

STARS User Manual

State Treatment Activity Reporting System

South Dakota Department of Social Services

South Dakota Division of Behavioral Health
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Introduction

The State Treatment Activity Report System (STARS) is the data collection and reporting system used by the South Dakota Division of Behavioral Health (DBH). This manual is designed to guide providers through the processes required to accurately enter, update, and manage client information within STARS. It includes step-by-step instructions for client searches, admissions, assessments, diagnoses, treatment planning, service entry, billing-related functions, and provider administrative tasks.

Accurate and timely data entry is essential for state and federal reporting, contract compliance, service authorization, billing integrity, and continuity of care. Each section of this manual explains both the purpose of the task and the steps needed to complete it, ensuring consistency across all Community Mental Health Centers (CMHCs), Substance Use Disorder (SUD) treatment providers, and other contracted agencies.

The STARS Manual supports providers by:

- offering clear instructions for each screen and process in the system
- promoting uniform documentation practices
- helping maintain compliance with DBH standards
- supporting accurate reporting for program evaluation and funding
- reducing errors, duplication, and data inconsistencies

System Requirements

To use STARS effectively, the following requirements must be met:

Hardware Requirements:

- Desktop or laptop computer (Windows or Mac)
- Stable internet connection
- Updated web browser (Edge, Chrome, or Firefox recommended)

Software Requirements:

- Access to the State of South Dakota network or secure connection
- Multi-Factor Authentication (when required)

Access Requirements:

- STARS username and password issued by DBH
- Appropriate user permissions
- Completion of required agency training

User Roles and Permissions Overview

STARS uses role-based permissions to ensure users can access only the screens required for their job duties. If access to a required screen is missing, the user's supervisor should contact DBH. Typical roles include:

- Basic Users – Enter and update client data.
- Clinical Staff – Complete assessments, diagnoses, and treatment plans.
- Administrative Staff – Maintain provider-level information.
- Billing Staff – Manage claims-related data.
- Supervisors – Oversight and reporting access.
- System Administrators – Full access, including ID modifications and merges.

Revision History

Date	Version	Author	Changes
2026-09-14	1.0	STARS Manual System	Initial creation of introduction and foundational sections.

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Introduction to STARS

List of Acronyms

The following chart provides users with a quick reference to commonly used acronyms in the STARS system.

Acronyms	
Acronym	**Definition**
ADA	Alcohol/Drug Admission (but also includes or applies to other addictive behaviors such as gambling). Synonymous with SUD
Adult	Clients aged 18 or older
DBH	Division of Behavioral Health
JJRI	Juvenile Justice Reinvestment Act
MH	Mental Health
OT	Outcome Tools
ROI	Release of information
SDFMC	South Dakota Foundation for Medical Care (605) 367-5239 or sudreferrals@state.sd.us
STARS	State Treatment Activity Reporting System
SUD	Substance Use Disorder
Youth	Clients under age 18, or clients between the ages of 18-21 and receiving youth services

Key Concepts

The following concepts appear throughout STARS and the STARS Manual:

Unique ID: System-generated identifier used to prevent duplicate client records.

ASAM Level of Care: Determines intensity of SUD treatment.

Admission / Transfer / Discharge: Defines a treatment episode.

Release of Information (ROI): Required for Title XIX and Contract clients.

Income Eligibility: Must be completed before billing or admissions.

Hardship Review: Determines financial hardship status.

Program Eligibility: Required for inpatient SUD approvals.

Interim Services: Required for waitlist clients within 48 hours.

STARS Navigation Buttons

The following are standard STARS navigation buttons:

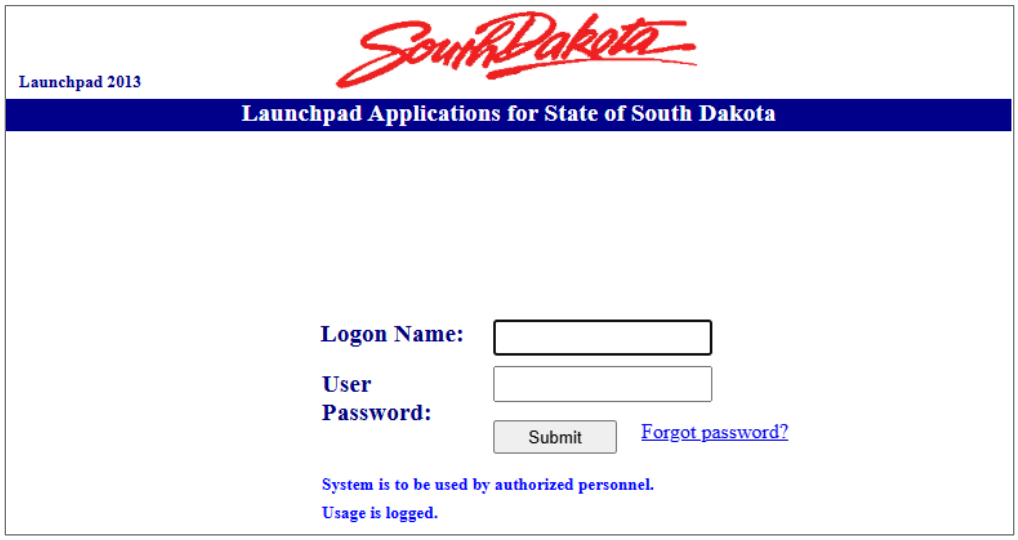
- **Show History**: identifies any changes made to this screen
- **Print:** allows the user to print the information on the current screen
- **Save:** this button saves the information entered on the screen. If information is missing, an error message will appear with the incorrect fields.
- **Cancel:** takes the user back to the previous screen. No information will be saved.



STARS Login Screen

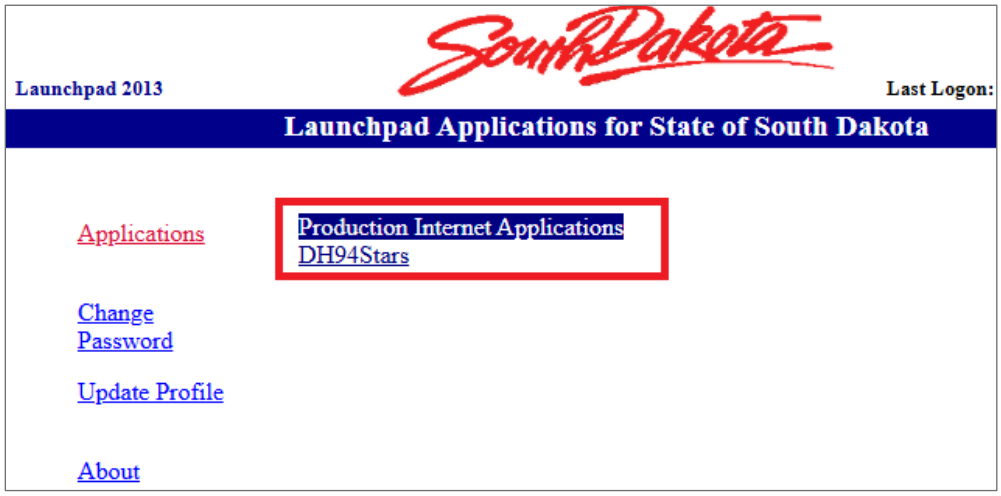
The *Logon Name* and *User Password* will be provided by the Division of Behavioral Health.

- If the user forgets their password or is locked out of STARS, the Division of Behavioral Health can provide a temporary password.
- If logging in with a temporary password, the user will be prompted to create a new password.



The following screen will appear:

- *"Production Internet Application"* is used for entering live information with actual clients.
- *"Change Password"* is used to create a different password. Due to HIPAA requirements, passwords are renewed every six (6) months; STARS will prompt the user when this time has expired.



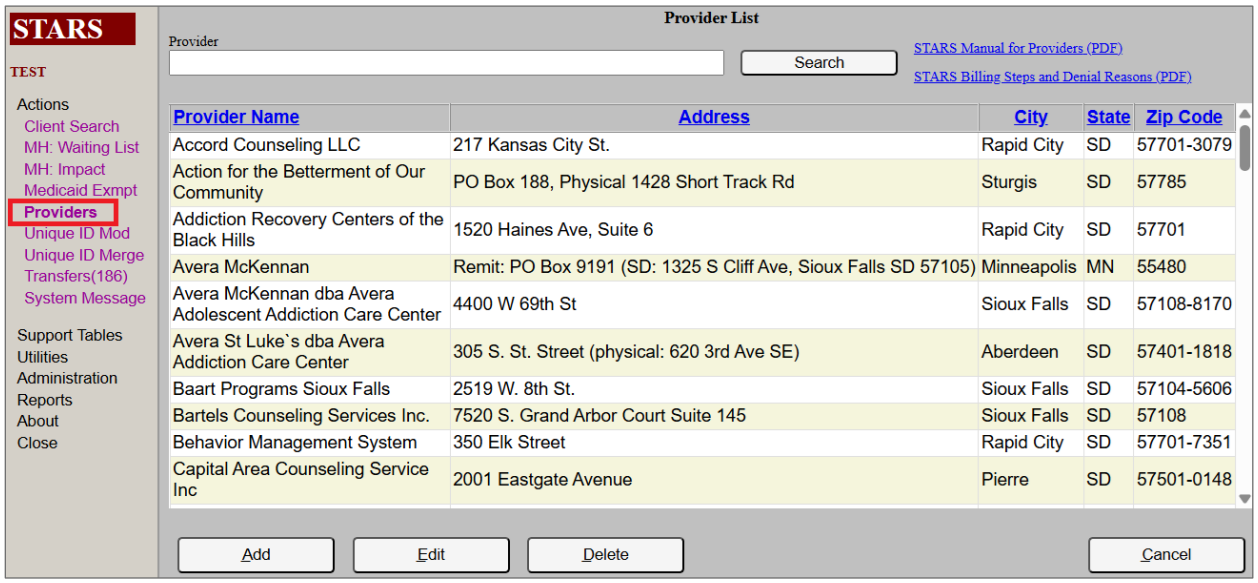
Providers

Information on providers can be accessed by clicking **Providers** in the *Actions* menu on the left side of the screen. Providers can manage satellite locations, document capacity, update Medicaid information, review assigned ASAM levels of care and programs, and maintain ADA counselor records.

Provider List

The *Provider List* will identify Provider Name, Address, City, State, and Zip Code.

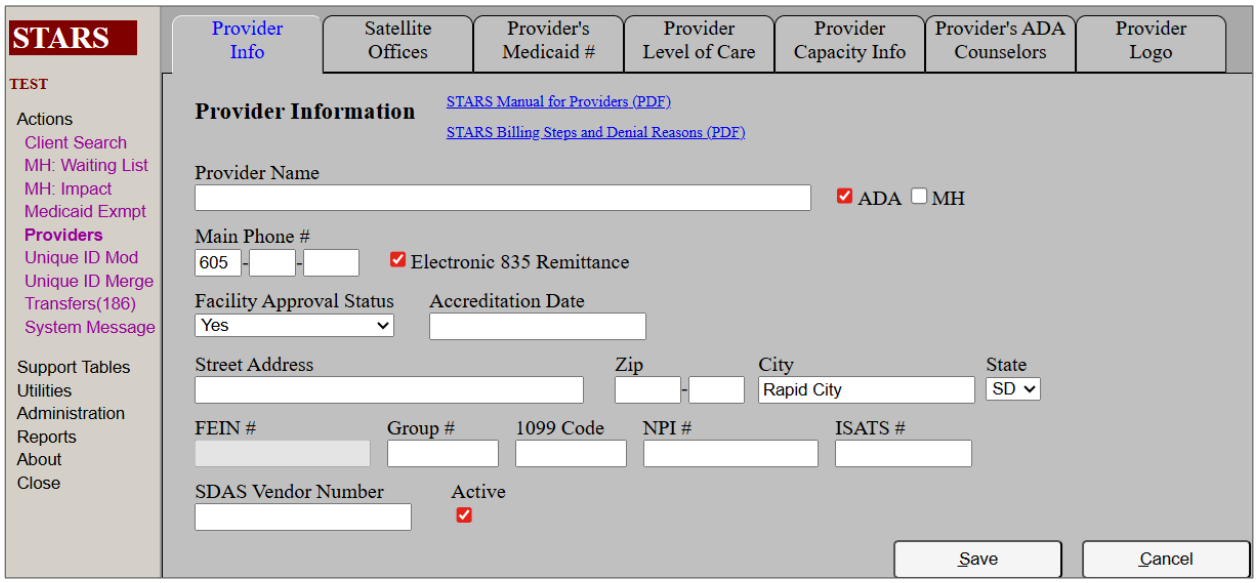
- This list will only include providers whose user/administrator has been assigned access from the Division of Behavioral Health and is updated as needed to account for any contractual changes.
- To view information on a specific provider, double-click the provider's name. This will open the *Provider Information* screen.



Provider Information Screen (View Only)

This tab is view-only for providers. Please contact the Division of Behavioral Health if any corrections and/or changes need to be made.

- The dark blue links for “STARS Manual for Providers (PDF)” and “STARS Billing Steps and Denial Reasons (PDF)” will open PDF versions of the STARS Manual and STARS Billing Manual.
- If an agency provides only SUD services, “ADA” is checked.
- If an agency provides SUD and MH services, both “ADA” and “MH” are checked.
- If an agency provides only MH services, “MH” is checked.
- If the “Active” field is not checked, the provider is no longer contracted with the Division of Behavioral Health to provide services.

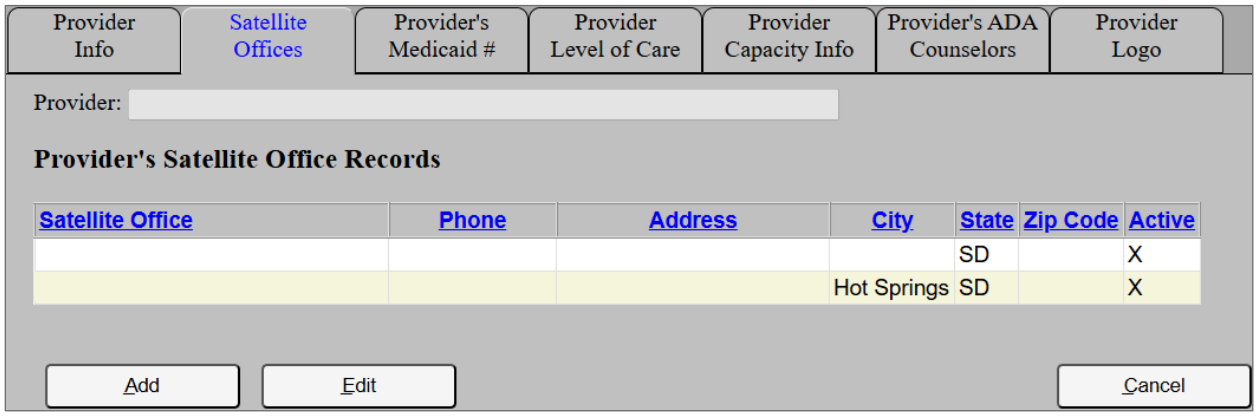


Satellite Offices Screen

The *Satellite Offices* screen will list the provider's satellite offices and allow providers to add new satellite locations or update existing satellite details.

To Add/Edit a Satellite Location:

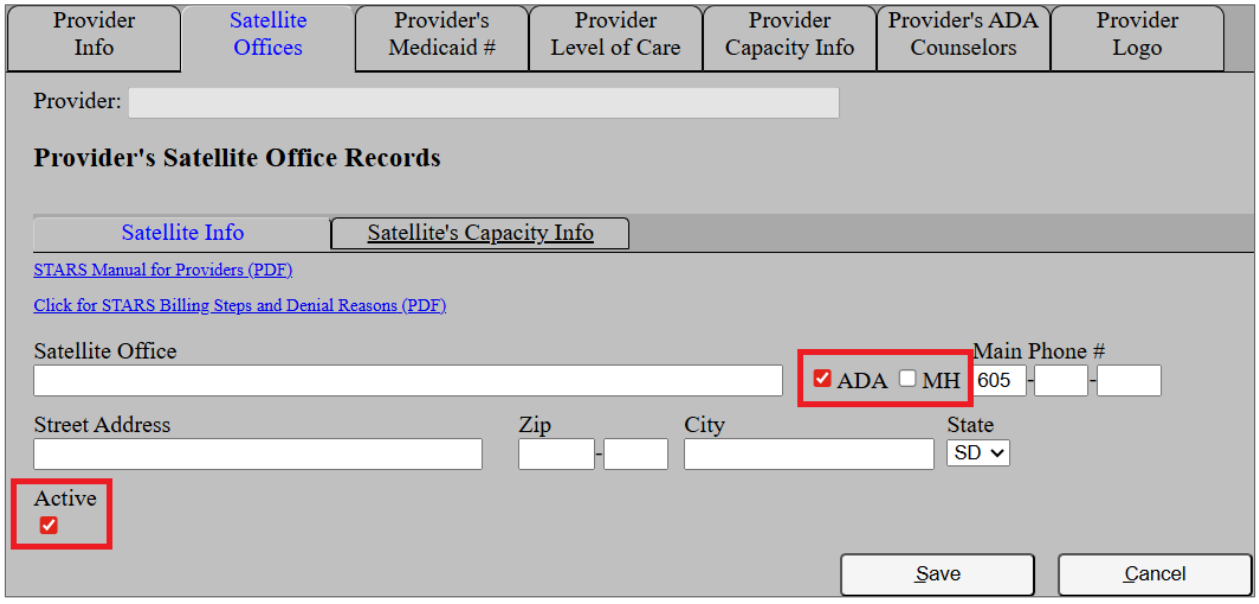
- To enter a new satellite location, click the "Add" button at the bottom of the screen.
- To update an existing satellite record, highlight the record and click "Edit".
- To return to the *Provider List* screen without making any changes to the Satellite Office, click "Cancel"



Satellite Info Detail Screen

The *Satellite Info Detail* screen appears when "Add" or "Edit" is selected on the previous screen.

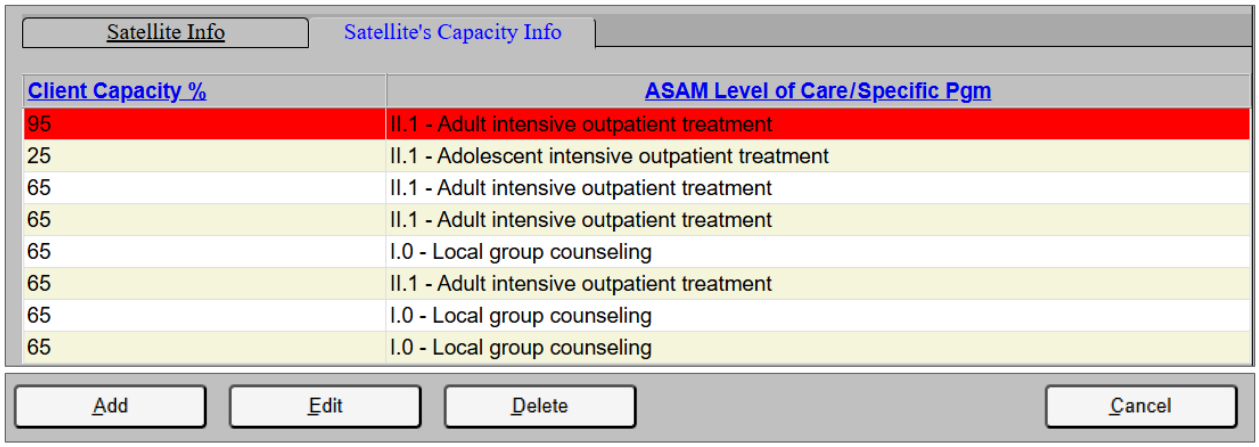
- A Satellite Office is identified as ADA, MH, or both, depending on the services they provide.
- If a Satellite Office is no longer being used, uncheck the "Active" box.
- To return to the *Satellite Offices* screen without saving, click "Cancel"



Satellite's Capacity Info Screen (SUD Only)

The *Satellite's Capacity Info* screen identifies the selected location's capacity records, if previously entered. This tab is not enabled for Mental Health-only providers

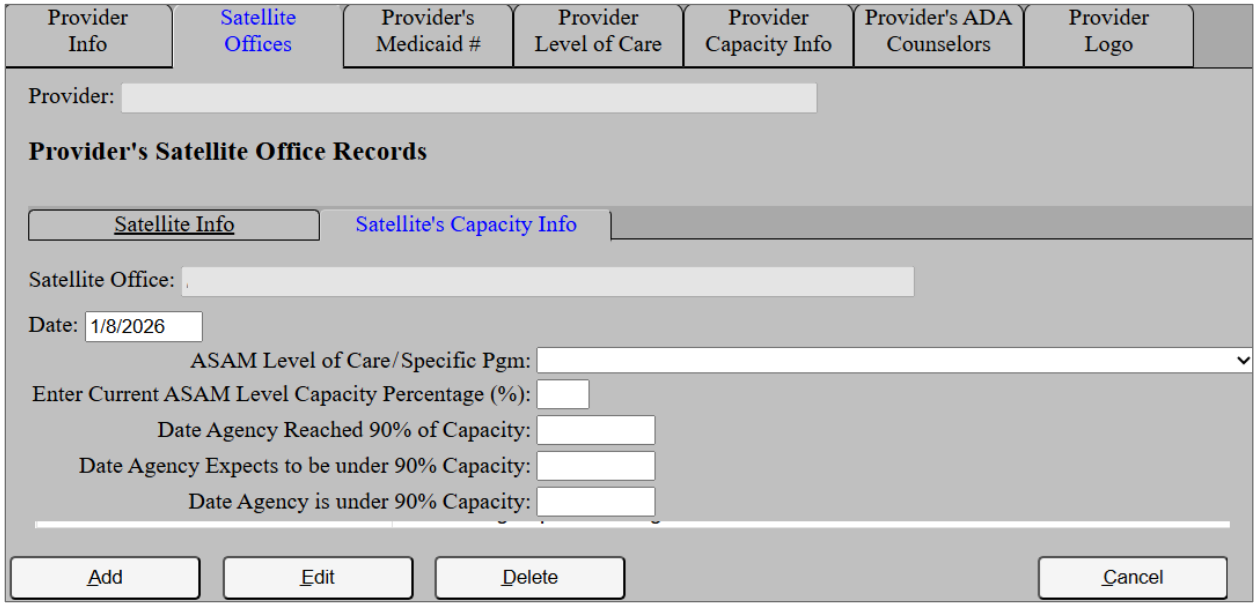
- ASAM Levels of Care/Programs with a client capacity at or above 90% are highlighted in red.
- To add a new capacity record, click "Add" at the bottom of the screen.
- To update capacity on an existing record, select the correct record and click "Edit".



Satellite's Capacity Info Detail Screen (SUD Only)

The *Satellite's Capacity Info Detail* screen appears when "Add" or "Edit" is selected on the previous screen.

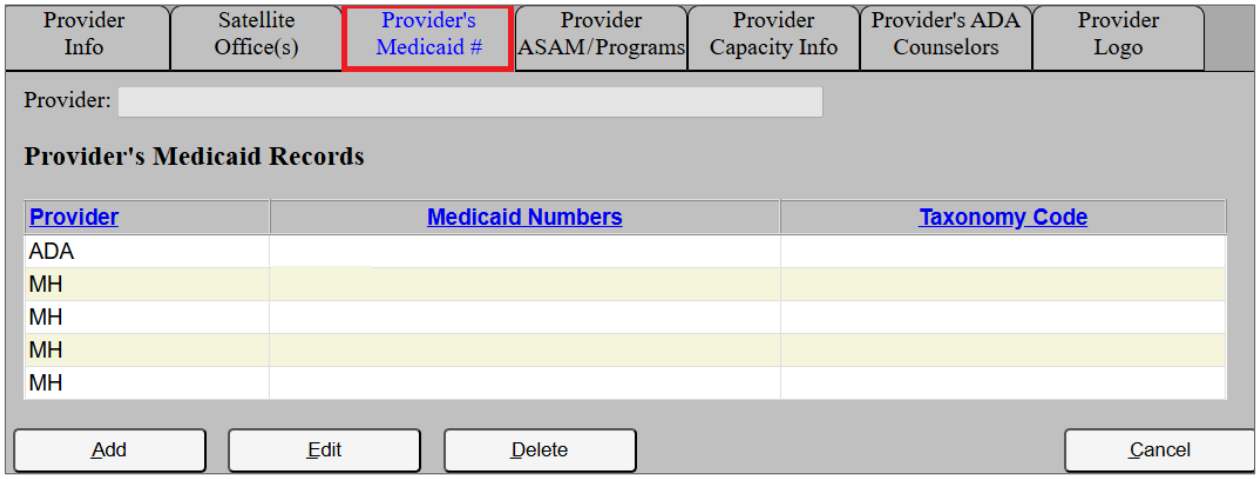
- ASAM Level of Care/Specific Pgm: select the program that is being updated
- Enter Current ASAM Level Capacity Percentage (%): enter current capacity percentage for selected program
- Date Agency Reached 90% of Capacity: enter the date (mm/dd/yyyy) the selected program reached 90% capacity
- Date Agency Expects to be under 90% Capacity: enter the date (mm/dd/yyyy) the provider expects to be under 90% capacity in the selected program
- Date Agency is under 90% Capacity: enter the date (mm/dd/yyyy) the selected program is under 90% capacity
- Click "Save" to update the *Satellite's Capacity Info Detail* screen. Click "Cancel" to return to the *Satellite's Capacity Info* screen without saving.



Provider's Medicaid # Screen

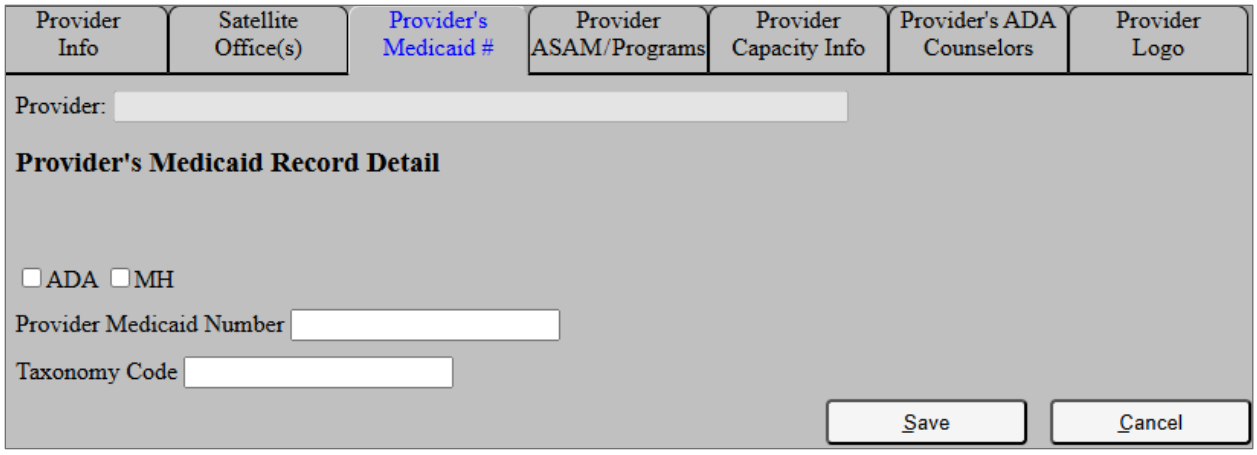
The *Provider's Medicaid #* screen is used to add a new, or update an existing, Medicaid record for a provider. Click "Add" or "Edit" at the bottom of the screen to pull up the *Provider's Medicaid # Detail* screen. To delete a Medicaid record, highlight the record and click "Delete".

- If any billings are attached to the Medicaid record, the deletion will not occur.



Provider's Medicaid # Detail Screen

Add the "Provider Medicaid Number" and the corresponding "Taxonomy Code". Select ADA or MH by checking the appropriate check box; a Medicaid number cannot be assigned to both.

