation(s) of licensing rules within ten (10) days of a survey or investigation report showing such finding(s). When the Department transmits the survey or investigation report to the facility, the Department shall include instructions for how such an explanation or dispute can be made, and the facility must make such explanation or dispute as directed in those instructions. At a minimum, the instructions must include directions on how the facility can initiate an administrative action, as provided for in the Rules and Regulations for Licensure Enforcement and Sanctions, Chapter 82-14-1. However, the Department may (but is not required to) provide for a prior process of administrative review by the Department before the matter is ripe for administrative action before agencies or courts outside the Department.

(6) **Corrective action plan.** The facility shall develop a corrective action plan within fifteen (15) days of a written report of violations.

(a) If the initial corrective action plan is unacceptable to the Department, the facility will be provided with at least one (1) opportunity to revise the unacceptable corrective action plan.

(b) The facility shall comply with the corrective action plan accepted by the Department.

(c) Where the Department determines that the facility either has not filed an acceptable corrective action plan or has not complied with the accepted corrective action plan, the Department may initiate one or more sanctions as described in the Rules and Regulations for Licensure Enforcement and Sanctions, Chapter 82-14-1.

(d) The Department may require the facility to develop an "internal corrective action plan" which does not need to be submitted to the Department, except at the request of the Department. The "internal corrective action plan" must meet all other requirements of a corrective action plan.

Cite as Ga. Comp. R. & Regs. R. 82-10-1-.09
Authority: O.C.G.A. § 26-5-1 et seq.
History. Original Rule entitled "Surveys, Investigations and Corrective Action Plans" adopted. F. June 29, 2026; eff. July 19, 2026.

Rule 82-10-1-.10. Administration.

(1) **Program purpose**. A licensed facility shall develop and implement written policies and procedures that specify its philosophy, purpose, and program orientation. Such policies and procedures shall identify the target population served including the ages of the clients, how the needs of the target population are met, and substances used.

(2) **Program operations.** A licensed facility shall develop and implement written policies and procedures for operations to include:

(a) A description of the range of treatment and services provided by the program to be reviewed annually and updated as needed, specifying which American Society of Addiction Medicine (ASAM) levels of care will be offered, what services will be provided directly by the program, and what services are provided in cooperation with available community or contract resources;

(b) The process for intake, assessment, admission, treatment planning, and evaluation of treatment;

(c) Discharge summaries and aftercare plans;

(d) The protection of client's rights (including but not limited to those rights set forth in Rule 82-10-1-.26) and confidentiality of client records;

(e) The appropriate use of behavior management and emergency safety interventions; and

(f) When the facility administers medications, policies and procedures related to medication administration.

(3) **Administrator.** The governing body of the facility shall designate an administrator who shall be authorized to manage the facility. The clinical director may serve as the administrator.

(4) **Clinical director.** The governing body of the facility shall designate a clinical director who is responsible for all treatment services provided.

(5) **Finances.** The governing body shall provide for the preparation of an annual budget and approve such budget. Copies of the current year's budget and expenditure records shall be maintained for examination and review by the Department.

(a) The administrator and all persons authorized to receive and disburse operating funds shall be authorized by the governing body to do so.

(b) The facility shall develop and implement a written schedule of client fees. The schedule shall identify all fees which are chargeable to clients and a copy of the schedule shall be provided to the client, or parent, or guardian, or responsible party upon request, during the admission process and subsequently upon request.

(c) A financial audit shall be completed annually by a certified public accountant or other external qualified audit approved by the governing body.

(6) **Client records**. A written record of each client assessed, and each client admitted to the program must be maintained by the program.

(a) **Contents.** Each client record shall include all information necessary to monitor the client's condition and contain at least the following information:

1. Basic identifying information including name, address, telephone number, date of birth, sex, and race;

2. If applicable, the names, addresses, and telephone numbers of parents, or guardians, or responsible parties;

3. Persons to notify in case of an emergency if different from above;

4. The name of the client's attending physician, if any;

5. All records of screening and assessment, including a comprehensive psychosocial history;

6. If applicable, documentation of why the client was not admitted for treatment and suggested referrals given to client;

7. Written consent as required in rule 82-10-1-.13;

8. Documentation of orientation as required in rule 82-10-1-.13;

9. Rights of the client (state and federal, including but not limited to those client's rights set for the in Rule 82-10-1-.26) including confidentiality and signed by the client;

10. Treatment plan and treatment notes (including drug administration records if applicable);

11. Results of laboratory tests, as appropriate;

12. Discharge summary and aftercare plan;

13. Any other records relating to the client's treatment and stay in the program such as written grievances, reports about discipline to include any use of emergency safety interventions if an incident resulting in injury occurs while the patient is at the facility location, observations, etc.

14. A statement of confidentiality, including to whom records may be released, how they may be released, etc.; and

15. Releases of information, as applicable.

(b) **Confidentiality and retention of client records.** Written policies and procedures shall be established and implemented for the maintenance and security of client records specifying who shall supervise the maintenance of such records, who shall have custody of such records, and to whom records may be released, how they may be released and for what purposes they may be released. Confidentiality, release, and retention of client records must comply with 42 CFR, Part 2 Confidentiality of Alcohol and Drug Abuse Patient Records.

(c) The Department shall have access to all client clinical records for the purpose of determining compliance with licensure requirements.

(7) **Personnel records.** A facility shall maintain written records for each employee and the administrator. Each individual file shall include:

(a) Identifying information such as name, address, telephone number, emergency contact person(s);

(b) A ten (10) year employment history or a complete employment history if the person has not worked ten (10) years;

(c) Records of applicable licenses and educational qualifications as required by these rules;

(d) Record of tuberculosis testing upon hire, with additional evaluation to exclude disease as clinically indicated;

(e) Record of annual tuberculosis risk assessment and symptom evaluation, with testing as clinically indicated;

(f) Record of random drug screening;

(g) Date of employment;

(h) The person's job description or statements of the person's duties and responsibilities;

(i) Documentation of training and orientation required by these rules;

(j) Any records relevant to the employee's performance including at least annual performance evaluations; and

(k) The results of employment and criminal background checks conducted by the facility prior to employment indicating that the employee has no history of violence or abuse which would pose a risk to clients receiving services through the

treatment program. If a criminal background check by the Department is required by law, this documentation requirement may be met by the presence of an official notice of an eligible determination by the Department, or an order of a court of competent jurisdiction finding the employee eligible for employment by the program under applicable law.

(8) **Emergency services.** During non-operating hours, the facility must make provisions for twenty-four (24) hour emergency services or a telephone "hot line" to assist a client in a crisis situation. This information must be provided to the client upon admission.

(9) **HIV/AIDS**. A licensed facility shall provide HIV/AIDS education, risk assessment and the provision of HIV counseling and testing, either directly or by referral.

(10) **Priority access.** Written policies and procedures must be developed for providing priority in access to services and admissions to programs for drug dependent pregnant females.

(11) **Drug-free workplace.** Written policies and procedures shall be established and implemented to provide for a drug-free workplace. Pre-employment and ongoing random urine drug screens shall be utilized for all facility employees. Each sample collected shall be screened for opiates, methadone, amphetamines, cocaine, benzodiazepines, THC and other drugs either as indicated by the Department or the employer.

(12) **Referral to other programs.** Each program shall have a formal plan of cooperation with other programs in the state for referral of clients to allow for continuity of care for drug dependent persons or for emergency hospitalization. The licensed programs must have identified resources that would be available to continue the drug dependent person's care and to have worked out referral/transfer arrangements where appropriate.

Cite as Ga. Comp. R. & Regs. R. 82-10-1-.10
Authority: O.C.G.A. § 26-5-1 et seq.
History. Original Rule entitled "Administration" adopted. F. June 29, 2026; eff. July 19, 2026.

Rule 82-10-1-.11. Staffing.

(1) The facility shall have sufficient types and numbers of staff as required by these rules to provide the treatment and services offered to clients and outlined in its program description.

(2) Staff subject to professional practice acts must be in compliance with the state practice acts.

(3) Counseling services are provided by individuals qualified by education, and experience to provide substance abuse counseling and who are licensed/certified if required by state practice acts.

(4) The medical responsibility for each client will be vested in a licensed physician who oversees all medical services provided by the program. Physician extenders may be utilized to the extent allowed by state practice acts.

(5) Each facility shall have available professional mental health consultation to review selected cases and to provide assistance to the staff in client management or for referral for psychiatric services.

(6) The clinical director must be either a Doctor of Medicine licensed to practice in this state, or an independently licensed practitioner who is licensed to provide treatment, therapeutic advice or counsel for the rehabilitation of drug dependent persons in compliance with state practice acts, or a certified addiction counselor under the supervision of the medical director.

(7) Employment and criminal background checks shall be conducted prior to employment, and no person may be employed by the facility who has a history of violence, exploitation, or abuse which would pose a risk to the clients being treated by the facility, or who is otherwise prohibited by law from being employed by the facility. If a criminal background check by the Department is required by law, the criminal background check requirement may be met by an eligible determination by the Department, or an order of a court of competent jurisdiction finding the employee eligible for employment by the program under applicable law.

(8) Staff training and orientation. Prior to working with clients, all staff who provide treatment and services shall be oriented in accordance with these rules and shall thereafter receive additional training in accordance with these rules.

(a) Orientation shall include instructions in:

1. The facility's written policies and procedures regarding its program purpose and description; client rights, responsibilities, and complaints (including but not limited to those client's rights set forth in Rule 82-10-1-.26); confidentiality; and other policies and procedures that are relevant to the employee's range of duties and responsibilities, including the use of standard precautions for infection control, use of behavior management and emergency safety interventions, and information about HIV/AIDS;

2. The employee's assigned duties and responsibilities; and

3. Reporting client progress and problems to supervisory personnel and procedures for handling medical emergencies or other incidents that affect the delivery of treatment or services.

(b) Additional training consisting of a minimum of thirty (30) clock hours of training or instruction shall be provided annually for each staff member who provides treatment services to clients. Such training shall be in subjects that relate to the employee's assigned duties and responsibilities.

Cite as Ga. Comp. R. & Regs. R. 82-10-1-.11
Authority: O.C.G.A. § 26-5-1 et seq.
History. Original Rule entitled "Staffing" adopted. F. June 29, 2026; eff. July 19, 2026.

Rule 82-10-1-.12. Physical Plant and Safety.

(1) **Required approvals.**

(a) A facility shall be in compliance with all applicable local health, sanitation, building, and zoning requirements.

(b) A facility shall be in compliance with all applicable laws and rules issued by the state fire Marshall, the proper local fire marshal or state inspector, and shall have a certificate of occupancy if required.

(2) All buildings and grounds shall be constructed and maintained in a safe manner and in accordance with these rules.

(3) A facility shall have appropriate and sufficient space to meet the programmatic needs of its clients and carry out the facility's array of services. Such space shall include areas conducive to privacy for counseling and group activities, reception/waiting areas, and bathrooms which assure privacy for collection of urine specimens.

(4) **Residential sleeping areas.**

(a) For residential programs initially licensed or expanded after September 29, 2013, sleeping areas shall contain not less than sixty (60) square feet of usable floor space per resident in multiple use bedrooms and not less than one hundred (100) square feet of usable space in single bedrooms.

(b) Each resident shall be provided with his or her own personal space and furnishings for storage of clothes and personal belongings.

(c) Each resident shall be provided with his or her own personal bed and mattress. Clean sheets, pillows, and pillowcases, blankets or bed covering shall be provided and sheets and pillowcases shall be changed as needed, but at least weekly.

(d) Bedrooms shall be provided with outside ventilation by means of windows, air conditioners, or mechanical ventilation. All rooms that have windows that can be

opened without special devices shall have window screens inserted and the windows and screens must be in good repair.

(5) **Residential lavatory and bathing facilities.**

(a) For residential programs initially licensed or expanded after September 29, 2013, there shall be at least one (1) lavatory (water basin and toilet) with hot and cold water for every six (6) residents or fraction thereof. Lavatories that contain more than one (1) toilet shall contain stalls for individual privacy. All lavatories shall be properly ventilated.

(b) For residential programs initially licensed or expanded after September 29, 2013, there shall be at least one (1) shower or bathtub with hot and cold water for every ten (10) residents or fraction thereof. Bathtubs and shower stalls shall be equipped with non-slip surfaces.

(6) **Residential dining areas.** There shall be a separate furnished dining area for serving meals that contains not less than ten (10) square feet of usable floor space for each resident being served.

(7) **Residential climate control and pest control**. A facility shall be maintained at a temperature range of sixty-five (65) degrees Fahrenheit (seventy-two (72) degrees if serving pregnant women, infants or small children) to eighty-two (82) degrees Fahrenheit, depending on the season of the year. An effective pest control system shall be implemented and documentation on file as to actions taken.

(8) **Off-site residences.** Facilities which provide off-site residences as a part of their programs must ensure that the residences also meet the above requirements.

(9) **Premises.** All grounds, space, and facilities, both those within the program and those regularly used by residents as an integral part of the program, shall be kept clean and free from hazards to health and safety and from litter.

Cite as Ga. Comp. R. & Regs. R. 82-10-1-.12
Authority: O.C.G.A. § 26-5-1 et seq.
History. Original Rule entitled "Physical Plant and Safety" adopted. F. June 29, 2026; eff. July 19, 2026.

Rule 82-10-1-.13. Food Service.

(1) A residential facility which provides food service shall provide each resident with meals and snacks of food groups and serving sizes which meet the nutritional guidelines of the United States Department of Agriculture. Meals and snacks shall be varied daily. Modified diets based on medical or religious reasons shall be served as needed.

(2) If required by the local county board of health, a residential facility shall obtain a valid food service permit from the local county board of health. All residential facilities providing food services shall meet the following requirements:

(a) Food shall be stored, prepared, and maintained in a safe and sanitary manner commensurate with generally accepted and recognized food service standards.

(b) There shall be designated and separate space for food preparation and storage.

(c) All perishable and potentially hazardous foods shall be refrigerated at a temperature of forty (40) degrees Fahrenheit or below unless frozen. Freezer temperatures shall be maintained at zero (0) degrees Fahrenheit or below.

(d) Food shall be in sound condition, free from spoilage and contamination and shall be safe for human consumption when served to residents.

(e) Food service equipment and preparation areas shall be kept clean and free of accumulation of dust, dirt, food particles, and grease deposits.

(f) When non-disposable dishes, glasses, and flatware are used, they shall be properly cleaned by pre-rinsing and scraping, washing, sanitizing, and drying.

(3) Where a residential facility provides food services through contract or arranges for food services, the residential facility shall require that food served be safe for human consumption and that the meals/snacks provided meet the nutritional guidelines of the United States Department of Agriculture.

Cite as Ga. Comp. R. & Regs. R. 82-10-1-.13
Authority: O.C.G.A. § 26-5-1 et seq.
History. Original Rule entitled "Food Service" adopted. F. June 29, 2026; eff. July 19, 2026.

Rule 82-10-1-.14. Client Referral, Intake, Assessment, and Admission.

(1) A program shall only accept referrals and shall only admit and retain clients whose known needs can be met by the program in accordance with the program's purpose and description. Written policies and procedures for client referral, intake, assessment, and admission shall be established and implemented and shall include the following:

(a) **Screening.** All persons referred to the program or who present themselves for services shall be initially screened to determine if the prospective client appears to meet the program's admission criteria. Such screenings shall be done by a staff person who has been determined to be qualified by education, training, experience, and who are licensed/certified if required by state practice acts to perform such screenings. Screening shall constitute an initial appraisal of the clients' dysfunctions and the types of services that appear needed. Persons whose needs

cannot be met by the program shall not be admitted and should be referred to other programs that provide appropriate services. A record (log) will be kept of persons not admitted and reason(s) for not admitting. The program has the discretion to use information on clinical evaluations done within thirty (30) days.

(b) **Assessment.** All clients admitted to the program shall be evaluated by a staff person who has been determined to be qualified by education, training, and experience and who are licensed/certified if required by state practice acts to perform or coordinate the provision of such assessments. Such evaluations shall include a comprehensive assessment of the client's physical, emotional, behavioral, social, recreational, and educational status and needs. The program has the discretion to use current clinical information concerning a client transitioning from another licensed program, licensed hospital, or a state or federal agency, if there has not been a discontinuance in treatment.

