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

June 10, 2026

West River Mental Health

350 Elk Street

Rapid City, SD 57701

Level of Care:

Intensive Outpatient Substance Use Disorder Treatment (2.1)

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:

West River Mental Health is in compliance with all the standards listed above.

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:

West River Mental Health is in compliance with all the standards listed above.

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:

West River Mental Health is in compliance with all the standards listed above.

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:

West River Mental Health is in compliance with all the standards listed above.

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

Comments:

West River Mental Health is in compliance with all the standards listed above.

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:

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 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 includes a section for strengths. This is a required element of the Integrated Assessment.

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:

Most reviewed intensive outpatient treatment plans did not include a statement of the specific client problem that indicated the level of care recommended. Some, but not all, of the plan templates included a section titled, "Level of Care (Recommendation and Justification)." This section would be an ideal location for a description of the client's specific problems related to SUD, but was not always used to document this information.

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.

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:

The Office of Licensing and Accreditation has the following recommendations to improve the progress note documentation:

- Include a progress note or service note when a client no-shows for a session. This provides clarity that a session was offered but the client did not attend.
- Regarding what the client will work on in the next session or between sessions, the clinician must provide a specific plan. A statement such as, "Client will attend group" is not a plan for the next session.

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:

For Intensive Outpatient Treatment (2.1), continued service reviews must be completed every 14 calendar 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.

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:

West River Mental Health is in compliance with all the standards listed above.

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:

West River Mental Health was not completing tuberculin screening on any of their Intensive Outpatient Treatment clients as required.

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)

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:

West River Mental Health is in compliance with all the standards listed above.

13. Signatures

	Three Year Accreditation (100%-90%)
	Two Year Accreditation (89.9% - 70%)
	Probation (69.9% and below)
X	One Year Provisional Accreditation (70% and above)

_____June 10, 2026_____
Date of Site Visit

_____Muriel Nelson_____ _____June 17, 2026_____
Program Manager Date