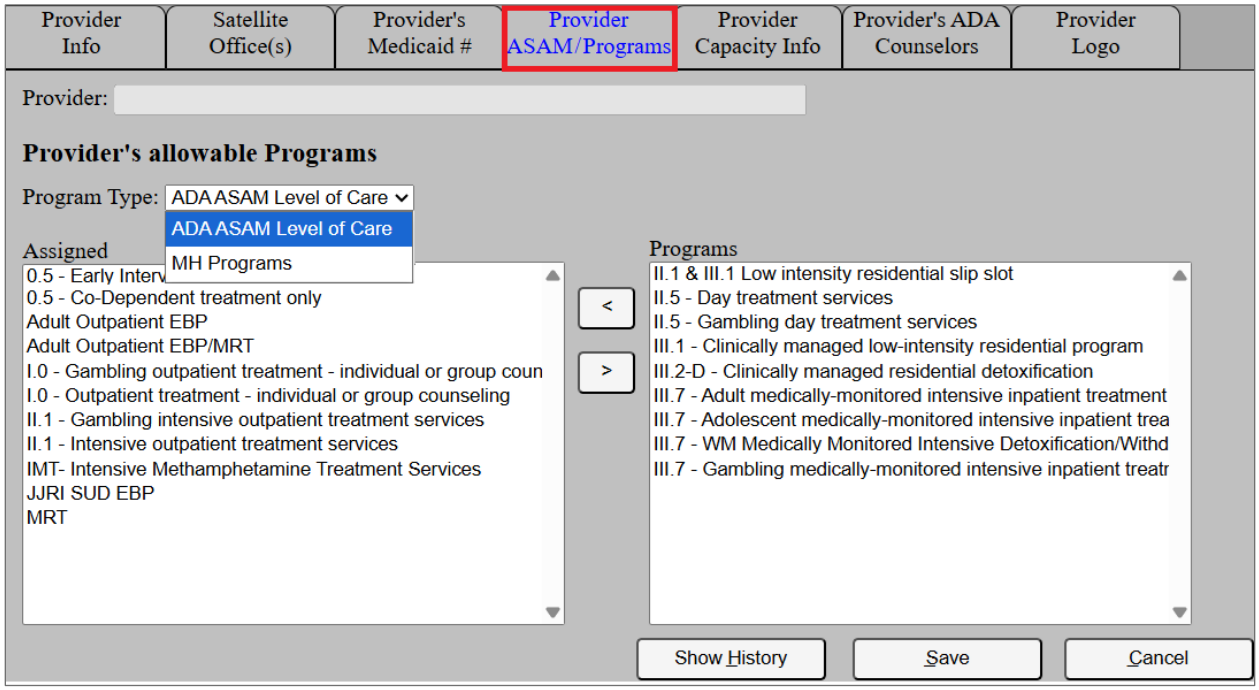


Provider ASAM/Programs Screen

The *Provider ASAM/Programs* screen is used to update the Substance Use Disorder Levels of Care and/or Mental Health Programs. The "Assigned" column lists programs the selected provider offers. This screen is view-only for providers.

The name on this tab will vary depending on the services the offered:

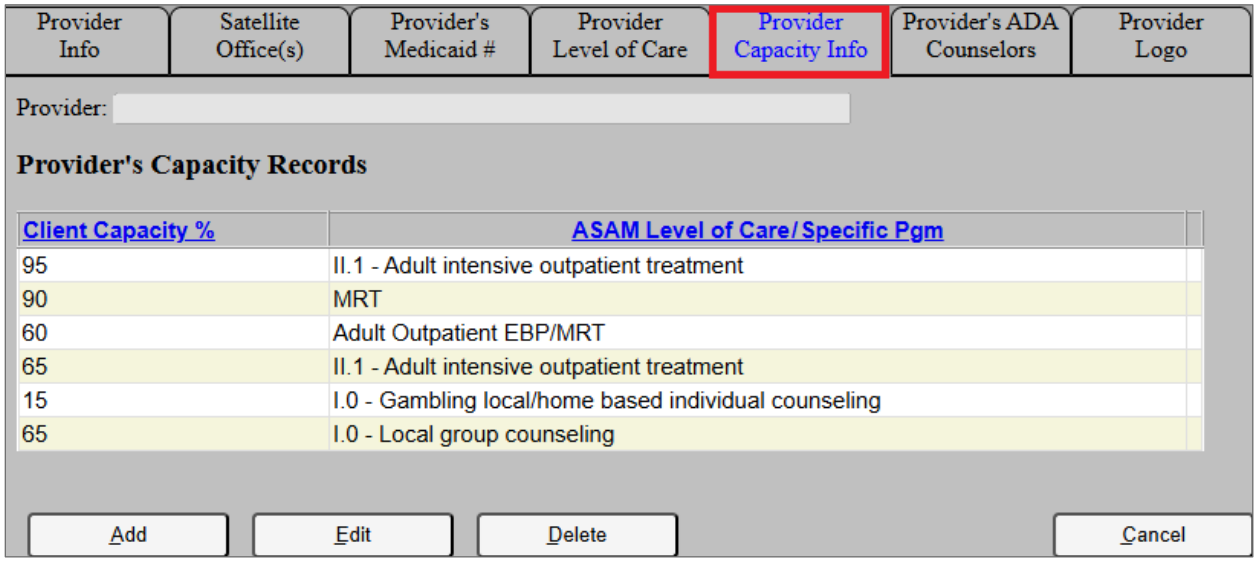
- If an agency provides only SUD services: *Provider Level of Care*.
- If an agency provides both SUD and MH services: *Provider ASAM/Programs* (shown in screenshot below).
- If an agency provides only MH services: *Provider Programs*.



Provider Capacity Info Screen

As required by Contract Attachments, providers shall document when the provider has reached 90% capacity for any of the ASAM funding levels of treatment in STARS. After the provider falls below 90% capacity for the ASAM Level of Care/Specific Program, the provider will need to update the *Provider Capacity Info* screen.

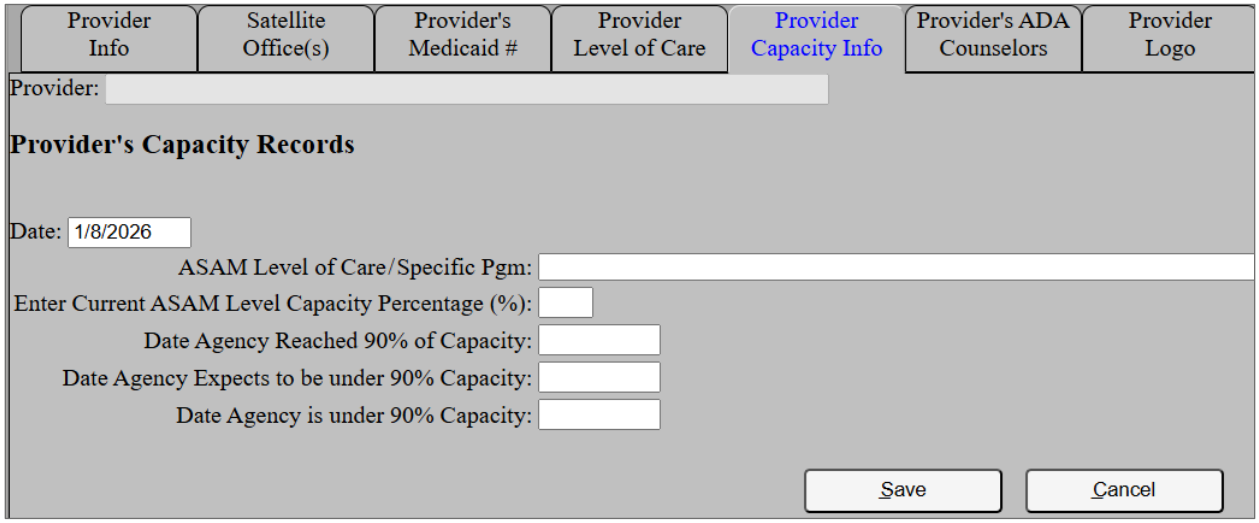
Note: If the provider is MH only, the "Provider Capacity Info" tab will not be enabled.



Provider Capacity Info Detail Screen

To add a record indicating 90% or greater capacity, click the “Add” button on the *Provider Capacity Info* screen.

- ASAM Level of Care/Specific Pgm: select the program that is being updated
- Enter Current ASAM Level Capacity Percentage (%): enter current capacity percentage for selected program
- Date Agency Reached 90% of Capacity: enter the date (mm/dd/yyyy) the selected program reached 90% capacity
- Date Agency Expects to be under 90% Capacity: enter the date (mm/dd/yyyy) the provider expects to be under 90% capacity in the selected program
- Date Agency is under 90% Capacity: enter the date (mm/dd/yyyy) the selected program is under 90% capacity
- Click “Save” to update the *Provider Capacity Info Detail* screen. Click “Cancel” to return to the *Provider Capacity Info* screen without saving.

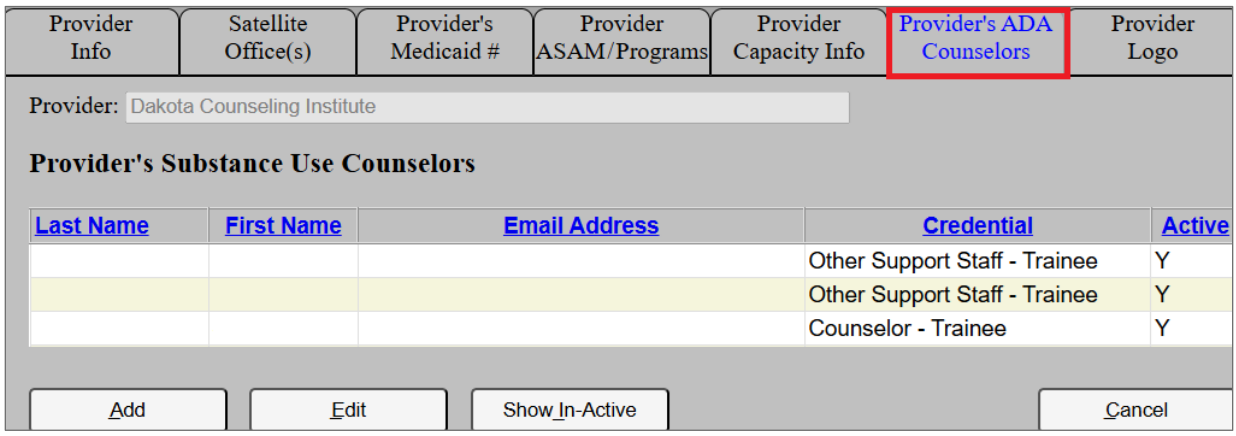


Provider's ADA Counselors Screen- ADA Providers Only

The *Provider's ADA Counselors* screen is used to add new counselor information, update existing counselor records, and identify active or inactive staff members.

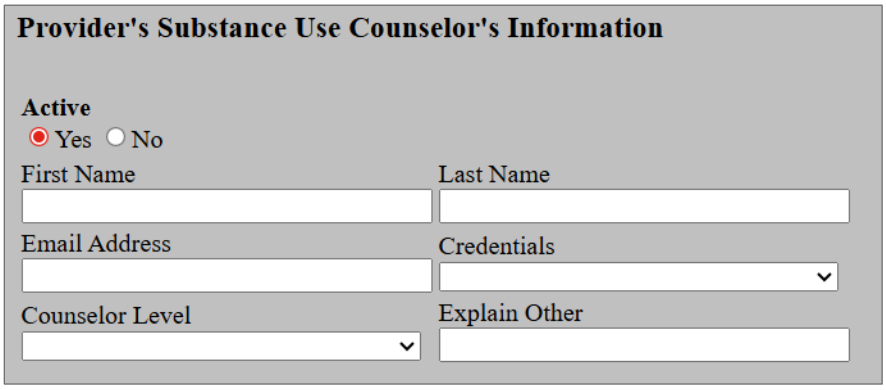
Note: This tab is disabled for provider's that offer only MH services. Counselor records are added by the provider's administration.

- To update a counselor's information, select the record and click "Edit".
- STARS will list active counselors by default. To see a list of in-active counselor's, click the "Show In-Active" button.
- To add a new counselor, click "Add". This will open the *Provider's ADA Counselors Detail* screen.



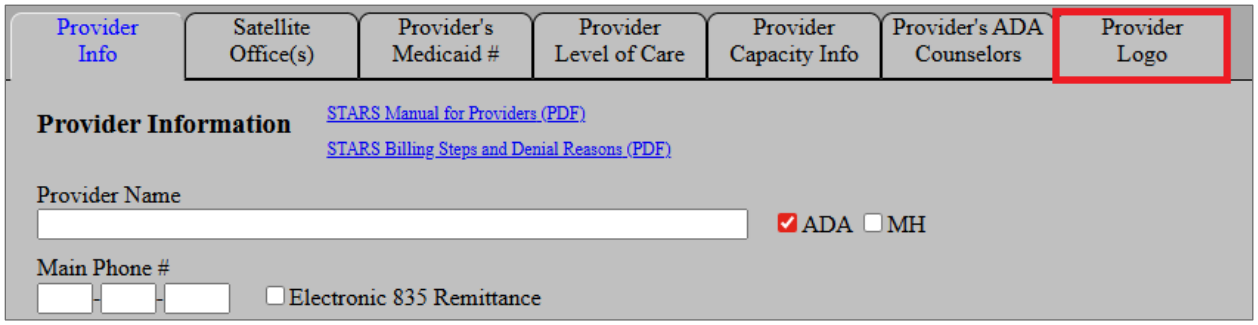
Provider's ADA Counselors Detail Screen

To add a new counselor in STARS, update the fields shown on the *Provider's ADA Counselors Detail* screen and click "Save". After a counselor has been entered into STARS and saved, they cannot be removed or deleted. If the counselor no longer works for the provider, check "No" in the **Active** field.



Provider Logo

The *Provider Logo* screen is not commonly used at this time.



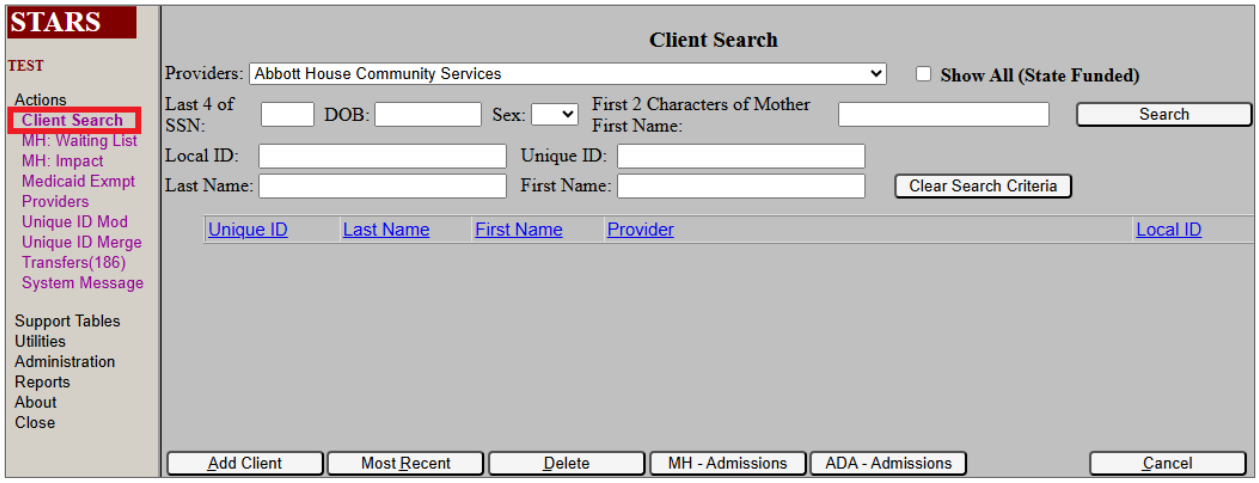
Getting Started

Client Search Screen

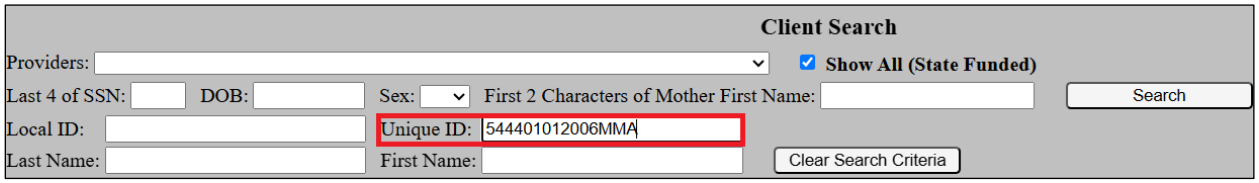
The *Client Search* screen allows users to create, search for, and update client records within the STARS system. Providers can only view client records that have received services from their agency.

Searching for an Existing Client

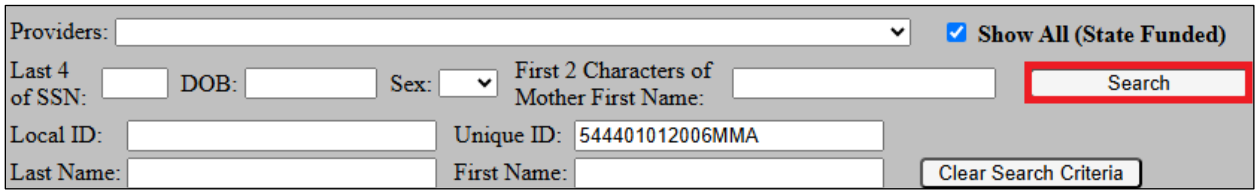
To access the *Client Search* screen, click "Client Search" in the **Actions** menu on the left side of the screen.



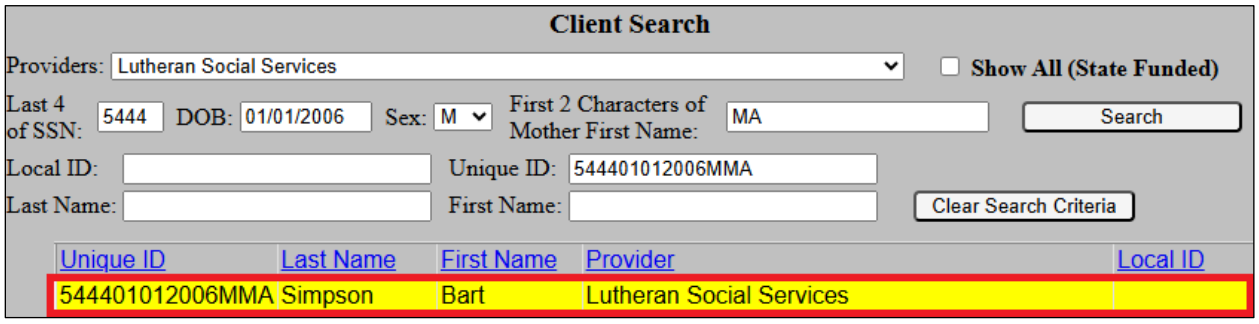
1) To search for an existing client, one of the following identification fields must be entered:
   - Unique ID**:** this consists of the last 4 digits of a clients Social Security Number, Date of Birth (DOB), Sex, and first 2 characters of Mother's first name
   - Local ID: this number is determined and assigned by the provider
   - First Name/Last Name



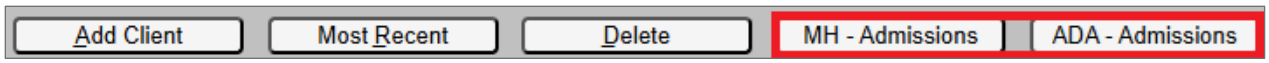
2) After entering one of the above identification fields, click the **Search** button.



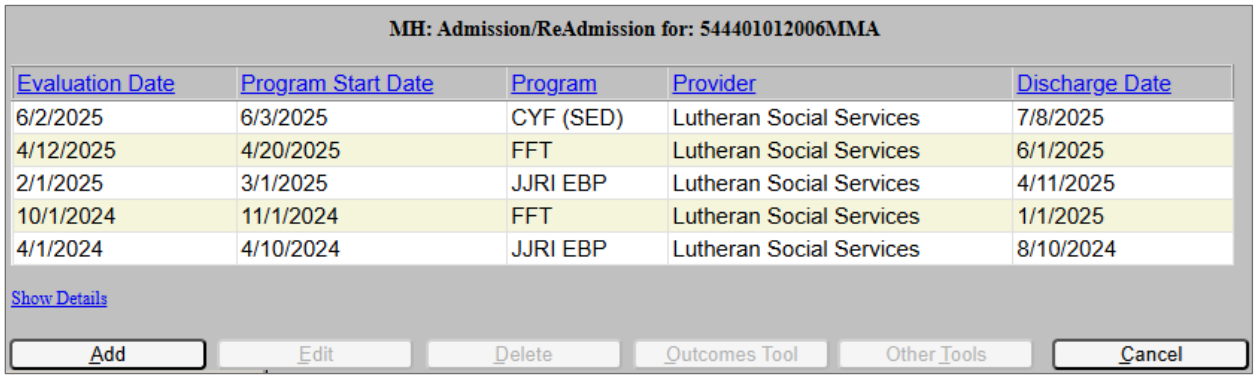
3) To open the client's most recent admission, double-click the record.



4) To view a client's previous admissions, click the client record once; it will highlight yellow. If the client was in MH services, click the **MH – Admissions** button at the bottom of the screen; if the client was in SUD services, click **ADA – Admissions**. If an agency provides only MH or SUD, only the corresponding button will be enabled.



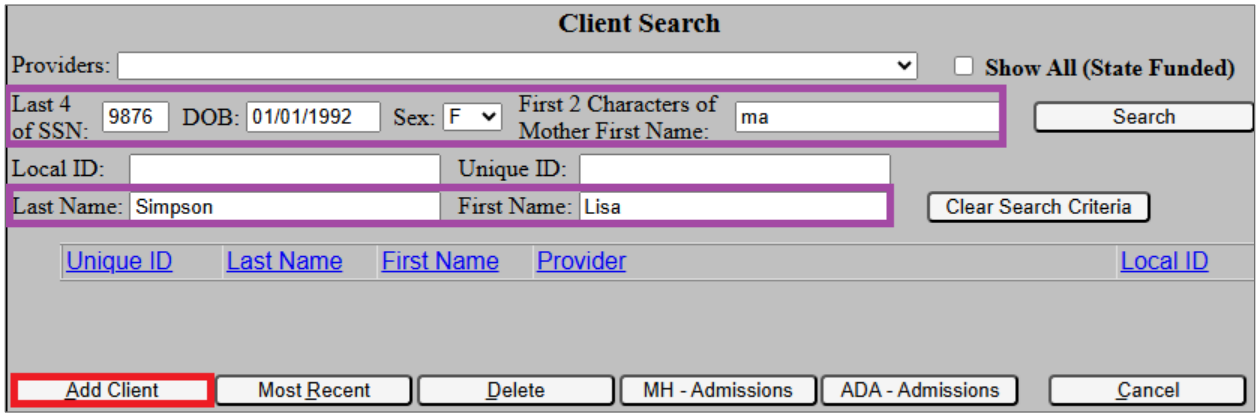
5) The **MH – Admissions** or **ADA – Admissions** screen will show a list of each corresponding admission at that agency. Double-click any admission record to view it in STARS.



Adding a New Client

To add a new client into STARS, open the *Client Search* screen. Enter the client's **Last 4 of SSN**, **DOB, Sex, First 2 Characters of Mother's First Name,** and the client's **First** and **Last Name.** Click "Add Client" at the bottom of the screen.[1]

- These fields are used to generate the client's Unique ID.



[1] When adding a new client, STARS will not accept 0001 or 9999 for the last four digits of the SSN, or XX for mother's first two initials. If the client does not provide a SSN, please contact the DBH.

Unique ID Modification and Merge

In some instances, a client might be entered into STARS twice. Duplicate admissions could result from a typo when originally entering the client's information into STARS (such as Last 4 of SSN, DOB, Sex, or First 2 Characters of Mothers First Name being incorrect).

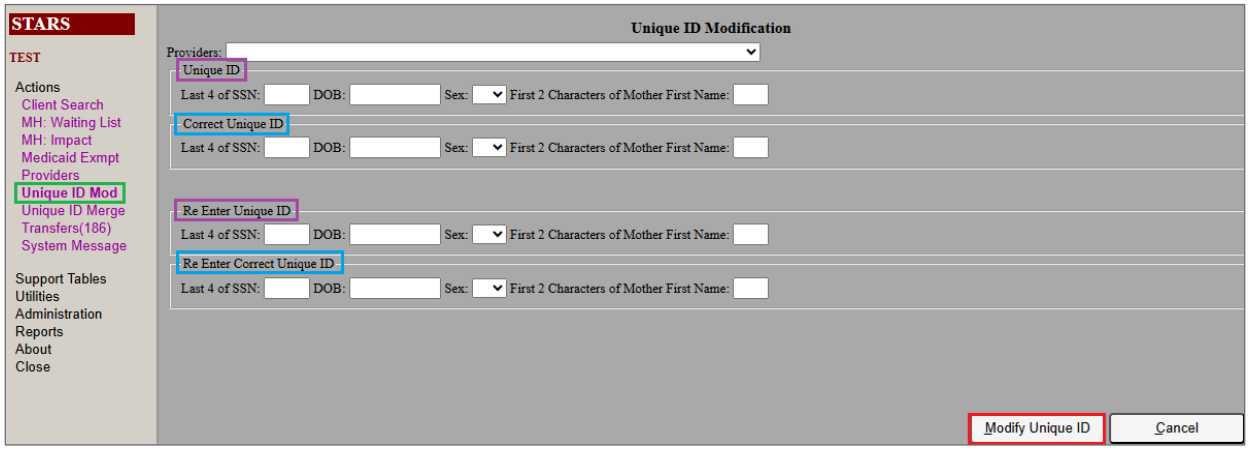
There are two possible solutions: a *Unique ID Modification* or a *Unique ID Merge*. Providers need to contact the Division of Behavioral Health to perform a Modification or a Merge.

Note: Users with Admin Level permissions can perform this task; if you do not have permission to perform this task, please contact the Division of Behavioral Health to assist.

Unique ID Modification

If a client's **Last 4 of SSN, DOB, Sex,** or **First 2 Characters of Mothers First Name** were entered incorrectly when creating a Unique ID and no billing has been submitted yet, or the correct client information has been entered twice and two identical admissions were submitted, a *Unique ID Modification* can be completed.

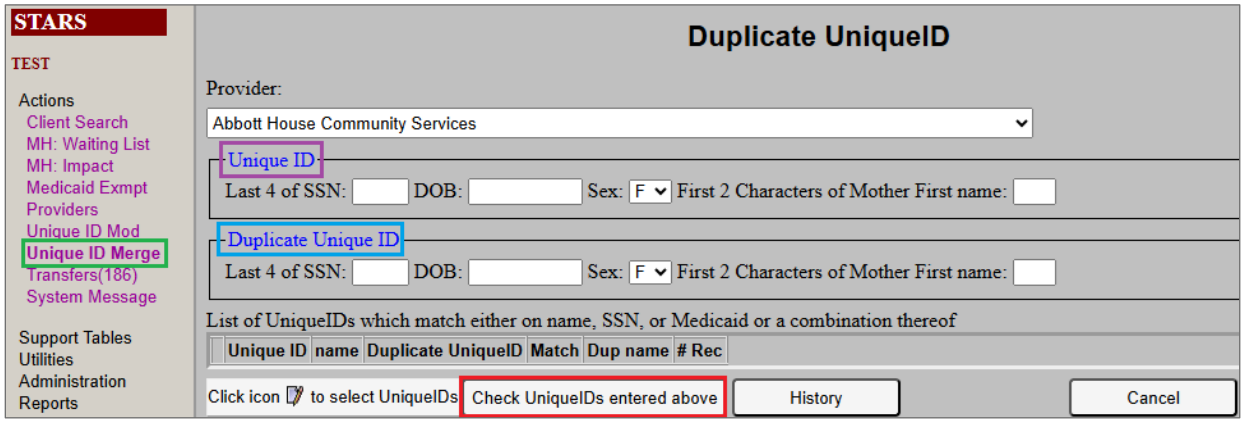
1) Click **Unique ID Mod** under the *Actions* list in STARS.
2) Select the provider the Unique ID that needs to be changed is attached to.
3) Enter the Incorrect Unique ID in the first field (see purple boxes below).
4) Enter the correct information in the Updated Unique ID section (see blue boxes below).
5) Repeat steps 3 and 4.
6) Click **Modify Unique ID** at the bottom of the screen. This will successfully update the client's Unique ID through STARS.
7) Click **Cancel** to return to the *Client Search* screen without saving changes.