1. **Medical Screening and Assessment.** The Medical Director shall document protocols for admission screening and assessment to include, at a minimum:

   (i) Documentation of vital signs;

   (ii) Laboratory tests ordered as clinically indicated, but at minimum, CBC, infectious disease screening (e.g., HIV, Hepatitis B, Hepatitis C), urinalysis (routine and microscopic), tuberculosis screening, urine drug screen (SAMHSA Panel), and pregnancy test for all females with childbearing potential between the ages of 12 and 55 years of age; and

   (iii) **Nursing Assessment.** Determination by a registered nurse or physician/physician extender whether the client requires a physical and/or psychiatric examination by a physician/physician extender;

2. **History and Physical**. If an examination by a physician/physician extender is indicated, arrangements shall be made for such an examination as appropriate. The assessment shall also include circumstances leading to admission, mental status, support system, psychiatric and medical history, risk assessment for HIV, history of use of drugs, including the age of onset, duration, patterns, and consequences of use, family history of drug use, route of administration and previous treatment.

3. If a client has been referred for treatment from another facility, the results of a physical examination and laboratory tests from the other facility may be documented and used to assess physical status, provided that such physical examination was done within six (6) months of admission, and there has been no significant change in the physical status of the client. Further assessments or laboratory tests may be required depending upon the modality of treatment needed or the client's changing condition.

4. **Biopsychosocial assessment.** At the time of admission or as soon as clinically appropriate (but no longer than ten (10) working days), a comprehensive biopsychosocial assessment shall be done and shall document personal and social history, including current relationships, educational status, living arrangements, social habits, employment status, legal status and related areas.

(c) **Admission.**

1. **Informed consent.** Except as otherwise authorized by law, no person shall be admitted for treatment without written authorization from the client and parent, guardian, or responsible party, if applicable. The following information must be explained by a trained staff person to the client and other consenters and documented in the client's file:

   (i) The program's services and treatment;

   (ii) The specific condition that will be treated;

   (iii) The expected charges for services including any charges that might be billed separately;

   (iv) The client's rights and responsibilities (including but not limited to those rights and responsibilities set forth in Rule 82-10-1-.26);

   (v) The rights of consenters to obtain information about the client's treatment, etc.; and

   (vi) The procedures for complaint and question resolution.

2. **Orientation.** The program shall provide orientation to clients admitted for treatment within 24 hours of admission or at such time that the client appears able to hear and respond to requests, but in no event later than seventy-two (72) hours after admission. Clients must be reoriented as needed to ensure an understanding of the program. Orientation shall be done by a staff person who has been determined to be qualified by education, training, and experience to perform the task. The following information must be explained to the client and documented in the client's file:

   (i) The expected benefits of the treatment that the client is expected to receive;

   (ii) An explanation of comprehensive, individualized treatment planning;

(iii) The client's responsibilities for adhering to the treatment plan and the consequences of non-adherence;

(iv) The identification of the staff person(s) expected to provide treatment or coordinate the treatment;

(v) Program rules including requirements for conduct and the consequences of infractions;

(vi) Client's rights, responsibilities, and complaints (including but not limited to those rights and responsibilities set forth in Rule 82-10-1-.26);

(vii) The program's policies for use of behavior management and emergency safety interventions when necessary; and

(viii) Policies and procedures for visiting hours and communications with persons outside the program, if a residential program.

(d) Drug dependent pregnant females shall be given priority for admission and services when a program has a waiting list for admissions.

Cite as Ga. Comp. R. & Regs. R. 82-10-1-.14
Authority: O.C.G.A. § 26-5-1 et seq.
History. Original Rule entitled "Client Referral, Intake, Assessment, and Admission" adopted. F. June 29, 2026; eff. July 19, 2026.

Rule 82-10-1-.15. Treatment Plan.

(1) A program must develop and implement a comprehensive, individualized treatment plan for each client. Such treatment plans shall be modified and updated as necessary, depending upon the clients' needs.

(2) **Initial treatment plan.** An initial treatment plan will be formulated at the time of admission after assessment (within a minimum of ten (10) working days) and will include the initial treatment recommendation for the client. The initial treatment plan may be documented in the program notes.

(3) **Comprehensive treatment plan.** The treatment plan must be comprehensive, individualized, formulated by a multi-disciplinary team with the input of the client, approved by an independently licensed practitioner or certified addiction counselor, completed within thirty (30) days of admission, and shall contain sufficient information about the client's expected treatment including:

(a) Descriptions of the client's problems and needs;

(b) Measurable goals and desired outcomes that are to be attained by the client, which include both long-term goals and short-term objectives leading to these goals;

(c) The interventions and services that the program will provide to help the client achieve the goals and desired outcomes;

(d) The expected course of treatment; and

(e) Identification of the staff person(s) who will provide treatment or coordinate the treatment.

(4) **Progress notes.** A program shall document the services received by the client and document chronological observations of the client's clinical course of treatment which includes the client's response to treatment and progress towards achieving goals and desired outcomes. Progress notes shall be documented by the staff member assigned the primary responsibility for the client's care and shall be legible and recorded in the client's plan. Progress notes shall be recorded as applicable:

(a) At the end of each shift in the client's medical record for residential detoxification programs;

(b) Following any contact with a client undergoing ambulatory detoxification or narcotic treatment;

(c) At least weekly for substance abuse treatment residences;

(d) Daily for day treatment programs;

(e) Whenever there are face-to-face contacts with the client for outpatient drug treatment programs;

(f) Whenever the client is observed to engage in a behavior which may affect a change in the treatment plan; and

(g) Immediately following the use of any emergency safety intervention with the client.

(5) Random urine drug screens are required for each client, the frequency of which is determined by the program to determine its effectiveness. Clinical directors may elect to rely upon presumptive urine screening results for client management. The program must demonstrate the ability to access confirmatory qualitative laboratory analysis.

(6) **Plan reviews.** Plans shall be reviewed and updated, as needed, by the staff member who has primary responsibility for coordinating or providing for the care of the client.

Reviews shall be done whenever necessary as indicated by the client's needs or at least every thirty (30) days for residential and sixty (60) days for outpatient.

Cite as Ga. Comp. R. & Regs. R. 82-10-1-.15
Authority: O.C.G.A. § 26-5-1 et seq.
History. Original Rule entitled "Treatment Plan" adopted. F. June 29, 2026; eff. July 19, 2026.

Rule 82-10-1-.16. Medications.

(1) If a program administers medications, written policies and procedures for prescription, administration and security of medications shall be established and implemented. Such policies and procedures shall include the following:

(a) Medications are prescribed by a physician/physician extender, and/or other practitioners as allowed by state law, and the risks and benefits of the prescribed medication are explained to the client (and parent, guardian, or responsible party if applicable) by the physician/physician extender or a staff person who has been delegated responsibility in writing by the physician to explain the risks and benefits. Documentation of such explanations of risks and benefits must be maintained by the program.

(b) The program may have written pre-medication screening protocols which are completed and approved by the physician. Such protocols shall include an assessment as required in Rule 82-10-1-.14.

(c) Unless self-administered, all medications are administered by a physician/physician extender, registered nurse, or licensed practical nurse.

(d) Any medications prescribed, administered or self-administered under supervision are documented on a medication administration record that is filed with the treatment plan, unless maintained as a clinical record at the client's bedside or in the medication room in a residential detoxification setting. The record must include:

1. Name of medication;

2. Date prescribed;

3. Dosage;

4. Frequency;

5. Route of administration;

6. Date and time administered; and

7. Documentation of staff administering medication or supervising self-administration.

(e) Adverse drug reactions and errors are reported to a physician/physician extender immediately and corrective action is initiated. Adverse drug reactions and error are recorded in the drug administration record and the treatment plan, and all persons who are authorized to administer medication or supervise self-medication are alerted.

(f) All medications shall be stored under lock and key when not being administered or self-administered.

(g) Program staff shall adhere to all federal and state laws and rules regarding controlled substances.

Cite as Ga. Comp. R. & Regs. R. 82-10-1-.16
Authority: O.C.G.A. § 26-5-1 et seq.
History. Original Rule entitled "Medications" adopted. F. June 29, 2026; eff. July 19, 2026.

Rule 82-10-1-.17. Quality Assurance.

Written policies and procedures for an ongoing quality assurance process shall be established and implemented. Such processes shall identify areas of treatment or treatment problems to be addressed; establish and monitor criteria by which the quality and appropriateness of the treatment are to be measured; analyze the outcomes; make recommendations for change, as needed; and monitor changes to ensure problem resolution. Responsibility for administering and coordinating the quality assurance process shall be delegated to a staff person who has been determined to be qualified by education, training, and experience to perform such tasks. If the program provides medical services, the medical director shall be actively involved in the process.

Cite as Ga. Comp. R. & Regs. R. 82-10-1-.17
Authority: O.C.G.A. § 26-5-1 et seq.
History. Original Rule entitled "Quality Assurance" adopted. F. June 29, 2026; eff. July 19, 2026.

Rule 82-10-1-.18. Discharge Summary and Aftercare Plan.

(1) A program must complete an individualized discharge summary for all discharged clients and also an aftercare plan for continuing services and support for those clients who complete their course of treatment.

(2) **Discharge summary.** A discharge summary shall be completed for all clients within seven (7) working days of discharge. A summary shall be completed by the person who

has primary responsibility for coordinating or providing for the care of the client, and it shall include a final assessment of the client's status at the time of discharge, summary of progress towards treatment goals, and the reasons the client was discharged prior to completing treatment, if applicable.

(3) **Aftercare Plan.** Aftercare plans for continuing services and support shall be developed and completed prior to discharge for clients who complete treatment. The plan shall be completed by the person who has primary responsibility for coordinating or providing for the care of the client, and it shall include a final assessment of the client's status at the time of discharge, summary of progress towards treatment goals, a description of what services and supports the client is expected to need following discharge, and a description of potential barriers to overcome to maintain a drug free lifestyle. Crisis service options must be included in the aftercare plan. The client must participate in aftercare planning, and if applicable, parents, or guardians, or responsible persons must participate whenever feasible. Clients who do not complete treatment should be offered crisis service options when possible.

Cite as Ga. Comp. R. & Regs. R. 82-10-1-.18
Authority: O.C.G.A. § 26-5-1 et seq.
History. Original Rule entitled "Discharge Summary and Aftercare Plan" adopted. F. June 29, 2026; eff. July 19, 2026.

Rule 82-10-1-.19. Residential Sub-Acute Detoxification Program.

(1) Programs offering residential sub-acute detoxification must meet Rules 82-10-1-.01 through 82-10-1-.18 and Rules 82-10-1-.26 through 82+-10-1-.27, in addition to the rules set forth in this Rule (82-10-1-.19).

(2) The program shall establish and implement written policies and procedures that address how the program manages the medical and detoxification services that it provides. The program shall operate twenty-four (24) hours a day.

(3) **Staffing.** Treatment is provided by qualified medical staff and other professionals who are qualified by education, training, experience, and who are licensed/certified if required by state practice acts to perform detoxification services that meet the needs of clients.

(a) **Medical staff.** The medical staff is headed by a medical director who is licensed to practice medicine in Georgia, and all other medical staff are licensed to practice in Georgia. The medical director must approve all medical policies and procedures, including assessment tools, treatment protocols, and emergency procedures. Such policies and procedures shall include provisions for an effective infection control program.

(b) **Director of nursing.** A licensed registered nurse determined qualified by education, training, and experience to supervise nursing services for detoxification shall be designated as the director of nursing.

(c) Physician/physician extender coverage shall be provided in accordance with the treatment protocol. At a minimum, there shall be on call physician/physician extender coverage 24 hours a day, and a physician/physician extender must be on site daily as medically indicated.

(d) Nursing coverage shall be provided in accordance with clients' needs as determined by the number and condition of client population. At a minimum, there shall be one registered or licensed practical nurse, working within their scope of practice, awake and on duty on premises 24 hours per day to respond to client needs.

(e) **Other medical services.**

1. **Diagnostic services.** Clinical laboratory services and x-ray services shall be provided in accordance with the Department of Community Health's Rules for Licensure of Clinical Laboratories, Chapter 111-8-10, and Rules for X-Ray, Chapter 290-5-22.

2. **Emergency medical services.** The program's medical policies and procedures include provisions for the delivery of emergency medical services, which services are either provided directly or through an established procedure specifying how emergency services will be accessed.

3. **Pharmaceutical services.** Pharmaceutical services are offered through a licensed pharmacy service in the community or by the program's own licensed pharmacist.

(4) **Admission.**

(a) Clients are admitted to treatment by the order of a physician/physician extender only after assessment and determination that the medical, emotional, and behavioral status of the client justifies admission. The initial detoxification care plan must be documented in the record and may be initiated by the order of the physician/physician extender following admission.

(b) An admission assessment of clients shall be performed by a physician/physician extender or registered nurse. If an assessment is done by other than a physician/physician extender, then the assessment must be communicated to physician/physician extender by telephone prior to the client's admission. The assessment must include:

1. Drug history including past detoxification episodes, and current use of drugs and medications;

2. Causes that triggered the present need for services;

3. Descriptions of medical risks and any behavioral or emotional problems;

4. Taking and documentation of vital signs;

5. Determination of whether a physical and/or psychiatric examination by a physician/physician extender is needed immediately and arrangements for such examination, if the assessment was done by a registered nurse. If the assessment is done by a physician/physician extender, it will include a physical examination; and

6. Laboratory tests will be ordered as clinically indicated, but at a minimum will include CBC, infectious disease screening (e.g., HIV, Hepatitis B, Hepatitis C), urinalysis (routine and microscopic), tuberculosis screening, urine drug screen (SAMHSA Panel), and pregnancy test for all females with childbearing potential between the ages of 12 and 55 years of age.

(5) **Treatment.**

(a) Within twenty-four (24) hours of admission, or the next normal business day if admission occurred on a weekend or holiday, the client must be seen by a physician/physician extender if the admission assessment was done by a registered nurse. If a physical examination is needed, such examination shall be done at that time.

(b) Within forty-eight (48) hours of admission, a complete detoxification care plan shall be developed by a registered nurse, or physician/physician extender. If not done by a physician/physician extender, the development of the plan shall be supervised and signed by a physician/physician extender. Any changes to the plan must be documented in the plan and reviewed and signed by the physician/physician extender. The plan shall address the nursing and medical procedures needed to stabilize the client and to manage the withdrawal.

(c) In addition to medical management, the program shall provide the client substance abuse counseling and support by staff who are determined qualified by training, education, experience, and who are licensed/certified if required by state practice acts to provide such services. Such services shall be provided to clients as soon as it is determined that they can benefit from such services but no later than within three working days of admission.

(d) A discharge summary and aftercare plan, if applicable, shall be completed in accordance with Rule 82-10-1-.18.

Cite as Ga. Comp. R. & Regs. R. 82-10-1-.19
Authority: O.C.G.A. § 26-5-1 et seq.
History. Original Rule entitled "Residential Sub-Acute Detoxification Program" adopted. F. June 29, 2026; eff. July 19, 2026.

Rule 82-10-1-.20. Ambulatory Detoxification Programs.

(1) Programs offering ambulatory detoxification must meet Rules 82-10-1-.01 through 82-10-1-.18 and Rules 82-10-1-.26 through 82-10-1-.27, in addition to the rules set forth in this Rule (82-10-1-.20).

(2) The program shall establish and implement written policies and procedures that address how the program manages the medical and detoxification services that it provides. The program shall be open and operate five (5) days a week with on-call physician/physician extender coverage as outlined below.

(3) **Staffing.** Treatment is provided by qualified medical staff and other professionals who are qualified by education, training, experience, and who are licensed/certified if required by state practice acts to perform detoxification services that meet the needs of clients.

(a) **Medical staff.** The medical staff is headed by a medical director who is licensed to practice medicine in Georgia, and all other medical staff are licensed to practice in Georgia. The medical director must approve all medical policies and procedures, including assessment tools, treatment protocols, and emergency procedures.

