South Dakota Department of Social Services

DEPARTMENT OF SOCIAL SERVICES
OFFICE OF LICENSING & ACCREDITATION
700 GOVERNORS DRIVE
PIERRE, SD 57501
Phone: 605.773.3165
Web: dss.sd.gov

Plan of Correction

Date Issued	January 22, 2026	Status	Closed

Provider Name	Capital Area Counseling Services, Inc. - SUD Services
Provider Type	Accreditation
Accreditation #	1234363619
Provider Address	2001 Eastgate Dr, Pierre, SD 57501
Provider Contact	Kristi Livermont
Board Notified	Yes

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:

67:61:07:04

The agency shall establish a policy and procedures to ensure the closure and storage of clinical records upon the completion or termination of a treatment program. The policy and procedures must:

(1) Identify, by position or title, the staff members who are responsible for the closure of clinical records within the agency and the management information system;
(2) Provide for the closure of a client's clinical records if the client has not received services from an inpatient or residential program in three days or if the client has not received services from an outpatient program in thirty days; and
(3) Provide for the safe storage of case records for at least six years from the date of closure.

Summary of Non-Compliance Finding:

Capital Area Counseling Services has necessary policy requiring the closure of files for clients who had not received services in 30 days. However, multiple files were found in which clients were not discharged despite not having services for 30 days.

Capital Area Counseling Services must ensure clients who have not received services in 30 days are closed.

Corrective Action:
Staff were trained/retrained on the administrative rule February 2026, will be with all clinical staff again March 2026 and quarterly thereafter.

Supporting Evidence:
Chart audits using audit form

How Maintained:
Weekly chart audits by clinicians, Clinical Supervisor, and ongoing random audits by Compliance Officer.

Position Responsible:	Expected Completion Date:	Date Completed:
SUD clinicians, Clinical Supervisor, Clinical Director	March 31, 2026	June 22, 2026

POC Action #2

Administrative Rule:
67:61:07:06
An addiction counselor or addiction counselor trainee shall develop an individualized treatment plan, based upon the integrated assessment for each client admitted to an outpatient treatment program, an intensive outpatient treatment program, a day treatment program, a clinically-managed, low-intensity residential treatment program, or a medically-monitored, intensive inpatient treatment program. Evidence of the client's meaningful involvement in formulating the plan must be documented in the client's clinical record. The treatment plan must be recorded in the client's clinical record and contain:

(1) A statement of specific client problems, including any co-occurring disorders, to be addressed during treatment, with supporting evidence;

(2) A diagnostic statement and a statement of short- and long-term treatment goals that relate to the problems identified;

(3) Measurable objectives or methods leading to the completion of short-term goals:

(a) Time frames for the anticipated dates of achievement or completion of each objective, or for reviewing progress towards objectives;
(b) A specification and description of the indicators to be used to assess progress;
(c) Referrals for needed services that are not provided directly by the agency; and
(d) Interventions, for identified issues, that match the client's readiness for change; and

(4) A statement identifying the staff member responsible for facilitating the methods or treatment procedures.

The individualized treatment plan must be developed within ten calendar days of the client's admission to an intensive outpatient treatment program; a day treatment program; a clinically-managed, low-intensity residential treatment

program; or a medically-monitored, intensive inpatient treatment program.

The individualized treatment plan must be developed within thirty calendar days of the client's admission to a counseling services program.

All treatment plans must be reviewed, signed, and dated by the addiction counselor or addiction counselor trainee. The signature must be followed by the counselor's credentials.

Summary of Non-Compliance Finding:

Approximately 87% of reviewed outpatient and intensive outpatient treatment plans did not contain anticipated time frames for achievement of goals.

Corrective Action:

Staff were trained/retrained on the administrative rule February 2026, will be with all clinical staff again March 2026 and quarterly thereafter.

Supporting Evidence:

Chart audits using audit form

How Maintained:

Weekly chart audits by clinicians, Clinical Supervisor, and ongoing random audits by Compliance Officer.