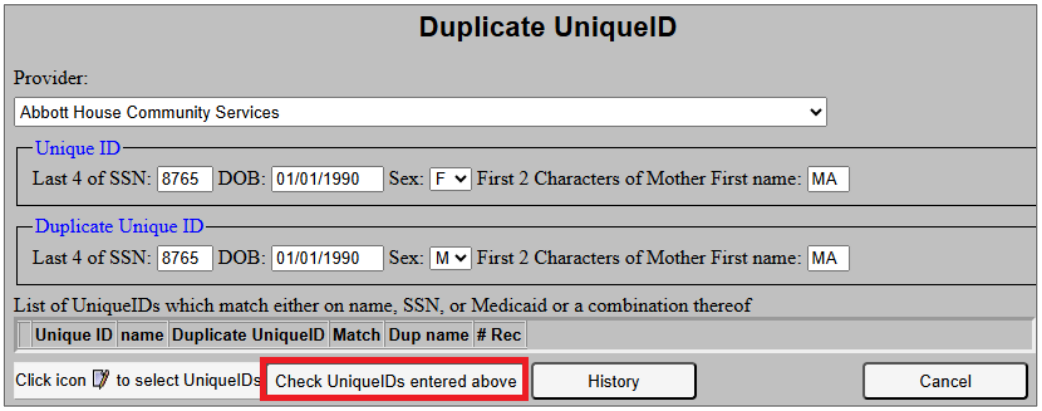
Unique ID Merge

A *Unique ID Merge* may be required if an Income Record overlaps, billing has been submitted in one or both admission, or if admission information has been added to either admission. ***Please contact the Division of Behavioral Health to assist with a Unique ID Merge.***

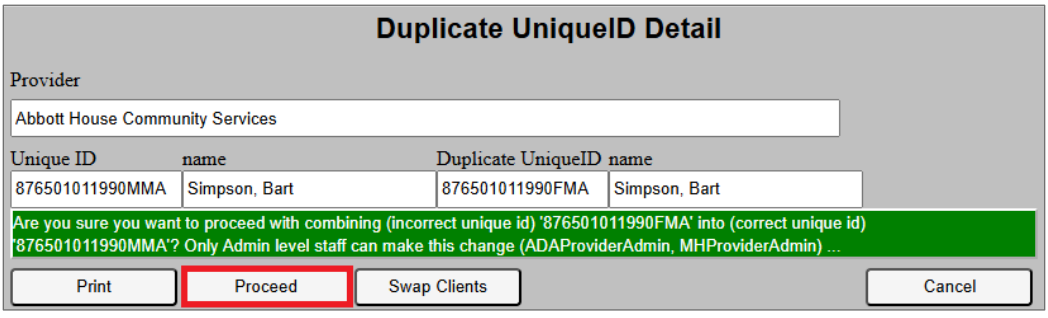
1) Click **Unique ID Merge** under the *Actions* list in STARS.
2) Select the provider the Unique ID that needs to be changed is attached to.
3) Enter the information for the incorrect Unique ID.
4) Enter the information for the correct Unique ID.



Example: The below screenshot shows a client that has duplicate admissions in STARS; **Sex** was incorrectly entered on one admission. Enter the client's Unique ID (correct Unique ID) and Duplicate Unique ID (the Unique ID that is incorrect). Click "Check UniqueIDs entered above".



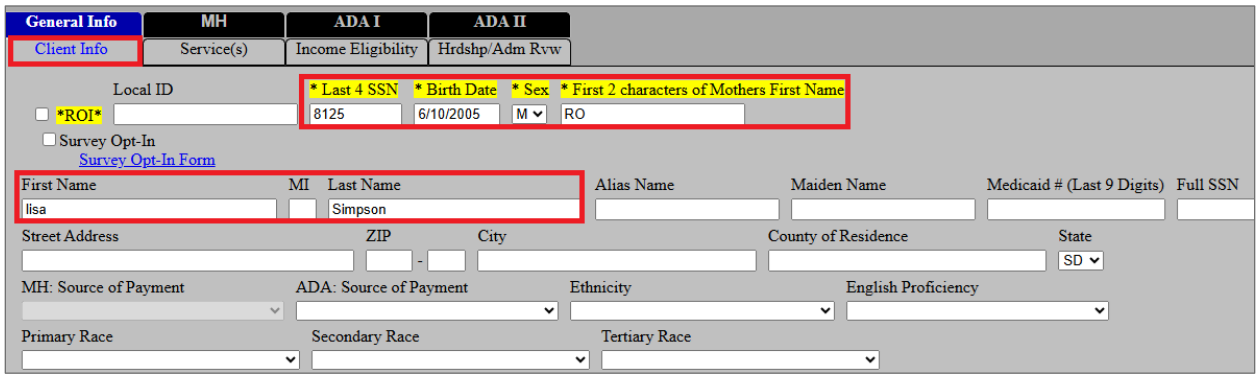
The **Duplicate UniqueID Detail** screen will identify the client that has duplicate admissions. Click "Proceed" to continue merging the client admissions into one Unique ID.



General Information

Client Information Screen

After clicking "Add Client" on the *Client Search* screen, the *Client Information* screen will appear. The information entered in the previous step will auto-populate in the respective fields.



Additional fields will need to be completed:

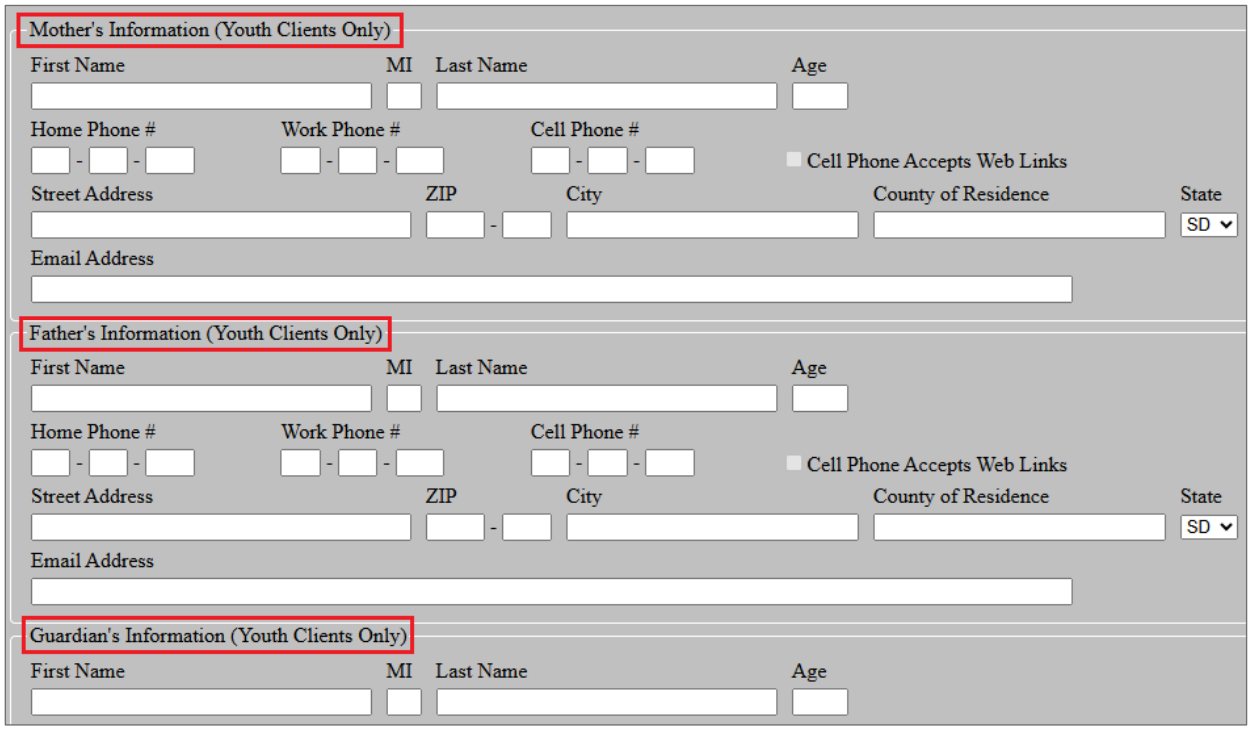
Self-Pay/Private Pay or **Other 3rd Party** sources of payment require only the fields associated with Unique ID, County, State, MH/ADA Source of Payment, Primary Race, Ethnicity, and English Proficiency be completed.

Title XIX and **Contract** sources of payment must complete the following fields:

1) *Medicaid Number* (if individual is Medicaid Eligible): a nine-digit number
2) *Social Security Number*: contact DBH if the provider cannot obtain the client's SSN
3) *Street Address*: Enter the client's street address. If the client is homeless, enter "homeless" in the *Street Address* section and enter the city and zip code where services will be provided.
4) *Zip Code:* STARS will automatically complete the city and county of residence; edits are allowed.
5) *Source of Payment*: if a client's source of payment is Title XIX or Contract, a Release of Information (ROI) is required.
6) *ROI* checkbox (highlighted in yellow): must be checked for Title XIX/Contract Sources of Payment
7) *Ethnicity*: identifies a client's specific Hispanic or Latino origin, if applicable.[2]
8) *English Proficiency*
9) *Primary Race*: identifies a client's self-reported race. Secondary and/or tertiary race is not required.

[2] For *Ethnicity* and *Primary Race* definitions, see Appendix A.

Mother's Information, Father's Information, and/or **Guardian's Information:** These fields can be completed if the client is under age 18. They are not required.



To save the *Client Info* screen, click **Save** at the bottom of the screen.

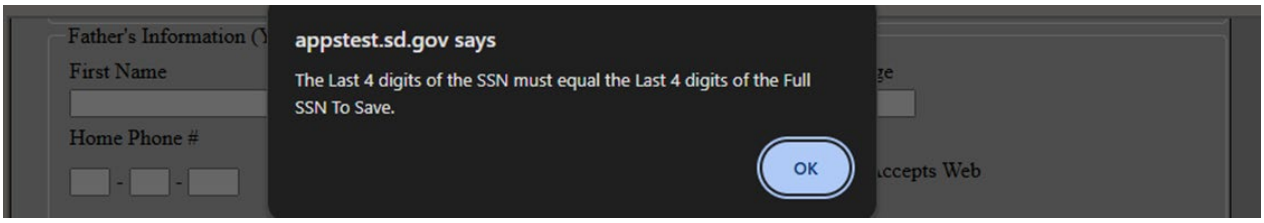


If the *Client Info* screen saved correctly, STARS will say "Save Successful".



If the *Client Info* screen was not saved, STARS will indicate the error.

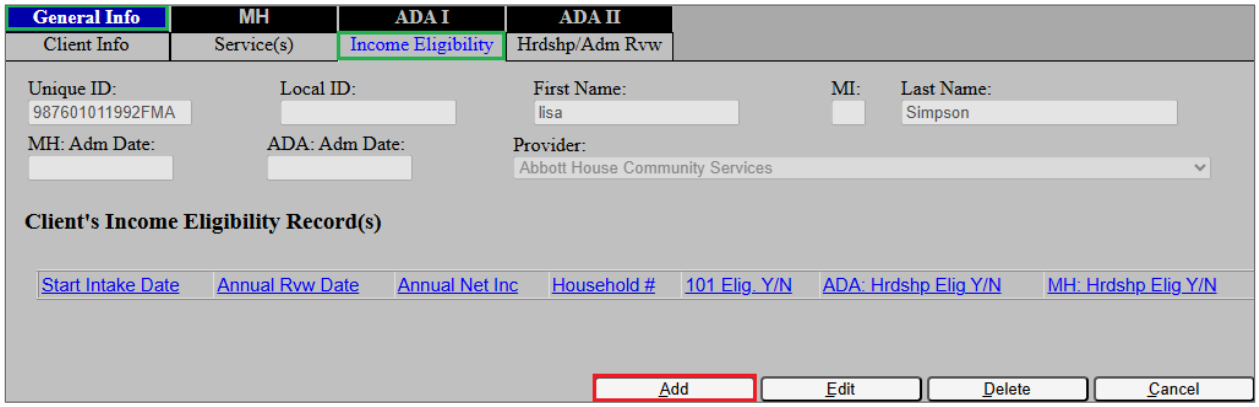
- In the example below, the last 4 digits of the SSN entered on the *Client Info* screen did not match the **Last 4 of SSN** entered on the *Client Search* screen.



Income Eligibility Screen

The *Income Eligibility* screen is completed prior to submitting billing for an assessment and/or prior to admitting a client into programming. When adding a new *Income Eligibility* record, the dates CANNOT overlap previous income eligibility records.

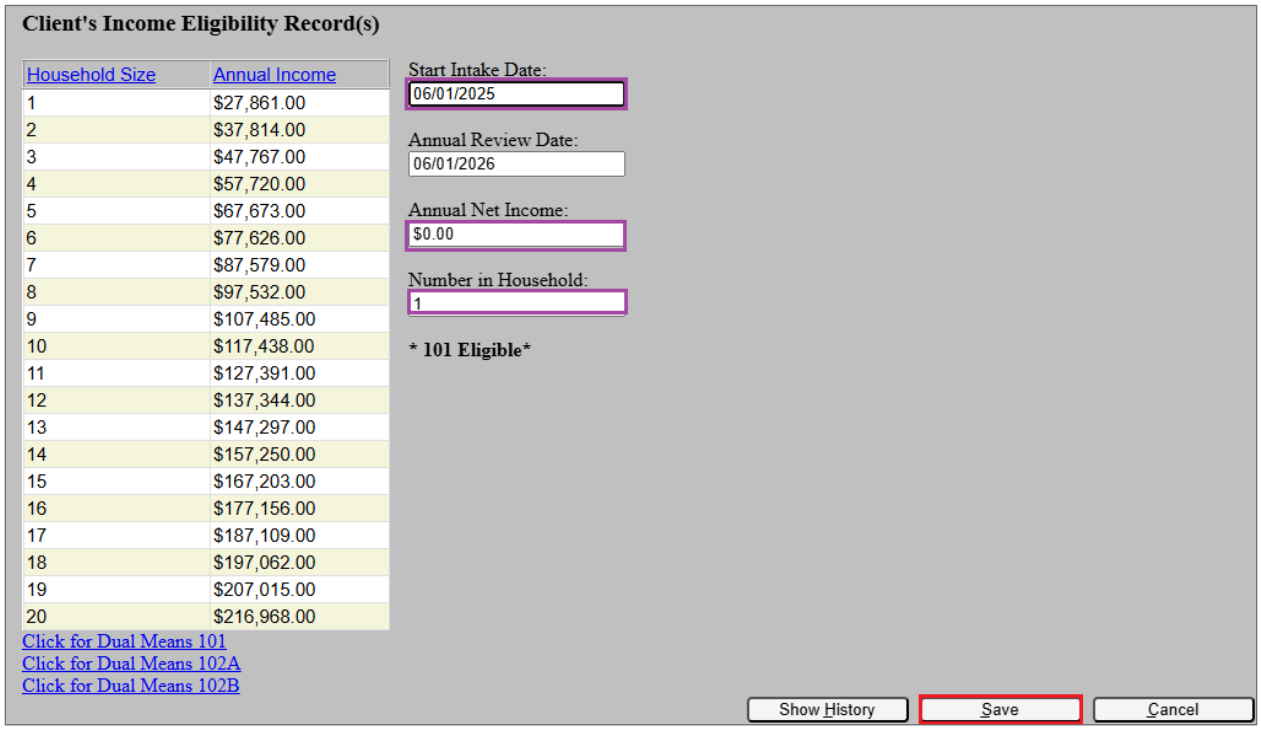
1) To delete an existing record, highlight the record and click **Delete**. A pop-up will ask "Are you sure you want to delete?" Click "Yes". **If there are any contract services in the STARS claims table, the deletion will not occur.**
2) To add a new *Income Eligibility* record, click **Add** at the bottom of the screen.
   - To edit an existing record, highlight the record and click **Edit**. Make the necessary changes and click **Save**.



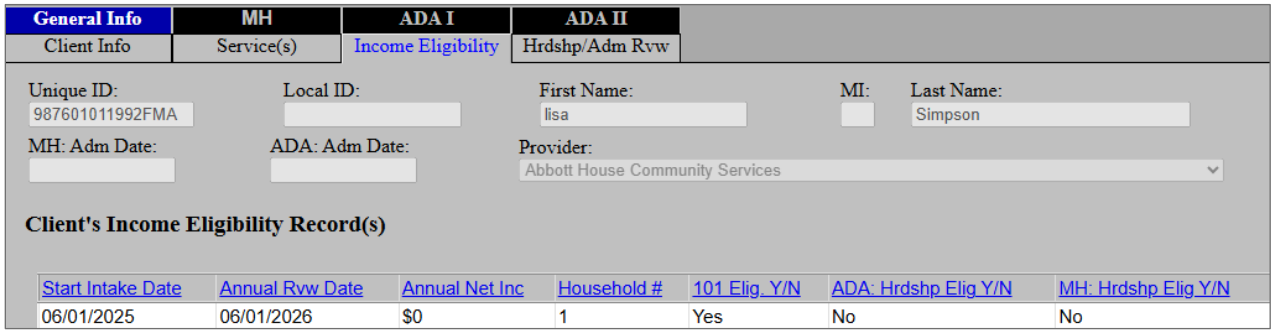
New Income Eligibility Record

Enter the following information in the *Income Eligibility* record and click **Save**:

1) *Start Intake Date:* must be on or before the date the client first received services from the provider.
2) *Annual Review Date:* this field will automatically generate a date one year from the *Start Intake Date.* This date can also be manually entered but cannot be more than 1 year 30 days after the *Start Intake Date.*
3) *Annual Net Income:* this field is self-reported by the client and must be a positive number.
4) *Number in Household*: this field is self-reported by the client and must be a positive number.
5) Click **Save** to submit the *Income Eligibility* record.



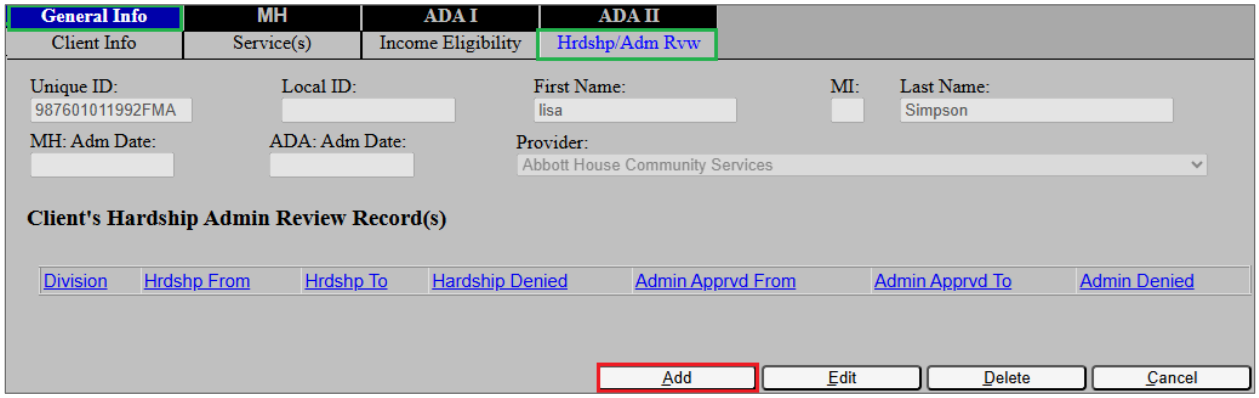
The new Income Eligibility record will appear on the *Income Eligibility* screen. This record will need to be updated annually until the client is discharged from the treatment episode.



Hardship/Administration Review Screen

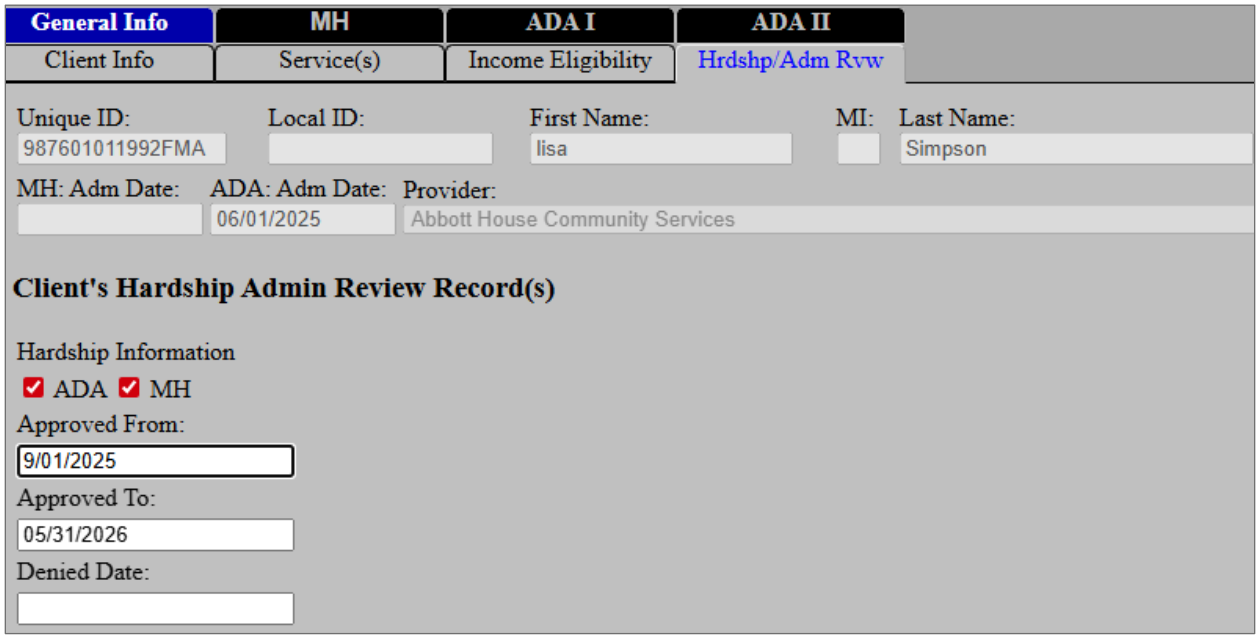
The *Hardship/Admin Review* screen pertains to a client in which an application for Hardship Consideration was submitted to the Division of Behavioral Health. Hardship information can be found on the second page of the Financial Eligibility 101 form.

*This screen is **VIEW ONLY** for providers. If there are questions regarding Means Testing or Hardship Considerations, please contact: dsshardships@state.sd.us.



Hardship Admin Review Screen

The information on the *Hardship Admin Review* screen will include either an approval with the length of time in which the client has been approved for hardship funding, or the date the Division of Behavioral Health denied funding. The hardship can be for ADA or MH. If both services are requested, two separate hardships will be completed.



Substance Use Disorder (SUD)

SUD ADA I Tab

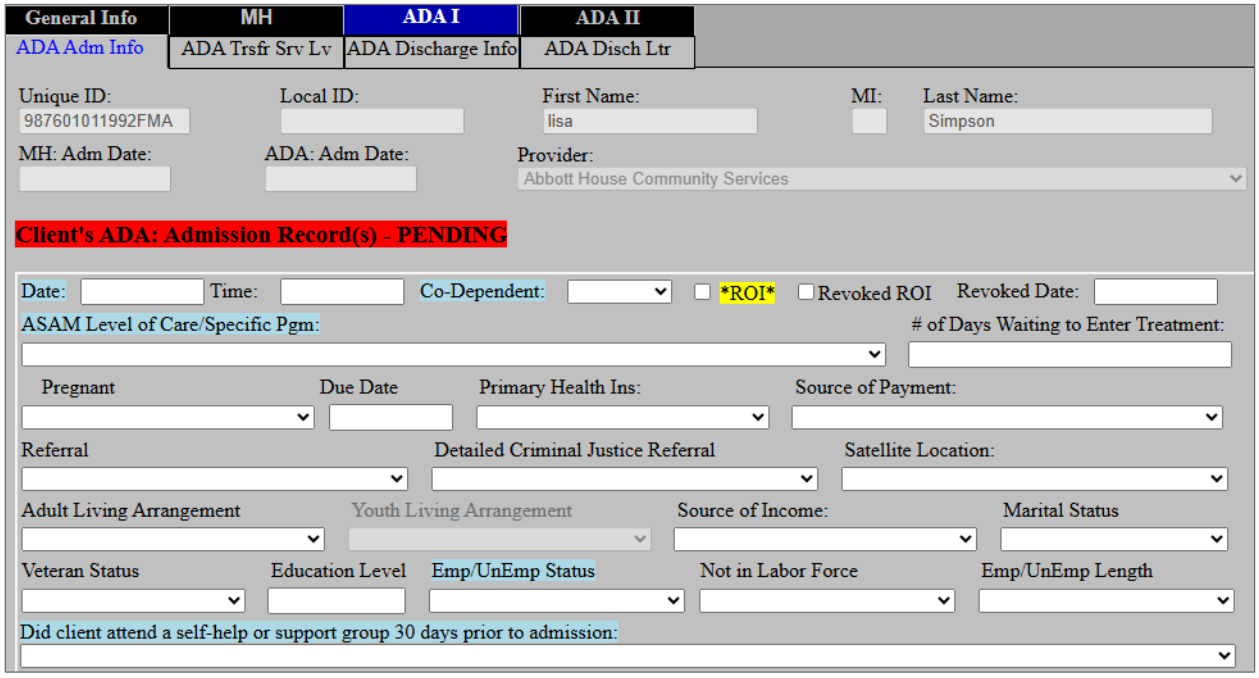
The *ADA I* tab consists of admission information, program transfers, and program discharges.

ADA Admin Info Screen

This screen does not need to be completed if a client receives only an assessment

The *ADA Adm Info* screen is completed when a client is admitted into SUD services.

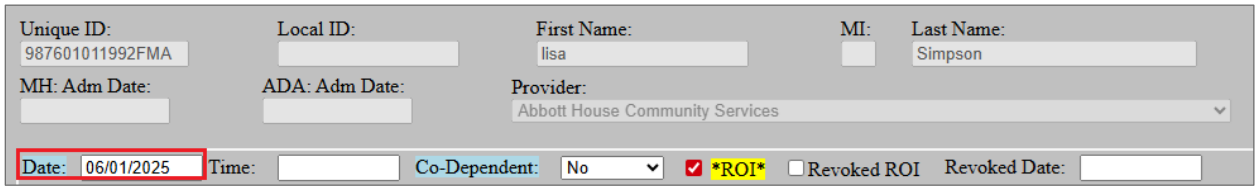
- "Client's ADA: Admission Record(s) – Pending" will show highlighted in red at the top if this page if it has not been correctly saved.



Date of Admission

This is the date a client attends their first direct service.

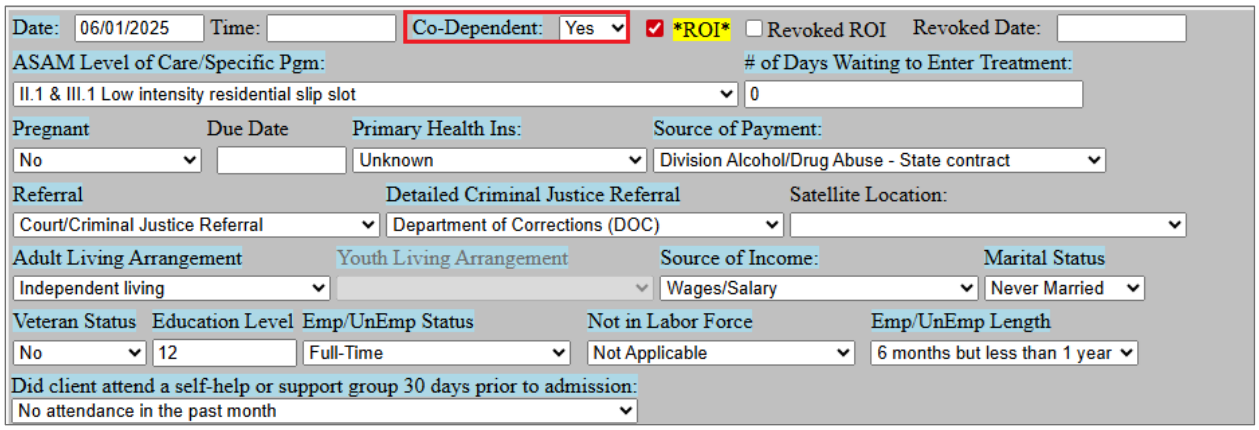
1) This date CANNOT pre-date the *Start Intake Date* on the ***Income Eligibility*** screen.
2) This date CAN be prior to, or the same date, as the *Last Treatment Date* (discharge date) but cannot be dated after the *Last Treatment Date.*



Co-Dependent

This field identifies whether the record is for a client receiving treatment is for substance use or arises from the client's relationship with someone who has a substance use disorder[3].