(b) **Medical coverage.** There shall be a physician/physician extender or registered nurse on duty and on premises during all hours of operation to provide oversight of other medical staff and to supervise client treatment and assess clients as needed. Each physician/physician extender employed by the program is determined qualified by training, education, and experience to manage detoxification treatment and assumes responsibility for the medical services provided by the staff.

(c) **On-call coverage.** A staff physician/physician extender shall provide twenty-four (24) hour, on-call coverage when the program is closed or a physician/physician extender is not present on the premises.

(d) On premises nursing coverage shall be provided in accordance with clients' needs as determined by the number and condition of the client population.

(4) **Other Medical Services.**

(a) **Diagnostic services.** Clinical laboratory services and x-ray services shall be provided in accordance with the Department of Community Health's' Rules for Licensure of Clinical Laboratories, Chapter 111-8-10, and Rules for X-Ray, Chapter 290-5-22.

(b) **Emergency medical services.** The program's medical policies and procedures include arrangements for the delivery of emergency medical services.

(c) **Pharmacy services.** Pharmaceutical services are provided through a licensed pharmacy in the community or the program's own licensed pharmacist.

(5) **Admission.**

(a) Clients are admitted to treatment by the order of a physician/physician extender only following assessment and determination that the medical, emotional, and behavioral status of the client and his or her support systems are adequate to justify admission to an ambulatory program. Persons treated in ambulatory detoxification settings are without unusual or significant medical or behavioral problems that would pose a significant risk to the safe completion of an ambulatory detoxification program. The initial detoxification care plan must be documented in the record and may be initiated by the order of the physician/physician extender following admission.

(b) An admission assessment of the client shall be performed by a physician/physician extender or registered nurse. If an assessment is done by other than a physician/physician extender, then the assessment must be communicated to a physician/physician extender by telephone prior to the client's admission. The assessment must include:

1. Drug history including past detoxification episodes, and current use of drugs and medications;

2. Causes that triggered the present need for services;

3. Descriptions of medical risks and any behavioral or emotional problems;

4. Taking and documentation of vital signs;

5. Determination of whether a physical and/or psychiatric examination by a physician/physician extender is needed immediately, and arrangements for such examinations, if indicated, if the assessment was done by a registered nurse;

6. Determination that the prospective client appears to have the support and supervision needed from family members and others to benefit from ambulatory treatment; and

7. Laboratory tests will be ordered clinically as indicated, but at a minimum will include: CBC, infectious disease screening (e.g., HIV, Hepatitis B, Hepatitis C), urinalysis (routine and microscopic), tuberculosis screening. urine drug screen (SAMHSA Panel), and pregnancy test for females with childbearing potential between the ages of 12 and 55 years of age.

(6) **Treatment.**

(a) Within twenty-four (24) hours of admission, or the next normal business day if admission occurred on a weekend or holiday, the client must be seen by the physician/physician extender if the admission assessment was done by a registered nurse. If a physical examination is needed, such examination shall be done at that time.

(b) Within forty-eight (48) hours of admission, a detoxification care plan shall be developed by a registered nurse, or physician/physician extender. If not done by a physician/physician extender, the development of the plan shall be supervised and signed by a physician/physician extender. Any changes to the plan must be documented in the plan and reviewed and signed by the physician/physician extender. The plan shall address the nursing and medical procedures and monitoring activity needed to stabilize the client and to manage the withdrawal.

(c) For the length of the detoxification care plan and while on medication, the client shall be required to visit the program at least once a business day for a check of vital signs and monitoring of medication by one of the medical staff.

(d) In addition to medical management services, the program shall provide the client counseling and support by staff who are determined qualified by training, education, experience, and who are licensed/certified if required by state practice acts to provide such services. Such services shall be provided to clients as soon as it is determined that they can benefit from such services but no later than within three (3) working days of admission.

(e) A discharge summary and an aftercare plan, if applicable, shall be completed in accordance with Rule 82-10-1-.18.

Cite as Ga. Comp. R. & Regs. R. 82-10-1-.20
Authority: O.C.G.A. § 26-5-1 et seq.
History. Original Rule entitled "Ambulatory Detoxification Programs" adopted. F. June 29, 2026; eff. July 19, 2026.

Rule 82-10-1-.21. Residential Intensive Treatment Programs.

(1) Programs offering residential intensive treatment programs must meet Rules 82-10-1-.01 through 82-10-1-.18 and Rules 82-10-1-.26 through 82-10-1-.27, in addition to the rules set forth in this Rule (82-10-1-.21).

(2) Residential intensive treatment programs provide services for clients with significant substance abuse impairment, and who, typically, have not progressed in a less intensive setting, or lack support and require a highly structured and specialized environment, or are transitioning from detoxification.

(3) Client intake, assessment, and admission; treatment planning; and discharge and aftercare, if applicable, shall be done in accordance with Rules 82-10-1-.14, 82-10-1-.15, and 82-10-1.18. Additional admission requirements, including laboratory tests, may be required by facility policy and/or determination of the medical/clinical director.

(4) A program shall provide a minimum of eight (8) hours per day of various therapeutic services designed to enable the client to function without substance abuse. Such services shall be provided by persons who have been determined qualified by education, training, experience, and who are licensed/certified if required by state practice acts to render such services that meet the needs of clients.

(5) There shall be sufficient types and numbers of staff members on duty in the residence to provide for safe supervision of clients whenever clients are present.

(6) Provisions shall be made for mandatory education of children in care in accordance with O.C.G.A. § 20-2-690*et seq*. or its successor statute.

(7) A program shall have a written agreement with a physician/physician extender for the provision of medical care.

Cite as Ga. Comp. R. & Regs. R. 82-10-1-.21
Authority: O.C.G.A. § 26-5-1 et seq.
History. Original Rule entitled "Residential Intensive Treatment Program" adopted. F. June 29, 2026; eff. July 19, 2026.

Rule 82-10-1-.22. Residential Transitional Treatment Programs.

(1) Programs offering residential transitional treatment programs must meet Rules 82-10-1-.01 through 82-10-1-.18 and Rules 82-10-1-.26 through 82-10-1-.27, in addition to the rules set forth in this Rule (82-10-1-.22).

(2) Residential transitional treatment programs provide services on an intermediate basis for clients characterized as chronic substance abusers who are transitioning to the community

or to other treatment modalities, and who, typically, lack a stable living situation and require variable levels of therapeutic services.

(3) Facilities that only provide housing for persons, such as half-way houses or temporary shelters, are not subject to licensure as residential transitional treatment programs, unless the residence offers treatment services or is a supportive service owned and/or controlled by a licensed program.

(4) Client intake, assessment, and admission; treatment planning; and discharge and aftercare shall be done in accordance with Rules 82-10-1-.14, 82-10-1-.15 and 82-10-1-.18. Additional admissions requirements, including laboratory tests, may be required by facility policy and/or determination of the medical/clinical director. The program has the discretion to use physical and biopsychosocial assessment information from another licensed program, licensed hospital, or a state or federal agency, if the client is transitioning directly from another program.

(5) The program shall provide at least five (5) or more hours per week of therapeutic services designed to enable the client to function without substance abuse. Such services shall be rendered by persons who have been determined qualified by training, education, experience, and who are licensed/certified if required by state practice acts to render such services.

(6) There shall be sufficient types and numbers of staff members on duty in the residence to provide for safe supervision of clients whenever clients are present.

(7) Provisions shall be made for mandatory education of children in care in accordance with O.C.G.A. § 20-2-690*et seq.* or its successor statute.

(8) A program shall have a written agreement with a physician/physician extender for the provision of medical care.

Cite as Ga. Comp. R. & Regs. R. 82-10-1-.22
Authority: O.C.G.A. § 26-5-1 et seq.
History. Original Rule entitled "Residential Transitional Treatment Programs" adopted. F. June 29, 2026; eff. July 19, 2026.

Rule 82-10-1-.23. Specialized Day Treatment Programs.

(1) Programs offering specialized day treatment programs must meet Rules 82-10-1-.01 through 82-10-1-.18 and Rules 82-10-1-.26 through 82-10-1-.27, in addition to the rules set forth in this Rule (82-10-1-.23).

(2) Specialized day treatment programs emphasize continued abstinence, development of social support network and necessary lifestyle changes, educational skills, vocational skills, social and interpersonal skills, the understanding of addictive disease, and the

continued commitment to a recovery program. The program provides structured treatment or therapeutic services, utilizing activity schedules as part of its operational method, i.e., plans or schedules of days or times of day for certain activities. The programs utilize methods, materials, settings, and outside resources that are appropriate to the development levels and ages of clients, and age appropriate. These programs are provided over a period of several weeks or months and often follow detoxification or residential services. They may also utilize group and/or counseling and/or therapy. Such programs shall provide:

(3) Client intake, assessment, and admission; treatment planning; and discharge and aftercare shall be done in accordance with Rules 82-10-1-.14, 82-10-1-.15, and 82-10-1-.18. Additional admissions requirements, including laboratory tests, may be required by facility policy and/or determination of the medical/clinical director.

(4) Treatment must be provided by persons determined to be qualified by training, education, experience, and who are licensed/certified if required by state practice acts to render such services that meet the needs of the clients.

(5) Provisions shall be made for mandatory education of children in care in accordance with O.C.G.A. § 20-2-690*et seq.* or its successor statute.

Cite as Ga. Comp. R. & Regs. R. 82-10-1-.23
Authority: O.C.G.A. § 26-5-1 et seq.
History. Original Rule entitled "Specialized Day Treatment Programs" adopted. F. June 29, 2026; eff. July 19, 2026.

Rule 82-10-1-.24. Outpatient Drug Treatment Programs.

(1) Programs offering outpatient drug treatment programs must meet Rules 82-10-1-.01 through 82-10-1-.18 and Rules 82-10-1-.26 through 82-10-1-.27, in addition to the rules set forth in this Rule (82-10-1-.24).

(2) Outpatient drug treatment programs provide a variety of structured treatment and therapeutic services intended to enable clients to function drug free and to learn social and psychological skills. Typically, these include services such as biopsychosocial assessment; group, individual, and family counseling; supportive counseling; substance abuse education; and therapeutic recreational activities. Such services shall be provided in part, outside normal business hours, so that clients who work or go to school can attend. Such programs shall provide:

(3) Client intake, assessment, and admission; treatment planning; and discharge and aftercare shall be done in accordance with Rules 82-10-1-.14, 82-10-1-.15, and 82-10-1-.18;

(4) Treatment must be provided by persons determined to be qualified by training, education, experience, and who are licensed/certified if required by state practice acts to render such services that meet the needs of the clients; and

(5) Substance abuse intensive outpatient programs (SAIOPs) shall be licensed as outpatient drug treatment programs.

(6) Admission laboratory testing requirements will be conducted as clinically indicated.

Cite as Ga. Comp. R. & Regs. R. 82-10-1-.24
Authority: O.C.G.A. § 26-5-1 et seq.
History. Original Rule entitled "Outpatient Drug Treatment Programs" adopted. F. June 29, 2026; eff. July 19, 2026.

Rule 82-10-1-.25. Special Programs.

(1) Structured programs that do not fit into existing program classifications but meet the requirements of these rules will be licensed as special programs. These programs may be part of other licensed programs or may be individually licensed.

(2) Programs offering special programs must meet Rules 82-10-1-.01 through 82-10-1-.18 and Rules 82-10-1-.26 through 82-10-1-.27.

Cite as Ga. Comp. R. & Regs. R. 82-10-1-.25
Authority: O.C.G.A. § 26-5-1 et seq.
History. Original Rule entitled "Special Programs" adopted. F. June 29, 2026; eff. July 19, 2026.

Rule 82-10-1-.26. Client's Rights and Complaints.

(1) A program shall establish and implement written policies and procedures regarding the rights of clients, and the handling and resolution of complaints. At a minimum, the program must ensure that its clients enjoy the rights and responsibilities listed herein.

(2) Such policies and procedures shall include a written notice of rights which shall be provided to each client and parent, guardian, or responsible party, if applicable, when the client receives orientation. The required notice shall contain the following items:

(a) Right to a humane treatment or habilitation environment that affords reasonable protection from harm, exploitation, and coercion;

(b) Right to be free from physical and verbal abuse;

(c) Right to be free from the use of physical restraints and seclusion unless it is determined that there are no less restrictive methods of controlling behavior to reasonably ensure the safety of the client and other persons:

(d) Right to be informed about the plan of treatment and to participate in the planning, as able;

(e) Right to be promptly and fully informed of any changes in the plan of treatment;

(f) Right to accept or refuse treatment, unless it is determined through established authorized legal processes that the client is unable to care for themselves or is dangerous to themselves;

(g) Right to be fully informed of the charges for treatment;

(h) Right to confidentiality of client records;

(i) Right to have and retain personal property which does not jeopardize the safety of the client or other clients or staff and have such property treated with respect;

(j) Right to converse privately, have convenient and reasonable access to the telephone and mail, and to see visitors, unless denial is necessary for treatment and the reasons are documented in the client's treatment plan;

(k) Right to be informed of the program's complaint policy and procedures and the right to submit complaints without fear of discrimination or retaliation and to have them investigated by the program within a reasonable period;

(l) Right to have access to their own client records and to obtain necessary copies when needed;

(m) Right to receive a written notice of the address and telephone number of that state licensing authority, i.e., the Department, which further explains the responsibilities of licensing the program and investigating client complaints which appear to violate licensing rules; and

(n) Right to obtain a copy of the program's most recent completed report of licensing survey from the program upon written request. The program is not required to release a report until the program has had the opportunity to file a written corrective action plan for the violations as provided for in these rules.

(3) Such policies and procedures shall also include provisions for clients and others to present complaints, either orally or in writing, and to have their complaints addressed and resolved as appropriate in a timely manner.

Cite as Ga. Comp. R. & Regs. R. 82-10-1-.26
Authority: O.C.G.A. § 26-5-1 et seq.

History. Original Rule entitled "Client's Rights and Complaints" adopted. F. June 29, 2026; eff. July 19, 2026.

Rule 82-10-1-.27. Behavior Management and Emergency Safety Interventions.

(1) Behavior Management.

(a) The program shall develop and implement policies and procedures on behavior management. Such policies and procedures shall set forth the types of clients served in accordance with the program's purpose, the anticipated behavioral problems of the clients, and appropriate techniques of behavior management for dealing with such behaviors.

(b) Behavior management policies and procedures shall incorporate the following minimum requirements:

1. Behavior management principles and techniques shall be used in accordance with the treatment plan and written policies and procedures governing service expectations, treatment goals, safety, security, and these rules and regulations.

2. Behavior management shall be limited to the least restrictive appropriate method, as described in the client's treatment plan pursuant to rule 82-10-1-.15 and in accordance with the prohibitions as specified in these rules and regulations.

(c) Behavior management techniques shall be administered by trained staff and shall be appropriate for the client's known medical, behavioral, cognitive and/or physical status and needs. The following forms of behavior management shall not be used by program staff with clients receiving services through the program:

1. Assignment of excessive or unreasonable work tasks;

2. Denial of meals and hydration;

3. Denial of sleep;

4. Denial of shelter, clothing, or essential personal needs;

5. Denial of essential program services;

6. Verbal abuse, ridicule, or humiliation;

7. Manual holds, chemical restraints, mechanical restraints, or medical protection devices not used appropriately as emergency safety interventions;

8. Denial of communication and visits unless restricted in accordance with rule 82-10-1-.15;

9. Corporal punishment;

10. Seclusion or confinement of a client in a room or area which may reasonably be expected to cause physical or emotional damage to the client; or not used appropriately as an emergency safety intervention; and

11. Seclusion or confinement of a client to a room or area for periods longer than those appropriate to the client's known medical, behavioral, cognitive and/or physical status and needs, or confinement to a room or area without the supervision or monitoring necessary to ensure the client's safety and well-being.

(d) Program staff shall be made aware of each client's known or apparent medical and psychological conditions to ensure that the staff have adequate knowledge to deliver safe and healthy care to the client.

(e) Clients shall not be permitted to participate in the behavior management of other clients or to discipline other clients, except as part of an organized therapeutic self-governing program in accordance with accepted standards of clinical practice that is conducted in accordance with written policy and is supervised directly by designated staff.

(f) All forms of behavior management used by staff shall also be documented in case records to ensure that such records reflect behavior management problems.

