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

September 9-11, 2026

Behavior Management Systems dba West River Mental Health

350 Elk Street

Rapid City, SD 57701

Levels of Care:

Outpatient Treatment (1.0)

Clinically Managed Low Intensity Residential Treatment (3.1

Medically Monitored Intensive Inpatient Treatment (3.7)

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 does not have a policy for notifying the Department of Social Services of changes.

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)	✓		
j. In level 3.1, 3.2D, and 3.7 facilities, staff is on duty at all times who is trained to respond to fires and natural disasters (67:61:04:09)	✓		

Comments: West River Mental Health does not have a client orientation policy.

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. In 3.2D facility, all counseling and supervisory staff are trained in emergency first aid, CPR and responding to natural disasters; Documentation in file (67:61:17:06)			✓
d. Policy and procedure for supervising employees, volunteers, and interns (67:61:05:06)	✓		
e. Two-step TB test or blood assay test within 2 weeks of hire or 12 months before hire	✓		

(67:61:05:01)

f. Employee TB policies and procedures (67:61:05:01)	✓		
g. Complete employee records; policies to maintain those records (67:61:05:08)	✓		

Comments: West River Mental Health meets all requirements of this section.

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 does not have a policy for closure of clinical records.

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 meets all requirements of this section.

6. Dietary Services	Yes	No	N/A
a. Written plan for meeting basic nutritional needs as well as special dietetic needs, including 3 meals per day with snacks (67:61:09:01)	✓		
b. Sanitation and safety standards are met for food service (44:02:07); completed sanitation inspection by the Department of	✓		

Health (67:61:09:02)

Comments: West River Mental Health meets all requirements of this section.

7. Medication	Yes	No	N/A
a. Policies and procedures on control, accountability, administration, and storage of client medication (67:61:08:02)	✓		
b. Maintains a separate log book to record the receipt and disposition of all schedule II drugs; client case record must include receipt and administration of schedule II, III, and IV drugs (67:61:08:04)	✓		
c. Policy and procedure for destruction and disposal of medication (67:61:08:05)	✓		
d. Policy regarding only RNs, LPNs or UAPs administering and recording medication (67:61:08:08)	✓		
e. Policy and procedure regarding medication errors (67:61:08:08)	✓		
f. If 3.7 is not employing RNs, LPNs, or UAPs, medications are made available to clients for self-administration, with instructions from a physician and under the supervision of staff (67:61:08:10)	✓		
g. In 3.1 that allows clients to possess and self-administer medication, a list is developed for the client, in consultation with a physician, which is reviewed at least annually (67:61:08:10)	✓		

Comments: West River Mental Health meets all requirements of this section.

8. 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: In at least two reviewed files, assessments from outside organizations recommended level 3.1, Clinically-Managed Low-Intensity Residential Treatment. However, an uncredentialed West River Mental Health staff member made an alternate recommendation of 3.7, Medically-Monitored Intensive Inpatient Treatment to the South Dakota Foundation for Medical Care. Recommendations for level of care can only be made by an LAC, CAC, or ACT, and a new integrated assessment or assessment addendum should be completed to make the new recommendation.

9. 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: West River Mental Health meets all requirements of this section.

10. 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 description of what the client and clinician plan to work on during the next session was often not specific, not individualized, and not related to the session or what the client talked about during the session. Examples include, "continue treatment", "drink more

water", and "be optimistic". The plan for next session or in between sessions should be individualized and relate back to the topic of the current session or the topic of the next session.

11. 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: West River Mental Health meets all requirements of this section.

12. 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 does not complete transfer summaries when clients transfer between levels of care, specifically transfers from 3.7 to 3.1.

13. 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 meets all requirements of this section.

14. 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: 66% of reviewed Medically-Monitored Intensive-Inpatient Treatment files did not contain consistent documentation of at least 30 hours of treatment per week. There was no documentation indicating sessions in which clients were offered treatment but did not attend.

15. Medical Requirements	**Yes**	**No**	**N/A**
a. Clinically-Managed Low Intensity Residential Treatment			
i. Medical exam conducted by or under the supervision of a licensed physician within three months before admission or five calendar days after admission. (67:61:16:04)	✓		
b. Clinically-Managed Residential Detoxification Program			
i. The agency shall obtain the following information at the time of admission: (67:61:17:02)			
a) Blood pressure, pulse and respiration.			✓
b) Presence of bruises, lacerations, cuts, or wounds			✓
c) Medications the client is currently taking			✓
d) History of diabetes, seizure disorders, convulsive therapies, and exposure to TB			✓
e) History of medical, psychological, or psychiatric treatment			✓
f) Any symptoms of mental illness currently present			✓
ii. Written agreement to provide emergency, inpatient, and ambulatory medical services with a licensed hospital serving the area where the program is located. (67:61:17:03)			✓
iii. Written agreement with a licensed physician, physician assistant, or certified nurse practitioner to serve			✓

as medical director or employ a licensed physician who is primarily responsible for providing medical care to clients. (67:61:17:04)

iv. Policy and procedure concerning the steps staff shall take when assessing and monitoring a client's physical condition and responding to medical complications throughout the detoxification process (67:61:17:05) ___ ___ ✓

a) Blood pressure, pulse, and respiration a minimum of two additional times in the first 8 hours after admission and at least once every 8 hours thereafter. ___ ___ ✓

b) Physical, mental and emotional state ___ ___ ✓

c) Type and amount of fluid Intake ___ ___ ✓

c. Medically-Monitored Intensive Inpatient Treatment

i. At minimum, the program shall complete the following: (67:61:18:02)

a) Blood pressure, pulse, and respiration at the time of admission ✓ ___ ___

b) Within 8 hours of admission a medical evaluation conducted by an RN or LPN including a second reading of blood pressure, pulse and respiration, mental and emotional status, presence of bruises, cuts, or lacerations, current medication use, and history of diabetes, seizure disorders, or convulsive therapies. ✓ ___ ___

c) Within 72 hours of admission a complete ___ ✓ ___

	blood count and urinalysis			
d)	A complete physical examination by a licensed physician	___	✓	___

Comments: Approximately 83% of reviewed Medically-Monitored Intensive Inpatient Treatment files were missing complete physical examinations by, or under the supervision of, a medical provider with complete blood work and urinalysis.

16. Signatures

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

Chris Kenyon
Program Specialist

October 8, 2026
Date

September 9-11, 2026
Date of Site Visit

Muriel Nelson
Program Manager

October 8, 2026
Date