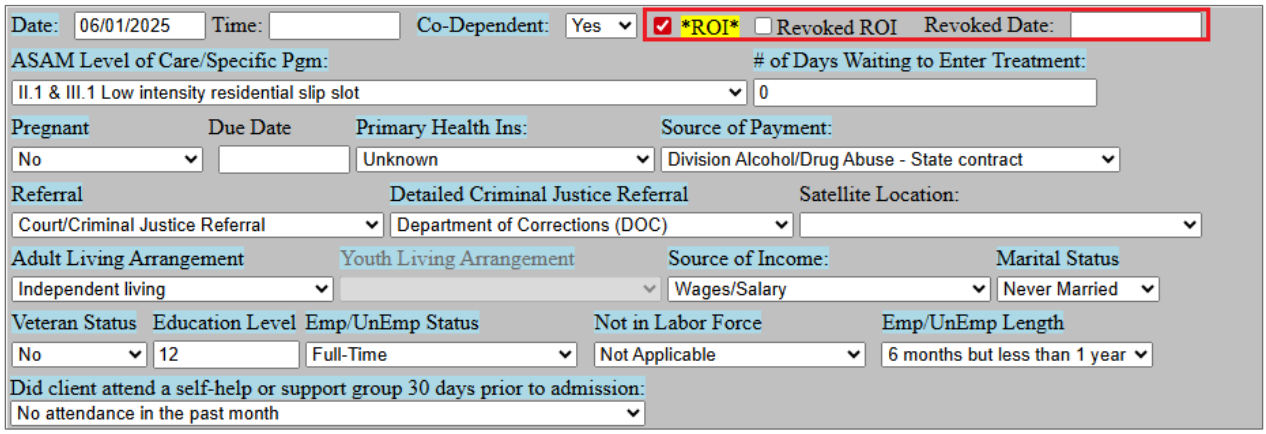
- When the "Co-Dependent" field is marked "Yes", the person is defined as having no alcohol or drug problem but is seeking services because of problems arising from their relationship with an alcohol or drug user.
- When "Co-Dependent" is marked "No", the person is defined as being admitted for treatment because of their own drug or alcohol problem.



ROI

The Release of Information (ROI) will need to be checked if the source of payment is Title XIX or Contract.

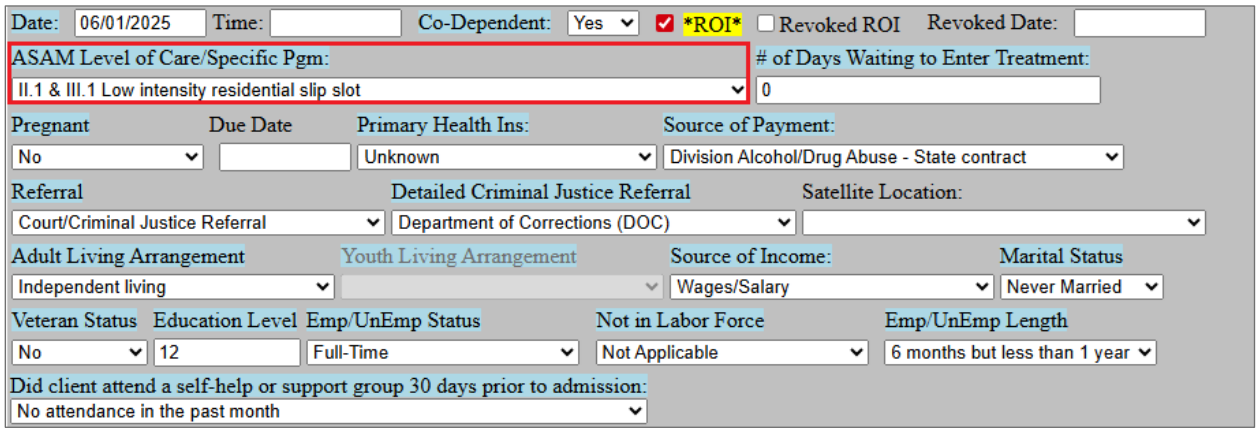
- To revoke the *ROI*, the client's source of payment must be "Self-Pay" or "Private Pay".
- The *ROI* cannot be revoked after Title XIX or Contract billing records have been submitted.



[3] Substance Abuse and Mental Health Services Administration [SAMHSA], 2025, p. 114

ASAM Level of Care/Specific Program

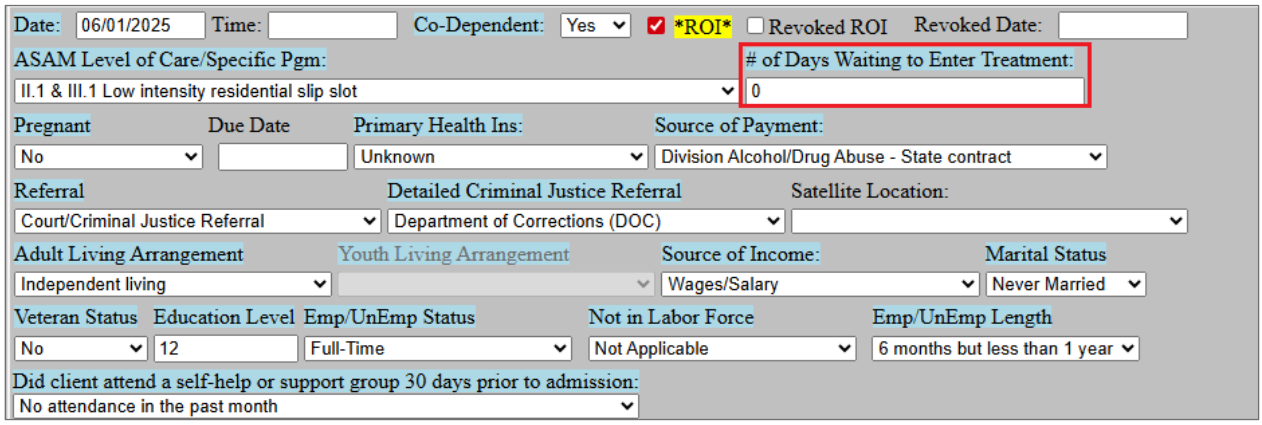
This field indicates the ASAM Level of Care or program a client begins on the *Date of Admission*; this field can be updated if necessary. If the ASAM Level of Care or program is not available in this drop-down, please contact the DBH.



Days Waiting to Enter Treatment

This field indicates the number of days between the client's first contact or request for substance use treatment services and the date the first clinical substance use treatment service was provided[4].

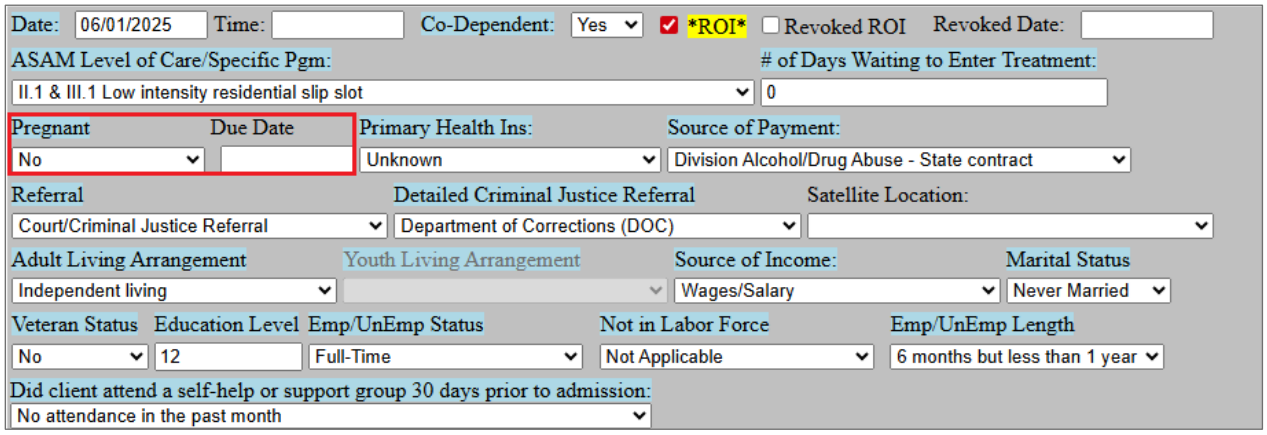
- This field is intended to capture the number of days the client must wait to begin SUD services because of program capacity, treatment availability, admissions requirements, or other program requirements.
- *Exclude* time delays caused by client unavailability or client failure to meet any requirement or obligation (such as incarceration or illness).



[4] SAMHSA, 2025, p. 125

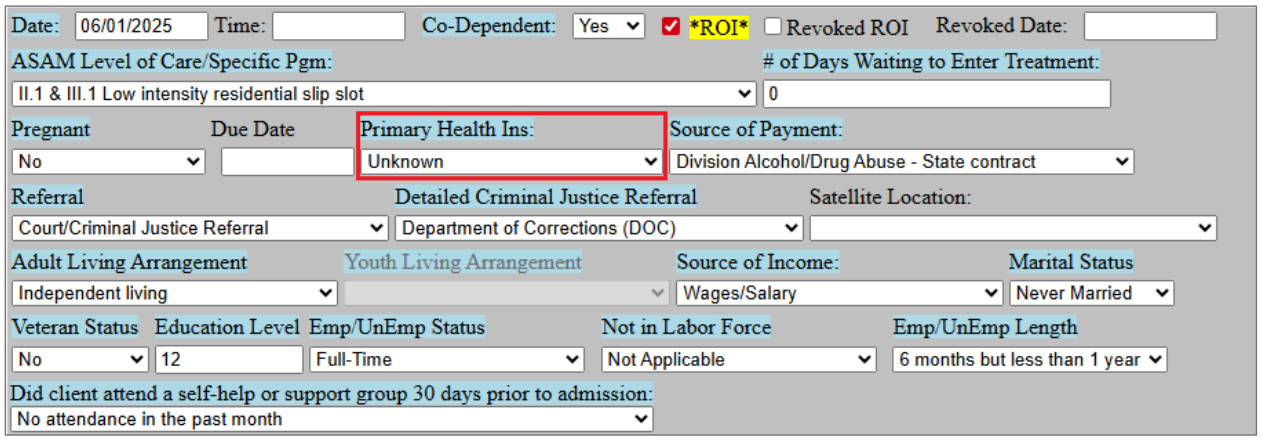
Pregnant and Due Date

The *Pregnant* and *Due Date* fields are only enabled for female clients. Enter the estimated due date.



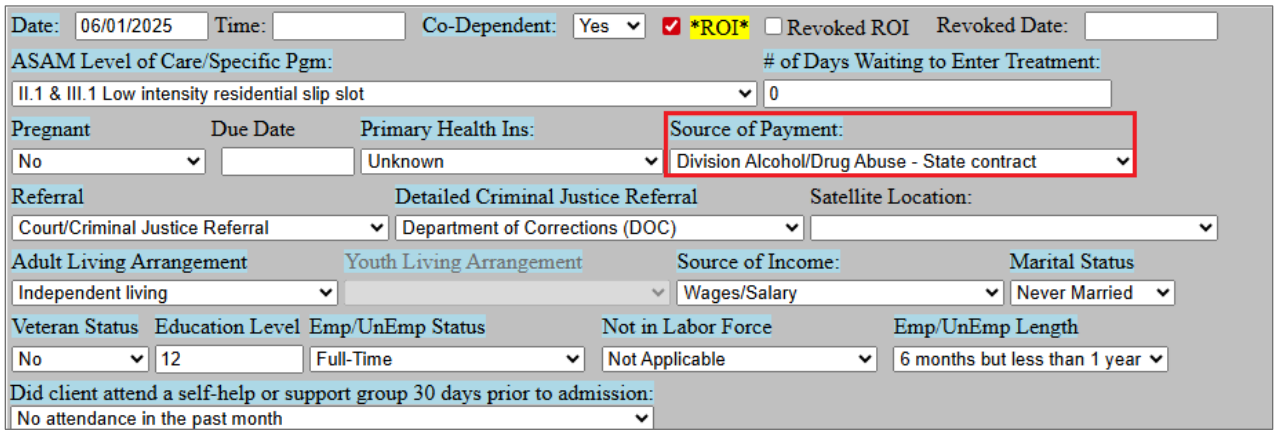
Primary Health Insurance

This field specifies the type of insurance a client has, if any. The insurance may or may not cover substance use disorder treatment.



Source of Payment

This field provides a more specific breakdown of funding sources for federal reporting purposes and identifies the primary expected source of payment for this treatment episode at the time of admission.

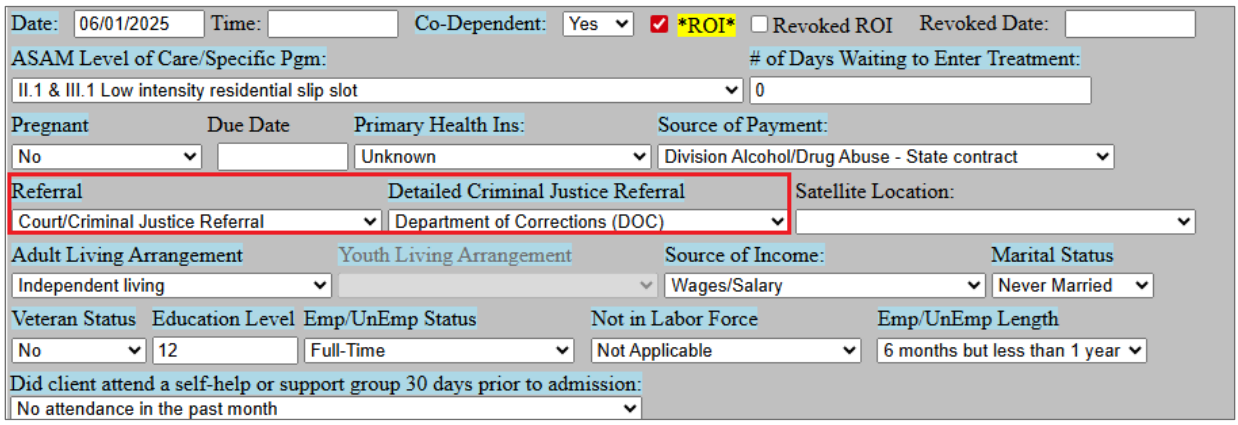


Referral and Detailed Criminal Justice Referral[5]

Referral: this field describes the person or agency referring the client to services.

1) If *Court/Criminal Justice Referral* **IS** selected, provide further details in the **Detailed Criminal Justice Referral** field.
2) If *Court/Criminal Justice Referral* **IS NOT** selected in the **Referral** field, the **Detailed Criminal Justice Referral** field will be "Not Applicable".

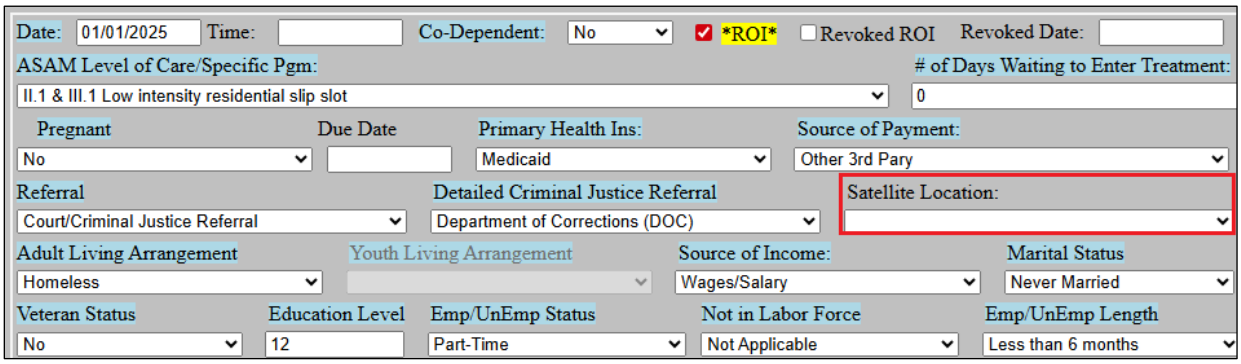
Court/Criminal Justice Referral: This field provides more detailed information about clients identified as *Court/Criminal Justice Referral* in the **Referral** field.



[5] For *Referral* and *Detailed Criminal Justice Referral* definitions, see Appendix A.

Satellite Location

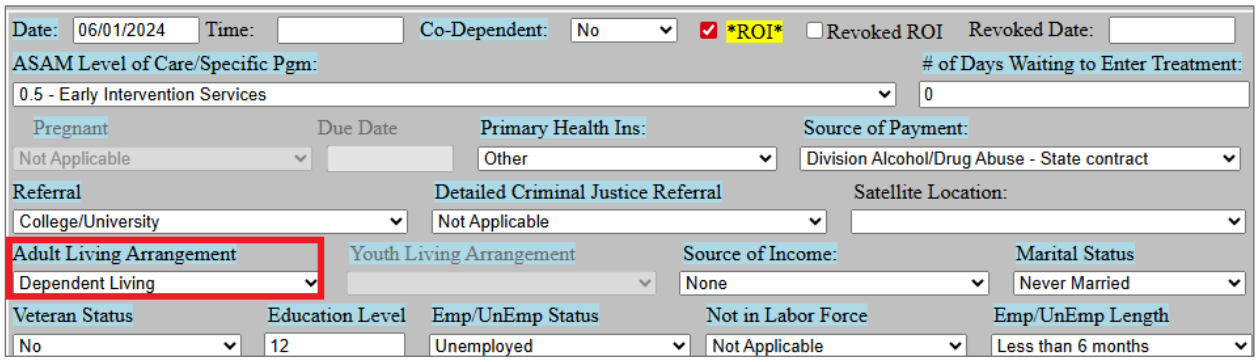
The *Satellite Location* field can identify the specific location the client is receiving services from if the provider has more than one location. It is **optional.**



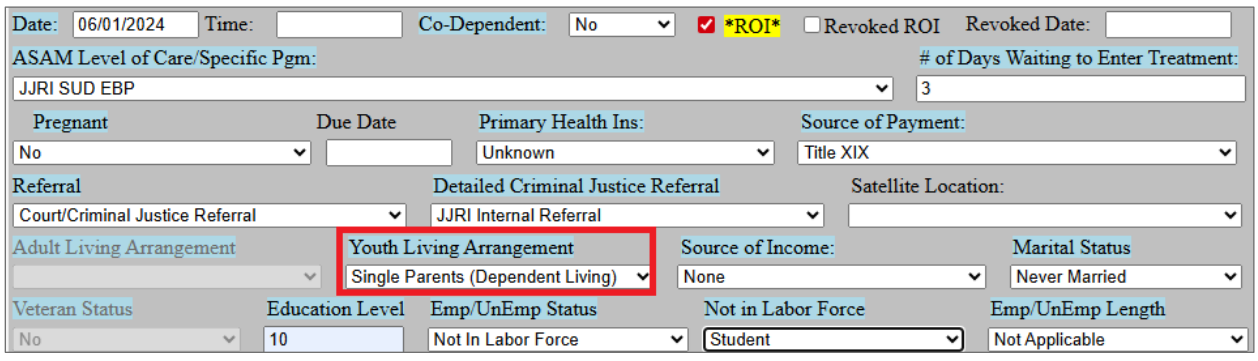
Living Arrangement at Admission

This field identifies a client's living situation at the time of admission, including whether the client is homeless, living as a dependent (with parents or in a supervised setting), or living independently. The client's age determines whether the **Adult Living Arrangement** or **Youth Living Arrangement** field is filled out.

Adult Living Arrangement: this field is completed for clients over 18 years old.[6]



***Youth Living Arrangement*:** this field is completed for clients under 18 years of age or if the client attends a youth program.[7]

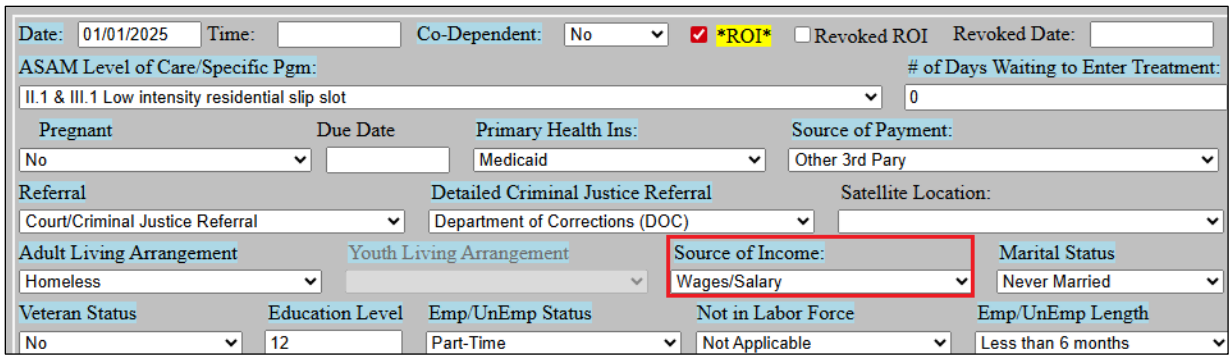


[6] For definitions of *Adult Living Arrangements,* see Appendix A.
[7] For definitions of *Youth Living Arrangement,* see Appendix A.

Source of Income

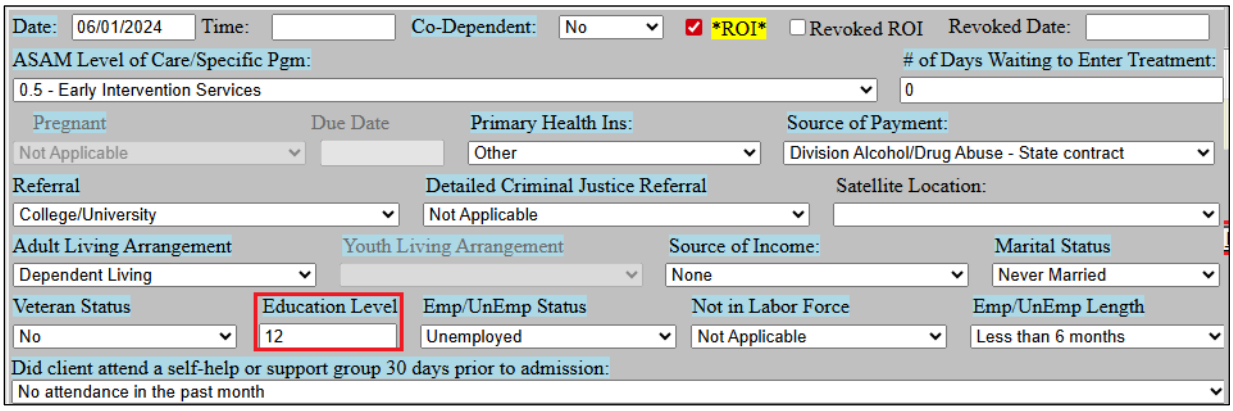
This field captures the client's self-reported primary source of financial support at the time of admission.

- For clients younger than 18 years old, report the primary parental source of income/support.



Education Level

This field records either the highest school grade completed for adults or children not attending school, or the current school grade for school-age children (ages 3-17) who are currently attending school.[8]

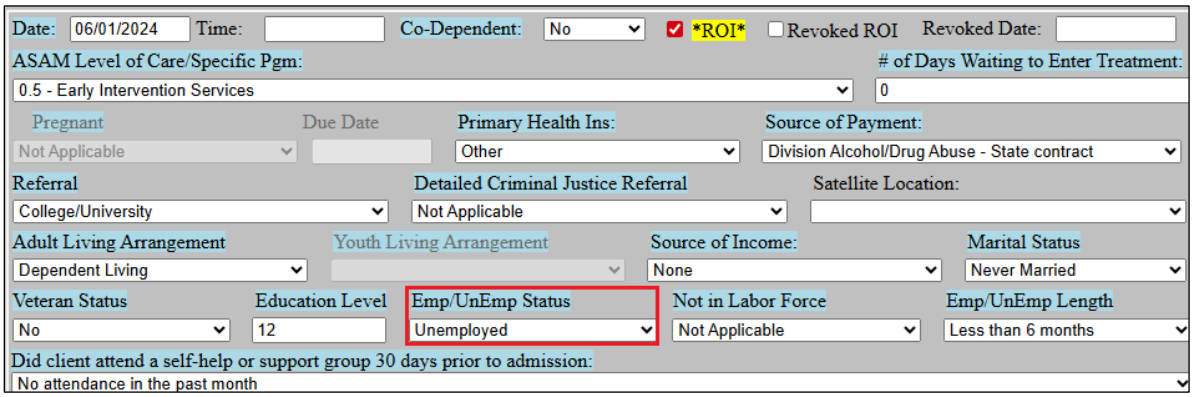


[8] For information on *Education Levels*, please see Appendix A.

Employment/Unemployment Status

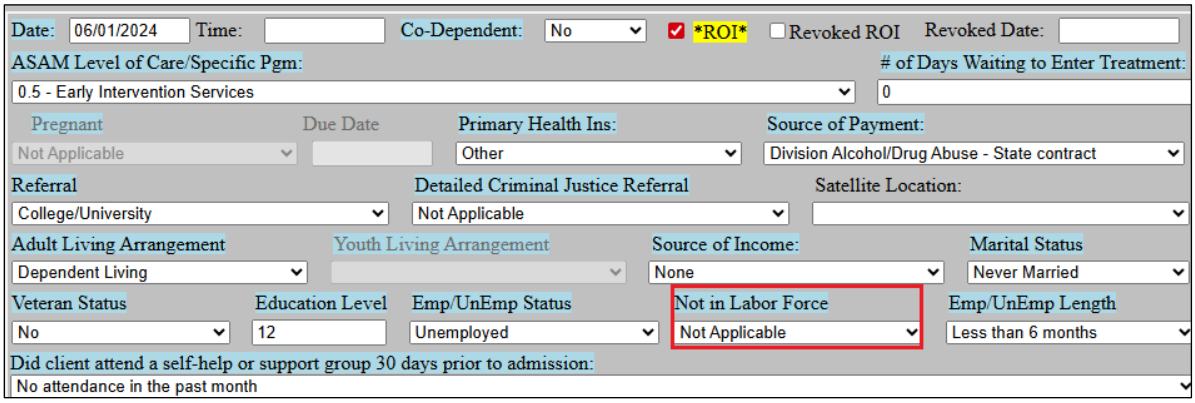
The *Emp/UnEmp Status* field identifies the client's employment status at time of admission.[9]

- If *Not in Labor Force* **IS** selected, the **Not in Labor Force** field needs to be completed.
- If *Not in Labor Force* **IS NOT** selected, the **Not in Labor Force** field will automatically display "Not Applicable".



Not in Labor Force

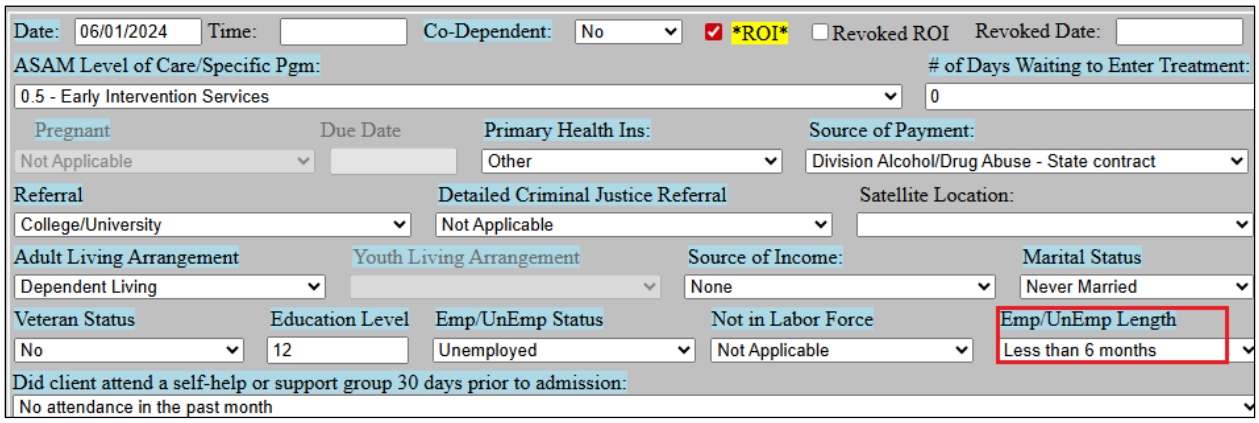
This field captures more detailed information for clients whose **Employment Status** is coded *Not in Labor Force*.[10]



[9] For *Employment Status* definitions, please see Appendix A.
[10] For *Not in Labor Force* definitions, please see Appendix A.