(g) The program shall document appropriate corrective action when the program staff become aware of or observe the use of prohibited forms of behavior management.

(2) **Emergency Safety Interventions.**

(a) Emergency safety interventions may be used only by staff trained in the proper use of such interventions when it can be reasonably anticipated from a client's behavioral history, that a client may require the use of emergency safety interventions to keep either the client or others safe from immediate physical harm, and less restrictive means of dealing with the injurious behavior have not proven successful or may subject the client or others to greater risk of injury.

(b) No later than March 31, 2007 and ongoing thereafter, all program staff who may be involved in the use of emergency safety interventions, shall have evidence of having satisfactorily completed a nationally recognized training program for emergency safety interventions to protect clients and others from injury, which has been approved by the department and taught by an appropriately certified trainer

in such program. At a minimum, the emergency safety intervention program that is utilized shall include the following:

1. Techniques for de-escalating problem behavior including client and staff debriefings;
2. Appropriate use of emergency safety interventions;
3. Recognizing aggressive behavior that may be related to a medical condition;
4. Awareness of physiological impact of a restraint on the client;
5. Recognizing signs and symptoms of positional and compression asphyxia and restraint associated cardiac arrest;
6. Instructions on how to monitor the breathing, verbal responsiveness, and motor control of a client who is the subject of an emergency safety intervention;
7. Appropriate self-protection techniques;
8. Policies and procedures relating to using manual holds, including the prohibition of any technique that would potentially impair a client's ability to breathe;
9. Agency policies and reporting requirements;
10. Alternatives to restraint;
11. Avoiding power struggles;
12. Escape and evasion techniques;
13. Time limits for the use of restraint and seclusion;
14. Process for obtaining approval for continual restraints and seclusion;
15. Procedures to address problematic restraints;
16. Documentation;
17. Investigation of injuries and complaints;
18. Monitoring physical signs of distress and obtaining medical assistance; and
19. Legal issues.

(c) Emergency safety interventions shall not include the use of any restraint or manual hold that would potentially impair the client's ability to breathe or has been determined to be inappropriate for use on a particular client due to a documented medical or psychological condition.

(d) The program shall have written policies and procedures for the use of emergency safety interventions, a copy of which shall be provided to and discussed with each client (as appropriate taking into account the client's known medical, behavioral, cognitive and/or physical status and needs) and the client's parents and/or legal guardians prior to or at the time of admission. Emergency safety interventions policies and procedures shall include:

1. Provisions for the documentation of each use of an emergency safety intervention including:

   (i) Date and description of the precipitating incident;

   (ii) Description of the de-escalation techniques used prior to the emergency safety intervention;

   (iii) Environmental considerations;

   (iv) Names of staff participating in the emergency safety intervention;

   (v) Any witnesses to the precipitating incident and subsequent intervention;

   (vi) Exact emergency safety intervention used;

   (vii) Documentation every 15 minutes of the constant visual monitoring of a client in seclusion;

   (viii) Beginning and ending time of the intervention;

   (ix) Outcome of the intervention;

   (x) Detailed description of any injury arising from the incident or intervention; and

   (xi) Summary of any medical care provided.

2. Provisions for prohibiting manual hold use by any employee not trained in prevention and use of emergency safety interventions.

(e) Emergency safety interventions may be used to prevent runaways only when the client presents an imminent threat of physical harm to self or others, or as specified in the treatment plan.

(f) Program staff shall be aware of each client's medical and psychological conditions (e.g. obvious health issues, list of medications, history of physical abuse, etc.), as evidenced by written acknowledgement of such awareness, to ensure that the emergency safety intervention that is utilized does not pose any undue danger to the physical or mental health of the client.

(g) Clients shall not be allowed to participate in the emergency safety intervention of other clients.

(h) Immediately following the conclusion of the emergency safety intervention and hourly thereafter for a period of at least four (4) hours where the client is with a staff member, the client's behavior will be assessed, monitored, and documented to ensure that the client does not appear to be exhibiting symptoms that would be associated with an injury.

(i) Emergency safety intervention training shall be in addition to the annual training required in rule 82-10-1-.11 and shall be documented in the staff member's personnel record.

(j) All actions taken that involve utilizing an emergency safety intervention shall be recorded in the client's case record showing the cause for the emergency safety intervention, the emergency safety intervention used, and, if needed, approval by the clinical director, the staff member in charge of casework services, and the physician/physician extender who has responsibility for the diagnosis and treatment of the client's behavior.

(k) Programs shall submit a written report to the program's clinical director on the use of any emergency safety intervention immediately after the conclusion of the intervention and, if the client is a child or has an assigned legal guardian, shall further notify the client's parents or legal guardians regarding the use of the intervention. A copy of such report shall be maintained in the client's file.

(l) At least once per quarter, the program, utilizing a master agency restraint log and the client's case record, shall review the use of all emergency safety interventions for each client and staff member, including the type of intervention used and the length of time of each use, to determine whether there was a clinical basis for the intervention, whether the use of the emergency safety intervention was warranted, whether any alternatives were considered or employed, the effectiveness of the intervention or alternative, and the need for additional training. Written documentation of all such reviews shall be maintained. Where the program identifies opportunities for improvement as a result of such reviews or otherwise, the program shall implement these changes through an effective quality improvement plan.

(m) All forms of emergency safety interventions used by staff shall be documented in case records.

(n) **Manual Holds.**

1. Emergency safety interventions utilizing manual holds require all staff involved to be trained to carry out the hold.

2. Emergency safety interventions shall not include the use of prone restraint or the use of any restraint or manual hold that would potentially impair the client's ability to breathe or has been determined to be inappropriate for use on a particular client due to a documented medical or psychological condition.

3. When a manual hold is used upon any client whose primary mode of communication is sign language, the client shall be permitted to have his or her hands free from restraint for brief periods during the intervention, except when such freedom may result in physical harm to the client or others.

4. If the use of a manual hold exceeds fifteen (15) consecutive minutes, the clinical director or his or her designee, who possesses at least the qualifications of the clinical director and has been fully trained in the program's emergency safety intervention plan, shall be contacted by a two-way communications device or in person and determine that the continuation of the manual hold is appropriate under the circumstances. Documentation of any consultations and outcomes shall be maintained for each application of a manual hold that exceeds fifteen (15) minutes. Manual holds shall not be permitted to continue if the restraint is determined to pose an undue risk to the client's health given the client's physical or mental condition.

5. A manual hold may not continue for more than thirty (30) minutes at any one time without the consultation as specified in subparagraph (4) of this subparagraph, and under no circumstances may a manual hold be used for more than one (1) hour total within a twenty-four (24) hour period.

6. If the use of a manual hold on a client reaches a total of one hour within a twenty-four (24) hour period, the staff shall reconsider alternative treatment strategies, document same, and consider notifying the authorities or transporting the client to a hospital or mental health facility for evaluation.

7. The client's breathing, verbal responsiveness, and motor control shall be continuously monitored during any manual hold. Written summaries of the monitoring by a trained staff member not currently directly involved in the manual hold shall be recorded every fifteen (15) minutes during the duration of the restraint. If only one trained staff member is involved in the restraint and no other staff member is available, written summaries of the monitoring of the manual hold shall be recorded as soon as is practicable, but no later than one hour after the conclusion of the restraint.

(o) **Seclusion.**

1. Seclusion is only used as an emergency safety intervention for the immediate physical safety of the client and others during an emergency safety situation and when other less restrictive interventions have been determined to be ineffective. Seclusion shall not be used as a means of coercion, discipline, convenience, punishment or retaliation.

2. If used, seclusion of more than thirty (30) minutes must be approved by the clinical director or designee. No client shall be placed in a seclusion room more than one (1) hour within any twenty-four (24) hour period without obtaining authorization for continuing such seclusion from the client's physician/physician extender, psychiatrist, or licensed psychologist and documenting such authorization in the client's record.

3. A seclusion room shall only be used if a client is in danger of harming himself or herself or others. Seclusion shall be ceased when the emergency safety situation ceases and the client's safety and the safety of others can be ensured, even if the seclusion order has not expired.

4. A client placed in a seclusion room shall be provided with an explanation of the criteria for release from seclusion. During seclusion, the client shall be constantly visually monitored, with documentation at least every fifteen (15) minutes.

5. A room used for the purposes of seclusion must meet the following criteria:

   (i) The room shall be constructed and used in such ways that the risk of harm to the client is minimized;

   (ii) The room shall be equipped with a viewing window on the door or wall so that staff can monitor the client;

   (iii) The room shall be lighted and well-ventilated;

   (iv) The room shall be a minimum of fifty (50) square feet in area; and

   (v) The room must be free of any item that may be used by the client to cause physical harm to himself/herself or others.

6. No more than one client shall be placed in the seclusion room at a time.

7. A seclusion room monitoring log shall be maintained and used to record the following information:

   (i) Name of the secluded client;

(ii) Reason for client's seclusion;

(iii) Time of client's placement in the seclusion room;

(iv) Name and signature of the staff member that conducted visual monitoring;

(v) Signed observation notes; and

(vi) Time of the client's removal from the seclusion room.

Cite as Ga. Comp. R. & Regs. R. 82-10-1-.27
Authority: O.C.G.A. § 26-5-1 et seq.
History. Original Rule entitled "Behavior Management and Emergency Safety Interventions" adopted. F. June 29, 2026; eff. July 19, 2026.

Rule 82-10-1-.28. Enforcement and Sanctions.

(1) The Department may refuse to grant an initial license, revoke a current license, or impose other sanctions as described in Rules and Regulations for Licensure Enforcement and Sanctions, Chapter 82-14-1.

(2) The Department may suspend any requirements of these rules and the enforcement of any rules where the Governor of the State of Georgia has declared a public health emergency.

Cite as Ga. Comp. R. & Regs. R. 82-10-1-.28
Authority: O.C.G.A. § 26-5-1 et seq.
History. Original Rule entitled "Enforcement and Sanctions" adopted. F. June 29, 2026; eff. July 19, 2026.

Rule 82-10-1-.29. Waivers and Variances.

(1) The Department may, in its discretion, grant waivers and variances of specific rules upon application or petition being filed on forms provided by the Department. The Department may establish conditions which must be met by the program to operate under the waiver or variance granted. Waivers and variances may be granted in accordance with the following considerations:

(2) **Variance**. A variance may be granted by the Department upon a showing by the applicant or petitioner that the specific rule or regulation that is the subject of the variance request should not be applied as written because strict application of the rule would cause undue hardship. The applicant or petitioner must also show that adequate standards affording

protection for the health, safety and care of clients exist and will be met in lieu of the exact requirements of the rules or regulations in question.

(3) **Waiver.** The Department may dispense entirely with the enforcement of a rule or regulation by granting a waiver upon a showing by the applicant or petitioner that the purpose of the rule or regulation is met through equivalent standards affording equivalent protection for the health, safety and care of clients.

(4) **Experimental Variance or Waiver.** The Department may grant waivers and variances to allow experimentation and demonstration of new and innovative approaches to delivery of services upon a showing by the applicant or petitioner that the intended protections afforded by the rule or regulation which is the subject of the request are met and that the innovative approach has the potential to improve service delivery.

Cite as Ga. Comp. R. & Regs. R. 82-10-1-.29
Authority: O.C.G.A. § 26-5-1 et seq.
History. Original Rule entitled "Waivers and Variances" adopted. F. June 29, 2026; eff. July 19, 2026.

Rule 82-10-1-.30. Severability.

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

Cite as Ga. Comp. R. & Regs. R. 82-10-1-.30
Authority: O.C.G.A. § 26-5-1 et seq.
History. Original Rule entitled "Severability" adopted. F. June 29, 2026; eff. July 19, 2026.

Chapter 82-11. RESERVED.

Cite as Ga. Comp. R. & Regs. R. dept. 82, ch. 82-11

Chapter 82-12. RESERVED.

Cite as Ga. Comp. R. & Regs. R. dept. 82, ch. 82-12

Chapter 82-13. RESERVED.

Cite as Ga. Comp. R. & Regs. R. dept. 82, ch. 82-13

Chapter 82-14. LICENSURE ENFORCEMENT AND SANCTIONS.

Subject 82-14-1. LICENSURE ENFORCEMENT AND SANCTIONS.

Rule 82-14-1-.01. Legal Authority.

These rules are adopted and published pursuant to the Official Code of Georgia Annotated (O.C.G.A.) §§ 26-5-6, 26-5-43, 37-13-2, and 37-3-205.

Cite as Ga. Comp. R. & Regs. R. 82-14-1-.01
Authority: O.C.G.A. §§ 26-5-6, 26-5-43, 37-3-205, 37-13-2.
History. Original rule entitled "Legal Authority" adopted. F. May 15, 2026; eff. June 4, 2026.

Rule 82-14-1-.02. Title and Purpose.

These rules shall be known as the Rules and Regulations for Licensure Enforcement and Sanctions. The purposes of these rules are to provide for general licensing and enforcement actions requirements by the Department with respect to violations of licensing requirements by certain applicants or licensees operating facilities subject to regulation by the Department as set forth under Article 7 of Chapter 3 of Title 37; Chapter 13 of Title 37; and Chapter 5 of Title 26 of the Official Code of Georgia Annotated to provide for licensing, payment of licensing activities fees, surveys, investigations and examinations of such facilities; compliance with corrective action plans; and to provide that certain facilities give notice of violations giving rise to the receipt of notice of the imposition of any sanction under federal or state laws or regulations.

Cite as Ga. Comp. R. & Regs. R. 82-14-1-.02
Authority: O.C.G.A. §§ 26-5-6, 26-5-43, 37-3-205, 37-13-2.
History. Original rule entitled "Title and Purpose" adopted. F. May 15, 2026; eff. June 4, 2026.

Rule 82-14-1-.03. Definitions.

(1) "Administrative action" means the initiation of a contested case as defined in the Georgia Administrative Procedures Act (APA), O.C.G.A. § 50-13-2(2).

(2) "Alter ego" means a person who acts pursuant to the control or influence of another while purporting to act independently.

(3) "Corrective Action Plan" or "CAP" means a plan developed by the facility in response to a violation identified on a written report of survey or investigation that contains the steps or actions that have been taken, or are planned, to address or correct the violation and the anticipated date of the correction.

(4) "Commissioner" means the Commissioner of the Department of Behavioral Health and Developmental Disabilities.

(5) "Department" means the Department of Behavioral Health and Developmental Disabilities, its agents and employees.

(6) "Document" means any book, record, paper, or other information related to initial and continued licensing.

(7) "Facility" means any agency, institution, entity or person subject to regulation by the Department under Article 7 of Chapter 3 of Title 37; Chapter 13 of Title 37; or Chapter 5 of Title 26 of the Official Code of Georgia Annotated.

(8) "Fee" means a payment made to the Department for administrative services associated with licensing.

(9) "Final Adverse Finding" means the finding or findings set forth in or upheld by a report of the Department, order or decision of the Commissioner, agreement between a facility and the Department, or formal order, as of the date of:

(a) the issuance of a ruling by the Superior Court or Commissioner on any appeal from a decision of a state administrative law judge, a hearing officer, or a hearing examiner pursuant to a contested case involving the imposition of a sanction;

(b) the finalization by operation of law of a decision of a state administrative law judge, a hearing officer, or a hearing examiner when no appeal of the ruling is made;

(c) the disposition of a contested case by settlement between the parties; or

(d) the expiration of the time allotted for a facility to contest a sanction imposed by the Department, if the facility does not properly contest the sanction within that time period.

(10) "Fine" means a monetary sanction imposed by the Department for violating a rule.

(11) "Formal Order" means any ruling following an administrative or judicial hearing or an emergency directive issued by the Commissioner as authorized by law related to the initial or continued licensing of a facility which requires the facility to take or refrain from taking specified action. Formal orders include but are not limited necessarily to final administrative hearing decisions and settlement agreements between the Department and facilities. Additionally, formal orders, as defined herein, may include any orders issued by the Commissioner as authorized by law, such as but not limited to O.C.G.A. § 37-2-73 or as authorized by similar statues enacted after the effective date of these rules.

(12) "Imminent and substantial danger" means an immediate threat of serious adverse outcome to a person served in a licensed facility.

