



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

September 18, 2023

Prairie View Prevention Services

822 E. 41st Street
Sioux Falls, SD 57105

Prevention
Outpatient SUD Services (0.5, 1.0)

1. Governance

	<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:

2. Program Services

	<u>Yes</u>	<u>No</u>	<u>N/A</u>
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:

3. <u>Personnel</u>	<u>Yes</u>	<u>No</u>	<u>N/A</u>
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,	<u>✓</u>	___	___

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) | <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:

4. Case Record Management

- | | <u>Yes</u> | <u>No</u> | <u>N/A</u> |
|-----------------------------------------------------------------------------------------------------------------------------------------------|-------------------|------------------|-------------------|
| 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:

5. Environmental/Sanitation/Safety/Fire Prevention

- | | <u>Yes</u> | <u>No</u> | <u>N/A</u> |
|----------------------------------------------------------------|-------------------|------------------|-------------------|
| a. Health, safety, sanitation, and disaster plan (67:61:10:01) | <u>✓</u> | ___ | ___ |

Comments:

6. Initial Screening and Planning (67:61:12:02) (0.5 only) **Yes** **No** **N/A**

- | | | | |
|-------------------------------------------------------------------------------------------|----------|-----|-----|
| a. Initial screening and planning completed within 48 hours of initial contact. Includes: | <u>✓</u> | ___ | ___ |
| i. Client's problems and needs | <u>✓</u> | ___ | ___ |
| ii. Client's emotional and physical state | <u>✓</u> | ___ | ___ |
| iii. Client's drug and alcohol use | <u>✓</u> | ___ | ___ |
| iv. Statement of intended course of action | <u>✓</u> | ___ | ___ |

Comments:

7. 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 | <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:

8. <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>	___	___
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:

- | 9. <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:

- | 10. <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:

- | 11. <u>Transfer or Discharge Summary (67:61:07:10)</u> | <u>Yes</u> | <u>No</u> | <u>N/A</u> |
|--------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------|------------------|-------------------|
| a. Completed by an addiction counselor or addiction counselor trainee within five working days after discharge, regardless of the reason for discharge | <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> | _____ | _____ |
| 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> | _____ | _____ |

Comments:

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

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

13. <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 | _____ | _____ | <u>✓</u> |

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:

14. Prevention

	<u>Yes</u>	<u>No</u>	<u>N/A</u>
a. Encompass current research, theory, and practice-based strategies and activities implemented through structured prevention strategies. Delineate a work plan to outline scope of services. Found on evidence-based programming list. Made available to the public and staff (67:61:11:01).	✓ _____	_____	_____
b. Will offer one or more of the following, with written description available to staff members, the public and DSS. Includes target population, program goals, scope of services, measurable objectives, program evaluations and outcomes (67:61:11:03)			
i. Information dissemination services	✓ _____	_____	_____
ii. Education services	✓ _____	_____	_____
iii. Alternative services	✓ _____	_____	_____
iv. Problem identification and referral services	✓ _____	_____	_____
v. Community-based services	✓ _____	_____	_____
vi. Environmental services	✓ _____	_____	_____
c. Evidence based interventions (67:61:11:05)	✓ _____	_____	_____

- | | | | |
|----------------------------------------------------------------------------------------------------------------------------------------------------------|----------|-------|-------|
| d. Database of information and referral sources that is posted publicly (67:61:11:05) | <u>✓</u> | _____ | _____ |
| e. Maintains a record of all prevention activities including: (67:61:11:07) | | | |
| i. Record of presenters and participants | <u>✓</u> | _____ | _____ |
| ii. Demographics of participants including age, race, gender | <u>✓</u> | _____ | _____ |
| iii. Record of all program activities | <u>✓</u> | _____ | _____ |
| iv. Copies of all programmatic materials | <u>✓</u> | _____ | _____ |
| f. Conducts annual satisfaction surveys (67:61:11:08) | <u>✓</u> | _____ | _____ |
| g. Conducts participant evaluations after each presentation (67:61:11:08) | <u>✓</u> | _____ | _____ |
| h. Conducts pre- and post-tests for all presentations (67:61:11:08) | <u>✓</u> | _____ | _____ |
| i. Completes a quality assurance review of its programming with an annual summary report made available to the board of directors, agency staff, and DSS | <u>✓</u> | _____ | _____ |
| j. Staff have completed Substance Abuse Prevention Skills Training or Foundations of Prevention within one year of hire (67:61:05:04) | <u>✓</u> | _____ | _____ |

Comments:

15. Signatures

Chris Kenyon

Chris Kenyon, Program Specialist

9/22/23

Date

September 18, 2023

Date of Site Visit

Muriel Nelson

Muriel Nelson, Program Manager

9/22/23

Date