Employment/Unemployment Length

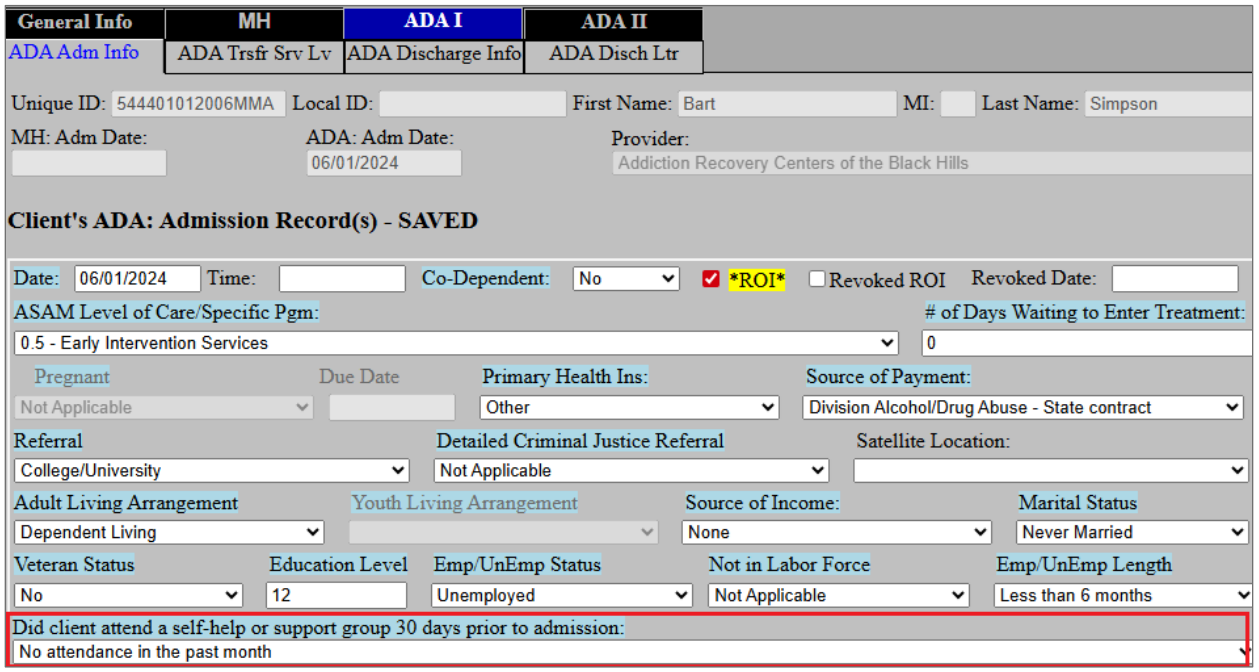
This field indicates the length of time a client has been employed or unemployed, depending on the response in the *Emp/UnEmp Status* field.



Did the Client Attend a Self-Help or Support Group 30 Days Prior to Admission?

This field indicates the frequency of attendance at a substance use self-help group in the 30 days prior to the referenced date (the date of admission, transfer, or discharge).

- This includes attendance at Alcoholics Anonymous (AA), Narcotics Anonymous (NA), and other self-help/mutual support groups focused on recovery from substance use and dependence.
- Use "*Some attendance in past month, but frequency unknown"* if the client attended a self-help program during the reference period, but there is insufficient information to assign a specific frequency.

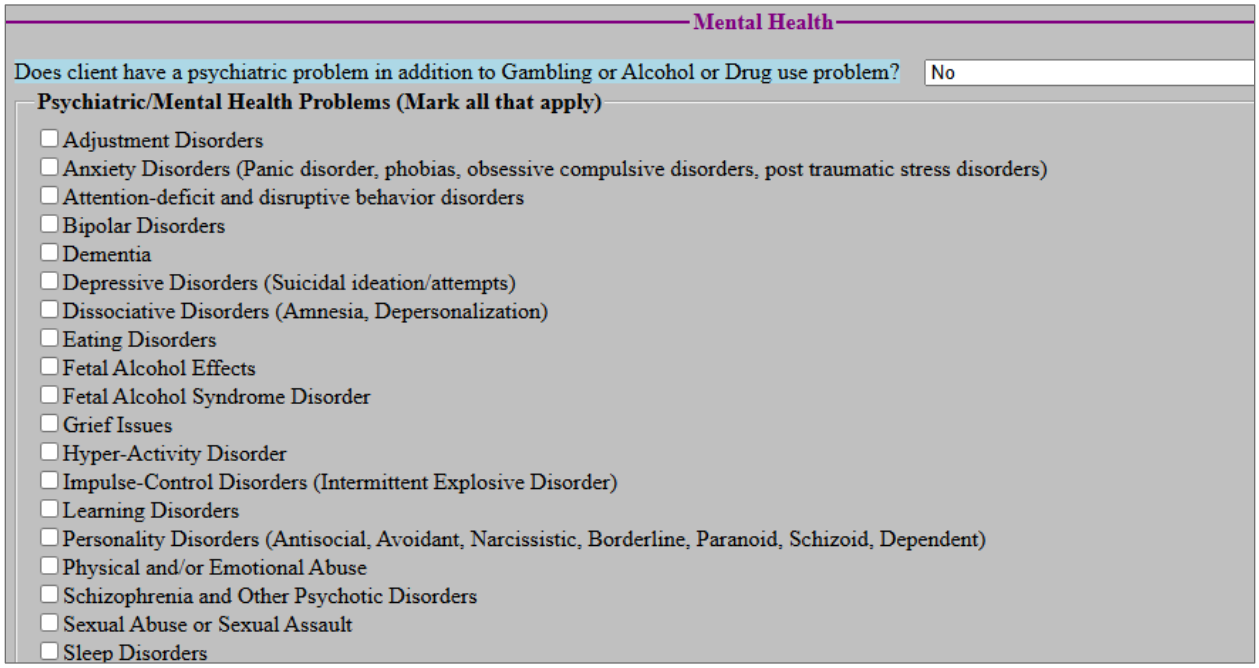


Mental Health Section

Does the Client Have a Psychiatric Problem in Addition to Gambling or Alcohol or Drug Use Problem?[11]

This field indicates the client has a psychiatric problem in addition to a gambling and/or alcohol/drug use problem. The assessment of co-occurring mental and substance use disorders may be based on clinical diagnoses, screening results, claims information, or self-report.

- If *Yes* is selected*:* At least one of the Psychiatric/Mental Health Problems check boxes will need to be checked.
- If *No* or *Unknown* is selected*:* No boxes are checked.



[11] SAHMSA, 2025, p. 116

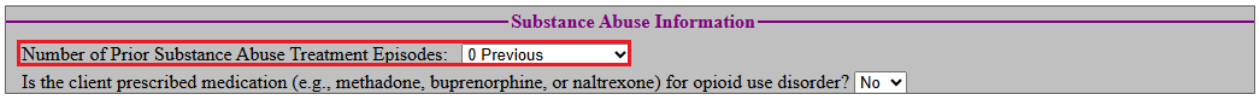
Substance Abuse Information Section

If the client has a gambling diagnosis but no alcohol or drug diagnosis, the "Substance Abuse Information" section is not completed. Instead, the "Gambling Information" section is completed.

Number of Prior Substance Abuse Treatment Episodes

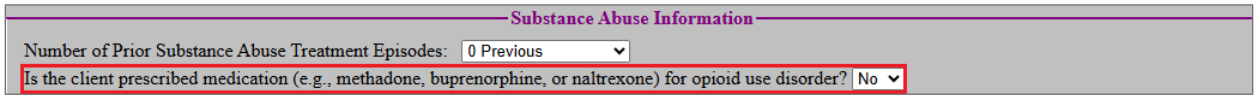
This field indicates the **number of prior substance abuse treatment episodes** the client has received in any substance use treatment program. This field may be self-reported by the client.

- A transfer to another program within the same treatment episode should not be counted as a separate previous treatment episode.
- If the client is admitted as *Codependent/Collateral*, the number of prior treatments should only include treatments received as a codependent.



Opioid Replacement Therapy[12]

This field identifies whether the use of opioid medications such as methadone, buprenorphine, and/or naltrexone is part of the client's treatment plan.

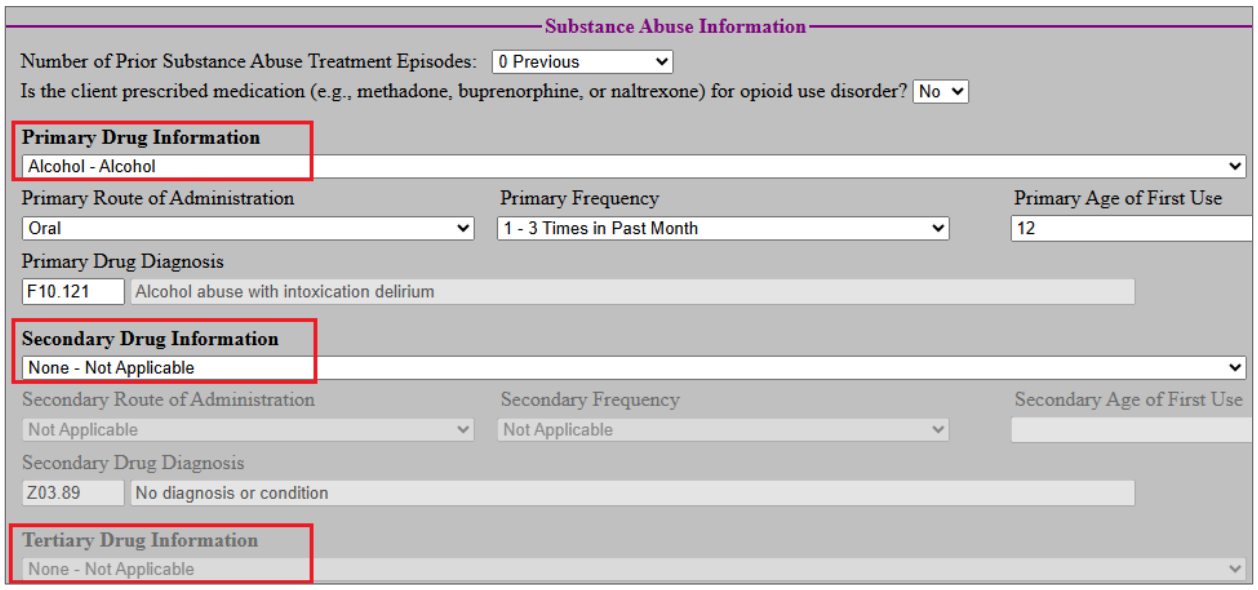


[12] SAHMSA, 2025, p.156

Primary, Secondary, Tertiary Drug Information

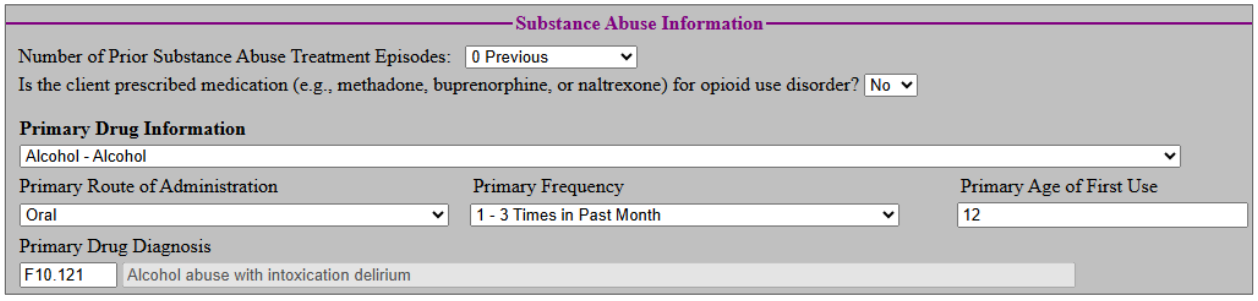
This field identifies the client's substance use ranked in the order of use. *Primary Drug* should be consistent with the selected *ASAM Level of Care/Specific Pgm.*

- If there is no Secondary or Tertiary Drug Information, select "Not Applicable"



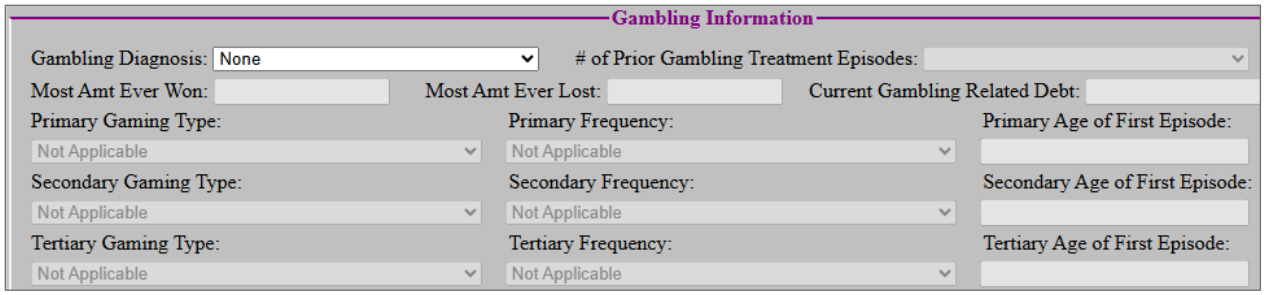
The client's top three drug diagnoses can be entered into STARS. For each diagnosis, enter:

1) *Route of Administration*: This field identifies the usual route of administration of the corresponding substance.
2) *Frequency:* This field specifies the frequency of use of the corresponding substance.
3) *Primary Age at First Use:* This field identifies the age at which the client first used the corresponding substance. For alcohol, record the age at first intoxication.
    - The age entered must be younger than the client's **Age at Admission** of the current treatment episode.
4) *Drug Diagnosis:* This field identifies the client's diagnosis.



Gambling Information Section

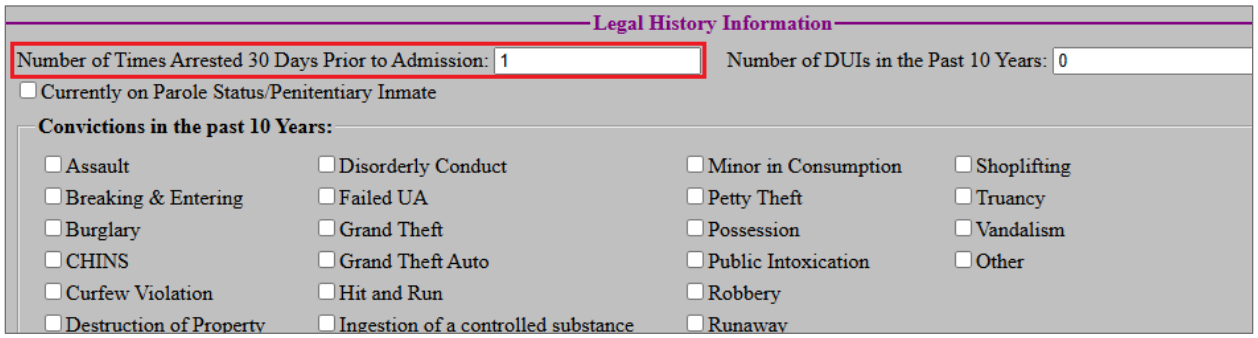
This section is completed when a client is assessed as having a Pathological Gambling diagnosis. **If a client does not have a Pathological Gambling diagnosis, enter "None" in the *Gambling Diagnosis* field.**



Legal History Information Section

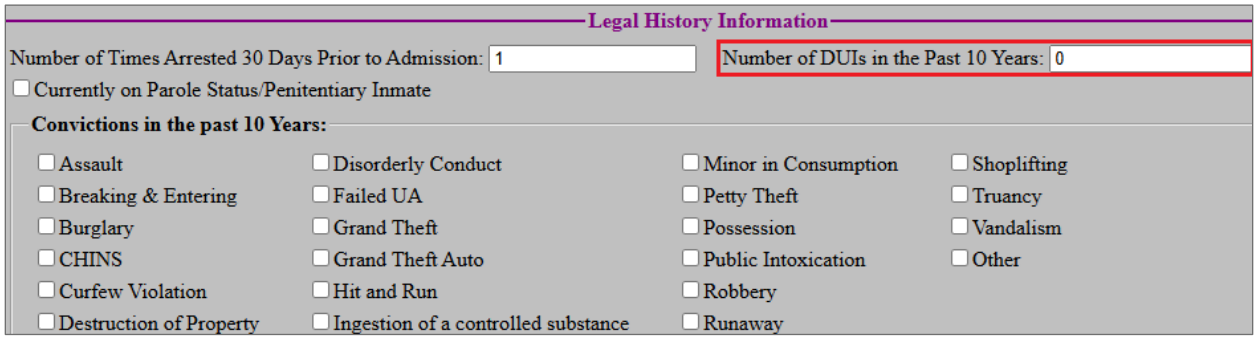
Number of Times Arrested 30 Days Prior to Admission

This field indicates the number of arrests in the 30 days prior to the client's admission date. Any formal arrest should be counted, regardless of whether incarceration or conviction resulted.



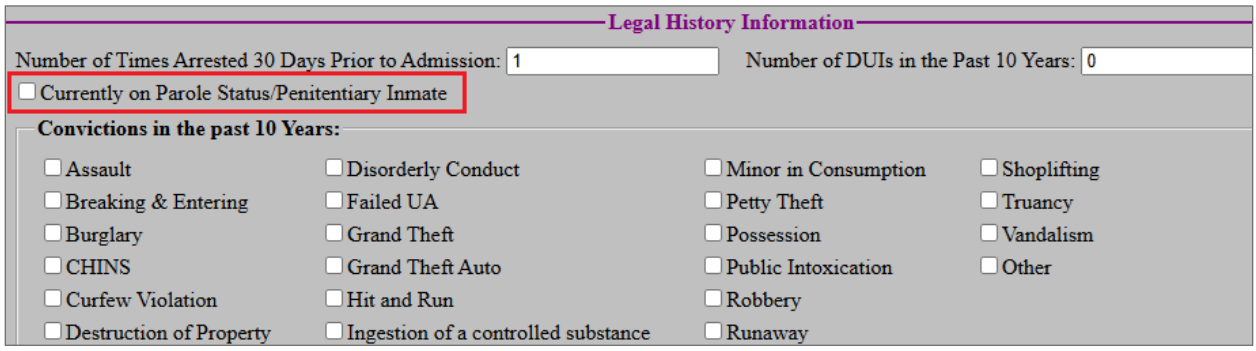
Number of DUIs in the Past 10 Years

This field indicates the number of DUIs in the past 10 years. This number can be self-reported.



Parole Status/Penitentiary Inmate

If a client is on parole or is a penitentiary inmate, check the *Currently on Parole Status/Penitentiary Inmate* field and mark the boxes that apply in the *Conviction in the past 10 Years* section. **This does not pertain to clients on probation.**

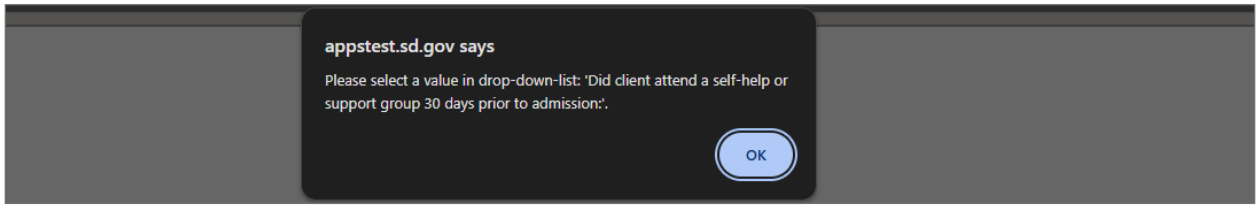


Saving the Admission Record

To save the information entered on the **ADA Adm Info** page, click “Save” at the bottom of the screen. To exit the screen without saving, click “Cancel”.

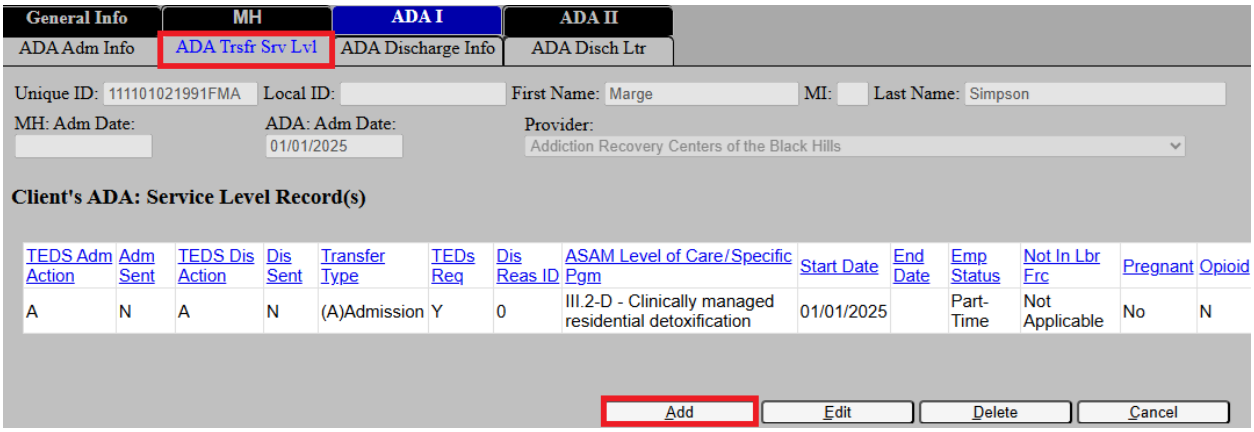


If a required field was missed or incorrectly entered, a pop-up will appear with the error. In the example below, the “*Did client attend a self-help or support group 30 days prior to admission”* field was not answered.



SUD Transfer Screen

If a client transfers to a different ASAM Level of Care or SUD program, the *ADA Transfer Service Level* screen is completed. Click the “Add” button to transfer the client.



ADA Transfer Service Level Detail Screen

Previous ASAM Level of Care/Specific Program Info

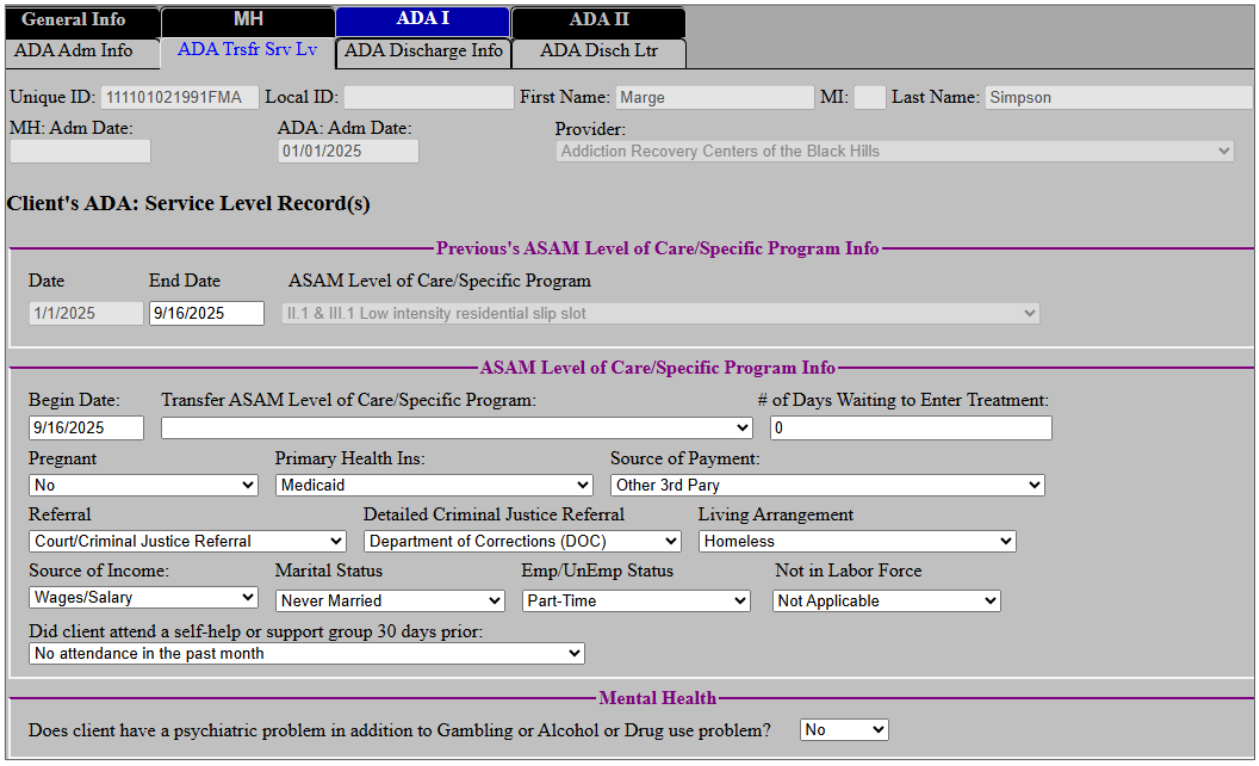
The *Previous ASAM Level of Care/Specific Program Info* section will automatically populate the "Date" the client was admitted into the previous level of care and the previous level of care.

- The "End Date" will be the date the client last received services in the previous level of care.

ASAM Level of Care/Specific Program Info and Mental Health

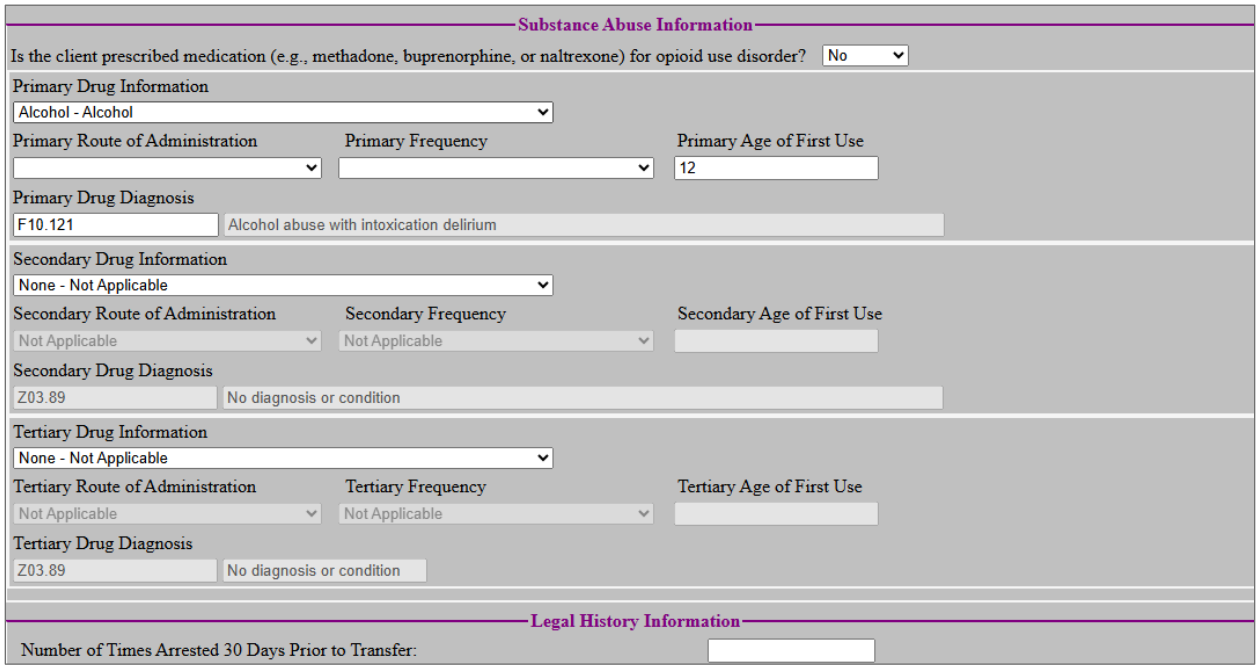
The "Begin Date" will be the date the client begins attending the new level of care. This date cannot be before the "End Date" entered in the *Previous ASAM Level of Care/Specific Program Info* section.