(13) "Investigation" means any examination, conducted in response to an allegation or allegations of noncompliance, by the Department or its representative of a facility, including but not necessarily limited to the premises, and staff, persons in care, and documents pertinent to initial and continued licensing so that the Department may determine whether a facility has violated any licensing requirement.

(14) "License" means the official authorization granted by the Department pursuant to any of the provisions of law cited in Rule 82-14-1-.01 ("Legal Authority") to operate a facility physically located in Georgia. The term "license" includes any permit, registration, commission, or similar designation reflecting such authorization.

(15) "Licensee" means any person holding a license.

(16) "Licensing requirements" means any provisions of law, rule, regulation, or formal order of the Department which apply to facilities with respect to initial or continued authority to operate.

(17) "Management or Control", for the purpose of imposing the sanction pursuant to Rule 82-14-1-.06(1)(c) ("Sanctions Against Licensees") or 82-14-1-.06(2)(b) ("Sanctions Against Applicants"), means the exercise of or authority to exercise direction, administration, or oversight over a facility's operations by certain persons, including but not limited to owners, directors, or administrators.

(18) "Person" means any individual, agent, representative, governing authority, firm, organization, partnership, agency, association, corporation, facility, or other entity.

(19) "Survey" means any monitoring visit or other inquiry by the Department of Behavioral Health and Developmental Disabilities, or its representatives, of a facility, including but not necessarily limited to the premises, staff, persons in care, and documents pertinent to initial and continued licensing so that the Department may determine whether a facility is operating in compliance with licensing requirements or has violated any licensing requirements. Surveys may be announced or unannounced at the discretion of the Department.

Cite as Ga. Comp. R. & Regs. R. 82-14-1-.03
Authority: O.C.G.A. §§ 26-5-6, 26-5-43, 37-3-205, 37-13-2.
History. Original rule entitled "Definitions" adopted. F. May 15, 2026; eff. June 4, 2026.

Rule 82-14-1-.04. General Licensing Requirements and Fee Schedules.

(1) No facility shall offer or provide services which are required to be licensed under rules enforced by the Department without a current license issued by the Department.

(2) No license shall be issued by the Department unless the facility is substantially in compliance with applicable rules set forth in these rules and specific rules applicable to the particular facility type, and all licensure activity fees due the Department have been paid.

(3) Fees will be assessed to facilities and applicants for licensure for the following licensure activities: processing applications for a new license or a change in ownership, initial license fees, annual licensure activity fees to maintain current license, follow-up visits to periodic surveys, training materials, returned check and mail processing charges and civil monetary penalties.

(4) Application for License. An application for a license to provide regulated services shall be submitted on forms made available by the Department in a format acceptable to the Department. No application shall be acted upon by the Department until the application is determined complete by the Department with all required attachments and applicable fees submitted.

(5) Where the Department denies an initial license for non-payment of fees or any other reason, such action may be taken by the Department prior to an administrative hearing on the denial being held. The applicant whose license has been denied may obtain an administrative hearing, subsequent to the decision to deny the license, as authorized under Georgia law.

(6) Ongoing Licensure Activity Fees. All licenses issued by the Department require payment of ongoing licensure activity fees as calculated by the Department each state fiscal year, including the state fiscal year that these rules take effect. For annual licenses, such licensure activity fees will be due on the anniversary date of the issuance of the previous year's license. For continuing licenses, such ongoing licensing activity fees will be due October 31st of each state fiscal year. The annual fees shall include the base licensure activity fee and any additional fees incurred during the previous year. Such fees are due and payable to the Department within thirty (30) days of receipt of the licensure activity fee invoice. Fees will be calculated by the Department in a manner so as to help defray the direct and indirect costs incurred by the Department in providing such licensure activities for all facilities, but in no event shall exceed such costs.

(7) Effective January 1, 2026, the Department may revoke any license if the facility has failed to pay the annually recurring licensure activity fees within sixty (60) days of receipt of a written invoice from the Department. The revocation action is subject to written notice of the proposed revocation and a right to receive an administrative hearing on the amount past due and owing prior to the revocation action becoming final.

(8) Schedule of Fees. Fees collected by the Department are not refundable, except in extraordinary circumstances as determined by the Department in its sole discretion. The decision of the Department as to whether to refund a payment is final and may not be appealed. Payment of fees must be in a form of payment accepted by the Department. Some forms of electronic payment may result in an additional convenience charge being

added to the licensing fee that is due. Any convenience charge for which the user is responsible must be disclosed to the potential user before completion of the transaction. No cash payments are accepted by the Department. The following schedule of fees applies for the listed licensure activities:

Licensure Activity	**Fee**	**Fee Frequency**
Application Processing Fee, Change in Ownership, Change in Service Level (requiring on site visit), Name Change - Any Facility	$300	Upon submission
Initial Provisional or Regular License (Same as annual licensure activity fee for each facility type)	Varies by facility	Submitted with application processing fee
Involuntary Application Processing Fee subsequent to unlicensed complaint investigation	$550	
Follow-up Visit to Periodic Survey - Any Facility	$250	License renewal date
Licenses and Certificates		
Adult Residential Mental Health Programs**	$800	Annually
Community Living Arrangements **	$350	Annually
Drug Abuse Treatment Education Programs **	$500	Annually
Narcotic Treatment Programs **	$1,500	Annually
Miscellaneous Fees		
Civil monetary penalties as finally determined	Case-by-case basis	
Late Fee: Sixty (60) days past due	$150	Per instance
Lists of Facilities by license type (electronic only)	$25	Per request
Replacement of Lost Permit	$50	Per request
Returned check charge - as assessed by bank	<$50	Per instance
Special handling charges when required (special courier/mailing costs)	Actual cost	Per instance
Training materials - cost to reproduce for participant	$.25 per page, $5 per disc	Per participant
** Eligible for a 25% discount if currently accredited by a nationally recognized accreditation organization approved by the Department as having standards comparable to specific state licensure requirements, and complete copy of current decision is submitted to the Department at the time of renewal or is already on file with the Department.		

Cite as Ga. Comp. R. & Regs. R. 82-14-1-.04
Authority: O.C.G.A. §§ 26-5-6, 26-5-43, 37-3-205, 37-13-2.
History. Original rule entitled "General Licensing Requirements and Fee Schedules" adopted. F. May 15, 2026; eff.

June 4, 2026.

Rule 82-14-1-.05. Enforcement.

(1) The Department shall have the authority to impose any one or more of the sanctions enumerated in paragraphs (1), (2) and (3) of Rule 82-14-1-.06 ("Sanctions") upon a finding that an applicant or licensee has:

(a) Knowingly made any verbal or written false statement of material fact either in connection with the application for a license; or on documents submitted to the Department as part of any survey or investigation; or in the falsification or alteration of facility records made or maintained by the facility;

(b) Failed or refused, without legal cause, to provide the Department with access to the premises subject to regulation or information pertinent to the initial and continued licensing of the facility.

(c) Failed to comply with the licensing requirements of this state; or

(d) Failed to comply with the provisions of O.C.G.A. § 37-2-72 or with the provisions of these rules.

(2) The Department's notice of intent to impose an enforcement sanction shall be made within ninety (90) days after an application is submitted or within 90 days of when the grounds for the action are discovered.

Cite as Ga. Comp. R. & Regs. R. 82-14-1-.05
Authority: O.C.G.A. §§ 26-5-6, 26-5-43, 37-2-72, 37-3-205, 37-13-2.
History. Original rule entitled "Enforcement" adopted. F. May 15, 2026; eff. June 4, 2026.

Rule 82-14-1-.06. Sanctions.

(1) **Sanctions against Licensees.** When the Department finds that any licensee has violated any provision of Rule 82-14-1-.05 ("Enforcement"), the Department, subject to notice and opportunity for a hearing, may impose any one or more of the sanctions in subparagraphs (a) through (f) below.

(a) **Administer a Public Reprimand.** If the sanction of public reprimand is finally imposed, as defined by a final adverse finding, the public reprimand shall consist of a notice prepared by the Department that the facility has been reprimanded; such notice shall include a written report of the Department's findings along with the facility's response and corrective action plan.

1. **Location of Notice.** The facility shall post the public reprimand in places readily accessible and continuously visible to persons in care and their representatives. Additionally, if the facility maintains a website, it shall post a web link in a prominent location on the main page of the website that provides access to a copy of the public reprimand.

2. **Timing of Notice.** The facility shall post the public reprimand on the day the public reprimand is received by the facility and such reprimand shall remain posted for a period of ninety (90) days.

3. **Notice for Service Inquiries.** During any period that the reprimand is required to be posted, the facility shall advise persons seeking services and representatives of persons seeking services of the reprimand. In response to a notice by the Department of the imposition of a public reprimand, a facility may request that the Department not require the facility to advise persons seeking services and representatives of persons seeking services of the reprimand if such requirement would compromise its ability to provide services and is not feasible given the facility's range of services and the ways its services are provided. Such request must be made within ten (10) calendar days from receipt of the notice from the Department. The Department upon such a convincing showing, as well as a showing that the correction of the violation has been achieved and will be sustained by the facility, may elect not to enforce this requirement. If the Department elects to enforce the requirement and the facility appeals the imposition of the sanction, the issue of this requirement may become an issue for consideration by the hearing examiner at any hearing held on the sanction, unless waived by the facility.

(b) **Suspend any License.** The Department may suspend for a definite period or for an indefinite period in connection with any condition which may be attached to the restoration of said license.

1. The Department may impose the sanction of suspension for a definite period calculated by it as the period necessary for the facility to implement long-term corrective measures and for the facility to be deterred from lapsing into noncompliance in the future. As an alternative to suspending a license for a definite period, the Department may suspend the license for an indefinite period in connection with the imposition of any condition or conditions reasonably calculated to elicit long-term compliance with licensing requirements which the facility must meet and demonstrate before it may regain its license.

2. If the sanction of license suspension is finally imposed, as defined by a final adverse finding, the Department shall effectuate it by requiring the facility to return its license to the Department. Upon the expiration of any period of

suspension, and upon a showing by the facility that it has achieved compliance with licensing requirements, the Department shall reissue the facility a license. Where the license was suspended for an indefinite period in connection with conditions for the re-issuance of a license, once the facility can show that any and all conditions imposed by the Department have been met, the Department shall reissue the facility a license.

3. The official notice of the suspension action and any final resolution, together with the Department's complaint intake phone number and website address, shall be provided to current and prospective clients and to their representatives and family units, as applicable.

   (i) The facility shall post the official notice at the facility location in an area that is visible to the clients and to the clients' representatives and family units.

   (ii) The facility shall ensure that the notice continues to the visible to the clients and to their representatives and family units throughout the suspension action, including during any appeals.

   (iii) The facility shall have readily visible to the clients and to their representatives and family units any survey reports that are prepared by the Department during the pendency of a suspension action.

   (iv) It shall be a violation of these rules for the facility to permit the removal or obliteration of any notices required by this rule during the pendency of any suspension.

   (v) The Department may share any notice of the suspension and any information pertaining thereto with any other agencies that may have an interest in the welfare of the clients in care at the facility.

(c) **Prohibit Persons in Management or Control.** The Department may prohibit a licensee from allowing a person who previously was involved in the management or control of any facility which has had its license revoked or application denied within the past twelve (12) months to be involved in the management or control of such facility. Any such person found by the Department to have acted diligently and in good faith to ensure correction of violations in a facility which has had its license revoked or denied, however, shall not be subject to this prohibition if that person became involved in the management or control of the facility after the facility was notified by the Department of violations of licensing requirements giving rise to a revocation or denial action. This subparagraph shall not be construed to require the Department to obtain any information that is not readily available to it regarding any person's involvement with a facility. For the purpose of this Rule, the twelve (12) month period will begin to run from the date of any

final adverse finding or the date that any stay of enforcement ceased, whichever first occurs.

(d) **Revoke any License.** The Department may revoke any license. If the sanction of license revocation is finally imposed, as defined by a final adverse finding, the Department shall effectuate it by requiring the facility to return its license to the Department.

1. The official notice of the revocation action and any final resolution, together with the Department's complaint intake phone number and website address, shall be provided to current and prospective clients and to their representatives and family units, as applicable.

2. The facility shall post the official notice at the facility location in an area that is visible to the clients and to the clients' representatives and family units.

3. The facility shall ensure that the notice continues to the visible to the clients and to their representatives and family units throughout the revocation action, including during any appeals.

4. The facility shall have readily visible to the clients and to their representatives and family units any survey reports that are prepared by the Department during the pendency of a revocation action.

5. It shall be a violation of these rules for the facility to permit the removal or obliteration of any notices required by this rule during the pendency of any revocation.

6. The Department may share any notice of the revocation action and any information pertaining thereto with any other agencies that may have an interest in the welfare of the clients in care at the facility.

(e) **Impose a Civil Penalty Fine.** The Department may impose a civil penalty fine of up to $2,000 per day for each violation of a law, rule, regulation, or formal order related to the initial or continued licensing of a facility; provided, however, that no such fines shall exceed $40,000 for violations found during the same survey. If a violation is found on two (2) consecutive surveys, there shall exist a rebuttable presumption that the violation continued throughout the period of time between each survey.

1. **Categories of Violations.** Violations shall be assigned a severity category based upon the following criteria:

   (i) **Critical Risk** ($1,201-$2,000 fine per violation per day): A violation or combination of violations of licensing requirements which has

caused death or serious physical or emotional harm to a person or persons in care or poses an imminent and serious threat or hazard to the physical or emotional health and safety of one or more persons in care;

(ii) **High Risk** ($601-$1,200 fine per violation per day): A violation or combination of violations of licensing requirements which has direct adverse effect on the physical or emotional health and safety of a person or persons in care; and

(iii) **Moderate Risk** ($300-$600 fine per violation per day): A violation or combination of violations of licensing requirements which indirectly or over a period of time has or has the potential to result in an adverse effect on the physical or emotional health and safety of a person or persons in care, or a violation or violations of administrative, reporting, or notice requirements.

(iv) **Low Risk** (no fine): A violation that has little to no impact to individuals served.

2. **Fine Amounts.** The specific amount of the fine for each violation in each category shall be determined based upon whether and when the particular or similar rule, law, or order, or the act, omission, incident, circumstance, or conduct giving rise to the violation of the same regulatory requirement, or one substantially similar thereto, has been cited by the Department previously, and the scope of the violation.

   (i) **Initial Violation.** If the same or a substantially similar violation has not been cited previously by the Department within the past twenty-four (24) months against the facility, it shall be considered to be an initial violation. The fine amount for initial violations shall be the bottom figure in the appropriate category.

   (ii) **Second Violation.** If the present violation or a substantially similar violation had been found and cited by the Department as the result of the last survey of the facility, or as the result of any one other survey during the previous twenty-four (24) months, the violations shall be considered to be a second violation. The fine amount for second violations shall be in the range between the top and bottom figures of the appropriate category and other factors, such as the existence of mitigating or aggravating circumstances, shall be considered in determining the fine amount within the range.

(iii) **Repeated Violation.** If the present violation or a substantially similar violation also had been found and cited any two (2) other times during the past twenty-four (24) months, it shall be considered to be a repeated violation. The fine amount for repeated violations shall be the top figure in the category.

3. **Limitation of Fines.**

(i) A single act, omission, incident, circumstance, or conduct shall not give rise to the imposition of more than one fine even though such act, omission, incident, circumstance, or conduct may have violated more than one licensing requirement. In such a case, the fine shall be based upon the highest category in which any one violation resulting from the same act, omission, incident, circumstance, or conduct falls.

(ii) Correction by the facility of cited violations tolls the continuation of the assessment of the daily fine, provided, however, that the Department shall confirm that such cited violations were corrected.

(iii) In no case shall a facility be sanctioned for a violation characterized as a subsequent or repeat violation unless the time frame identified in the acceptable corrective action plan has passed and the facility nonetheless has failed to attain or maintain correction.

