South Dakota Department of Social Services

Strong Families - South Dakota's Foundation and Our Future

Office of Licensing and Accreditation

Accreditation Survey Report
for Substance Use Disorder Treatment Providers

ARSD 67:61

March 13, 2025

South Dakota Urban Indian Health

1200 N. West Ave
Sioux Falls, SD 57104

339 S. Pierre St.
Pierre, SD 57501

Levels of Care:
Outpatient Treatment (1.0)

1. Governance	Yes	No	N/A
a. Governmental agency, federally recognized tribe, business corporation, non-profit corporation or limited liability company (0.5 and 1.0 only) (67:61:03:01)	✓		
b. Policy for not denying clients equal access to services (67:61:03:04)	✓		
c. Annual, entity-wide, independent financial audit completed (67:61:04:05)	✓		
d. Business hours posted in prominent place on premises (67:61:04:09)	✓		
e. Board of directors meets at least quarterly and keeps minutes of all meetings (67:61:03:03)	✓		
f. Up-to-date policy and procedure manual (67:61:04:01)	✓		
g. Up-to-date organizational chart (67:61:05:09)	✓		
h. Sentinel event policy (67:61:02:21)	✓		
i. Policy for notifying DSS of changes (67:61:02:20)		✓	

Comments: South Dakota Urban Indian Health does not have a policy for notifying the Department of Social Services of changes.

2. Program Services	Yes	No	N/A
a. Schedule of fees based on client ability to pay (67:61:04:06)	✓		

b. Policy prohibiting client abuse, neglect, and exploitation (67:61:06:03)	✓		
c. Client rights policy (67:61:06:01; 67:61:06:02)	✓		
d. Client grievance policy (67:61:06:04)	✓		
e. Submits accurate statistical data (67:61:04:02)	✓		
f. Discharge policy (67:61:06:07)	✓		
g. Client orientation policy and procedure (67:61:04:07)	✓		
h. Policy for responding to medical emergencies (67:61:04:09)	✓		
i. Electronic or written directory with name address, and phone number of support services (67:61:04:10)	✓		
j. In level 3.1, 3.2D, and 3.7 facilities, staff is on duty at all times who is trained to respond to fires and natural disasters (67:61:04:09)	✓		

Comments: South Dakota Urban Indian Health meets all requirements of this section.

3. Personnel	**Yes**	**No**	**N/A**
a. Orientation completed within 10 days of hire with all required components (64:61:05:05)	✓		
b. Office of Inspector General Medicaid exclusion list check (67:61:05:12)		✓	
c. In 3.2D facility, all counseling and supervisory staff are trained in emergency first aid, CPR and responding to natural disasters; Documentation in file (67:61:17:06)			✓
d. Policy and procedure for supervising employees,	✓		

volunteers, and interns (67:61:05:06)

e. Two-step TB test or blood assay test within 2 weeks of hire or 12 months before hire (67:61:05:01)	✓		
f. Employee TB policies and procedures (67:61:05:01)	✓		
g. Complete employee records; policies to maintain those records (67:61:05:08)	✓		

Comments: South Dakota Urban Indian Health does not have checks of the Inspector General Medicaid Exclusion List in personnel files. They also do not have a policy and procedure for checking the Inspector General Medicaid Exclusion List. In order to meet the "routinely", requirement, the Office of Licensing and Accreditation recommends checking the list at least annually for all employees.

4. Case Record Management	**Yes**	**No**	**N/A**
a. Procedures for closing inactive client records for inpatient programs within 3 days and outpatient programs for 30 days [67:61:07:04(1-2)]	✓		
b. Policy for case records to be retained for at least 6 years [67:61:07:04(3)]	✓		
c. Established ongoing compliance review process (67:61:04:03)	✓		

Comments: South Dakota Urban Indian Health meets all requirements of this section.

5. Environmental/Sanitation/Safety/Fire Prevention	**Yes**	**No**	**N/A**
a. Health, safety, sanitation, and disaster plan (67:61:10:01)	✓		

Comments: South Dakota Urban Indian Health meets all requirements of this section.

6. Assessment (67:61:07:05)	Yes	No	N/A
a. Strengths of the client and client's family if appropriate; identification of resources within the family	✓		
b. Presenting problems or issues	✓		
c. Identification of readiness for change in problem areas	✓		
d. Current substance use and relevant treatment history, including mental health history and treatment, gambling treatment, psychiatric hospital admissions, medications, relapse history, potential for relapse, physical illness, and hospitalization	✓		
e. Relevant family history, including family relationship dynamics and family psychiatric and substance use history	✓		
f. Family and relationship issues along with social needs	✓		
g. Educational history and needs	✓		
h. Legal issues	✓		
i. Living environment or housing	✓		
j. Safety needs and risks with regard to physical acting out, health conditions, acute intoxication, or risk of withdrawal	✓		
k. Past or current indications of trauma, domestic violence, or both if applicable	✓		
l. Vocational and financial history and needs	✓		

m. Behavioral observations or mental status	✓		
n. Formulation of a diagnosis	✓		
o. Eligibility determination	✓		
p. Clinician's signature, credentials, and date	✓		
q. Clinical supervisor's signature, credentials, and date			✓
r. Completed within 30 days	✓		

Comments: South Dakota Urban Indian Health meets all requirements of this section.