- The "Transfer ASAM Level of Care/Specific Program" will be the new level of care.
- The other fields in these sections will auto-populate with the responses submitted in the *ADA Admission Info* screen but can be changed to fit the client's current status.



Substance Abuse Information and Legal History Information

- "Primary Route of Administration", "Primary Frequency", "Primary Drug Diagnosis", and "Legal History Information" will need to be recorded at the time of transfer.

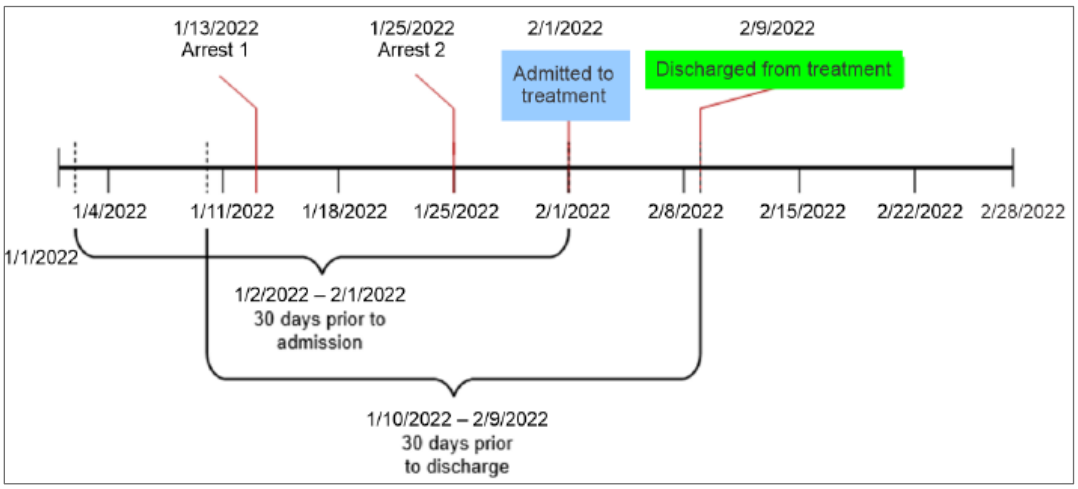


ADA Discharge Information Screen

The *ADA Discharge Info* screen is completed when a client is discontinuing treatment services.

- On the *ADA Discharge Info* screen, the reference period is 30 days prior to the discharge date. If the client had multiple statuses throughout the previous 30 days, use the average response.
- If the dates of admission and discharge are close together so the reference periods overlap, instances falling in the overlap should be counted as occurring in the 30 days prior to admission. They should not be counted again in the 30 days prior to discharge.

For example: If the date of admission is February 1 and the date of discharge is February 9, arrests that happened on January 13 and 25 should be reported at time of admission. They should not be reported again at time of discharge because the 30-day timeframe overlapped between admission and discharge.

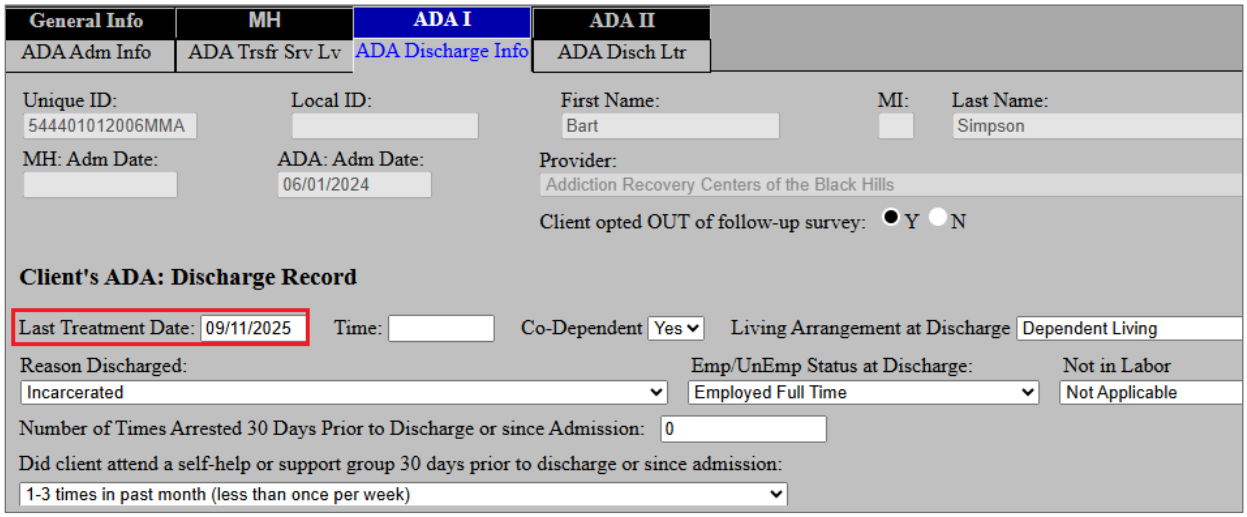


Discharge Record

Last Treatment Date

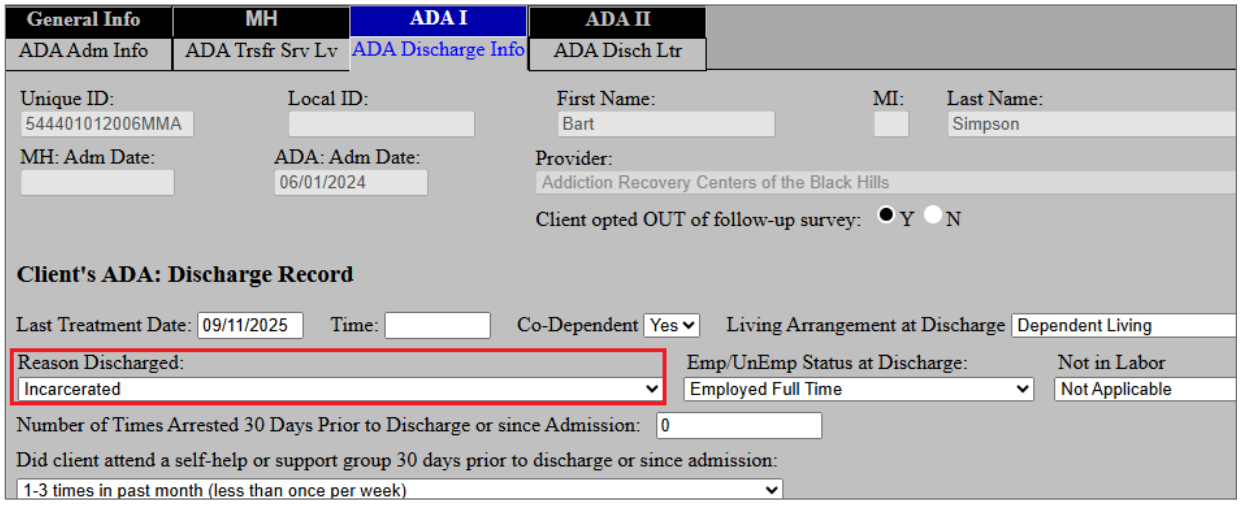
This date is when the client last attended treatment, received a service, or had some other face-to-face encounter with treatment staff and is used to calculate Length of Stay in treatment.

- This is NOT the date the discharge is being entered into STARS
- Successful discharges should be entered into STARS within 5 business days.
- Unsuccessful discharges should be entered into STARS within 30 business days.



Reason Discharged

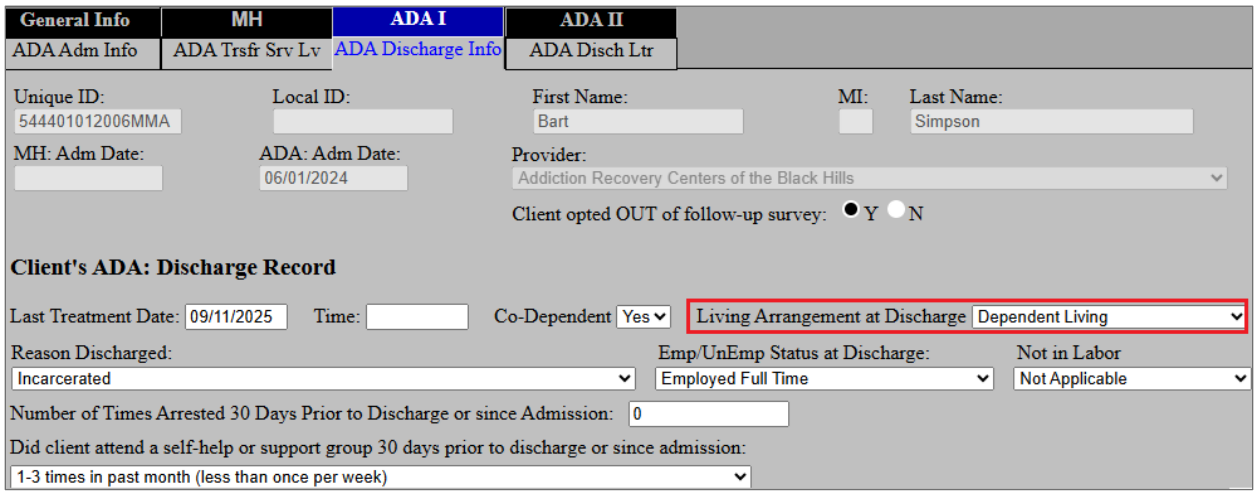
This field indicates the outcome of the treatment episode or the reason for transfer or discontinuance of treatment.[13]



[13] For *Discharge* definitions, see Appendix A.

Living Arrangement at Discharge

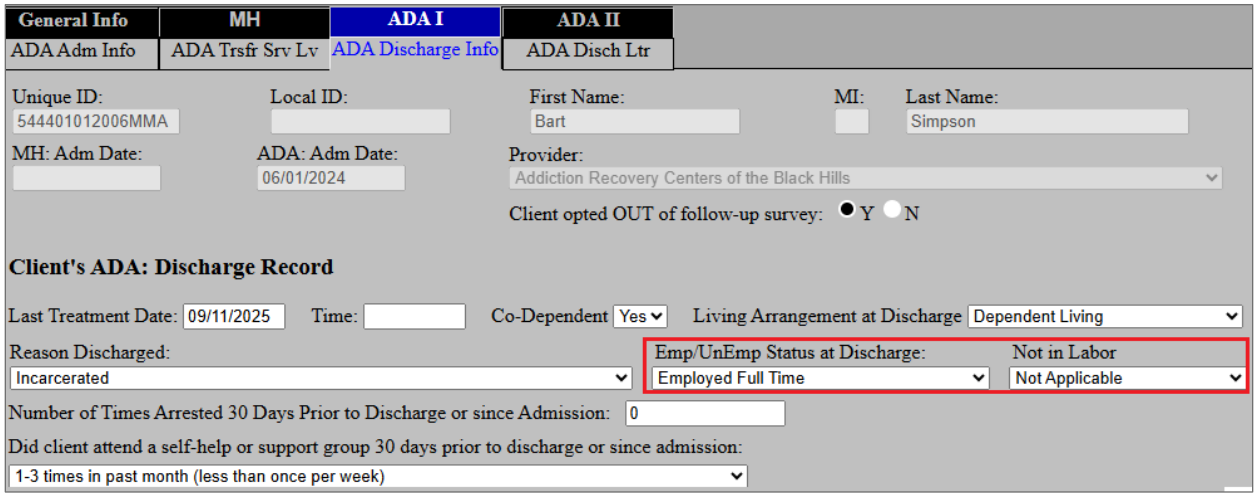
The *Living Arrangement at Discharge* field has been reduced to three dropdown options: homeless, independent living, and dependent living.[14]



Employment/Unemployment Status at Discharge and Not in Labor Force

These fields identify the client's employment status at the time of discharge.

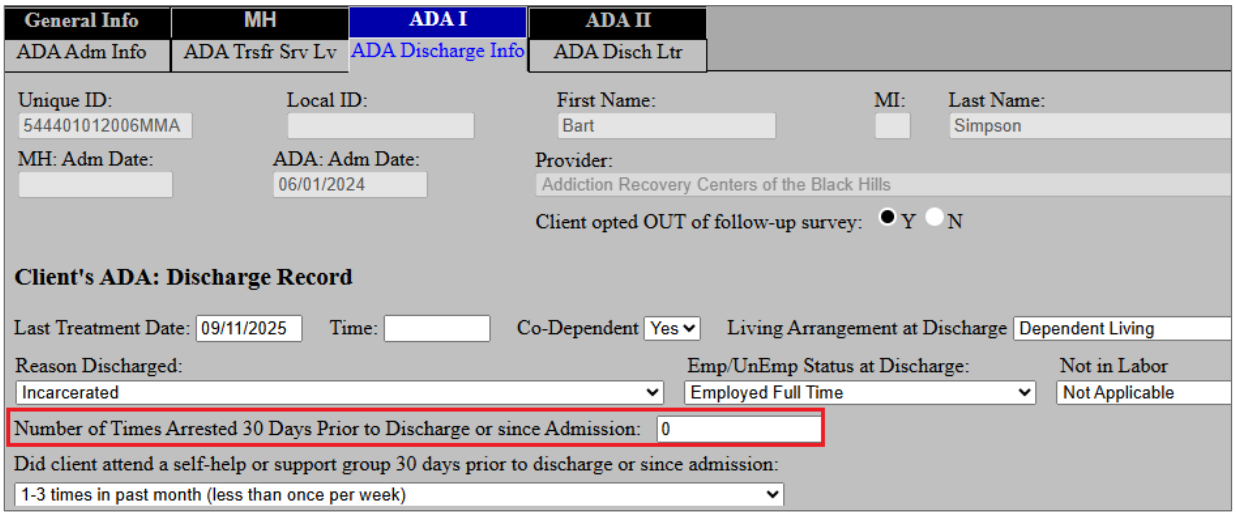
- If "Not in Labor Force" IS selected, the *Not in Labor Force* field will be completed.
- If "Not in Labor Force" IS NOT selected, the *Not in Labor Force* field will read "Not Applicable".



[14] For *Living Arrangement at Discharge* definitions, see Appendix A.

Number of Times Arrested 30 Days Prior to Discharge or Since Admission?

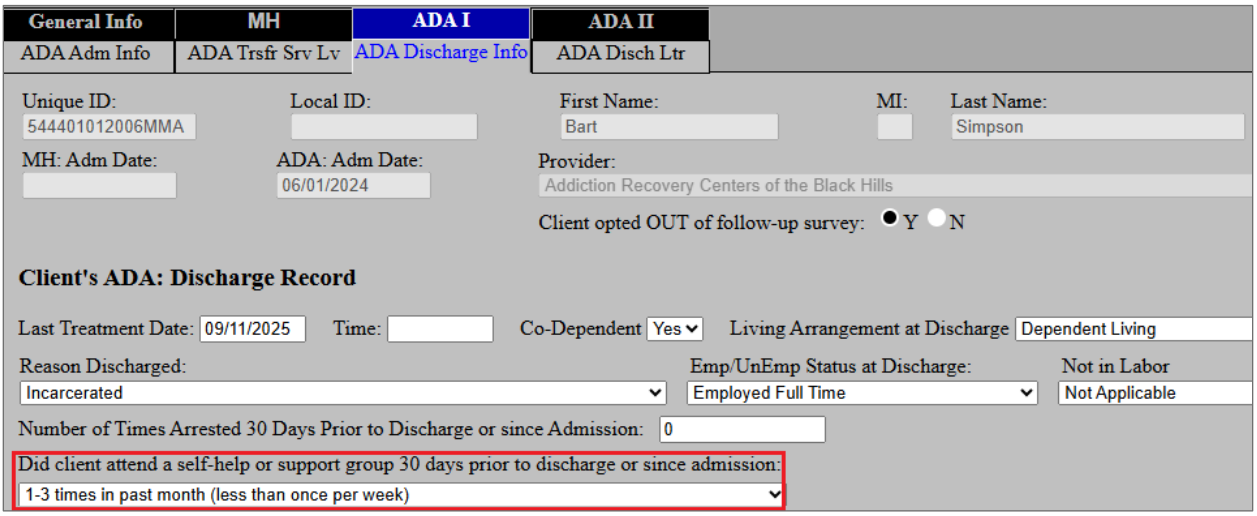
This field indicates the number of arrests within 30 days of the referenced *Discharge Date* but after the *Admission Date*. Any formal arrest should be counted, regardless of whether incarceration or conviction resulted.



Did the Client Attend a Self-Help or Support Group 30 Days Prior to Discharge or Since Admission?

This field indicates the frequency of attendance at substance use self-help group in the 30 days prior to the *Discharge Date*, but after the *Admission Date*. If the discharge date is less than 30 days after the admission date, the reference period is the timeframe between the admission date and discharge date.

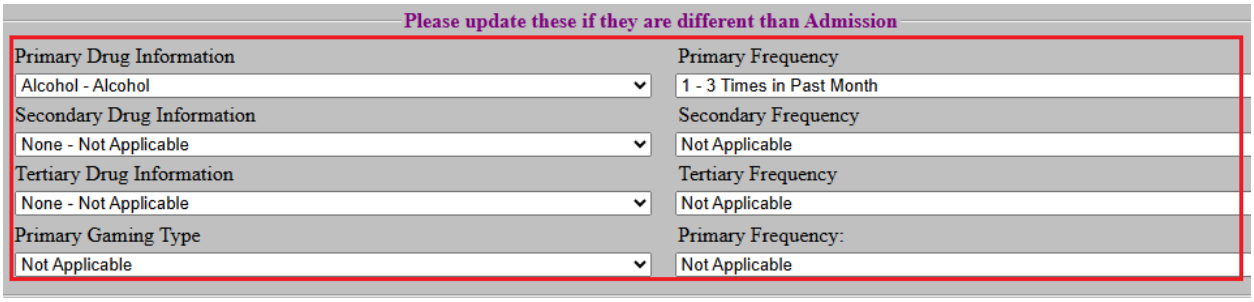
- Substance use self-help groups includes Alcoholics Anonymous (AA), Narcotics Anonymous (NA), and other self-help/mutual support groups focused on recovery from substance use and dependence.
- Use "*Some attendance in past month, but frequency unknown"* if the client attended a self-help program during the reference period, but there is insufficient information to assign a specific frequency.



Primary, Secondary, Tertiary Drug Information

"Primary", "Secondary", and "Tertiary" drugs listed on the *ADA Admission Information* screen will transfer to the *ADA Discharge Information* screen. The "Frequency" fields for each drug will need to be updated.

If a "Pathological Gambling" diagnosis is identified on the *ADA Admission Information* screen in the "Gambling Diagnosis" field, a "Gambling Frequency" response is required.

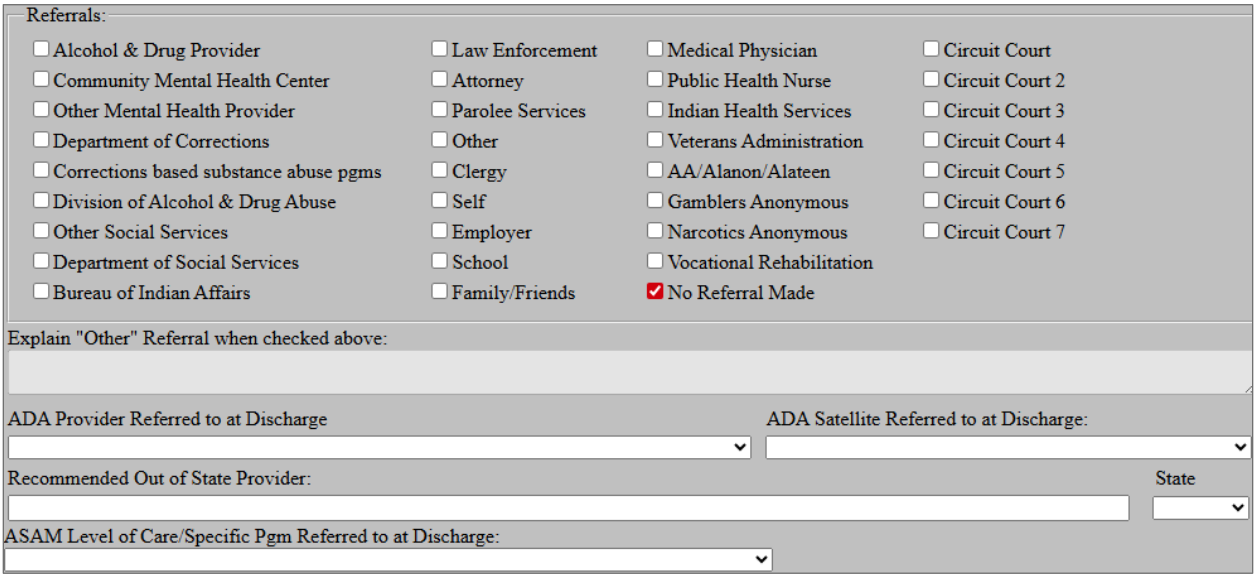


Referrals

This field identifies any referrals made when a client discharges from treatment services.

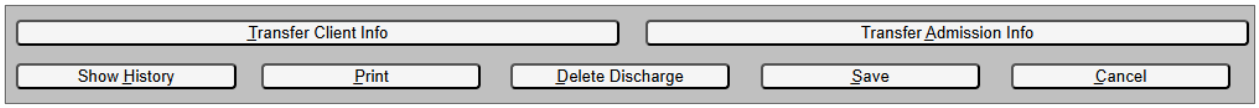
If the client is being referred to an "Alcohol & Drug Provider" at the time of discharge, the "ASAM Level of Care/Specific Program Referred to at Discharge" field and the provider the client is being referred to will need to be identified. There are two options to choose from:

- Identify the provider from the "ADA Provider Referred to at Discharge" dropdown list
- If the agency is out of State, type the agency name in the "Recommended Out of State Provider" field and enter the state from the "State" dropdown list.
- If the provider is not on the list provided, mark "Other" in the "Referrals" field and use the textbox below to explain.



Saving the Discharge Record

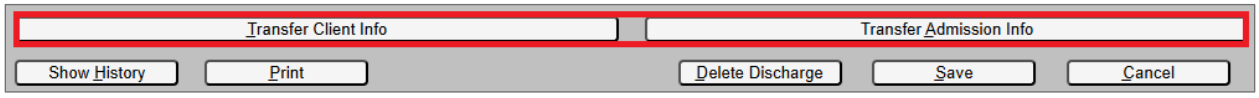
1) Click the “Save” button at the bottom of the screen to submit the discharge record.
2) To delete the discharge record, submit the “Delete Discharge” button. The system will bring up an alert to verify the deletion. Click “Yes” to finalize the deletion.
3) The “Cancel” button will return the user to the *Client Search* screen. No data entered will be saved.
4) The “Delete” and “Transfer” buttons will be enabled based on assigned user security.



Transfer Client Info and Transfer Admission Info

“Transfer Client Info”: Information obtained on the *Client Information* screen and *ADA Admission Information* screen can be transferred to another program from the *ADA Discharge Information* screen. Prior to transferring this information to another provider, a release of information is required to be signed by the client in order to be in compliance with 42 C.F.R. Part 2.

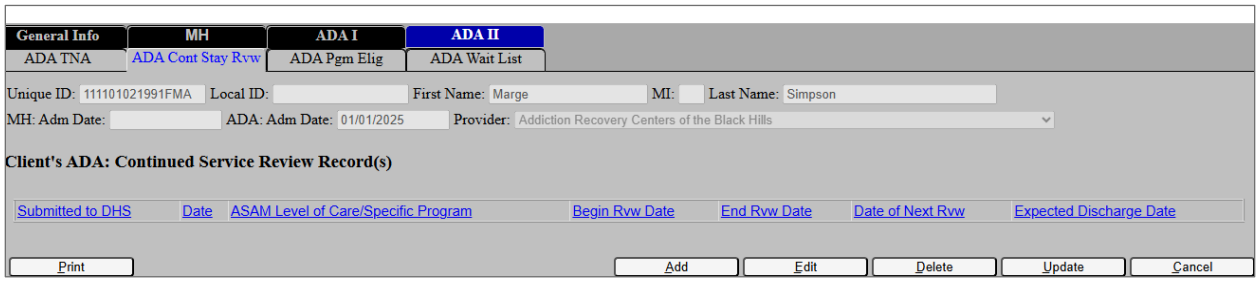
Only users with Provider Administration permission levels can transfer records.



ADA II Tab

ADA Continued Stay Review

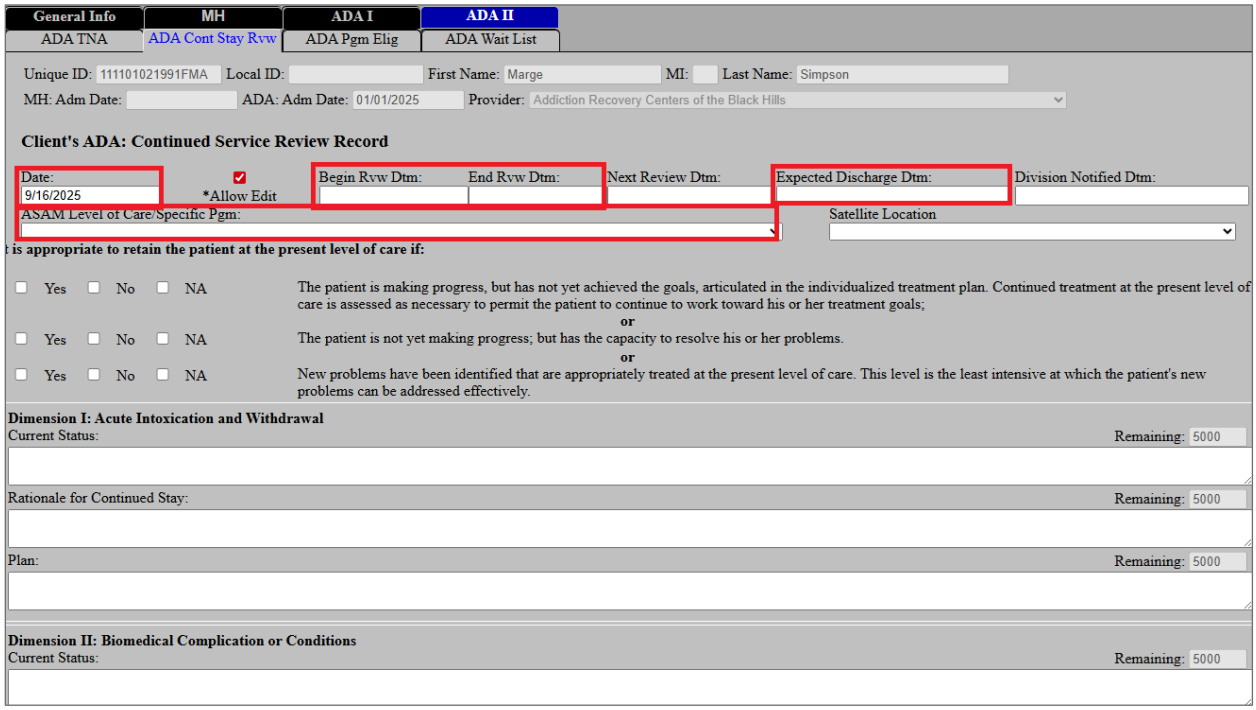
The *ADA Continued Stay Review* screen is located under the *ADA II* tab. The “Update” button will copy a previously selected “ADA Continued Stay Review” record that is listed on the screen. Once the copy is completed, the document can be updated and saved for the current review period.



