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

October 10, 2024

ROADS Outpatient Treatment Program

103 E. Omaha Street

Rapid City, SD 57701

Levels of Care: Outpatient Services (1.0, 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:

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

ROADS Outpatient Treatment does not have a sentinel event notification policy nor a root cause analysis policy.

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:

ROADS Outpatient Treatment has a grievance policy and procedure. However, the procedure is not available to clients without needing to make a request to staff. Additionally, the grievance policy does not state how grievances can be submitted without asking staff.

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:

All personnel files have proof of List of Excluded Individual Checks upon hire. However, the employees who have been with the agency for longer than a year do not have proof of any additional checks.

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:

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

Comments:

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 of intake for 1.0; 10 Days for 2.1.	✓		

Comments:

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:

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:

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:

ROADS Outpatient Treatment utilizes a single document for progress notes and continued service reviews. ROADS meetst the criteria for progress notes on this combined form, but does not complete the "individualized plan of action to address the reason for retaining the individual at the present level of care" on this document. ROADS completes a "brief description of what the client and clinician plan to work on during the next session" required for progress notes, but that documentation is not sufficient for continued service reviews.

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:

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:

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:

13. Signatures

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

Chris Kenyon
Program Specialist

10/22/24
Date

October 10, 2024
Date of Site Visit

Muriel Nelson
Program Manager

10/22/24
Date