4. **Financial Hardships.** In response to a notice by the Department of the imposition a fine, a facility may request that the Department reduce the fine amount if the fine would cause significant financial hardship that would compromise its ability to provide care or services in compliance with licensing requirements. The Department, in its discretion, upon such a convincing showing as well as a showing that correction of the violation has been achieved and will be sustained by the facility, may reduce the amount of the fine. If the Department proceeds with the imposition of the fine as proposed, the issue of significant financial hardship may become an issue for consideration by the hearing examiner at any hearing held on the sanction, unless waived by the facility.

(f) **Limit or Restrict any License.** The Department may limit or restrict any license as the Department deems necessary for the protection of the public (a provisional or temporary time-limited license granted by the Department shall not be considered to be a limited or restricted license).

1. Limitation or restriction of a license may occur to:

(i) prohibit the provision of a particular service or services when a facility is unable or unwilling to render or perform the service or services in compliance with licensing requirements;

(ii) restrict the authorized number of persons cared for by a facility when the facility is unable or unwilling to render care in compliance with licensing requirements; and/or

(iii) prohibit a facility from caring for persons with specific types or degrees of needs that the facility is not capable of meeting in compliance with licensing requirements.

2. If the sanction of license limitation or restriction is finally imposed, as defined by a final adverse finding, the Department shall effectuate it by sending the facility a restricted or limited license. Upon receipt of the restricted or limited license, the facility shall return to the Department its original license. Upon expiration of the restriction or limitation period, and upon proof by the facility that it has taken effective corrective action and has sustained that action during the period of the sanction, the Department shall fully restore the facility's license. The Department shall take any steps it deems necessary to verify compliance prior to the expiration of the sanction period so that a compliant facility is restored its license without delay.

(2) **Sanctions against Applicants.** When the Department finds that any applicant for a license has violated any provision of Rule 82-14-1-.05 ("Enforcement"), the Department, subject to notice and opportunity for a hearing, may impose any one or more of the following sanctions in subparagraphs (a) through (c) below.

(a) **Refuse to Grant License.** The Department may refuse to grant (deny) a license; provided, however, that the Department may refuse to grant an initial license without holding a hearing prior to taking such action.

1. The Department may deny an application for a license where the facility has failed to demonstrate compliance with licensing requirements. Additionally, the Department may deny an application for a license where the applicant or alter ego of the applicant has had a license denied, revoked, or suspended within one year of the date of an application, or where the applicant has surrendered the license or transferred ownership or governing authority of a facility within one year of the date of a new application when such surrender or transfer was made in order to avert denial, revocation, or suspension of a license or payment of fines.

2. For the purpose of determining the one-year denial period, the period shall begin to run from the date of the final adverse finding, or the date any stay of enforcement ceased, whichever first occurs.

3. In further determining whether to grant or deny a license, the Department may consider the applicant's overall record of compliance with licensing requirements.

(b) **Prohibit Persons in Management or Control.** The Department may prohibit an applicant from allowing a person who previously was involved in the management or control of any facility which has had its license revoked or application denied within the past twelve (12) months to be involved in the management or control of such facility. Any such person found by the Department to have acted diligently and in good faith to ensure correction of violations in a facility which has had its license revoked or denied, however, shall not be subject to this prohibition if that person became involved in the management or control of the facility after the facility was notified by the Department of violations of licensing requirements giving rise to denial action. This subparagraph shall not be construed to require the Department to obtain any information that is not readily available to it regarding any person's involvement with a facility. For the purpose of this rule, the twelve (12) month period will begin to run from the date of any final adverse finding or the date that any stay of enforcement ceased, whichever first occurs.

(c) **Limit or Restrict any License.** The Department may limit or restrict any license as it deems necessary for the protection of the public (a provisional or temporary time-limited license granted by the Department shall not be considered to be a limited or restricted license).

1. Limitations or restrictions of a license may include any or all of the following as determined necessary by the Department:

   (i) prohibiting the provision of a particular service or services when a facility is unable or unwilling to render or perform the service or services in compliance with licensing requirements;

   (ii) restricting the authorized number of persons cared for by a facility when the facility is unable or unwilling to render care in compliance with licensing requirements; and

   (iii) prohibiting a facility from caring for persons with specific types or degrees of needs that the facility is not capable of meeting in compliance with licensing requirements.

2. The Department may restrict a license where any applicant or alter ego of the applicant has had a license denied, revoked, or suspended within one (1)

year of the date of an application, or where the applicant has surrendered the license or transferred ownership of governing authority of a facility within one (1) year of the date of a new application when such surrender or transfer was made in order to avert denial, revocation, suspension of a license, or payment of fines. For the purpose of determining the one (1) year denial period, the period shall begin to run from the date of the final adverse finding or the date any stay of enforcement ceased, whichever occurs first.

3. If the sanction of license limitation or restriction is finally imposed, as defined by a final adverse finding, the Department shall effectuate it by sending the facility a restricted or limited license. Upon receipt of the restricted or limited license, the facility shall return to the Department its original license if one was granted. Upon expiration of the restriction or limitation period, and upon proof by the facility that it has taken effective corrective action and has sustained that action during the period of the sanction, the Department may issue the facility a license. The Department shall take any steps it deems necessary to verify compliance prior to the expiration of the sanction period so that a compliant facility may be issued a license without delay.

(3) **Extraordinary Sanctions Where Imminent and Substantial Danger.** Where the Commissioner of the Department determines that the patients or residents in the care of an adult residential mental health program (ARMH), drug abuse treatment and education program (DATEP), narcotic treatment program (NTP), or community living arrangement (CLA) subject to licensure by the Department are subject to an imminent and substantial danger, the Commissioner may order any of the extraordinary sanctions listed in subsections (b), (c), (d) and (e), of this rule, 82-14-1-.06(3) ("Extraordinary Sanctions Where Imminent and Substantial Danger"), to take effect immediately unless otherwise specified in the order, without notice and opportunity for hearing prior to the order taking effect.

(a) **Content of the Order.** The order shall contain the following:

1. the scope of the order;

2. reasons for the issuance of the order;

3. effective date of the order if other than the date the order is issued;

4. person to whom questions concerning the order are to be addressed; and

5. notice of the right to obtain after the issuance of the order, a preliminary hearing and an administrative hearing regarding the emergency order as a contested case.

(b) **Emergency Relocation.** The Commissioner may order emergency relocation of the patients or residents of any facility to the nearest appropriate facility of the same type. Prior to issuing an emergency order, the Commissioner or his/her designee may consult with persons knowledgeable in the field of medical care and a representative of the facility to determine if there is a potential for greater adverse effects on patient or resident care as a result of the proposed issuance of an emergency order. The Commissioner shall provide for notice to the patient or resident, his or her next of kin or guardian and his or her physician of the emergency relocation and the reasons therefore; relocation to the nearest appropriate facility of the same type and other protection designed to ensure the welfare and, when possible, the desires of the patient or resident.

1. When provided with the notice of the execution of the emergency relocation order, the facility shall make patient/resident information available to the Department in usable formats.

2. The facility that is the subject of the emergency relocation order shall not impede in any way the Department's communications with the patients/residents, next of kin or guardians of the patients/residents and attending physicians.

3. The facility shall continue to provide care and services to the patients/residents and shall prepare records required by the receiving facility which are necessary to facilitate continuity of patient/resident care for the patients/residents to be relocated.

4. The facility shall make any personal property, such as but not limited to patient/resident funds, available to the receiving facility at the time of transfer.

(c) **Emergency Placement of Monitor.** The Commissioner may order the emergency placement of a monitor in a facility subject to licensure when conditions at the facility require immediate oversight for the safety of the patients or residents.

1. **Conditions.** The placement of a monitor may be required when one or more of the following circumstances are present:

   (i) the facility is operating without a permit or license;

   (ii) the Department has denied the application for a permit or a license or has initiated an action to revoke the existing permit or license of the facility;

   (iii) the facility is closing or plans to close and adequate arrangement for the relocation of the patients or residents have not been made at thirty (30) days before the date of closure; or

(iv) the health, safety, security, rights or welfare of the patients or residents cannot be adequately assured by the facility. For example, the Department is informed that essential service vendors (electricity, gas, water, food or pharmacy) have not been paid and anticipate discontinuing service and the facility does not have a signed contract with another vendor establishing that there will be no disruption in service.

2. **Role of Monitor.** The monitor may be placed in the facility for no more than ten (10) days, during which time the monitor shall observe conditions and compliance with remedial action recommended by the Department. The monitor shall not assume any administrative responsibility for the facility, nor shall the monitor be liable for any of the actions of the facility.

3. **Cost of Monitor.** The facility shall pay the costs associated with the placement of the monitor unless the Commissioner's order placing the monitor is determined to be invalid in a contested case proceeding under the Georgia Administrative Procedure Act, Chapter 13 of Title 50.

(d) **Emergency Prohibition of Admissions.** The Commissioner may order the emergency prohibition of admissions to a facility when such facility has failed to correct a violation of Departmental permit rules within a reasonable period of time, as specified in the Department's corrective order, and the violation could either jeopardize the health and safety of the residents/patients if allowed to remain uncorrected or is a repeat violation over a twelve (12) month period, which is intentional or due to gross negligence.

(e) **Emergency Suspension of Admissions.** The Commissioner may order that admissions to a facility be suspended until the Department has determined that the violation has been corrected or until the Department has determined that the facility has undertaken the action necessary to effect correction of the violation.

(f) **Preliminary Hearing.** The facility affected by the Commissioner's emergency order may request that the Department hold a preliminary hearing within the Department on the validity of the order and the need for its continuation. Such hearing shall occur within ten (10) days following the request.

1. A request for a preliminary hearing shall be made in writing to the representative of the Department designated in the emergency order. Unless a request is made to appear in person, the preliminary hearing shall consist of an administrative review of the record, written evidence submitted by the institution affected, and a preliminary written argument in support of its contentions.

2. If a request is made to appear in person at the preliminary hearing, the following information shall be included in the request, or provided prior to the hearing:

   (i) the name and address of person or persons, if any, who will be representing the facility in the preliminary hearing;

   (ii) the names and titles of all other persons who will attend the preliminary hearing; and

   (iii) any additional evidence the facility wishes to submit for consideration at the hearing.

3. Upon receipt of a request for a preliminary hearing, the Department shall set and give notice of the date, time, and location of the preliminary hearing. The preliminary hearing shall be held within ten (10) calendar days of receipt of the request.

4. If a personal appearance is requested, the preliminary hearing shall consist of a review of the evidence in the record; any additional evidence introduced at the hearing; and any arguments made. A sound recording shall be made of the hearing.

5. Within seven (7) calendar days of the close of the preliminary hearing, the Department shall render a written decision. The decision shall be divided as follows:

   (i) description of additional evidence submitted by the affected facility;

   (ii) summary of the arguments and/or brief submitted by the facility in support of its contention that the emergency order is invalid;

   (iii) a statement as to whether the emergency order issued by the Department is found valid and the reasons therefore; and

   (iv) notice of the affected facility's right to obtain an administrative hearing regarding the Commissioner's emergency order pursuant to O.C.G.A. § 50-13-13, if the emergency order is found valid as a result of the Department's preliminary hearing.

6. Pending final appeal of the validity of any emergency order issued as provided herein through the administrative hearing process, such emergency order shall remain in full effect until vacated or rescinded by the Commissioner.

(g) **Cumulative Remedy.** The Department is not limited to a single emergency action under these rules, nor is the Department precluded from other actions permitted by other law or regulations during the time an emergency order is in force.

(4) **Standards for Taking Sanctions.** In taking any of the actions pursuant to subparagraphs (1), (2) or (3) of this rule, the Department shall consider the seriousness of the violation or violations, including the circumstances, extent, and gravity of the prohibited act or acts or failure to act, and the hazard or potential hazard created to the physical or emotional health and safety of the public.

(5) **Non-Compliance with Sanctions.** Failure on the part of any facility to abide by any sanction, including payment of a fine, which is finally imposed against it, shall constitute grounds for the imposition of additional sanctions, including revocation.

(6) **Settlements.** With regard to any contested case instituted by the Department pursuant to this Chapter or other provisions of law or regulation which may now or hereafter authorize remedial or disciplinary grounds and action, the Department may, in its discretion, dispose of the action so instituted by settlement. In such cases, the Department, the facility, and those persons deemed by the Department to be successors in interest to any settlement agreement, shall be bound by the terms specified therein. Violation thereof by any applicant or licensee, their agents, employees, or others acting on their behalf, shall constitute grounds for the imposition of any sanctions enumerated in this Chapter, including revocation.

Cite as Ga. Comp. R. & Regs. R. 82-14-1-.06
Authority: O.C.G.A. §§ 26-5-6, 26-5-43, 37-2-72, 37-2-73, 37-3-205, 37-3-211, 37-13-2.
History. Original rule entitled "Sanctions" adopted. F. May 15, 2026; eff. June 4, 2026.

Rule 82-14-1-.07. Surveys, Investigations and Corrective Action Plans.

(1) **Authority to Inspect.** The Department is authorized to conduct an survey to determine whether a facility is operating in compliance with licensing requirements or has violated any licensing requirements. Such surveys may be initiated at any time, in the discretion of the Department, and may continue during the pendency of any action initiated by the Department.

(2) **Authority to Investigate.** Where the Department determines that a rule violation related to a complaint or a reportable incident may have occurred, the Department may initiate an investigation. Such investigations may be initiated at any time, in the discretion of the Department, and may continue during the pendency of any action initiated by the Department.

(3) **Consent to Entry and Access.** An application for a license or the issuance of the same by the Department constitutes consent by the applicant or licensee and the owner of the

premises for the Department's representatives, after displaying identification to any facility staff, to enter the facility for the purpose of conducting an investigation or an survey. Department representatives shall be allowed, without delay, reasonable and meaningful access to the facility's premises, and information pertinent to licensure including staff and persons in care. The Department shall have the authority to require the production of any documents related to the initial and continued licensing of any facility.

(4) **Cooperation with Survey.** Facility staff shall cooperate with any survey or investigation conducted by the Department and shall provide, without unreasonable delay, any documents which the Department is entitled hereunder.

(5) **Assessment of Expenses.** Pursuant to the survey, investigation, and enforcement powers given to the Department by O.C.G.A. § 37-2-72 and other applicable laws, and the provisions of this Chapter, the Department may assess against a facility reasonable and necessary expenses incurred by the Department pursuant to any administrative or legal actions required by the failure of a facility to fully comply with licensing requirements. Such expenses may be assessed only pursuant to the initiation of sanction actions under this Chapter and may only be collected if such actions result in final adverse findings. A facility shall be notified of the Department's action to assess expenses when the Department sends a facility a notice of the sanction. If the sanction is appealed, the assessment may become an issue for consideration by the hearing examiner at any hearing held on the sanction.

(a) **Reasonable and Necessary Expenses.** Reasonable and necessary expenses, as used in this subparagraph, shall include, but not necessarily be limited to: hourly compensation of Department representatives, commuting expenses (including mileage at the current state reimbursement rate), and lodging and meal expenses (at the rate approved for reimbursement by the state) associated with overnight out-of-town travel; and other similar costs. Assessments shall not include attorney's fees and expenses of litigation, shall not exceed actual expenses, and shall be made only if surveys, investigations, or enforcement actions result in final adverse findings.

(b) **Payment of Assessed Expenses.** Expenses assessed against a facility shall be paid within thirty (30) days of receipt of a statement of expenses. In response to an assessment, a facility may request that the Department reduce the assessment or agree to a payment plan if full payment within thirty (30) days would cause significant financial hardship that would compromise its ability to provide care or services in compliance with licensing requirements. The issue of significant financial hardship caused by the assessment may become an issue for consideration by the hearing examiner at any hearing held on the sanction.

(6) **Violations Report.** The outcome of the investigation/survey shall be provided by the Department to the facility after the investigation/survey is completed; provided however, that the names and identifying information regarding the complainants are classified as confidential. Nothing in this rule shall be construed to require the Department to release

the name or identifying information regarding a complainant without first obtaining proper authorization from such complainant. Nor shall this rule be construed to require the Department to release any other confidential or privileged information without first obtaining proper authorization.

(7) **Corrective Action Plan**. The facility shall develop a corrective action plan within fifteen (15) days of a written report of violations.

(a) If the initial corrective action plan is unacceptable to the Department, the facility will be provided with at least one (1) opportunity to revise the unacceptable corrective action plan.

