South Dakota Department of Social Services

DEPARTMENT OF SOCIAL SERVICES
OFFICE OF LICENSING & ACCREDITATION
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Plan of Correction

Date Issued	June 23, 2026	Status	In Process

Provider Name	Behavior Management Systems dba West River Mental Health - IOP Treatment Services
Provider Type	Accreditation
Accreditation #	152099331
Provider Address	350 Elk St, Rapid City, SD 57701, USA
Provider Contact	Amy Hartman
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:

67:61:07:05

An addiction counselor or addiction counselor trainee shall meet with the client and, if appropriate, the client's family, to complete an integrated assessment, within thirty days of the first day the intake process begins. The integrated assessment must include both functional and diagnostic components. The assessment must establish the historical development and dysfunctional nature of the client's alcohol and drug abuse or dependence, and must assess the client's treatment needs. The assessment must be recorded in the client's case record and must contain:

(1) Strengths of the client and the client's family, if appropriate, as well as previous periods of success, the strengths that contributed to that success, and the identification of potential resources within the family, if applicable;

(2) Presenting problems or issues that indicate a need for services;

(3) Identification of readiness for change for problem areas, including motivation and supports for making such changes;

(4) Current substance use and relevant treatment history of any previous mental health and substance use disorder or gambling treatment, and periods of success, psychiatric hospital admissions, psychotropic and other medications, relapse history or potential for relapse, physical illness, and hospitalization;

(5) Relevant family history, including family relationship dynamics and family psychiatric and substance abuse history;

(6) Family and relationship issues, along with social needs;

(7) Educational history and needs;

(8) Legal issues;

(9) Living environment or housing;

(10) Safety needs and risks with regard to physical acting out, health conditions, acute intoxication, or withdrawal;

(11) Past or current indications of trauma or domestic violence;

(12) Vocational and financial history and needs;

(13) Behavioral observations or mental status;

(14) Formulation of a diagnosis, including documentation of co-occurring medical, developmental disability, mental health, substance use disorder, or gambling issues or a combination of these based on integrated screening;

(15) Eligibility determination, including level of care determination for substance use services, or serious mental illness or serious emotional disturbance for mental health services, or both;

(16) Clinician's signature, credentials, and date; and

(17) Clinical supervisor's signature, credentials, and date, to verify review of the assessment and if there is agreement with:

(a) The initial diagnosis; or
(b) The formulation of the initial diagnosis, if the staff does not have the education or training to make a diagnosis.

Any information related to the integrated assessment must be verified through collateral contact, if possible, and recorded in the client's case record.

Summary of Non-Compliance Finding:

Not all reviewed files contained an integrated assessment. Whether received from an outside agency or conducted internally, all client files must contain an integrated assessment in order to complete a proper treatment plan at the appropriate level of care.

Assessments conducted by West River Mental Health SUD staff did not include strengths of the client or client's family, although the assessment form included a section for strengths. This is a required element of the Integrated Assessment.

Corrective Action:

There are two parts to this issue.

The first part is that not all files contained an integrated assessment. We have found that clients who had assessment completed at another facility and then were referred to us, had a delay in getting those assessments uploaded by support staff into the client's file in the EHR. We have now discussed the importance of getting these documents uploaded within 48 hours of admission to services.

Regarding part two: The Clinical SUD Director discussed this with the assessment counselor that was responsible following this audit and he began including client's strengths in every assessment thereafter.

Supporting Evidence:

1.On 7/20/2026, SUD Director discussed with Director of Operations (who oversees the support staff) that these assessments had not been getting scanned into files in a timely manner especially in the early months of 2026. She has been working with her staff to improve the scanning process, and it was agreed that assessments will be uploaded to client's files within 48 hours of admission to services. A follow up email was sent for clarification and confirmation.

2.On 7/9/2026, the SUD Director met with the IOP counselor to review and discuss the non-compliance findings of this IOP audit and the corrections that we would be collaborating on moving forward. Staff counselor indicated an understanding in the meeting of the importance of making the corrections as well as a willingness to do so. Counselor was also emailed a copy of the corrections discussed following the meeting.

How Maintained:

1.Client files will be checked regularly to confirm that assessments are uploaded, assigned correctly and in each client file within 48 hours of admission to treatment services.

2.Prior to signing off on assessments, director will confirm that client strengths are listed.

Position Responsible:	Expected Completion Date:	Date Completed:
1. Director of Operations- Stacy Fielder 2. SUD Director - Angie Poile and Outpatient Counselor/s	July 21, 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:

Most reviewed intensive outpatient treatment plans did not include a statement of the specific client problem that indicated the level of care recommended.

Corrective Action:

Issue has been discussed with IOP counselor regarding the necessity of describing a specific problem area of the treatment plan and explaining the level of care.

Supporting Evidence:

On 7/9/2026, the SUD Director met with the IOP counselor to review and discuss the non-compliance findings of this IOP audit and the corrections that we would be collaborating on moving forward. Staff counselor indicated an understanding in the meeting of the importance of making the corrections as well as a willingness to do so. Counselor was also emailed a copy of the corrections discussed following the meeting.

