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**

**July 30, 2024**


Dr. Mark Bontreger

525 5th St. SE

Watertown, SD 57201


Levels of Care: Outpatient SUD (1.0)

| 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:

| 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:

| **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:

| 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: Although all reviewed assessments contained Dr. Bonterger's signature, none of them included his credentials or the date. Dr. Bontreger must include his credentials and the date on each completed 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: Although all reviewed treatment plans contained Dr. Bontreger's signature, none of them included his credentials or the date. Dr. Bontreger must include his credentials and the date on each completed treatment plan.

| 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:

| 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: Discharge summaries were completed for all reviewed files, but were not signed, so it was unclear if they were completed within five working days of the client's discharge. All discharge summaries must be signed and dated to indicate the date they are completed.

| 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 — August 1, 2024
Program Specialist — Date

July 30, 2024
Date of Site Visit

Muriel Nelson — August 1, 2024
Program Manager — Date