7. Treatment Plan (67:61:07:06)	Yes	No	N/A
a. Statement of specific client problems to be addressed during treatment, with supporting evidence	✓		
b. Diagnostic statement and statement of short and long-term goals	✓		
c. Measurable objective or methods leading to the completion of short-term goals including time frames for the anticipated dates of completion of each objective; include interventions that match the client's readiness to change	✓		
d. Statement identifying staff member responsible for facilitating treatment methods	✓		
e. Signed and dated by addiction counselor or addiction counselor trainee, and credentials	✓		
f. Evidence of the client's meaningful involvement in formulating the plan	✓		

g. Completed within:

i. Ten calendar days (2.1, 2.5, 3.1, 3.7)	____	____	✓
ii. Thirty calendar days (1.0)	✓	____	____

Comments: South Dakota Urban Indian Health meets all requirements of this section.

8. Progress Notes (67:61:07:08)	Yes	No	N/A
a. Minimum of one progress note weekly which substantiates all services provided and summarizes significant events occurring throughout the treatment process	✓	____	____
b. Information identifying the client receiving services – name, unique ID number, service activity code, title describing the service, or both, date, time met, units of service, and length of session	✓	____	____
c. Brief assessment of the client's functioning	✓	____	____
d. Description of what occurred during the session, including action taken or plan to address unresolved issues	✓	____	____
e. Brief description of what client and provider plan to work on during the next session	✓	____	____
f. Signature and credentials of staff providing the services	✓	____	____

Comments: South Dakota Urban Indian Health meets all the requirements of this section.

9. Continued Service Criteria (67:61:07:07)	Yes	No	N/A
a. Client meets continued service criteria, and is documented every:			
i. Two calendar days (3.2D)	____	____	✓

ii. Fourteen calendar days (0.5, 2.1, 2.5, 3.7)	____	___	✓
iii. Thirty calendar days (1.0, 3.1)	____	✓	___
b. Progress and reasons for retaining the client at the present level of care	____	✓	____
c. An individualized plan of action that addresses the reasons for retaining the individual in the present level of care	____	✓	____

Comments: South Dakota Urban Indian Health completes continued service reviews in STARS, but does not complete them in the client record. Continued service reviews are an assessment of the client's progress and appropriateness to remain in treatment, and thus should be completed as part of each client's clinical record.

10. Transfer or Discharge Summary (67:61:07:10)	**Yes**	**No**	**N/A**
a. Completed by an addiction counselor or addiction counselor trainee within five working days after discharge, regardless of the reason for discharge	____	✓	____
b. Summary of the client's problems, course of treatment, and progress toward planned goals and objectives identified in the treatment plan	____	✓	____
c. When a client prematurely discontinues services, reasonable attempts are made and documented by the agency to re-engage the client into services, if appropriate	____	✓	____

Comments: South Dakota Urban Indian Health completes discharge summaries in STARS, but does not complete them in the client's case record. Discharge summaries are a summary of the client's treatment and reason for discharge, and thus should be completed in the client's case record.

11. Tuberculin Screening Requirement (67:61:07:12)	**Yes**	**No**	**N/A**
a. A tuberculin screening for the absence or presence	✓	____	____

of symptoms shall be conducted for each new client within 24 hours of onset of services

Comments: South Dakota Urban Indian Health meets all requirements of this section.

12. Intensity of Services	Yes	No	N/A
a. The outpatient program provides less than 9 hours per week of counseling services for adults and less than 6 hours for adolescents. (67:61:13:03)	✓		
b. The intensive outpatient program provides counseling at least two times per week. Each adult should be provided with at least 9 hours of services. Adolescents shall be provided at least 6 hours of services.			✓
c. The day treatment program shall provide at least 15 hours per week of services for adults and adolescents. For adults, the program shall provide an additional 5 hours on specialized topics.			✓
d. The clinically-managed low-intensity residential treatment program shall provide at least 5 hours of services.			✓
e. The clinically-managed residential detoxification program shall provide at least 30 minutes of services per day within 48 hours of admission, and an additional 30 minutes for each subsequent 24 hour period.			✓
f. The medically-monitored intensive inpatient program shall provide at least 21 hours of services per week. The program shall also provide at least 9 hours of additional services on specialized topics.			✓

Comments: South Dakota Urban Indian Health meets all requirements of this section.

13. Signatures

X	Three Year Accreditation (100%-90%)
	Two Year Accreditation (89.9% - 70%)
	Probation (69.9% and below)
	One Year Provisional Accreditation (70% and above)

Chris Kenyon
Program Specialist

December 23, 2025
Date

December 9, 2025
Date of Site Visit

Muriel Nelson
Program Manager

December 23, 2025
Date