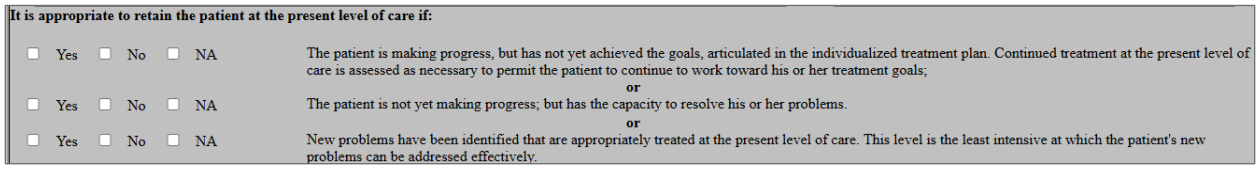
Continued Stay Review Detail Screen

The required fields to save the record are:

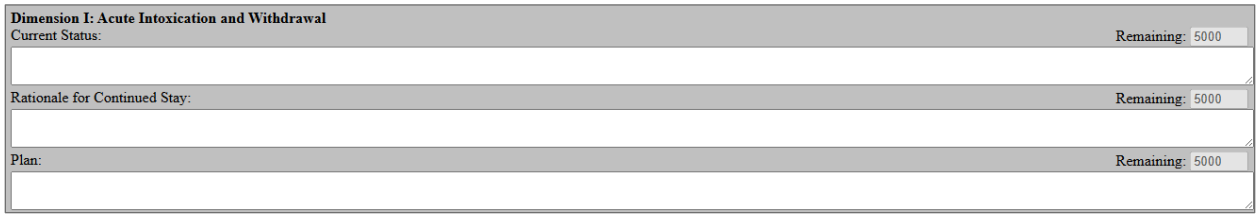
1) Date
2) Begin Review Date
3) End Review Date
4) Expected Discharge Date
5) ASAM Level of Care/Specific Program



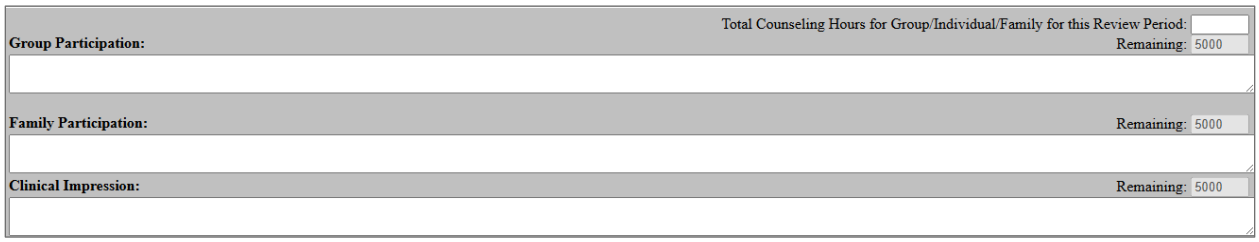
Before clicking the “Notify Division” button at the bottom of the screen, one of the “Yes” boxes must be checked under “It is appropriate to retain the patient at the present level of care.”



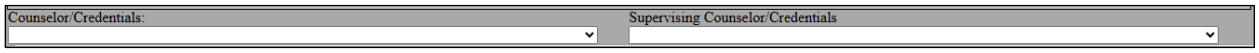
The following fields must be completed in at least one Dimension: Current Status, Rationale for Continued Stay, and Plan.



The “Total Counseling Hours for Group/Individual/Family for this Review Period” must be between 1 and 100 hours. Documentation must be present in the following areas: Group Participation, Family Participation, Clinical Impression, and Counselor/Credentials.



If the counselor’s credentials are Addiction Counselor Trainee (ACT), the supervising counselor’s credentials are required.



The “Notify Division” button will verify that all required fields are filled in correctly before sending an email notification to the Division of Behavioral Health. After the Division has been notified, the provider will no longer be able to edit the record.



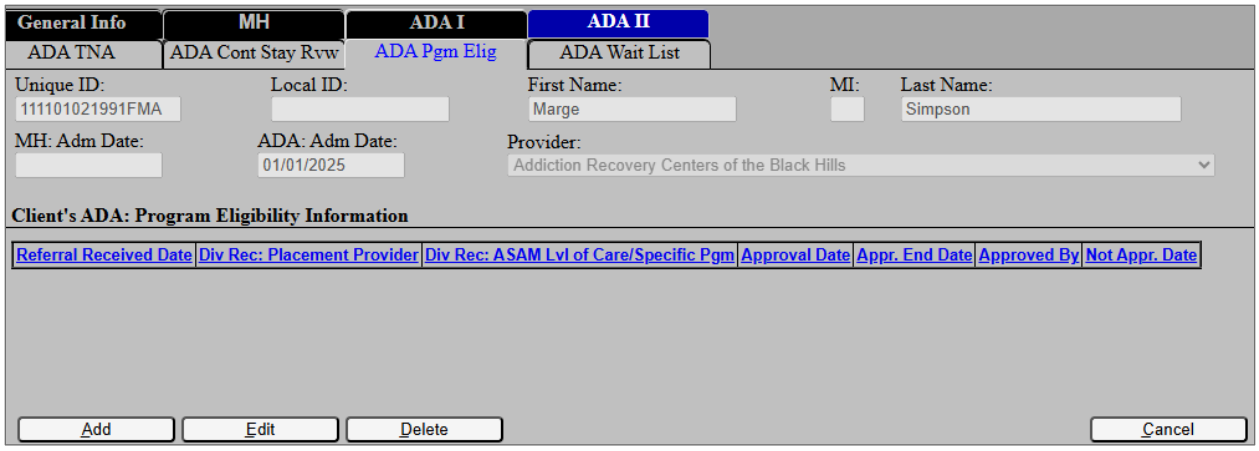
ADA II Program Eligibility Screen

The *ADA Program Eligibility* screen and the *ADA Program Eligibility Detail* screen are provider view only screens.

The *ADA Program Eligibility* tab will only be enabled after the approval form and other required documentation needed for inpatient treatment has been submitted to the Division of Behavioral Health.

Only State Administration Staff can add, edit, delete, or cancel a record.

1) The “Add” button opens the *ADA Program Eligibility”* screen to add a client’s program eligibility information.
2) The “Edit” button opens the client’s *ADA Program Eligibility Detail* screen to edit their program eligibility information.
3) The “Delete” button deletes a client’s program eligibility information.
4) The “Cancel” button takes the user back to the *Client Search* screen.



ADA Program Eligibility Detail Screen

The following are instructions for the South Dakota Foundation for Medical Care (SDFMC).

Prior to receiving approval for funding and placement for clients for alcohol and drug services, the *Income Eligibility* screen needs to be completed. A release of information and other required documentation will need to be either faxed to the Division of Behavioral Health at (605) 367-5239 or emailed to sudreferrals@state.sd.us.



Required fields to complete for all clients' requesting funding:

Referral Received Date: The date the request for approval was sent to the SDFMC.

Status:

1) "Active": this indicates the client has been approved for services.
    - **Providers:** Scroll to the bottom of the screen to view the recommended provider for services, when the client was approved, level of care, and funding source.
2) "Hold": this indicates the Division of Behavioral Health has received the request for placement, but more information is needed.
3) **Providers:** Review "comments for Incomplete Documentation."
4) "Denied": this indicates the client requesting services does not meet criteria.
5) **Providers:** Please contact the South Dakota Foundation for Medical Care at sudreferrals@state.sd.us if there are questions.
6) "Withdraw": this indicates the request has been withdrawn by the requesting provider or by the Division of Behavioral Health.

Release of Information: The ROI is to be signed and sent to the SDFMC. The ROI allows the SDFMC to discuss the client with the referring agency. This box will be checked when the ROI has been received by the SDFMC.

Proof of Income: The SDFMC will review the *Income Eligibility* and *Hardship/Administrative Review* screens prior to approval. Once the client's income eligibility has been reviewed, the checkbox along the left side of the field labeled "Proof of Income" will be checked.

Required documents for Title XIX Funding:

- A copy of a doctor's letter: the letter must state the client is recommended to receive substance abuse services. **Alternative: A copy of a Managed Care card, which fulfills the doctor's letter requirement.**

OR

- Court Order: The court must state the client is recommended to obtain an alcohol and drug assessment and follow the recommendations of the assessment or a court order which places the client into the custody of another state entity, such as the Department of Social Services or Department of Corrections.

Pregnant Women Approvals: A letter signed by a medical doctor which verifies the client's pregnancy and estimated due date.

** These items can be faxed to the Division of Behavioral Health at (605)367-5239 or emailed to sudreferrals@state.sd.us. Once received by the South Dakota Foundation for Medical Care, staff will complete the required fields below.*

Managed Care Card: Indicates the SDFMC has received a copy of the Managed Care card.

Doctor's Letter Received: Indicates the SDFMC has received a copy of the doctor's letter.

Date of Doctor's Letter: Indicates the date the doctor signed the letter.

Doctor's Name: Indicates the name of the doctor making the referral as well as the doctor's credentials.

Court Order Type: Indicate the type of court order the client is to follow. *Examples: Order of Adjudication, Adjudicatory Order, and Order of Commitment to DOC, Interim Order, and Order of Probation etc.*

Circuit Court: Select the circuit court which has jurisdiction over the client and is listed on the court order.

Court Order Date: Indicates the date the court order was signed by the judge and filed. *Note for Division Staff: If the court order was filed on a date later than when the judge signed it, then place the date of filing in this field.*

Comments for Incomplete Documentation: If the Division does not have all the required documents, a message will be written here about the needed documentation prior to approving the client for services.

Provider Recommended ASAM Level of Care/Specific Program: SDFMC staff will make a selection based on recommendations from the referring agency.

Provider Recommended Placement Provider: SDFMC staff will make a selection based on recommendations from the referring agency.

Funding Source: SDFMC staff will select the appropriate funding source.

Division Approval Date: Indicates the date the SDFMC approved funding for services.

Division Approval By: The name of the SDFMC staff that approved the client for services. This will be populated automatically.

Division Not Approved Date: Indicates the date funding for services was denied.

Reason for Denial: Indicate the reason for denial.

Comments: SDFMC will indicate any additional comments here.

Date T-19 Approved: Indicates the Title XIX authorization and the date the authorization was approved.

Begin Date: Indicates the day the client's Title XIX authorization begins or the date the service begins.

End Date: Indicates the day the client's T-19 Title XIX authorization ends or the date the service ends.

Units Approved: Select the number of units the client has been approved for Title XIX funding.

Client Medicaid #: The client's Medicaid number will be pulled from the "Client Information" screen.

Prior Authorization: Indicates the prior authorization number used by providers to bill Medicaid for the services they have provided.

Delays in T-19 Approval: Reasons as to why Title XIX funding has not been authorized will be indicated here.

Print Button: The "Print" button will allow the provider to print the *ADA Program Eligibility* detail screen.

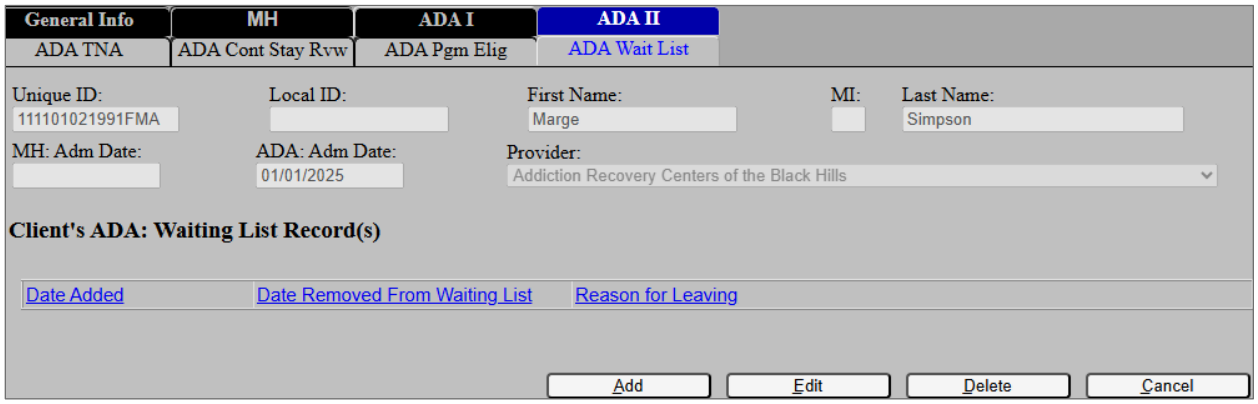
Transfer Button: The "Transfer" button will send client's information and the *ADA Program Eligibility* screen to the facility that will be providing services to the client.

Save Button: Clicking on the "Save" button will save the client's program eligibility information.

Cancel Button: Clicking the "Cancel" button will take the user back to the *ADA Program Eligibility* screen. If the information entered on this screen is not saved prior to clicking "Cancel", the user will lose the information that was placed on this screen.

ADA Wait List Screen

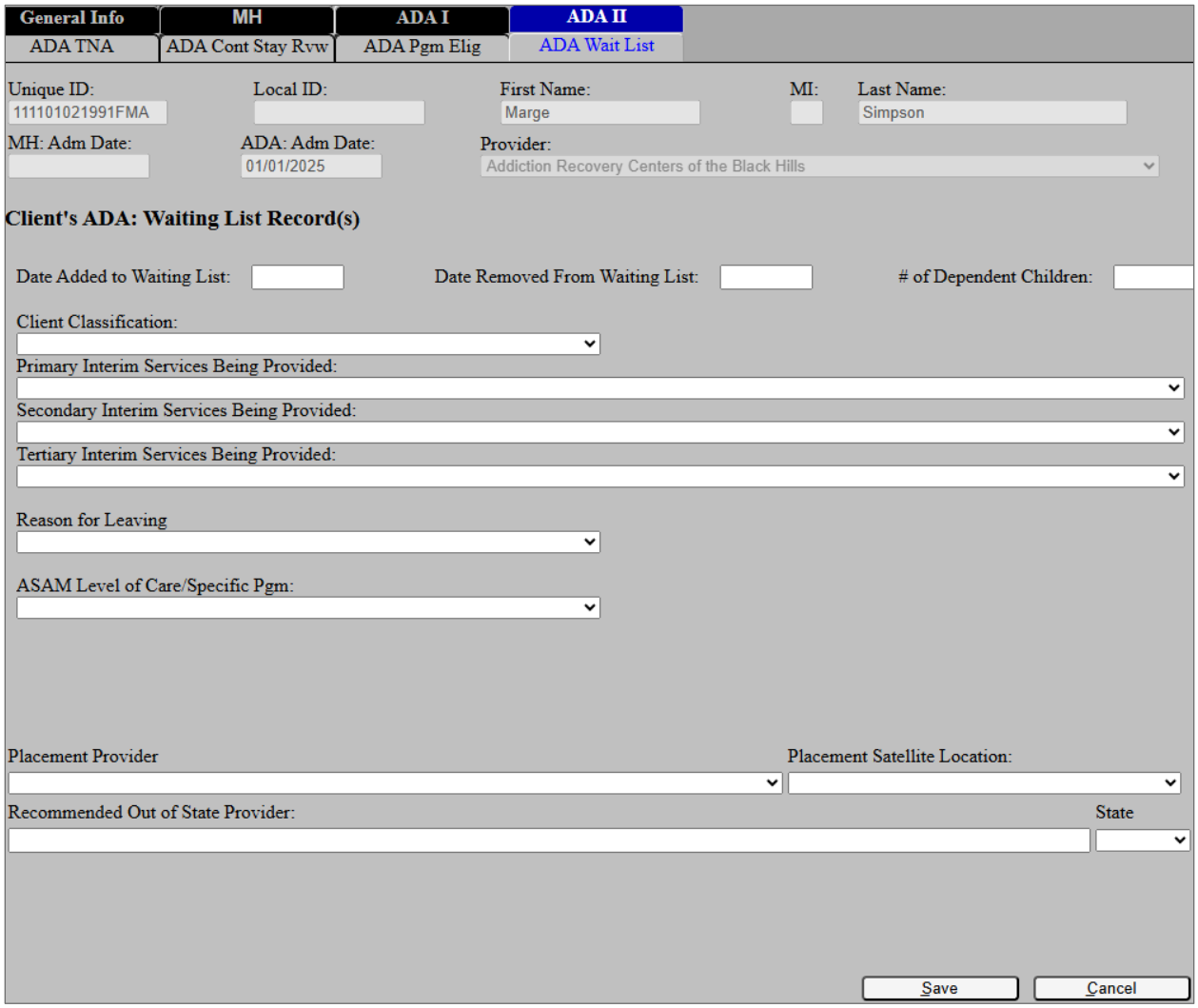
Note: As required by Contract Attachment, interim services must be made available to the individual no later than 48 hours from the initial screening. This information will be reported in STARS under the *ADA Wait List* screen. The maximum number of days a client may remain on the waiting list is 120 days. If a client is to remain on the waiting list longer than 120 days, please contact the Division of Behavioral Health at (605) 367-5236.



The *ADA Wait List* screen can only be accessed after the *Client Information* screen has been completed.

- To enter a new record, click the “Add” button. This will open the *ADA Waiting List* detail screen.
- To edit an existing record, highlight the record and click “Edit”; this will open the *ADA Waiting List* detail screen. Make the necessary changes and click “Save”.
- To delete an existing record, highlight the record and click “Delete”. A system prompt will ask “Are you sure you want to delete?”
- The “Cancel” button will return the user to the *Client Search* screen.
- The “Add”, “Edit”, and “Delete” buttons will be enabled based on assigned user security level.

ADA Waiting List Detail Screen



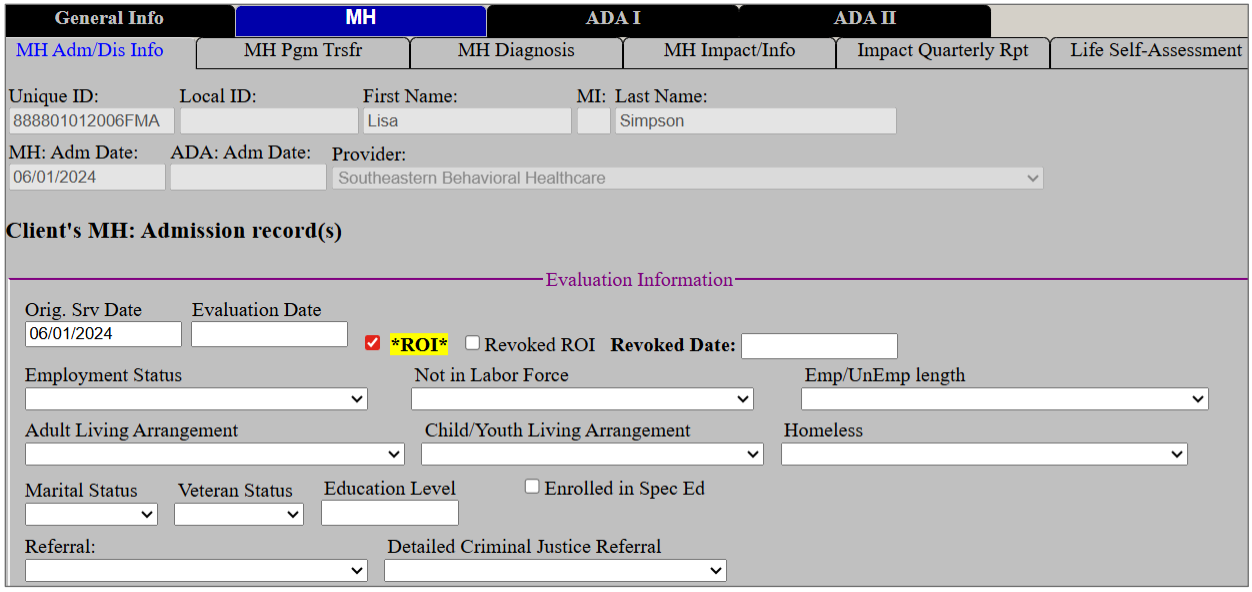
- To add a record to the waiting list, complete the “Date Added to Waiting List” field and one or more of the interim services being provided to the client while on the waiting list.
- To remove a record from the waiting list after the client enters the appropriate services, complete the following fields: “Reason for Leaving”, “ASAM Level of Care/Specific Program”, and “Placement Provider”. Click the “Save” button to save the record.
- If an out of state provider is being referred, type the name of that provider into the “Recommended Out of State Provider” field and identify the “State” in the dropdown list.
- The “Cancel” button will return the user to the *ADA Waiting List* screen.

Mental Health (MH)

Mental Health Tab

MH Admission/Discharge Information Screen

When a client receives an assessment or evaluation, the **Evaluation Information** section of the *MH Adm/Dis Info* screen needs to be completed prior to billing for services.



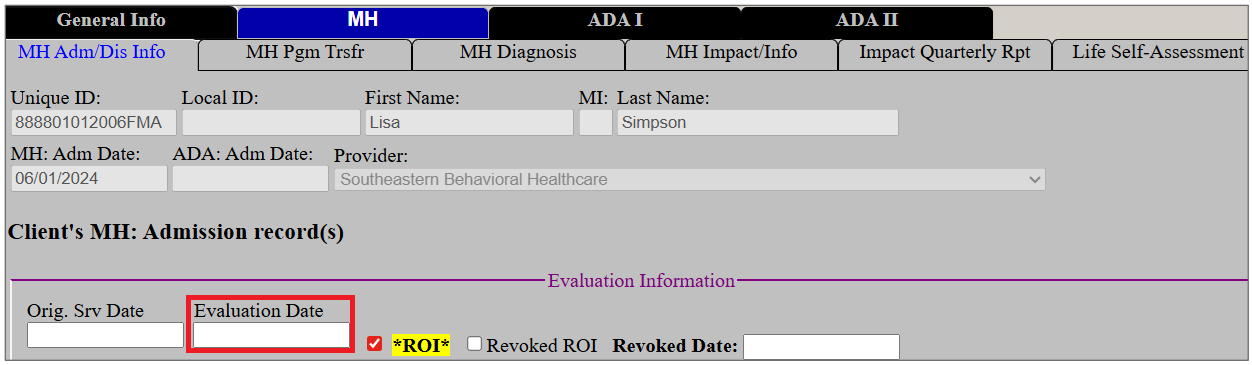
The *Orig. Srv Date (Original Service Date)* will automatically be filled in with the date the client first received mental health services. If is the client's first admission, the *Orig. Srv Date* will mirror the *Evaluation Date.*

Evaluation Information Section

The **Evaluation Information** section is required for a client who has received an evaluation/assessment at your agency. This section needs to be filled out prior to billing for services.

Evaluation Date

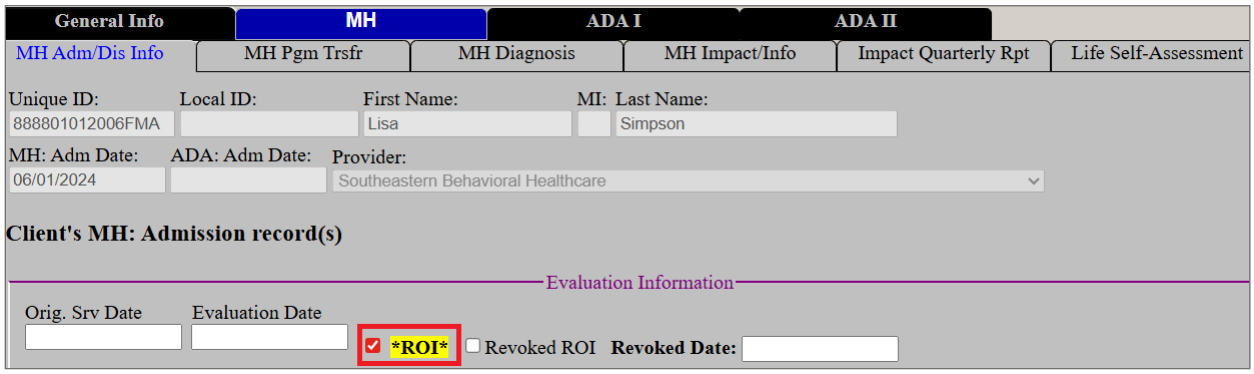
The *Evaluation Date* is the date the client is seen by the provider for their assessment or evaluation.



Release of Information (ROI)

The Release of Information (ROI) box will need to be checked if the payment source is Title XIX or Contract.

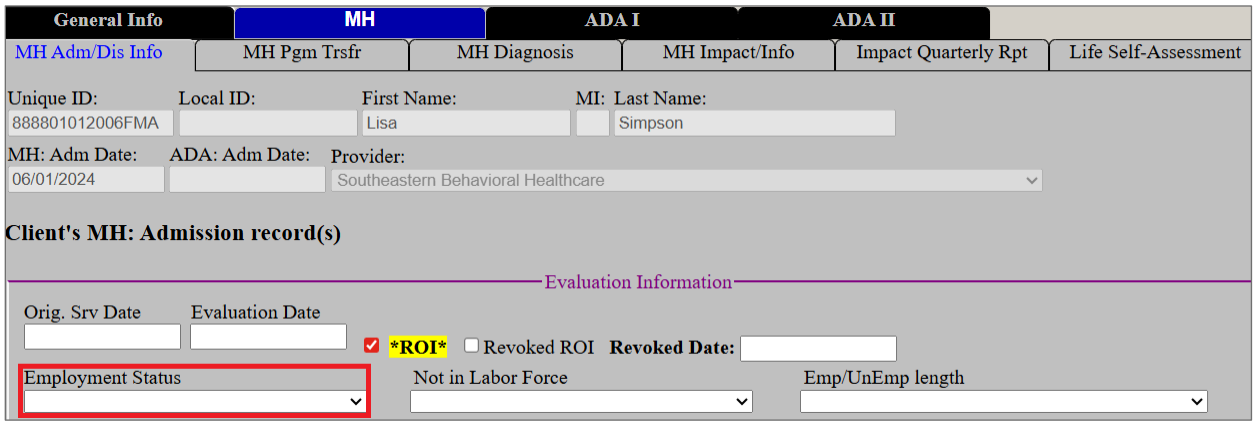
- To revoke the “ROI”, the client’s source of payment must be “Self-Pay” or “Private Pay”.
- The “ROI” field cannot be revoked after Title XIX or Contract billing records have been submitted to the Division of Behavioral Health.



Employment Status

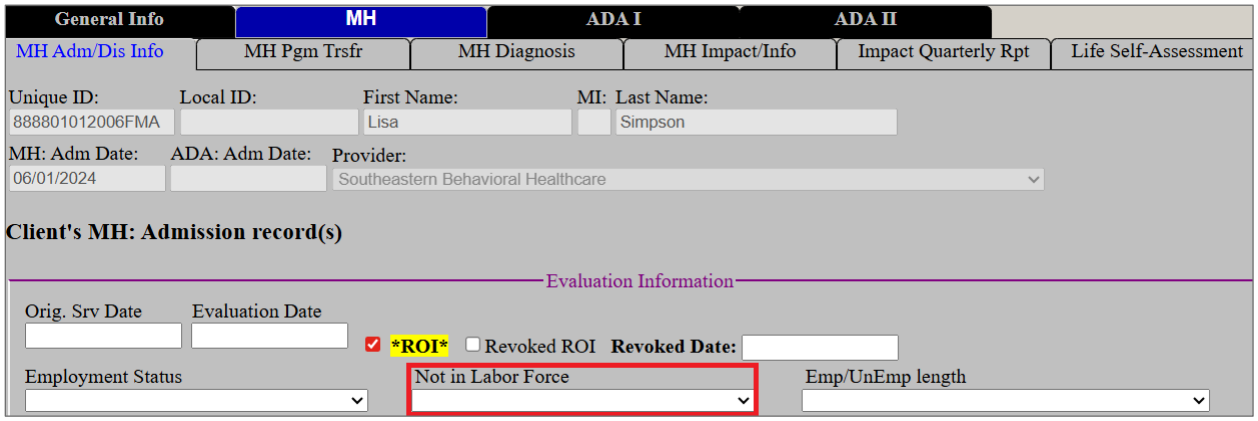
This field indicates the client's employment status at time of admission.[15]

- If "Not in Labor Force" IS selected, the *Not in Labor Force* field will be completed.
- If "Not in Labor Force" IS NOT selected, the *Not in Labor Force* field will read "Not Applicable".



Not in Labor Force

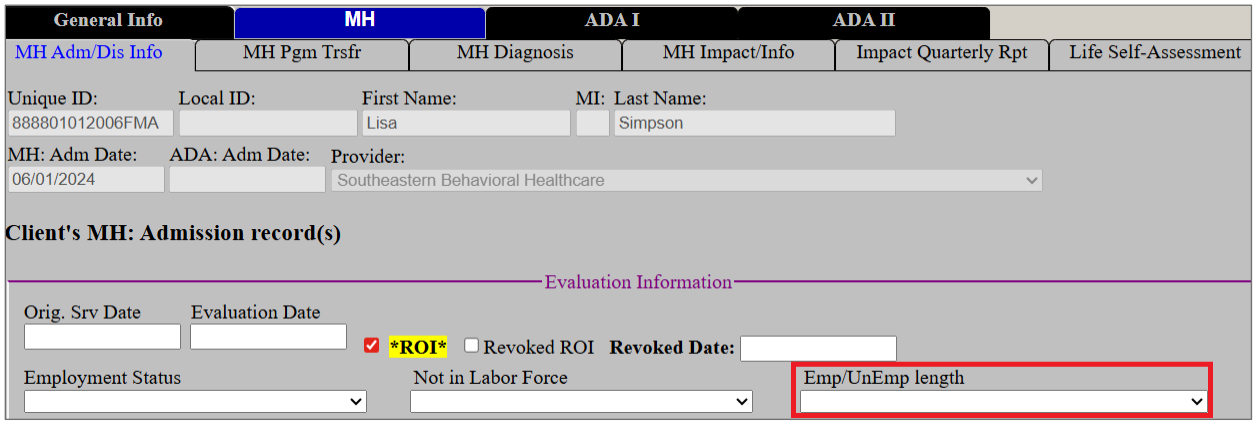
This field provides more detailed information on clients who are coded ***Not in Labor Force*** in the *Employment Status* field.[16]



[15] For information regarding the *Employment Status* field, please see Appendix A.
[16] For information regarding the *Not in Labor Force* field, see Appendix A.

