



## **Office of Licensing and Accreditation**

### **Accreditation Survey Report for Substance Use Disorder Treatment Providers ARSD 67:61 March 1, 2024**

#### **Main Gate Counseling Services**

325 S Monroe Street Suite 110

Winner, SD 57580

Outpatient SUD (0.5, 1.0, 2.1)

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

Comments: Main Gate Counseling did not have a financial audit completed for the last fiscal year.

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

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>	_____	_____

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

Comments: The Office of the Inspector General’s Medicaid Exclusion list was not checked upon hire for either of the two new employees nor was it checked yearly for the director.

The two new personnel files that were reviewed did not contain position descriptions signed by the staff, appropriate pre-hire screenings such as background checks, resumes, or diplomas/degrees.

<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)] | ✓<br>____ | ____ | ____ |
| b. Policy for case records to be retained for at least<br>6 years [67:61:07:04(3)]  | ✓<br>____ | ____ | ____ |
| c. Established ongoing compliance review process<br>(67:61:04:03)   | ✓<br>____ | ____ | ____ |

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) | ✓<br>____ | ____ | ____ |
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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 | ✓<br>____ | ____ | ____ |
|--|-----------|------|------|

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|---|----------|-------|-------|
| b. Presenting problems or issues  | <u>✓</u> | _____ | _____ |
| c. Identification of readiness for change in problem areas  | <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> | _____ | _____ |

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|---|----------|-------|----------|
| q. Clinical supervisor's signature, credentials, and date | _____    | _____ | <u>✓</u> |
| r. Completed within 30 days of intake                     | <u>✓</u> | _____ | _____    |

Comments:

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

Comments: Five of the eight files reviewed did not have treatment plans completed. The treatment plans that were completed did not have diagnostic statements or other clinical impressions.

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 throughout the treatment process	<u>✓</u>	_____	_____
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>	_____	_____

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|--|-----------|------|------|
| b. Progress and reasons for retaining the client at the present level of care  | ✓<br>____ | ____ | ____ |
| c. An individualized plan of action that addresses the reasons for retaining the individual in the present level of care | ✓<br>____ | ____ | ____ |

Comments:

<b>10. <u>Transfer or Discharge Summary (67:61:07:10)</u></b>	<b><u>Yes</u></b>	<b><u>No</u></b>	<b><u>N/A</u></b>
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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              | ✓<br>____ | ____      | ____ |
| b. Summary of the client's problems, course of treatment, and progress toward planned goals and objectives identified in the treatment plan                         | ____      | ✓<br>____ | ____ |
| 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 | ____      | ✓<br>____ | ____ |

Comments: Main Gate successfully discharged clients, despite those clients not having treatment plans, goals, or objectives. Because there were no goals outlined in treatment plans, Main Gate was unable to summarize progress toward planned goals and objectives in the discharge summaries.

There was no documentation to re-engage clients who prematurely discontinued services and were unsuccessfully discharged.

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

Comments:



12. <u>Intensity of Services</u>	<u>Yes</u>	<u>No</u>	<u>N/A</u>
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>	_____	_____
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>	_____	_____
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>
d. The clinically-managed low-intensity residential treatment program shall provide at least 5 hours of services.	_____	_____	<u>✓</u>
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.	_____	_____	<u>✓</u>
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.	_____	_____	<u>✓</u>

Comments:

### 13. Signatures

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

Chris Kenyon  
Chris Kenyon, Program Specialist

March 11, 2024  
Date

March 1, 2024  
Date of Site Visit

Muriel Nelson  
Muriel Nelson, Program Manager

March 11, 2024  
Date