South Dakota Department of Social Services

DEPARTMENT OF SOCIAL SERVICES
OFFICE OF LICENSING & ACCREDITATION
700 GOVERNORS DRIVE
PIERRE, SD 57501
Phone: 605.773.3165
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Plan of Correction

Date Issued December 22, 2025 Status Closed

Provider Name	South Dakota Urban Indian Health
Provider Type	Accreditation
Accreditation #	1104390587
Provider Address	1714 Abbey Rd, Pierre, SD 57501
Provider Contact	Ellen Durkin
Board Notified	N/A

This is the Plan of Correction for Substance Use Disorder Treatment Services. The following administrative rules have been found to be out of compliance. A plan of correction is required to bring the provider into compliance. Continued non-compliance could lead to suspension or revocation of your accreditation.

POC Action #1

Administrative Rule:

67:61:02:20

An accredited agency shall notify the department before a change in the agency director, a reduction in services provided by the agency, or the impending closure of the agency. Upon receiving a notification under this section, the department must make a determination on the agency's continued accreditation.

An accredited agency shall give the department thirty days' written notice of closure. The agency shall provide the department with written documentation outlining the manner in which safe storage of financial records will be provided, for at least six years from the date of closure, and safe storage of client case records will be provided, for at least six years from the date of closure, as required by 42 C.F.R. § 2.19, in effect on October 1, 1999.

The department may assist in arranging for the continuation of services to clients by another accredited agency before the closing.

Summary of Non-Compliance Finding:

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

Corrective Action:
Develop a policy to address the notification of the Division of requited changes.

Supporting Evidence:
A new policy will be created.

How Maintained:
Policies are reviewed by the Board on a regular basis.

Position Responsible:	Expected Completion Date:	Date Completed:
Jeff Ekle	January 30, 2026	January 12, 2026

POC Action #2

Administrative Rule:
67:61:05:12
Each agency shall routinely check the List of Excluded Individuals and Entities, maintained by the U.S. Department of Health and Human Services Office of Inspector General, to ensure that each new hire, as well as any current employee, is not on the list. No payment to the agency may be provided for services furnished by an excluded individual. Documentation that the check has been completed must be placed in the employee's personnel file.

Summary of Non-Compliance Finding:
South Dakota Urban Indian Health does not have checks of the Inspector General's 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.

The search can be performed at this website: https://exclusions.oig.hhs.gov/?AspxAutoDetectCookieSupport=1

Corrective Action:
Develop a policy that addresses checking the OIG Medicaid Exclusion list on a regular basis (annually).

Supporting Evidence:
A new policy will be created.

How Maintained:
Policies are reviewed by the Board on a regular basis. A check will be completed annually on the employee's hire date.

Position Responsible:	Expected Completion Date:	Date Completed:
Jeff Ekle	March 30, 2026	June 12, 2026

POC Action #3

Administrative Rule:

67:61:07:07

The program staff or direct care provider shall document, for each client, the progress and reasons for retaining the client at the present level of care and create an individualized plan of action to address the reasons for retaining the client at the present level of care. This document must be maintained in the client case record. It is appropriate to retain the client at the present level of care if:

(1) The client is making progress, but has not yet achieved the goals articulated in the individualized treatment plan. Continued treatment at the present level of care must be assessed, as necessary, to permit the client to continue working toward his or her treatment goals; or

(2) The client is not yet making progress, but has the capacity to resolve his or her problems. The client is actively working toward the goals articulated in the individualized treatment plan. Continued treatment at the present level of care must be assessed, as necessary, to permit the client to continue working toward his or her treatment goals; or

(3) A new problem or priority that is appropriately treated at the present level of care has been identified. The new problem or priority requires services, the frequency and intensity of which can only be delivered safely by continuing to stay at the current level of care. The client's level of care must be the least intensive level at which the client's new problem or priority can be addressed effectively.

The individualized plan of action to address the reasons for retaining the individual at the present level of care must be documented every:

(a) Two calendar days for clinically-managed, residential detoxification;
(b) Fourteen calendar days for early intervention services; intensive outpatient services; day treatment services; and medically-monitored, intensive inpatient treatment; and
(c) Thirty calendar days for outpatient treatment programs and clinically-managed, low-intensity residential treatment.

Summary of Non-Compliance Finding:

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.

Corrective Action:

A copy of the CSR will be printed from STARS and placed in the client's chart.

Supporting Evidence:

This will be added to the Quarterly Quality of Care Review.

How Maintained:

This will be tracked during he Quality of Care Review process.

Position Responsible:	Expected Completion Date:	Date Completed:
Jeff Ekle	March 30, 2026	June 12, 2026

POC Action #4

Administrative Rule:

67:61:07:10

An addiction counselor or an addiction counselor trainee shall complete a transfer or a discharge summary for a client, within five working days after the client is transferred or discharged, regardless of the reason for the transfer or discharge. A transfer or a discharge summary of the client's problems, course of treatment, and progress toward planned goals and objectives identified in the treatment plan must be maintained in the client's case record. A process must be in place to ensure that the transfer or discharge summary is completed in the management information system.

When a client prematurely discontinues services, reasonable attempts must be made and documented by the agency to re-engage the client, if appropriate.

Summary of Non-Compliance Finding:

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.

Corrective Action:

A copy of the discharge summary will be placed in the client's chart.

Supporting Evidence:

This will be added to the Quarterly Quality of Care Review.

How Maintained:

This will be tracked during he Quality of Care Review process.

Position Responsible:	Expected Completion Date:	Date Completed:
Jeff Ekle	March 30, 2026	June 12, 2026

SIGNATURES

Your signature below certifies you have read and understand the non-compliance findings and agree to make corrections to be compliant with the identified administrative rules.

Printed Name of Provider/Agency Contact

Signature of Provider/Agency Contact | Date

The Department of Social Services, Office of Licensing and Accreditation has reviewed and accepted the above plan.

Chris Kenyon

Printed Name of DSS Staff



1/12/2026, 12:11:09 PM

Signature of DSS Staff: | January 12, 2026 Date

COMPLETION DETAILS

COMPLETION DATE: June 12, 2026

The Department of Social Services, Office of Licensing and Accreditation has reviewed the actions taken by the agency to resolve the above items and has accepted the above plan as completed.

Chris Kenyon

Printed Name of DSS Staff



6/12/2026, 9:30:55 AM

Signature of DSS Staff: | June 12, 2026 Date