



Office of Licensing and Accreditation

Accreditation Survey Report for Substance Use Disorder Treatment Providers ARSD 67:61 July 18, 2024

iRecover
103 S. Main St.
Howard, SD 57349
Levels of Care:
Outpatient Services (2.1,1.0,0.5)

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:

2. <u>Program Services</u>	<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. Personnel	<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, 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
(67:61:05:01) | <u>✓</u> | _____ | _____ |
| g. Complete employee records; policies
to maintain those records (67:61:05:08) | <u>✓</u> | _____ | _____ |

Comments:

4. <u>Case Record Management</u>	<u>Yes</u>	<u>No</u>	<u>N/A</u>
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|---|----------|-------|-------|
| 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. <u>Environmental/Sanitation/Safety/Fire Prevention</u>	<u>Yes</u>	<u>No</u>	<u>N/A</u>
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|---|----------|-------|-------|
| a. Health, safety, sanitation, and disaster plan
(67:61:10:01) | <u>✓</u> | _____ | _____ |
|---|----------|-------|-------|

Comments:

6. <u>Assessment (67:61:07:05)</u>	<u>Yes</u>	<u>No</u>	<u>N/A</u>
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|--|----------|-------|-------|
| 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> | _____ | _____ |

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|---|----------|-------|-------|
| 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 ✓ ___ ___

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	✓	___	___
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:

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

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|--|----------|-------|-------|
| 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>
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- | | | | |
|--|----------|-------|----------|
| 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>
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:

11. <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:

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	___	___	<u>✓</u>

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

 Chris Kenyon, Program Specialist

July 25, 2024

 Date

July 18, 2024

 Date of Site Visit

Muriel Nelson

 Muriel Nelson, Program Manager

July 25, 2024

 Date