South Dakota Department of Social Services

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

Date Issued August 17, 2026 Status In Process

Provider Name	Integrated Care and Consultation
Provider Type	Accreditation
Accreditation #	835100970
Provider Address	Sioux Falls, SD, USA
Provider Contact	Krystal Lohff
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:

67:61:05:03

All agency staff that provide addiction counseling shall meet the standards for addiction counselors or addiction counselor trainees as established by the Board of Addiction and Prevention Professionals. A certificate and identification card issued by the board is evidence of meeting the standards for an addiction counselor or certificate of recognition for an addiction counselor trainee. An addiction counselor must obtain certification and an addiction counselor trainee must obtain recognition before performing any addiction counseling functions.

Summary of Non-Compliance Finding:

Three of the four employees providing addiction counseling do not meet the criteria for addiction counselor or addiction counselor trainee.

Corrective Action:

Supporting Evidence:

uploaded Jessica NElson ACT, Sara is already and is an LAC and they work opposite days for group

How Maintained:

Position Responsible: **Expected Completion Date:** **Date Completed:**

	September 14, 2026	September 14, 2026

POC Action #2

Administrative Rule:

67:61:05:05

The agency shall provide orientation for all staff within ten working days after employment. The agency shall provide orientation for all contracted staff providing direct clinical services, interns, and volunteers, within ten working days after the start of their service with the agency. The orientation must be documented and cover:

(1) Fire prevention and safety, including the location of all fire extinguishers in the facility, instruction in the operation and use of each type of fire extinguisher, and an explanation of the fire evacuation plan and agency's smoking policy;

(2) The confidentiality of all information about clients, including a review of the confidentiality of alcohol and drug abuse patient records, as set forth in 42 C.F.R. Part 2, in effect on January 18, 2017, and 45 C.F.R. Parts 160 and 164, in effect on September 26, 2016;

(3) The proper maintenance and handling of client case records;

(4) The agency's philosophical approach to treatment and the agency's goals;

(5) The procedures to follow in the event of a medical emergency or a natural disaster;

(6) The specific job descriptions and responsibilities of employees, contracted staff, interns, and volunteers, as applicable;

(7) The agency's policy and procedures manual, maintained in accordance with § 67:61:04:01; and

(8) The agency's procedures regarding the reporting of suspected child abuse or neglect, in accordance with SDCL 26-8A-3 and 26-8A-8.

Summary of Non-Compliance Finding:

Integrated Care and Consultation's employee orientation does not have documentation of all the requirements of this rule.

Corrective Action:

We have a seperate "red binder" that is located in each office that entails our safety manual.

Supporting Evidence:

How Maintained:

Position Responsible:	Expected Completion Date:	Date Completed:
	September 14, 2026	September 14, 2026

POC Action #3

Administrative Rule:

67:61:06:02

A client has rights guaranteed under the constitution and laws of the United States and this state, including:

(1) The right to refuse prohibited treatment, as provided in SDCL 27A-12-3.22;
(2) The right to be free of any exploitation or abuse;
(3) The right to seek and have access to legal counsel;
(4) The right to have access to an advocate or an employee of the state's designated protection and advocacy system;
(5) The right to confidentiality, of all records, correspondence, and information relating to assessment, diagnosis, and treatment, in accordance with 42 U.S.C. § 290 dd-2, in effect on March 27, 2020, 42 C.F.R. Part 2, in effect on January 18, 2017, and 45 C.F.R. Parts 160 and 164, in effect on September 26, 2016; and
(6) The right to participate in decision-making related to treatment, to the greatest extent possible.

Summary of Non-Compliance Finding:

Integrated Care and Consultation's client rights policy is missing the right to be free from exploitation and abuse, the right to have access to legal counsel, the right to an advocate, and the right to participate in decision making related to treatment.

Corrective Action:

Completed a full document of "Client Rights and Grievance Procedure Acknowledgement forms to the intake packet and completed annually.

Supporting Evidence:

uploaded our document.

How Maintained:

Position Responsible:	Expected Completion Date:	Date Completed:
	September 21, 2026	September 21, 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:

Integrated Care and Consultation is not completing continued service reviews for any of their clients.

Corrective Action:

Created a continued service review form to be completed every 30 days.

Supporting Evidence:

How Maintained:

Position Responsible:	Expected Completion Date:	Date Completed:
	January 01, 2027	

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.

Krystal Lohff

Printed Name of Provider/Agency Contact



Signature of Provider/Agency Contact

September 14, 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



Signature of DSS Staff:

September 21, 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