Position Responsible:	Expected Completion Date:	Date Completed:
SUD clinicians, Clinical Supervisor, Clinical Director	March 31, 2026	June 22, 2026

POC Action #3

Administrative Rule:

67:61:07:06

An addiction counselor or addiction counselor trainee shall develop an individualized treatment plan, based upon the integrated assessment for each client admitted to an outpatient treatment program, an intensive outpatient treatment program, a day treatment program, a clinically-managed, low-intensity residential treatment program, or a medically-monitored, intensive inpatient treatment program. Evidence of the client's meaningful involvement in formulating the plan must be documented in the client's clinical record. The treatment plan must be recorded in the client's clinical record and contain:

(1) A statement of specific client problems, including any co-occurring disorders, to be addressed during treatment, with supporting evidence;

(2) A diagnostic statement and a statement of short- and long-term treatment goals that relate to the problems

identified;

(3) Measurable objectives or methods leading to the completion of short-term goals:

(a) Time frames for the anticipated dates of achievement or completion of each objective, or for reviewing progress towards objectives;
(b) A specification and description of the indicators to be used to assess progress;
(c) Referrals for needed services that are not provided directly by the agency; and
(d) Interventions, for identified issues, that match the client's readiness for change; and

(4) A statement identifying the staff member responsible for facilitating the methods or treatment procedures.

The individualized treatment plan must be developed within ten calendar days of the client's admission to an intensive outpatient treatment program; a day treatment program; a clinically-managed, low-intensity residential treatment program; or a medically-monitored, intensive inpatient treatment program.

The individualized treatment plan must be developed within thirty calendar days of the client's admission to a counseling services program.

All treatment plans must be reviewed, signed, and dated by the addiction counselor or addiction counselor trainee. The signature must be followed by the counselor's credentials.

Summary of Non-Compliance Finding:

Approximately 87% of reviewed outpatient and intensive outpatient treatment plans did not contain interventions for goals, or interventions simply stated "individual therapy" or "group therapy". Interventions should be action staff takes or information staff teaches to help the client meet the specific goal.

Corrective Action:

Staff were trained/retrained on the administrative rule February 2026, will be with all clinical staff again March 2026 and quarterly thereafter.

Supporting Evidence:

Chart audits using audit form

How Maintained:

Weekly chart audits by clinicians, Clinical Supervisor, and ongoing random audits by Compliance Officer.

Position Responsible:	Expected Completion Date:	Date Completed:
SUD clinicians, Clinical Supervisor, Clinical Director	March 31, 2026	June 22, 2026

POC Action #4

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:

Approximately 50% of reviewed outpatient treatment files contained continued service reviews that were not completed every 30 days.

Corrective Action:

Staff were trained/retrained on the administrative rule February 2026, will be with all clinical staff again March 2026 and quarterly thereafter.

Supporting Evidence:

Chart audits using audit form

How Maintained:
Weekly chart audits by clinicians, Clinical Supervisor, and ongoing random audits by Compliance Officer.

Position Responsible:	Expected Completion Date:	Date Completed:
SUD clinicians, Clinical Supervisor, Clinical Director	March 31, 2026	June 22, 2026

POC Action #5

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:
Approximately 88% of reviewed outpatient treatment files contained continued service reviews that did not contain individualized plans of action to address the reasons for retaining the client at their current level of care.

Corrective Action:

Staff were trained/retrained on the administrative rule February 2026, will be with all clinical staff again March 2026 and quarterly thereafter.

Supporting Evidence:

Chart audits using audit form

How Maintained:

Weekly chart audits by clinicians, Clinical Supervisor, and ongoing random audits by Compliance Officer.

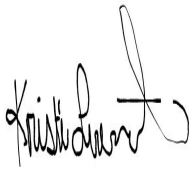
Position Responsible:	Expected Completion Date:	Date Completed:
SUD clinicians, Clinical Supervisor, Clinical Director	March 31, 2026	June 22, 2026

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.

Kristi Livermont

Printed Name of Provider/Agency Contact



Signature of Provider/Agency Contact

February 20, 2026

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



2/23/2026, 8:35:22 AM

Signature of DSS Staff:

February 23, 2026

Date

COMPLETION DETAILS

COMPLETION DATE: June 22, 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



6/26/2026, 12:31:16 PM

Signature of DSS Staff:

June 22, 2026

Date