How Maintained:

Each treatment plan will be reviewed to verify that a specific problem statement that includes the level of care recommended is included prior to completion of a treatment plan and the supervisor signing off on it.

Position Responsible:	Expected Completion Date:	Date Completed:
SUD Director - Angie Poile and Outpatient Counselor/s	July 15, 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:

Most reviewed intensive outpatient treatment plans were not signed and dated by the addiction counselor or trainee within ten calendar days of admission. Two of the reviewed files did not contain a treatment plan at the time of the review.

Corrective Action:

Discussed this administrative rule/agency expectation with IOP counselor. Counselor verbalized an understanding and committed to completing treatment plans in this timeframe.

Supporting Evidence:

On 7/9/2026, the SUD Director met with the IOP counselor to review and discuss the non-compliance findings of this IOP audit and the corrections that we would be collaborating on moving forward. Staff counselor indicated an understanding in the meeting of the importance of making the corrections as well as a willingness to do so. Counselor was also emailed a copy of the corrections discussed following the meeting.

How Maintained:

Client files will be regularly reviewed by director and verified that this is happening.

Position Responsible:	Expected Completion Date:	Date Completed:
SUD Director - Angie Poile and Outpatient Counselor/s	July 15, 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:

Most reviewed intensive outpatient files contained Continued Service Reviews that were not completed every 14 days. In addition, the content did not consistently meet the criteria in ARSD 67:61:07:07. The review must include the client's progress, reasons for retaining the client at the present level of care, and a clearly defined plan to address those reasons for retaining the client. A statement such as, "Will discuss goals with client," is not a sufficiently specific plan to address their need to remain in intensive outpatient treatment.

Corrective Action:

Discussion on this was held by clinical SUD director and IOP counselor on 7/9/2026 to clarify the administrative rule that CSRs are due every 14 days and need to include specific statements about both the client's progress and continued treatment and recovery needs and how these goals will be met moving forward.

Supporting Evidence:

On 7/9/2026, the SUD Director met with the IOP counselor to review and discuss the non-compliance findings of this IOP audit and the corrections that we would be collaborating on moving forward. Staff counselor indicated an understanding in the meeting of the importance of making the corrections as well as a willingness to do so. Counselor was also emailed a copy of the corrections discussed following the meeting.

How Maintained:

Counselor will work with his supervisor to improve CSR wording of specific client progress as well as goals and objectives not yet attained. Adherence to timeline of 14 days following treatment plan completion and subsequent CSRs will be closely monitored.

Position Responsible:	Expected Completion Date:	Date Completed:
SUD Director - Angie Poile and Outpatient Counselor/s	July 21, 2026	

POC Action #5

Administrative Rule:

67:61:07:12

A designated staff member shall conduct tuberculin screening for the absence or presence of symptoms with each client newly admitted to outpatient treatment, intensive outpatient, day treatment, clinically-managed, low-intensity

residential treatment, clinically-managed detoxification, or intensive inpatient treatment, within twenty-four hours of admission, to determine if the client has had any of the following symptoms within the previous three months:

(1) Productive cough for a duration of two-three weeks;
(2) Unexplained night sweats;
(3) Unexplained fevers; or
(4) Unexplained weight loss.

Any client determined to have had one or more of the listed symptoms within the last three months must be immediately referred to a licensed physician for a medical evaluation to determine the absence or presence of active tuberculosis. A physician, physician assistant, nurse practitioner, or clinical nurse specialist may request that a Mantoux skin test be conducted. Any client confirmed or suspected to have infectious tuberculosis may not be admitted for services until the client is determined to no longer be infectious by the physician. If infectious tuberculosis is ruled out, the evaluating physician must provide a written statement confirming the client does not have tuberculosis before the client may be admitted for services.

Summary of Non-Compliance Finding:

West River Mental Health was not completing tuberculin screening on any of their intensive outpatient treatment clients as required.

Corrective Action:

At intake, TB screening questions regarding TB symptoms will be asked, documented and added to the client's file. If responses are answered positively- to lead to a referral to TB testing, that referral will be made and admittance to treatment group will be delayed until documentation of a negative TB test is confirmed.

Supporting Evidence:

See WRMH SUD Outpatient TB Screening Form - these questions will be asked at intake of all IOP referrals as described.

How Maintained:

Regular file checks by director.

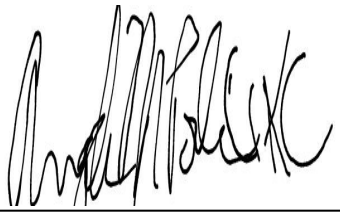
Position Responsible:	Expected Completion Date:	Date Completed:
Outpatient counselor/s at admission/intake and SUD Director - Angie Poile will oversee and verify that the process being completed	July 21, 2026	

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.

Angela M Poile

Printed Name of Provider/Agency Contact



Signature of Provider/Agency Contact

July 21, 2026

Date

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

Muriel Nelson

Printed Name of DSS Staff



7/23/2026, 10:40:20 AM

Signature of DSS Staff:

July 23, 2026

Date

COMPLETION DETAILS

COMPLETION DATE:

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.

Printed Name of DSS Staff

Signature of DSS Staff:

Date