(b) The facility shall comply with the corrective action plan accepted by the Department.

(c) Where the Department determines that the facility either has not filed an acceptable corrective action plan or has not complied with the accepted corrective action plan, the Department may initiate one or more sanctions as described in Rule 82-14-.06 ("Sanctions).

(d) The Department may require the provider to develop an "internal corrective action plan" which does not need to be submitted to the Department, except at the request of the Department. The "internal corrective action plan" must meet all other requirements of a corrective action plan.

(8) **Violations Dispute.** The facility may offer an explanation for or dispute the Department's findings of a violation s of licensing rules within ten (10) days of an survey or investigation report showing such finding(s). When the Department transmits the survey or investigation report to the facility, the Department shall include instructions for how such an explanation or dispute can be made, and the facility must make such explanation or dispute as directed in those instructions. At a minimum, the instructions must include directions on how the facility can initiate an administrative action (as defined in Rule 82-14-1-.03, "Definitions"); provided, however, that the Department may (but is not required to) provide for a prior process of administrative review by the Department before the matter is ripe for administrative action before agencies or courts outside the Department.

Cite as Ga. Comp. R. & Regs. R. 82-14-1-.07
Authority: O.C.G.A. §§ 26-5-6, 26-5-43, 37-2-72, 37-3-205, 37-13-2.
History. Original rule entitled "Surveys, Investigations and Corrective Action Plans" adopted. F. May 15, 2026; eff. June 4, 2026.

Rule 82-14-1-.08. Immunity.

For any action taken or any proceeding held under this Chapter or under color of law, except for gross negligence or willful or wanton misconduct, the Department, when acting in its official

capacity, shall be immune from liability and suit to the same extent that any judge of any court of general jurisdiction in this state would be immune.

Cite as Ga. Comp. R. & Regs. R. 82-14-1-.08
Authority: O.C.G.A. §§ 26-5-6, 26-5-43, 37-2-72, 37-3-205, 37-13-2.
History. Original rule entitled "Immunity" adopted. F. May 15, 2026; eff. June 4, 2026.

Rule 82-14-1-.09. Exemptions.

In an administrative or legal proceeding under this Chapter, a person claiming an exemption or an exception granted by law, rule, regulation, or formal order has the burden of proving this exemption or exception.

Cite as Ga. Comp. R. & Regs. R. 82-14-1-.09
Authority: O.C.G.A. §§ 26-5-6, 26-5-43, 37-2-72, 37-3-205, 37-13-2.
History. Original rule entitled "Exemptions" adopted. F. May 15, 2026; eff. June 4, 2026.

Rule 82-14-1-.10. Applicability of Administrative Procedures Act.

This Chapter and all sanction actions resulting from its provisions shall be administered in accordance with Chapter 13 of Title 50 of the Official Code of Georgia Annotated, the Georgia Administrative Procedure Act. Any request for hearing in response to any sanction action undertaken pursuant to this Chapter shall be in writing and shall be submitted to the Department no later than 10 calendar days from the date of receipt of any notice of intent by the Department to impose a sanction setting forth the proposed sanction or sanctions and the basis therefore.

Cite as Ga. Comp. R. & Regs. R. 82-14-1-.10
Authority: O.C.G.A. §§ 26-5-6, 26-5-43, 37-2-72, 37-3-205, 37-13-2.
History. Original rule entitled "Applicability of Administrative Procedures Act" adopted. F. May 15, 2026; eff. June 4, 2026.

Rule 82-14-1-.11. Applicability of Other Laws.

The provisions of this Chapter shall be supplemental to and shall not operate to prohibit the Department from acting pursuant to those provisions of law which may now or hereafter authorize remedial or disciplinary grounds and action for the Department. In cases where those other provisions of law so authorize other disciplinary grounds and actions, but this Chapter limits such grounds or actions, those other provisions shall apply.

Cite as Ga. Comp. R. & Regs. R. 82-14-1-.11
Authority: O.C.G.A. §§ 26-5-6, 26-5-43, 37-2-72, 37-3-205, 37-13-2.
History. Original rule entitled "Applicability of Other Laws" adopted. F. May 15, 2026; eff. June 4, 2026.

Rule 82-14-1-.12. Survey Warrants.

In addition to the enforcement actions authorized by this Chapter with respect to refusal to provide the Department with access to a facility, the Department may make application to a court of competent jurisdiction for an survey warrant if its representatives are denied meaningful access to the premises, staff, persons in care, and documents or other information of a licensed facility or of a facility which the Department believes is required to have a license but which does not have one. Upon the grant of such a warrant, the Department may gain entry and meaningful access to such facility, its staff, and persons in care therein, facility documents, and other information deemed pertinent by the Department to making a compliance determination, unless the warrant specifically limits the entry or access allowed to Department representatives. This rule shall not be construed to require the Department to seek entry and be denied the same before it may apply for a survey warrant.

Cite as Ga. Comp. R. & Regs. R. 82-14-1-.12
Authority: O.C.G.A. §§ 26-5-6, 26-5-43, 37-1-70 et seq., 37-2-72, 37-3-205, 37-13-2.
History. Original rule entitled "Survey Warrants" adopted. F. May 15, 2026; eff. June 4, 2026.

Rule 82-14-1-.13. Injunctive Relief.

The Department may, without regard to the availability of other remedies, including the remedies set forth in this Chapter, seek an injunction against the continued operation of a facility without a license. The Department likewise may seek injunctive relief against the continued operation of a facility in violation of licensing requirements.

Cite as Ga. Comp. R. & Regs. R. 82-14-1-.13
Authority: O.C.G.A. §§ 26-5-6, 26-5-43, 37-1-90, 37-2-72, 37-3-205, 37-13-2.
History. Original rule entitled "Injunctive Relief" adopted. F. May 15, 2026; eff. June 4, 2026.

Rule 82-14-1-.14. Severability.

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

Cite as Ga. Comp. R. & Regs. R. 82-14-1-.14
Authority: O.C.G.A. §§ 26-5-6, 26-5-43, 37-3-205, 37-13-2.
History. Original rule entitled "Severability" adopted. F. May 15, 2026; eff. June 4, 2026.

Chapter 82-15. [Effective 9/21/2026] CRIMINAL BACKGROUND CHECKS.

Subject 82-15-1. [Effective 9/21/2026] CRIMINAL BACKGROUND CHECKS.

Rule 82-15-1-.01. Legal Authority.

These rules are adopted and published pursuant to the Official Code of Georgia Annotated (O.C.G.A.) §§ 26-5-43, 37-1-147, and 37-1-149.

Cite as Ga. Comp. R. & Regs. R. 82-15-1-.01
Authority: O.C.G.A. §§ 26-5-43, 37-1-147, 37-1-149.
History. Original Rule entitled "Legal Authority" adopted. F. Sep. 1, 2026; eff. Sep. 21, 2026.

Rule 82-15-1-.02. Title and Purpose.

(1) These rules shall be known as the Rules and Regulations for Criminal Background Checks.

(2) The purpose of these rules is to establish the minimum standards for conducting fingerprint-based background checks, registry checks, and professional licensing board checks of owners, applicants for employment, administrators, and employees at facilities licensed by the Department of Behavioral Health and Developmental Disabilities.

(3) The Department is authorized to conduct state-level and nationwide background checks by the submission of fingerprints to the Georgia Crime Information Center (GCIC) and the Federal Bureau of Investigation (FBI). In order to determine the suitability of a license candidate, owner, administrator, applicant, or employee, the Department shall require such person to furnish a full set of fingerprints to enable a criminal background check to be conducted.

(4) The Department of Behavioral Health and Developmental Disabilities shall be responsible for review of the criminal background check to determine the covered individual's fitness to have responsibility for the safety and well-being of individuals receiving services and to convey that determination to the licensed facility.

Cite as Ga. Comp. R. & Regs. R. 82-15-1-.02
Authority: O.C.G.A. §§ 26-5-43, 37-1-147, 37-1-149.
History. Original Rule entitled "Title and Purpose" adopted. F. Sep. 1, 2026; eff. Sep. 21, 2026

Rule 82-15-1-.03. Definitions.

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

(1) "Administrator" means the individual designated by a narcotic treatment program's governing body who is responsible for the on-going and day-to-day operations of the program, for overall compliance with federal, state, and local laws and regulations regarding the operation of narcotic treatment programs, and for all program employees including practitioners, agents, or other persons providing services at the program.

(2) "Applicant" means a person applying to be a direct access employee at a facility.

(3) "Conviction" means a finding or verdict of guilty or a plea of guilty, including a plea of guilty pursuant to O.C.G.A. § 42-8-60, regardless of whether an appeal of the conviction has been sought.

(4) "Crime" means commission of:

(a) Any of the following offenses:

1. A violation of O.C.G.A. § 16-5-3;
2. A violation of O.C.G.A. § 16-5-70;
3. A violation of O.C.G.A. § 16-5-101;
4. A violation of O.C.G.A. § 16-5-102;
5. A violation of O.C.G.A. § 16-6-3;
6. A violation of O.C.G.A. § 16-6-4;
7. A violation of O.C.G.A. § 16-6-5;
8. A violation of O.C.G.A. § 16-6-5.1;
9. A violation of O.C.G.A. §§ 16-7-60, 16-7-60.1, 16-7-61, or 16-7-62;
10. A violation of Chapter 8 of Title 16 of the Official Code of Georgia;
11. A violation of O.C.G.A. § 16-10-31; or
12. A violation of O.C.G.A. § 30-5-8.

(b) A felony violation of:

1. Chapter 5, 6, 9, or 13 of Title 16 of the Official Code of Georgia;
2. O.C.G.A. § 16-4-1;
3. O.C.G.A. § 16-7-2; or

4. Subsection (f) of O.C.G.A. § 31-7-12.1; or

(c) Any other offense committed in another jurisdiction which, if committed in this state, would be deemed to constitute an offense identified in this paragraph without regard to its designation elsewhere; or

(d) Any other criminal offense as determined by the Department and established by rule adopted pursuant to Chapter 13 of Title 50 of the Official Code of Georgia, the "Georgia Administrative Procedure Act," that would indicate the unfitness of an individual to be involved in the operations or activities of a narcotic treatment program.

(5) "Criminal background check" means a search of the criminal records maintained by the Georgia Crime Information Center and the Federal Bureau of Investigation to determine whether an owner, administrator, applicant, or employee has a criminal record.

(6) "Criminal record" means any of the following:

(a) Conviction of a crime;

(b) Arrest, charge, and sentencing for a crime when:

1. A plea of nolo contendere was entered to the crime;

2. First offender treatment without adjudication of guilt was granted to the crime; or

3. An adjudication or sentence was otherwise withheld or not entered for the crime.

(c) Arrest and charges for a crime if the charge is pending, unless the time for prosecuting such crime has expired pursuant to Chapter 3 of Title 17 of the Official Code of Georgia.

(7) "Department" means the Department of Behavioral Health and Developmental Disabilities, its agents and employees.

(8) "Direct access" means having, or expecting to have, duties that involve routine personal contact with a patient, resident, or client, including, but not limited to, face-to-face contact, hands-on physical assistance, verbal cuing, reminding, standing by or monitoring or activities that require the person to be routinely alone with the patient's, resident's, or client's property or access to such property or financial information, including, but not limited to, the patient's, resident's, or client's checkbook, debit and credit cards, resident trust funds, banking records, stock accounts, or brokerage accounts.

(9) "Eligible determination" means a written determination that a person for whom a criminal background check was performed was found to have no criminal record.

(10) "Employee" means any individual who has direct access to and who is hired by, a facility through employment, or through a contract with such facility, including, but not limited to, housekeepers, maintenance personnel, dieticians, and any volunteer who has duties that are equivalent to the duties of an employee providing such services. Such term shall not include a person who contracts with the facility, whether personally or through a company, to provide utility, construction, communications, accounting, quality assurance, human resource management, information technology, legal, or other services if the contracted services are not directly related to providing services to a patient, resident, or client of the facility.

(11) "FBI" means the Federal Bureau of Investigation.

(12) "Facility" means:

(a) An adult residential mental health program required to be licensed pursuant to Article 7 of Chapter 3 of Title 37 of the Official Code of Georgia.

(b) A drug abuse treatment and education program required to be licensed under Article 1 of Chapter 5 of Title 26 of the Official Code of Georgia.

(c) A narcotics treatment program required to be licensed pursuant to Article 2 of Chapter 5 of Title 26 of the Official Code of Georgia.

(d) A community living arrangement required to be licensed under Article 1 of Chapter 13 of Title 37 of the Official Code of Georgia.

(13) "Fingerprint records check determination" means an eligible or ineligible determination by the Department based upon fingerprint-based national criminal history information.

(14) "GCIC" means the Georgia Crime Information Center established under Article 2 of Chapter 3 of Title 35 of the Official Code of Georgia.

(15) "Indirect ownership interest" means an ownership interest in a corporation, partnership, legal entity, or association which owns an ownership interest in another corporation, partnership, legal entity, or association. This term includes an ownership interest in any corporation, partnership, legal entity, or association that has an indirect ownership interest in a facility or in a license candidate.

(16) "Ineligible determination" means a written determination that a person for whom a criminal background check was performed was found to have a criminal record.

(17) "License" means the document issued by the Department to authorize a facility to operate.

(18) "License candidate" means a person, corporation, partnership, legal entity, or association applying for a license to operate a facility.

(19) "Owner" means a person with an ownership interest in a facility or license candidate or with an ownership interest in a corporation, partnership, legal entity, or association which has any ownership interest in a facility or license candidate, including an indirect ownership interest.

(20) "Ownership interest" means the possession of equity in the capital, stock, or profits of either a:

(a) Facility or license candidate; or

(b) Corporation, partnership, legal entity or association that holds a license for a facility.

(21) "Records check application" means fingerprints in such form and of such quality as prescribed by the GCIC under standards adopted by the Federal Bureau of Investigation and a records search fee to be established by the GCIC, payable in such form as the GCIC may direct to cover the cost of obtaining a criminal background check.

(22) "Registry check" means a review of the nurse aide registry provided for in O.C.G.A. § 31-2-14, the national and state sexual offender registries, and the List of Excluded Individuals and Entities as authorized in Sections 1128 and 1156 of the federal Social Security Act, as it existed on February 1, 2018, or any other registry useful for the administration of, or mandated under, these rules.

Cite as Ga. Comp. R. & Regs. R. 82-15-1-.03
Authority: O.C.G.A. §§ 26-5-43, 26-5-61, 37-1-140, 37-1-147, 37-1-149.
History. Original Rule entitled "Definitions" adopted. F. Sep. 1, 2026; eff. Sep. 21, 2026.

Rule 82-15-1-.04. Registry Check.

(1) Prior to a criminal background check required by these rules, the facility shall perform a registry check of the owner, applicant, administrator, and employees. If an individual has not resided in this state for at least two years, the facility shall conduct registry checks for each state in which the owner, administrator, applicant, or employee resided for the previous two years, as represented by such individual or as otherwise determined by the facility.

(2) If the owner, applicant, administrator, or employee appears on a registry, he or she shall not be employed by, contracted with, or allowed to work as an employee at a facility, to be an owner of the facility, or to serve as an administrator of the facility.

(3) Except as provided in subsection (c) of O.C.G.A. § 37-1-148, nothing in these rules shall be construed to limit the responsibility or ability of a facility to screen owners, applicants, administrators, and employees through additional methods.

Cite as Ga. Comp. R. & Regs. R. 82-15-1-.04
Authority: O.C.G.A. §§ 26-5-43, 37-1-141, 37-1-143, 37-1-147, 37-1-149.
History. Original Rule entitled "Registry Check" adopted. F. Sep. 1, 2026; eff. Sep. 21, 2026.

Rule 82-15-1-.05. Professional Licensing Board Check.

(1) Prior to a criminal background check required by these rules, the facility shall perform a professional licensing board check of the owner, administrator, applicant, or employee, if the individual is a licensed healthcare professional or is required to hold a professional license as a qualification for the position.

(2) The professional licensing board check shall include a query of available information maintained by the Georgia Composite Medical Board, the Secretary of State, or other applicable licensing boards to determine that such individual has a professional license valid in the State of Georgia that is in good standing.

