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

April 28, 2026

Accord Counseling
217 Kansas City Street
Rapid City, SD 57701

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:

Accord Counseling is in compliance with all the items listed in 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)	✓	____	____

Comments:

Accord Counseling's list of client rights is incomplete. It must include each item listed in 67:61:06:02 Guaranteed Rights.

The agency's client grievance procedures must include the ability to appeal the agency's decision regarding ineligibility or the termination of services to the Department of Social Services, and must include the telephone number and address of the Department of Social Services.

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. Policy and procedure for supervising employees, volunteers, and interns (67:61:05:06)	✓		
d. Two-step TB test or blood assay test within 2 weeks of hire or 12 months before hire (67:61:05:01)	✓		
e. Employee TB policies and procedures (67:61:05:01)	✓		
f. Complete employee records; policies to maintain those records (67:61:05:08)	✓		

Comments:

Accord Counseling is in compliance with all the items listed in 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:

Accord Counseling is in compliance with all the items listed in this section.

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

Comments:

Accord Counseling is in compliance with all the items listed in 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:

Accord Counseling must ensure that integrated assessments are signed by the clinician who completed the assessment, along with the clinician's credentials, and that they are dated when the clinician signs.

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:

Accord Counseling must ensure that the staff member responsible for facilitating the methods or treatment procedures is identified with each goal on the treatment plan.

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:

Accord Counseling is in compliance with all the items listed in 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:

Accord Counseling is in compliance with all the items listed in this section.

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:

Accord Counseling is in compliance with all the items listed in this section.

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:

Accord Counseling is in compliance with all the items listed in 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)	✓		

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)

_____April 28, 2026_____
Date of Site Visit

_____Muriel Nelson_____ _____May 26, 2026_____
Program Manager Date