



## **Office of Licensing and Accreditation**

### **Accreditation Survey Report for Substance Use Disorder Treatment Providers ARSD 67:61 March 14, 2024**

Oglala Sioux Tribe Native Healing Program

1205 E St. James Street  
Rapid City, SD 57701  
Outpatient Services (0.5, 1.0, 2.1)

1. <u>Governance</u>	<u>Yes</u>	<u>No</u>	<u>N/A</u>
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 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: Native Healing Program’s non-discrimination policy states “The program will accept tribally enrolled members residing in the Rapid City area according to terms between Indian Health Services and the Oglala Sioux Tribe. In compliance with the Oglala Sioux Tribe regulation and State regulation for tribally enrolled members, the Native Healing Program will assist those people eligible for IHS services. Eligibility is specified as tribal people who are experiencing alcohol/drug addiction, abuse, or related problems and in need of outpatient treatment”.

The Native Healing Program must provide services to all people, regardless of their tribal membership or lack thereof. The Native Healing Program may not require tribal enrollment or proof of Indian blood to provide services to a client. The Native Healing Program must amend its non-discrimination policy and procedures.

Additionally, Native Healing Program’s website indicates that a person must provide proof of tribal enrollment before an assessment will be completed. Their informational flyer indicates a person must provide tribal ID before beginning any treatment or program.

This was also out of compliance at Native Healing Program’s 2022 accreditation review. Native Healing signed a plan of correction agreeing that they would amend their policy and procedures to indicate they would provide services to all people regardless of race, color, religion, gender, gender expression, age, national origin, disability, marital status, sexual orientation, or military status. Despite agreeing to amend their policy, this change had not been completed by the 2024 accreditation review.

<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)	<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>Yes</b>	<b>No</b>	<b>N/A</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 (67:61:05:01)	<u>✓</u>	_____	_____
g. Complete employee records; policies to maintain those records (67:61:05:08)	<u>✓</u>	_____	_____

Comments:

<b>4. Case Record Management</b>	<b>Yes</b>	<b>No</b>	<b>N/A</b>
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)]	<u>✓</u>	_____	_____
b. Policy for case records to be retained for at least 6 years [67:61:07:04(3)]	<u>✓</u>	_____	_____
c. Established ongoing compliance review process (67:61:04:03)	<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>
a. Health, safety, sanitation, and disaster plan (67:61:10:01)	<u>✓</u>	_____	_____

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>
a. Strengths of the client and client's family if appropriate; identification of resources within the family	<u>✓</u>	_____	_____
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>	_____	_____
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	<u>✓</u>	_____	_____

for facilitating treatment methods

- |  |          |       |       |
|--|----------|-------|-------|
| 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:

<b>8. Progress Notes (67:61:07:08)</b>	<b>Yes</b>	<b>No</b>	<b>N/A</b>
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:

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

Comments: All reviewed files that required continued service criteria were missing the progress and reasons for retaining the client at the present level of care and the individualized plan of action that addresses the reasons for retaining the client in the present level of care.

<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>
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: All reviewed files in which clients were unsuccessfully discharged were missing a summary of the client's problems, course of treatment, and progress toward planned goals and objectives. These must be documented even if the client does not successfully discharge.

<b>11. Tuberculin Screening Requirement (67:61:07:12)</b>	<b>Yes</b>	<b>No</b>	<b>N/A</b>
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>	_____	_____

Comments:

<b>12. Intensity of Services</b>	<b>Yes</b>	<b>No</b>	<b>N/A</b>
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

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

March 26, 2024

Date

March 14, 2026

Date of Site Visit

*Muriel Nelson*

Muriel Nelson, Program Manager

March 26, 2024

Date