(3) An individual required to hold a professional license as a qualification for a position shall not be employed by, contracted with, or allowed to work as an employee at a facility, or to serve as an administrator of the facility if the professional license is not valid and in good standing.

(4) An individual whose professional license is not in good standing may be employed by a facility in a position where his or her duties do not require professional licensure, provided that he or she completes a records check application and criminal background check in the same manner as an employee or applicant in accordance with these rules.

(5) Except as provided in subsection (c) of O.C.G.A. § 37-1-148, nothing in these rules shall be construed to limit the responsibility or ability of a facility to screen owners, applicants, administrators, and employees through additional methods.

Cite as Ga. Comp. R. & Regs. R. 82-15-1-.05
Authority: O.C.G.A. §§ 26-5-43, 37-1-141, 37-1-143, 37-1-147, 37-1-149.
History. Original Rule entitled "Professional Licensing Board Check" adopted. F. Sep. 1, 2026; eff. Sep. 21, 2026.

Rule 82-15-1-.06. Records Check Application.

(1) A records check application and criminal background check shall be required:

(a) For each owner, administrator, employee, and applicant, upon a facility's or license candidate's application for a new license;

(b) For each owner, upon application for a change of a licensed facility's ownership;

(c) For each administrator of a narcotics treatment program, upon application for employment as administrator or prior to placement in the position of administrator; and

(d) For each applicant and employee of a licensed facility, upon application for employment or prior to placement in the position.

(2) The Department shall make reasonable efforts to communicate the eligible determination or ineligible determination to the license candidate or facility within fifteen (15) business days of receipt of the results of the criminal background check.

(3) The Department must communicate the eligible determination or ineligible determination to the owner, administrator, employee, or applicant who is the subject of the criminal background check, and, if the person receives an ineligible determination, the Department will notify that person of his or her right to challenge the accuracy and completeness of any information contained in the criminal background check.

(4) Except as provided in subsection (c) of O.C.G.A. § 37-1-148, nothing in these rules shall be construed to limit the responsibility or ability of a facility to screen owners, applicants, administrators, and employees through additional methods.

(5) If the Department is participating in the program described in subparagraph (a)(1)(F) of O.C.G.A. § 35-3-33, the Georgia Bureau of Investigation and the Federal Bureau of Investigation shall be authorized to retain fingerprints obtained pursuant to this Code section for such program, and the Department shall notify the individual whose fingerprints were taken of the parameters of such retention.

Cite as Ga. Comp. R. & Regs. R. 82-15-1-.06
Authority: O.C.G.A. §§ 26-5-43, 37-1-141, 37-1-142, 37-1-146, 37-1-147, 37-1-149.
History. Original Rule entitled "Records Check Application" adopted. F. Sep. 1, 2026; eff. Sep. 21, 2026.

Rule 82-15-1-.07. Owners.

(1) When the Department determines that an owner has an ineligible determination as a result of a criminal background check or has appeared on a registry check, the Department shall notify such owner of the ineligible status for ownership and shall take the necessary steps to revoke the facility's license or refuse to issue a license if an application is pending.

(2) The Department's ineligible determination of an owner or any action by the Department revoking or refusing to grant a license based on such determination, shall constitute a contested case for purposes of Chapter 13 of Title 50 of the Official Code of Georgia, the "Georgia Administrative Procedure Act," except that any hearing required to be held pursuant thereto may be held reasonably expeditiously after such determination or action by the Department.

(a) In a hearing held pursuant to this subparagraph (2), the hearing officer shall consider in mitigation the length of time since the crime was committed, the absence of additional criminal charges, the circumstances surrounding the commission of the crime, other indicia of rehabilitation, the facility's history of compliance with the regulations, and the owner's involvement with the licensed facility, in arriving at a decision as to whether the criminal record requires the denial or revocation of the license to operate the facility.

(b) When a hearing is required, at least thirty (30) days prior to such hearing, the hearing officer shall notify the office of the prosecuting attorney who initiated the prosecution of the crime in question in order to allow the prosecuting attorney to object to a possible determination that the conviction would not be a bar for the grant or continuation of a license as contemplated under these rules. If objections are made, the hearing officer shall take such objections into consideration.

Cite as Ga. Comp. R. & Regs. R. 82-15-1-.07
Authority: O.C.G.A. §§ 26-5-43, 37-1-146, 37-1-147, 37-1-149.
History. Original Rule entitled "Owners" adopted. F. Sep. 1, 2026; eff. Sep. 21, 2026.

Rule 82-15-1-.08. Background Checks Initiated by the Department.

(1) The Department may require a criminal background check on any facility owner, administrator or employee during the course of an investigation involving such individual or if the Department receives information that such individual was arrested for a crime. In such instances, the individual shall submit a records check application within five (5) days of notification that the Department is requiring a criminal background check.

(2) The criminal background check will be fingerprint based and shall be conducted in the manner set forth in subsections (b), (c), (d), and (e) of O.C.G.A. § 37-1-142 and in these rules.

(3) If the Department is participating in the program described in subparagraph (a)(1)(F) of O.C.G.A. § 35-3-33, the Georgia Bureau of Investigation and the Federal Bureau of Investigation shall be authorized to retain fingerprints obtained pursuant to this Code section for such program, and the Department shall notify the individual whose fingerprints were taken of the parameters of such retention.

Cite as Ga. Comp. R. & Regs. R. 82-15-1-.08
Authority: O.C.G.A. §§ 26-5-43, 37-1-141, 37-1-142, 37-1-144, 37-1-146, 37-1-147, 37-1-149.
History. Original Rule entitled "Background Checks Initiated by the Department" adopted. F. Sep. 1, 2026; eff. Sep. 21, 2026.

Rule 82-15-1-.09. Employment Prohibition.

(1) When the Department determines that an applicant or employee has an ineligible determination, the Department shall notify the facility that the applicant or employee is ineligible to hire or employ. The facility shall take the necessary steps so that the employee is no longer employed at the facility, provided, however, that a facility may retain a current employee during the period of any administrative review or appeal provided for in O.C.G.A. § 37-1-147 or in these rules.

(2) A person required to submit to a registry check and criminal background check under these rules shall not be employed by, contracted with, or allowed to work as an employee at a facility if:

(a) The person appears on a registry check;

(b) There is a substantiated finding of neglect, abuse, or misappropriation of property by a state or federal agency pursuant to an investigati on conducted in accordance with 42 U.S.C. Section 1395-i or 1396-r as it existed on February 1, 2018;

(c) A professional license is required for the position or duties for which the person is employed, and the person's license is not in good standing as required by these rules; or

(d) The facility receives notice from the Department that the individual has been found to have an ineligible determination.

(3) Each employment application form provided by a facility to an applicant shall conspicuously state the following: "FOR THIS TYPE OF EMPLOYMENT, STATE LAW REQUIRES A NATIONAL AND STATE BACKGROUND CHECK AS A CONDITION OF EMPLOYMENT."

Cite as Ga. Comp. R. & Regs. R. 82-15-1-.09
Authority: O.C.G.A. §§ 26-5-43, 37-1-141, 37-1-142, 37-1-144, 37-1-146, 37-1-147, 37-1-149.
History. Original Rule entitled "Employment Prohibition" adopted. F. Sep. 1, 2026; eff. Sep. 21, 2026.

Rule 82-15-1-.10. Contested Results.

(1) An owner, applicant, employee, or administrator who has received an ineligible determination may:

(a) Request a background check information inspection at the Georgia Crime Information Center if he or she believes their criminal record information is inaccurate, incomplete, or misleading;

(b) Obtain information concerning the accuracy of his or her criminal record, and the Department shall refer such individual to the appropriate state or federal law enforcement agency that was involved in the arrest or conviction; and

(c) Challenge the finding that he or she is the true subject of the results from a registry check, and the Department shall refer such individual to the agency responsible for maintaining such registry.

Cite as Ga. Comp. R. & Regs. R. 82-15-1-.10
Authority: O.C.G.A. §§ 26-5-43, 37-1-147, 37-1-149.
History. Original Rule entitled "Contested Results" adopted. F. Sep. 1, 2026; eff. Sep. 21, 2026.

Rule 82-15-1-.11. Administrative Review Through Individualized Assessment.

(1) An owner, applicant, employee, or administrator who has received an ineligible determination and who wishes to challenge that determination may pursue the Individualized Assessment process. This process is an administrative review by the Department which must be requested and completed before an appeal to the Office of State Administrative Hearings can be made (see O.C.G.A. § 37-1-147(a)(3)).

(2) Within thirty (30) calendar days of the date on which the notice of ineligible determination was issued, a person who wishes to request an Individualized Assessment must submit, at a minimum, written documentation of the following:

(a) Details about the crime, and provide:

1. The arrest report;

2. All victim(s) impact statement(s), if any; and

3. Documentation showing whether the requestor cooperated with law enforcement post-arrest in the identification, arrest or conviction of others involved in the crime (must be independently verifiable, i.e., a notarized letter from prosecutor, parole or probation officer, court documents, etc.).

(b) A resume notating the requestor's employment history before and after the crime.

(c) Documentation from the facility or the requestor including but not limited to:

1. Whether the requestor would or does have direct contact with vulnerable individual(s) and/or co-workers, access to funds or personal property of individual(s), and/or access to the facility's funds or property;

2. If the requestor is an applicant, employee, or administrator: level of supervision and oversight provided by the employer, as indicated in the job description for the position; and

3. If the requestor is an applicant, employee, or administrator: location(s) where the job duties are performed (outside, indoors, in open spaces, in smaller enclosed settings, etc.).

(d) Rehabilitation, Recovery, Absence of additional criminal charges (probation or parole reports, if applicable, showing whether the requestor is currently on probation or parole and any record or evidence of noncompliance with or violation of probation or parole).

(e) Rehabilitation and/or recovery efforts of the requestor, if applicable; for example:

1. Education or training;

2. Participation in treatment;

3. Certification as a Peer Support Counselor;

4. Letter from therapist, etc.; and

5. Independently verifiable evidence of restitution to victims, if applicable.

(f) Three (3) signed and written employment or character references in which one must be from a previous employer, preferably the most recent employer. The Department does not consider verbal references. Employment or character references must discuss:

1. The requestor's character in general; and

2. If the requestor is an applicant, employee, or administrator, other evidence or circumstances indicating a reduced risk that the requestor will present a danger if employment is allowed (the letter must include specific reasons why the reference thinks there is a reduced risk).

(g) Written one (1) page statement from the requestor addressing:

1. The nature of the harm caused to the victim(s) (i.e., physical, emotional, financial, permanent, etc.) if there is not a victim impact statement;

2. Whether the requestor planned and organized others and acted as a guiding force in the commission of the crime;

3. Whether the requestor was under the influence of drugs or alcohol at the time of the crime and/or experiencing severe symptoms of untreated mental illness (i.e., mania, psychosis, delusions, etc.);

4. What the requestor learned from the experience;

5. Whether the requestor is bonded under a federal, state, or local bonding program; and

6. Whether rehabilitation efforts already accomplished by the requestor enable the requestor to bring perspectives and/or skills that are relevant for ownership of a facility or for the position.

(3) Once the requestor has submitted documents, the Department reviews all submitted documentation for completeness and may request additional and/or clarifying documentation.

(4) Once all documents have been received within the allotted timeframes, the request will be reviewed at the next Individualized Assessment Review Committee meeting. If the Department determines that the requestor did not include all the documents needed for the Individualized Assessment review, the requestor's ineligible determination is sustained, and the requestor and the facility are notified accordingly.

(5) Individualized Assessment Review Committee

(a) Composition. The Individualized Assessment Review Committee consists of representatives approved by the Department Executive Leadership.

(b) All members and alternates for the Individualized Assessment Review Committee must complete Security Awareness Training annually to continue to be active members of the committee.

(c) The representatives and their designated alternates are trained on the Individualized Assessment process.

(d) The Individualized Assessment Review Committee assesses whether the documentation submitted indicates a reduced risk that the requestor will present a danger if employment or ownership is allowed.

(e) Decisions of the Individualized Assessment Review Committee to deem a requestor eligible for employment or ownership must be unanimous.

(f) Decisions of the Individualized Assessment Review Committee are final. If the Committee does not deem the requestor eligible, the ineligible determination is sustained, and the requestor may request a hearing before the Office of State Administrative Hearings.

Cite as Ga. Comp. R. & Regs. R. 82-15-1-.11
Authority: O.C.G.A. § 37-1-147.
History. Original Rule entitled "Administrative Review Through Individualized Assessment" adopted. F. Sep. 1, 2026; eff. Sep. 21, 2026.

Rule 82-15-1-.12. Administrative Appeal.

(1) If an owner, applicant, employee, or administrator has an ineligible determination that is sustained after the Individualized Assessment process, they may appeal their disqualifying ineligible determination to the Office of State Administrative Hearings. The Department will provide a process for making such an appeal.

(2) While such an appeal is pending, the facility shall take appropriate measures to ensure the health, safety, and well-being of individuals served by the facility.

(3) Unless prohibited under federal regulations, the facility may retain a current employee or administrator who has an ineligible determination during the period of his or her appeal.

(4) If the appellant is an applicant, employee, or administrator, in a hearing held pursuant to this rule, the hearing officer shall consider in mitigation the length of time since the crime was committed, the absence of additional criminal charges, the circumstances surrounding the commission of the crime, and other indicia of rehabilitation.

(5) If the appellant is an owner, in a hearing held pursuant to this rule, the hearing officer shall consider in mitigation the length of time since the crime was committed, the absence of additional criminal charges, the circumstances surrounding the commission of the crime, other indicia of rehabilitation, the facility's history of compliance with the regulation, and the owner's involvement with the licensed facility in arriving at a decision as to whether the criminal record requires the denial or revocation of the license to operate the facility.

(6) When a hearing is required, the hearing officer shall notify the office of the prosecuting attorney who initiated the prosecution of the crime in question at least thirty (30) days prior to the hearing to allow the prosecuting attorney to object to a possible determination that the conviction would not be a bar for the grant or continuation of a license. If objections are made, the hearing officer shall take such objections into consideration.

Cite as Ga. Comp. R. & Regs. R. 82-15-1-.12
Authority: O.C.G.A. § 26-5-61, 37-1-147.

History. Original Rule entitled "Administrative Appeal" adopted. F. Sep. 1, 2026; eff. Sep. 21, 2026.

Rule 82-15-1-.13. Personnel File.

(1) A personnel file for each administrator and employee shall be maintained by the facility.

(2) Such files shall be available for inspection by the Department but shall otherwise be maintained to protect the confidentiality of the information contained within.

(3) The information shall include, but not be limited to, evidence of each administrator's and employee's eligible determination, registry check, and licensure check, if applicable.

Cite as Ga. Comp. R. & Regs. R. 82-15-1-.13
Authority: O.C.G.A. § 26-5-43, 26-5-61, 37-1-144.
History. Original Rule entitled "Personnel File" adopted. F. Sep. 1, 2026; eff. Sep. 21, 2026.

Rule 82-15-1-.14. Enforcement and Sanctions.

(1) Except as expressly provided in these rules, a facility that does not terminate an employee who has been found to have an ineligible determination or failed a registry check shall be liable for a civil monetary penalty in the amount of $500.00 for each day that a violation occurs, not to exceed a total of $10,000.00.

(2) The daily civil monetary penalty shall be imposed only from the time the facility knew or should have known that it employed a person with a criminal record and until the date such individual's employment is terminated; provided, however, that the penalty shall not be imposed for any period of time during which the facility may retain the employee under the provisions of paragraph (2) of subsection (b) of O.C.G.A. § 37-1-144.

Cite as Ga. Comp. R. & Regs. R. 82-15-1-.14
Authority: O.C.G.A. § 37-1-145.
History. Original Rule entitled "Enforcement and Sanctions" adopted. F. Sep. 1, 2026; eff. Sep. 21, 2026.

Rule 82-15-1-.15. Severability.

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

Cite as Ga. Comp. R. & Regs. R. 82-15-1-.15
Authority: O.C.G.A. §§ 26-5-43, 37-1-147, 37-1-149.
History. Original Rule entitled "Severability" adopted. F. Sep. 1, 2026; eff. Sep. 21, 2026.