



## **Office of Licensing and Accreditation**

### **Accreditation Survey Report for Substance Use Disorder Treatment Providers ARSD 67:61 January 26, 2024**

**Bartels Counseling Services**

7520 S Grand Arbor Court Suite 145

Sioux Falls, SD 57108

Levels of Care: Outpatient Treatment (0.5, 1.0, 2.1)

<b>1. <u>Governance</u></b>	<b><u>Yes</u></b>	<b><u>No</u></b>	<b><u>N/A</u></b>
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)	<u>✓</u>	_____	_____
b. Policy for not denying clients equal access to services (67:61:03:04)	<u>✓</u>	_____	_____
c. Annual, entity-wide, independent financial audit completed (67:61:04:05)	<u>✓</u>	_____	_____
d. Business hours posted in a prominent place on premises (67:61:04:09)	<u>✓</u>	_____	_____
e. Board of directors meets at least quarterly and keeps minutes of all meetings (67:61:03:03)	<u>✓</u>	_____	_____
f. Up-to-date policy and procedure manual (67:61:04:01)	<u>✓</u>	_____	_____
g. Up-to-date organizational chart (67:61:05:09)	<u>✓</u>	_____	_____
h. Sentinel event policy (67:61:02:21)	<u>✓</u>	_____	_____
i. Policy for notifying DSS of changes (67:61:02:20)	<u>✓</u>	_____	_____

Comments:

<b>2. <u>Program Services</u></b>	<b><u>Yes</u></b>	<b><u>No</u></b>	<b><u>N/A</u></b>
a. Schedule of fees based on client ability to pay (67:61:04:06)	<u>✓</u>	_____	_____
b. Policy prohibiting client abuse, neglect, and exploitation (67:61:06:03)	<u>✓</u>	_____	_____
c. Client rights policy (67:61:06:01; 67:61:06:02)	<u>✓</u>	_____	_____
d. Client grievance policy (67:61:06:04)	<u>✓</u>	_____	_____

e. Submits accurate statistical data (67:61:04:02)	<u>✓</u>	_____	_____
f. Discharge policy (67:61:06:07)	<u>✓</u>	_____	_____
g. Client orientation policy and procedure (67:61:04:07)	<u>✓</u>	_____	_____
h. Policy for responding to medical emergencies (67:61:04:09)	<u>✓</u>	_____	_____
i. Electronic or written directory with name address, and phone number of support services (67:61:04:10)	<u>✓</u>	_____	_____
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)	_____	_____	<u>✓</u>

Comments:

<b>3. Personnel</b>	<b><u>Yes</u></b>	<b><u>No</u></b>	<b><u>N/A</u></b>
a. Orientation completed within 10 days of hire with all required components (64:61:05:05)	<u>✓</u>	_____	_____
b. Office of Inspector General Medicaid exclusion list check (67:61:05:12)	<u>✓</u>	_____	_____
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)	_____	_____	<u>✓</u>
d. Policy and procedure for supervising employees, volunteers, and interns (67:61:05:06)	<u>✓</u>	_____	_____
e. Two-step TB test or blood assay test within 2 weeks of hire or 12 months before hire (67:61:05:01)	<u>✓</u>	_____	_____

- |   |          |             |             |
|---|----------|-------------|-------------|
| f. Employee TB policies and procedures<br>(67:61:05:01)                           | <u>✓</u> | <u>    </u> | <u>    </u> |
| g. Complete employee records; policies<br>to maintain those records (67:61:05:08) | <u>✓</u> | <u>    </u> | <u>    </u> |

Comments:

<b>4. <u>Case Record Management</u></b>	<b><u>Yes</u></b>	<b><u>No</u></b>	<b><u>N/A</u></b>
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|---|----------|-------------|-------------|
| a. Procedures for closing inactive client records<br>for inpatient programs within 3 days and<br>outpatient programs for 30 days [67:61:07:04(1-2)] | <u>✓</u> | <u>    </u> | <u>    </u> |
| b. Policy for case records to be retained for at least<br>6 years [67:61:07:04(3)]  | <u>✓</u> | <u>    </u> | <u>    </u> |
| c. Established ongoing compliance review process<br>(67:61:04:03)   | <u>✓</u> | <u>    </u> | <u>    </u> |

Comments:

<b>5. <u>Environmental/Sanitation/Safety/Fire Prevention</u></b>	<b><u>Yes</u></b>	<b><u>No</u></b>	<b><u>N/A</u></b>
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|---|----------|-------------|-------------|
| a. Health, safety, sanitation, and disaster plan<br>(67:61:10:01) | <u>✓</u> | <u>    </u> | <u>    </u> |
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Comments:

<b>6. <u>Assessment (67:61:07:05)</u></b>	<b><u>Yes</u></b>	<b><u>No</u></b>	<b><u>N/A</u></b>
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|--|----------|-------------|-------------|
| a. Strengths of the client and client's family if<br>appropriate; identification of resources within<br>the family | <u>✓</u> | <u>    </u> | <u>    </u> |
| b. Presenting problems or issues   | <u>✓</u> | <u>    </u> | <u>    </u> |
| c. Identification of readiness for change in<br>problem areas  | <u>✓</u> | <u>    </u> | <u>    </u> |

