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

February 11, 2026

South Dakota Human Services Center
3515 Broadway Ave
Yankton, SD 57078

Levels of Care:
Medically Monitored Intensive Inpatient Treatment Program (3.7)

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: The Human Services Center meets all requirements of this section.

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: The Human Services Center 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: The Human Services Center meets all requirements of this section.

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: The Human Services Center 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: The Human Services Center meets all requirements of this section.

6. Dietary Services	Yes	No	N/A
a. Written plan for meeting basic nutritional needs as well as special dietetic needs, including 3 meals per day with snacks (67:61:09:01)	✓		
b. Sanitation and safety standards are met for food service (44:02:07); completed sanitation inspection by the Department of	✓		

Health (67:61:09:02)

Comments: The Human Services Center meets all requirements of this section.

7. Medication	Yes	No	N/A
a. Policies and procedures on control, accountability, administration, and storage of client medication (67:61:08:02)	✓		
b. Maintains a separate log book to record the receipt and disposition of all schedule II drugs; client case record must include receipt and administration of schedule II, III, and IV drugs (67:61:08:04)	✓		
c. Policy and procedure for destruction and disposal of medication (67:61:08:05)	✓		
d. Policy regarding only RNs, LPNs or UAPs administering and recording medication (67:61:08:08)	✓		
e. Policy and procedure regarding medication errors (67:61:08:08)	✓		
f. If 3.7 is not employing RNs, LPNs, or UAPs, medications are made available to clients for self-administration, with instructions from a physician and under the supervision of staff (67:61:08:10)			✓
g. In 3.1 that allows clients to possess and self-administer medication, a list is developed for the client, in consultation with a physician, which is reviewed at least annually (67:61:08:10)			✓

Comments: The Human Services Center meets all requirements of this section.

8. 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: The Human Services Center meets all requirements of this section.

9. 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: The Human Services Center meets all requirements of this section.

10. 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: The Human Services Center meets all requirements of this section.

11. 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: The Human Services Center meets all requirements of this section.

12. 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: The Human Services Center meets all requirements of this section.

13. 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: The Human Services Center meets all requirements of this section.

14. 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: The Human Services Center meets all requirements of this section.

15. Medical Requirements	Yes	No	N/A
a. Clinically-Managed Low Intensity Residential Treatment			
i. Medical exam conducted by or under the supervision of a licensed physician within three months before admission or five calendar days after admission. (67:61:16:04)	___	___	✓
b. Clinically-Managed Residential Detoxification Program			

i. The agency shall obtain the following information at the time of admission: (67:61:17:02)

a) Blood pressure, pulse and respiration.	___	___	✓
b) Presence of bruises, lacerations, cuts, or wounds	___	___	✓
c) Medications the client is currently taking	___	___	✓
d) History of diabetes, seizure disorders, convulsive therapies, and exposure to TB	___	___	✓
e) History of medical, psychological, or psychiatric treatment	___	___	✓
f) Any symptoms of mental illness currently present	___	___	✓

ii. Written agreement to provide emergency, inpatient, and ambulatory medical services with a licensed hospital serving the area where the program is located. (67:61:17:03) ___ ___ ✓

iii. Written agreement with a licensed physician, physician assistant, or certified nurse practitioner to serve as medical director or employ a licensed physician who is primarily responsible for providing medical care to clients. (67:61:17:04) ___ ___ ✓

iv. Policy and procedure concerning the steps staff shall take when assessing and monitoring a client's physical condition and responding to medical complications throughout the detoxification process (67:61:17:05) ___ ___ ✓

a) Blood pressure, pulse, and respiration a minimum of two additional times in the	___	___	✓

first 8 hours after admission and at least once every 8 hours thereafter.

b) Physical, mental and emotional state ___ ___ ✓

c) Type and amount of fluid Intake ___ ___ ✓

c. Medically-Monitored Intensive Inpatient Treatment

i. At minimum, the program shall complete the following: (67:61:18:02)

a) Blood pressure, pulse, and respiration at the time of admission ✓ ___ ___

b) Within 8 hours of admission a medical evaluation conducted by an RN or LPN including a second reading of blood pressure, pulse and respiration, mental and emotional status, presence of bruises, cuts, or lacerations, current medication use, and history of diabetes, seizure disorders, or convulsive therapies. ✓ ___ ___

c) Within 72 hours of admission a complete blood count and urinalysis ✓ ___ ___

d) A complete physical examination by a licensed physician ✓ ___ ___

Comments: The Human Services Center meets all requirements of this section.

16. 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

February 13, 2026
Date

February 11, 2026
Date of Site Visit

Muriel Nelson
Program Manager

February 13, 2026
Date