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	<u>✓</u>	_____	_____
e. Relevant family history, including family relationship dynamics and family psychiatric and substance use history	<u>✓</u>	_____	_____
f. Family and relationship issues along with social needs	<u>✓</u>	_____	_____
g. Educational history and needs	<u>✓</u>	_____	_____
h. Legal issues	<u>✓</u>	_____	_____
i. Living environment or housing	<u>✓</u>	_____	_____
j. Safety needs and risks with regard to physical acting out, health conditions, acute intoxication, or risk of withdrawal	<u>✓</u>	_____	_____
k. Past or current indications of trauma, domestic violence, or both if applicable	<u>✓</u>	_____	_____
l. Vocational and financial history and needs	<u>✓</u>	_____	_____
m. Behavioral observations or mental status	<u>✓</u>	_____	_____
n. Formulation of a diagnosis	<u>✓</u>	_____	_____
o. Eligibility determination	<u>✓</u>	_____	_____
p. Clinician's signature, credentials, and date	<u>✓</u>	_____	_____
q. Clinical supervisor's signature, credentials, and date	_____	_____	<u>✓</u>
r. Completed within 30 days of intake	<u>✓</u>	_____	_____

Comments:

7. <u>Treatment Plan (67:61:07:06)</u>	<u>Yes</u>	<u>No</u>	<u>N/A</u>
a. Statement of specific client problems to be addressed during treatment, with supporting evidence	<u>✓</u>	<u>      </u>	<u>      </u>
b. Diagnostic statement and statement of short and long-term goals	<u>✓</u>	<u>      </u>	<u>      </u>
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	<u>      </u>	<u>✓</u>	<u>      </u>
d. Statement identifying staff member responsible for facilitating treatment methods	<u>✓</u>	<u>      </u>	<u>      </u>
e. Signed and dated by addiction counselor or addiction counselor trainee, and credentials	<u>✓</u>	<u>      </u>	<u>      </u>
f. Evidence of the client's meaningful involvement in formulating the plan	<u>✓</u>	<u>      </u>	<u>      </u>
g. Completed within:			
i. Ten calendar days (2.1, 2.5, 3.1, 3.7)	<u>      </u>	<u>      </u>	<u>✓</u>
ii. Thirty calendar days (1.0)	<u>✓</u>	<u>      </u>	<u>      </u>

Comments: All treatment plan reviews did not have measurable objectives included with their short-term goals.

8. <u>Progress Notes (67:61:07:08)</u>	<u>Yes</u>	<u>No</u>	<u>N/A</u>
a. Minimum of one progress note weekly which substantiates all services provided and summarizes significant events occurring	<u>✓</u>	<u>      </u>	<u>      </u>

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 | <u>✓</u> | _____ | _____ |
| c. Brief assessment of the client's functioning  | <u>✓</u> | _____ | _____ |
| d. Description of what occurred during the session, including action taken or plan to address unresolved issues  | <u>✓</u> | _____ | _____ |
| e. Brief description of what client and provider plan to work on during the next session   | <u>✓</u> | _____ | _____ |
| f. Signature and credentials of staff providing the services   | <u>✓</u> | _____ | _____ |

Comments:

9. <u>Continued Service Criteria (67:61:07:07)</u>	<u>Yes</u>	<u>No</u>	<u>N/A</u>
a. Client meets continued service criteria, and is documented every:			
i. Two calendar days (3.2D)	_____	_____	<u>✓</u>
ii. Fourteen calendar days (0.5, 2.1, 2.5, 3.7)	_____	_____	<u>✓</u>
iii. Thirty calendar days (1.0, 3.1)	<u>✓</u>	_____	_____
b. Progress and reasons for retaining the client at the present level of care	<u>✓</u>	_____	_____
c. An individualized plan of action that addresses the reasons for retaining the individual in the present level of care	<u>✓</u>	_____	_____

Comments

10. <u>Transfer or Discharge Summary (67:61:07:10)</u>	<u>Yes</u>	<u>No</u>	<u>N/A</u>
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|---|----------|---------------|---------------|
| a. Completed by an addiction counselor or addiction counselor trainee within five working days after discharge, regardless of the reason for discharge              | <u>✓</u> | <u>      </u> | <u>      </u> |
| b. Summary of the client's problems, course of treatment, and progress toward planned goals and objectives identified in the treatment plan                         | <u>✓</u> | <u>      </u> | <u>      </u> |
| 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 | <u>✓</u> | <u>      </u> | <u>      </u> |

Comments:

11. <u>Tuberculin Screening Requirement (67:61:07:12)</u>	<u>Yes</u>	<u>No</u>	<u>N/A</u>
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|---|----------|---------------|---------------|
| 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 | <u>✓</u> | <u>      </u> | <u>      </u> |
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Comments:

12. <u>Intensity of Services</u>	<u>Yes</u>	<u>No</u>	<u>N/A</u>
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|---|---------------|---------------|---------------|
| 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)  | <u>✓</u>      | <u>      </u> | <u>      </u> |
| 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. | <u>      </u> | <u>      </u> | <u>✓</u>      |
| 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.                  | <u>      </u> | <u>      </u> | <u>✓</u>      |



- 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  
Chris Kenyon, Program Specialist

February 14, 2024  
Date

January 26, 2024  
Date of Site Visit

\_\_\_\_\_  
Muriel Nelson, Program Manager

\_\_\_\_\_  
Date