Employment/Unemployment Length

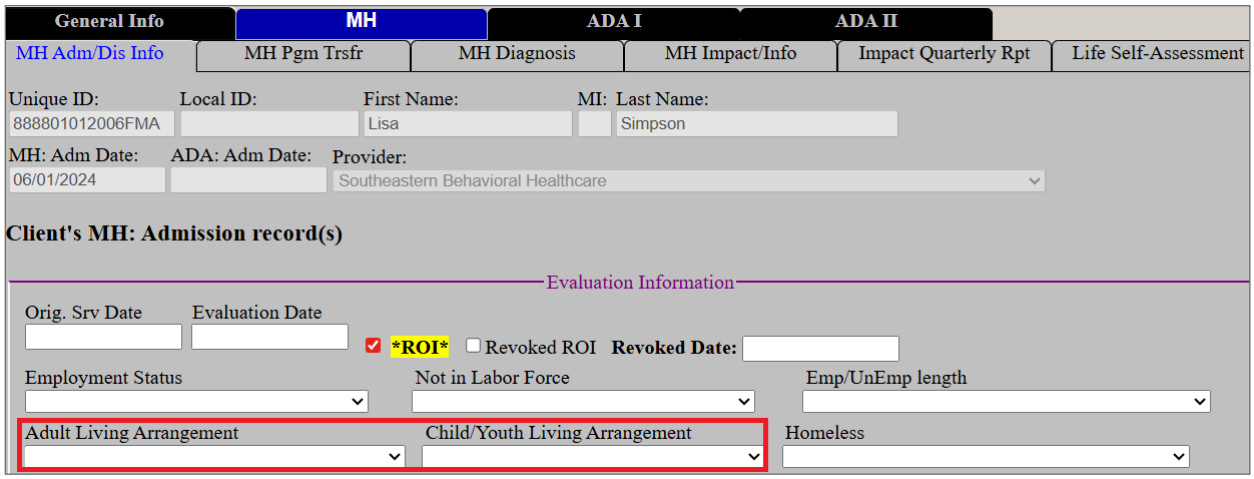
This field indicates the length of time a client has been employed or unemployed, depending on the response in the *Emp/UnEmp Status* field.



Living Arrangement

This field identifies whether a client is homeless, a dependent (living with parents or in a supervised setting) or living independently on his or her own. [17]

- ***Adult Living Arrangement***: This field is completed if a client is 18 years of age or older.
- ***Child/Youth Living Arrangement*:** This field is completed if a client is under 18 years of age or if the client is between the ages of 18 to 21 and will be attending a MH service specific to youth.

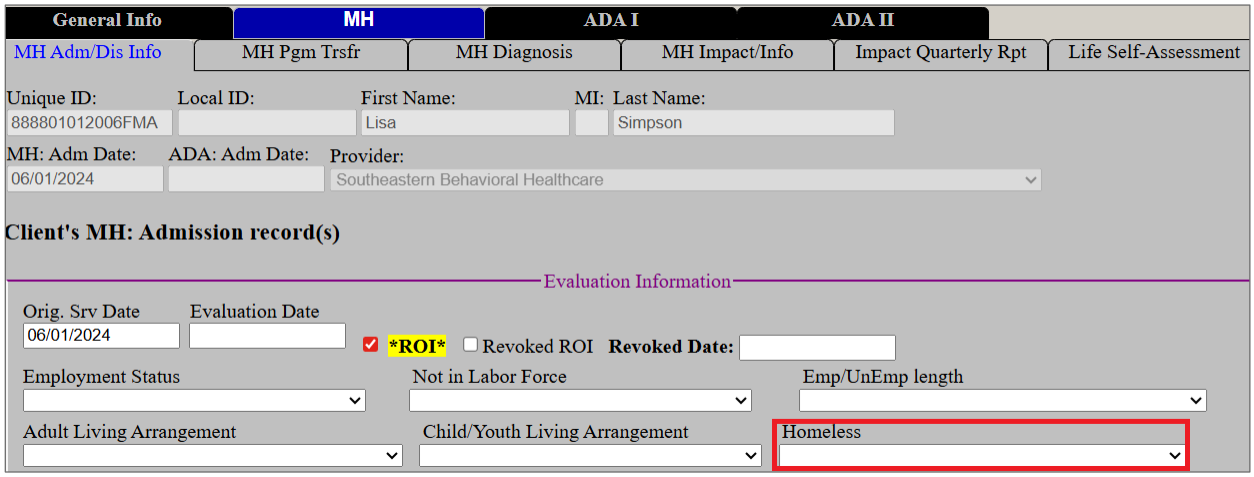


[17] For *Adult Living Arrangement* definitions, see Appendix A.

Homeless

If **Homeless** was selected in either the *Adult Living Arrangement* or *Child/Youth Living Arrangement* fields, the length of time the client reported being homeless is identified in the *Homeless* field.

- If **Homeless** was not selected in the *Adult* or *Child/Youth Living Arrangement* fields, this field can remain blank.

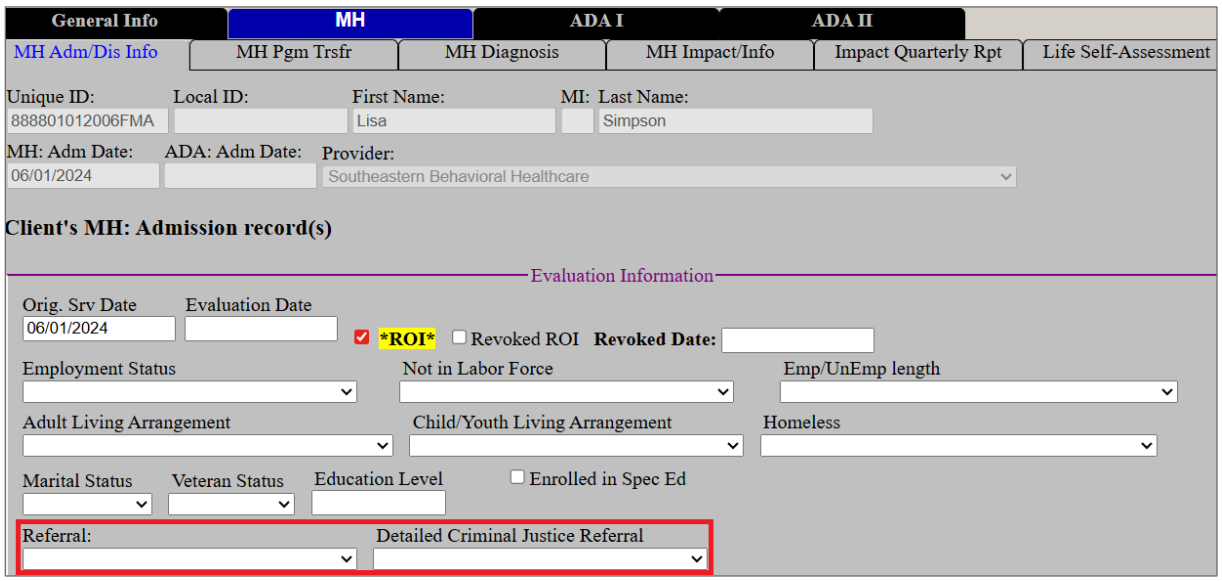


Referral and Detailed Criminal Justice Referral

Referral: this field describes the person or agency referring the client to services.

- If ***Court/Criminal Justice Referral*** IS selected, provide further details in the "Detailed Criminal Justice Referral" field.
- If ***Court/Criminal Justice Referral*** IS NOT selected in the "Referral" field, the "Detailed Criminal Justice Referral" field will auto-populate **Not Applicable.**

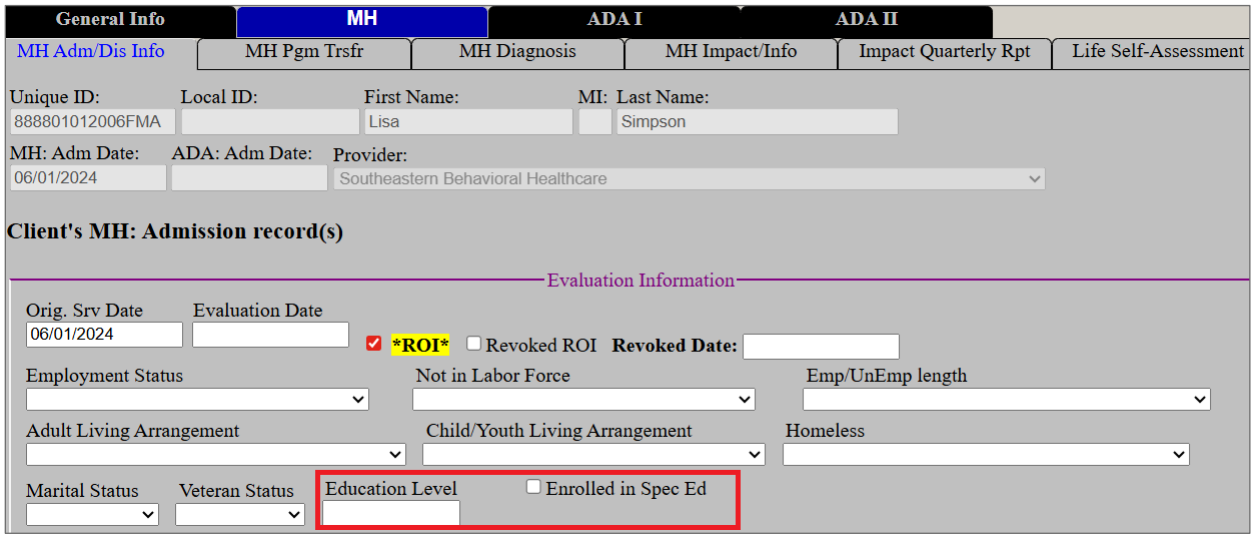
Court/Criminal Justice Referral: This field provides more detailed information about clients coded as *"Court/Criminal Justice Referrals* in the "Referral" field.[18]



[18] For *Referral* and *Court/Criminal Justice Referral* definitions, please see Appendix A.

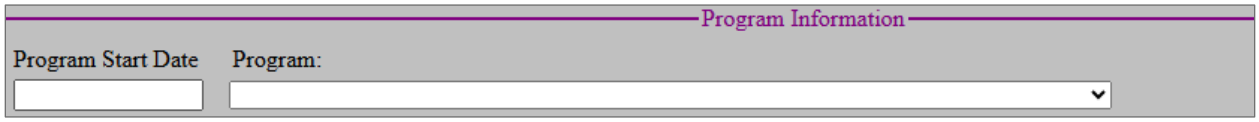
Education Level

This field specifies either the highest school grade completed for adults or children not attending school or the current school grade for school-age children (3-17 years old) attending school.[19]



Program Information Section

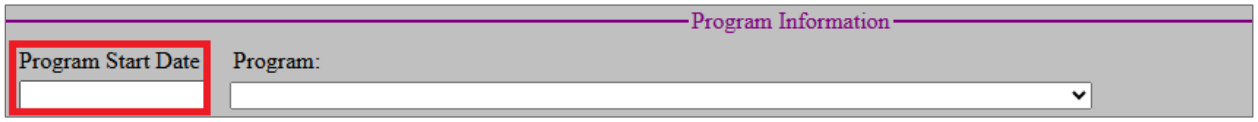
The **Program Information** section is completed when a client is admitted into a MH program.



Program Start Date

The *Program Start Date* is when the client attends their first direct service. A diagnosis needs to be entered in the *MH Diagnosis* screen prior to entering a *Program Start Date.*

- It cannot be before the *Evaluation Date.*
- It can be the same date as the *Discharge Date* but cannot be a later date.
- It cannot be before the *Start Intake Date* on the *Income Eligibility* screen.



Program

This field indicates the specific MH program a client begins on the *Program Start Date.*



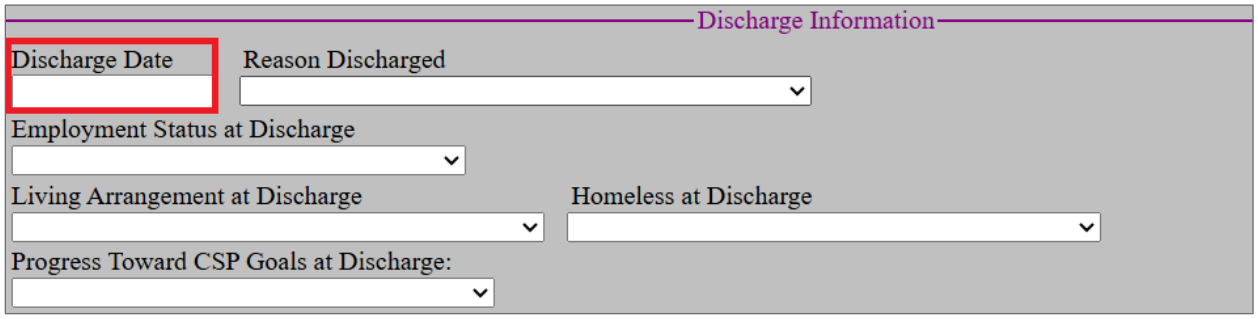
[19] For *Education Level* definitions, please see Appendix A.

Discharge Information

Discharge Date

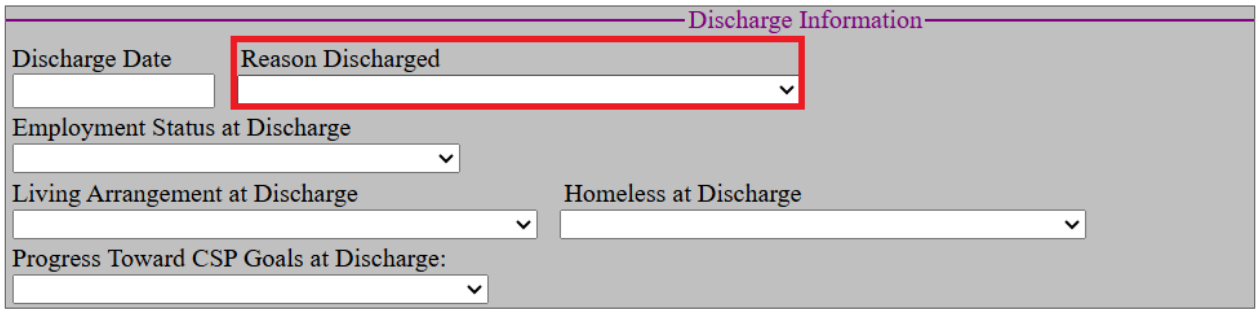
The *Discharge Date* is when the client last attended a MH program, received a service, or had a face-to-face encounter with treatment staff and is used to calculate "length of stay in treatment".

- This is NOT the date the discharge is being entered into STARS
- Successful discharges should be entered into STARS within 5 business days.
- Unsuccessful discharges should be entered into STARS within 30 business days.



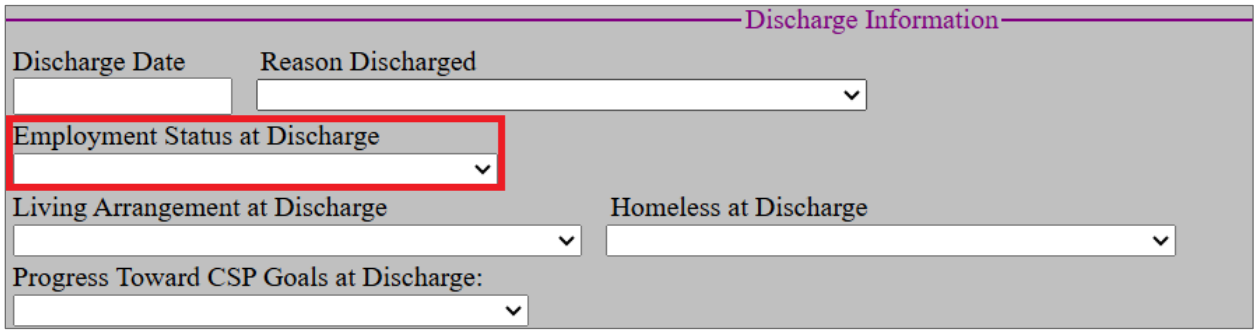
Reason Discharged

This field indicates the outcome of the treatment episode/event or the reason for transfer or discontinuance of treatment.[20]



Employment Status at Discharge

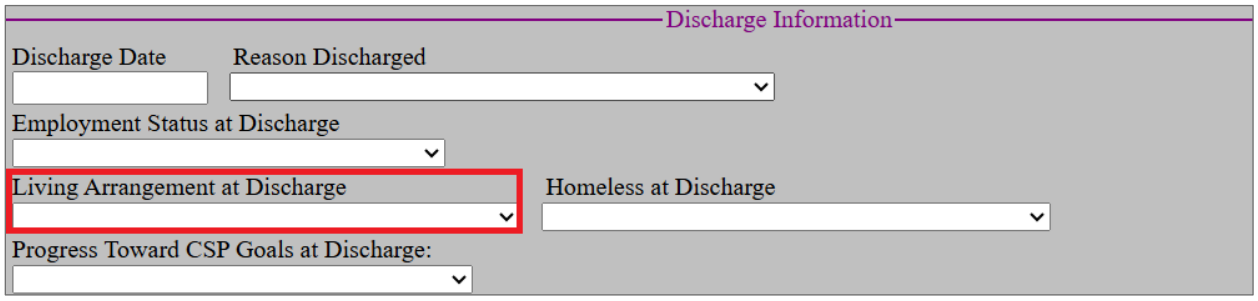
This field identifies the client's employment status at the time of discharge.



[20] For *Reason Discharged* definitions, please see Appendix A.

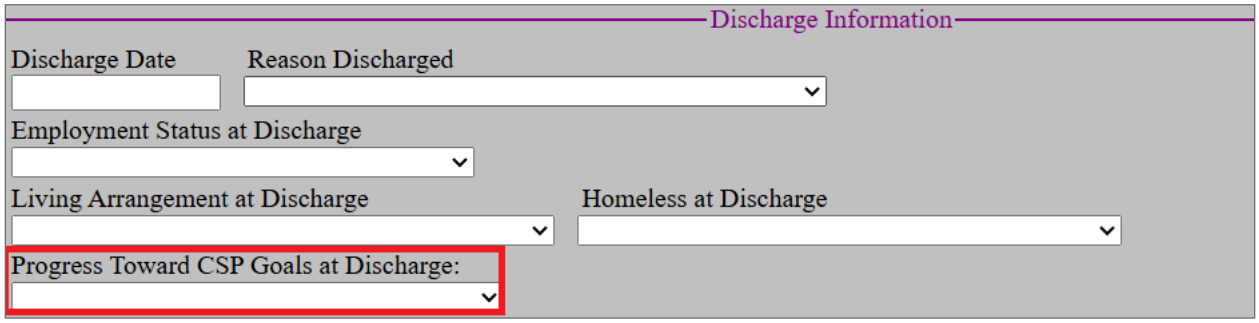
Living Arrangement at Discharge

The *Living Arrangement at Discharge* field has been reduced to three dropdown options: homeless, independent living, and dependent living.[21]



Progress Toward CSP Goals at Discharge

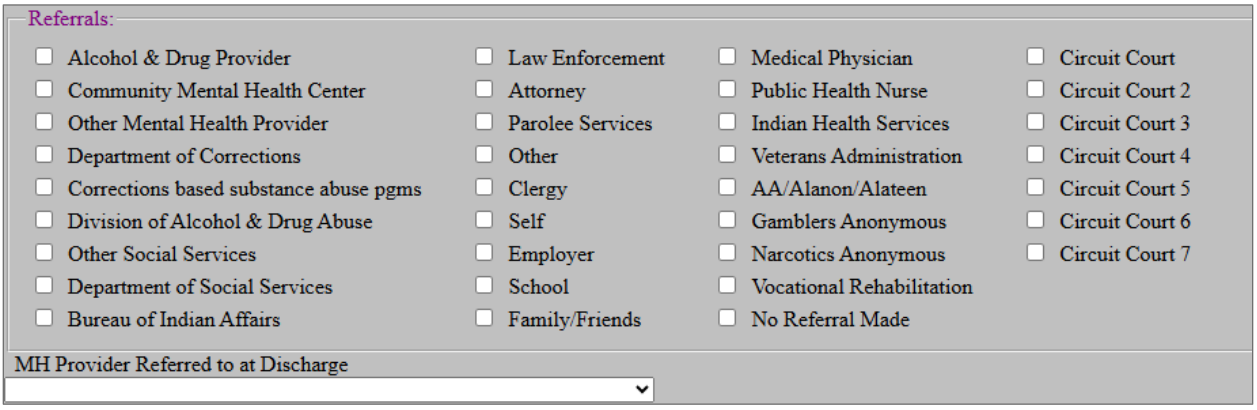
This field is required if the first or last program of the admission is CYF, CARE, or IMPACT.



[21] For *Living Arrangement at Discharge* definitions, please see Appendix A.

Referrals

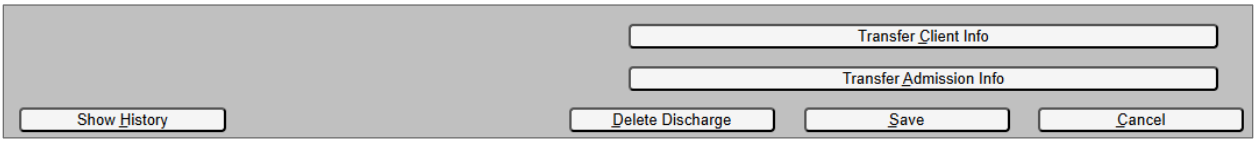
If **Community Mental Health Center** is checked in the *Referrals* field, the provider must indicate the Community Mental Health Center (CMHC) the client is being referred to under the *MH Provider Referred to at Discharge* field.



Transfer Client Info and Transfer Admission Info

A provider can transfer client information, admission information, or both to a new CMHC provider. The CMHC receiving the transferred information must update and save the record.

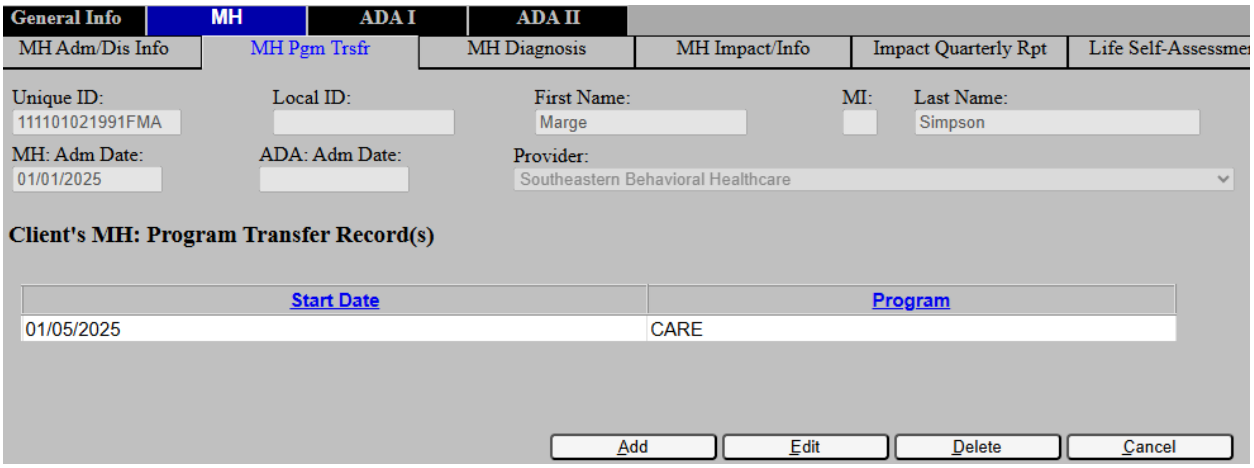
- *Transfer Client Info*: used to transfer a client's information from one CMHC to another.
- *Transfer Admission Info*: used to transfer the admission to another CMHC.
- A Release of Information (ROI) must be signed by the client prior to transferring information to another CMHC.



MH Transfer Screen

MH Program Transfer

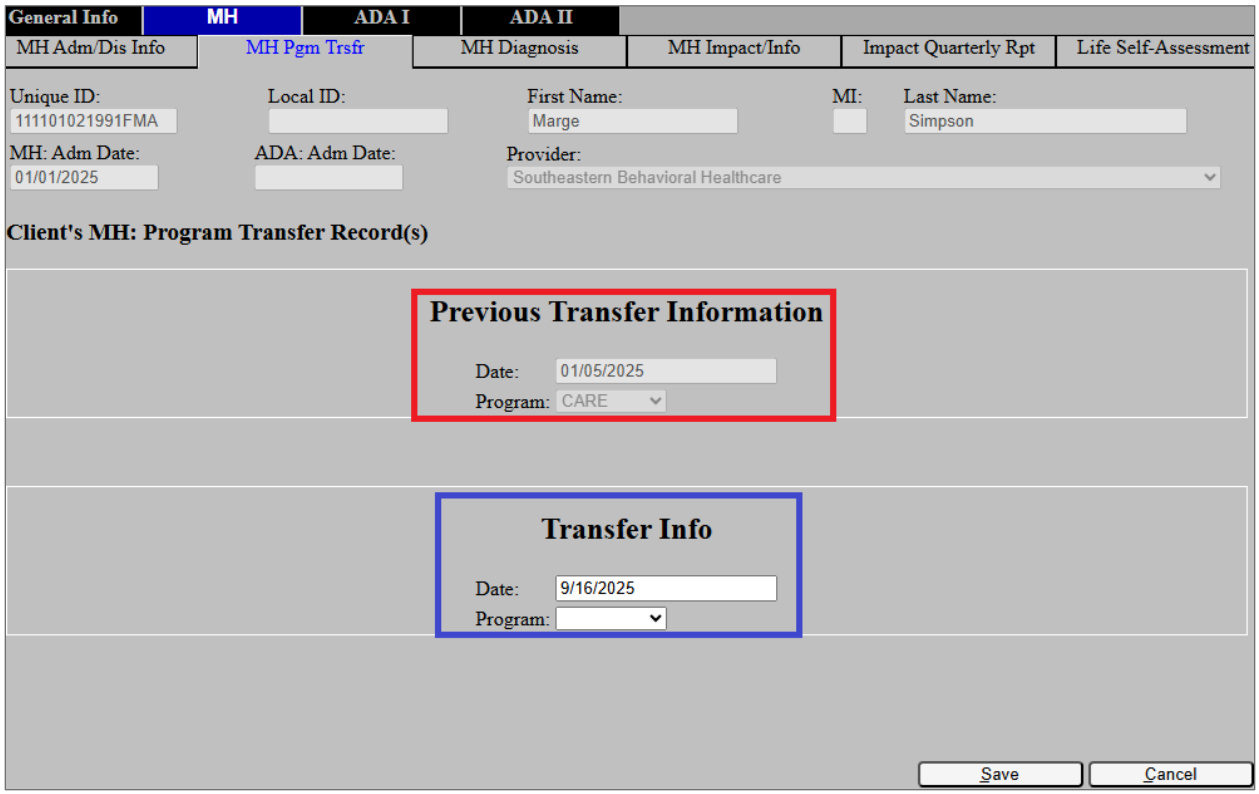
The *MH Pgm Trsfer (Mental Health Program Transfer)* screen is used to transfer a client to a different program within the same treatment episode. To enter a transfer to a new MH program, click the “Add” button at the bottom of the screen.



MH Program Transfer Detail Screen

The **Previous Transfer Information** section will automatically include the admission date of the previous MH program.

The **Transfer Info** section will be the date the client begins a new MH program and the name of the program they will be attending. When adding a transfer record, make sure the dates do not overlap; the date on the program transfer must be greater than or equal to any other program transfer date field.

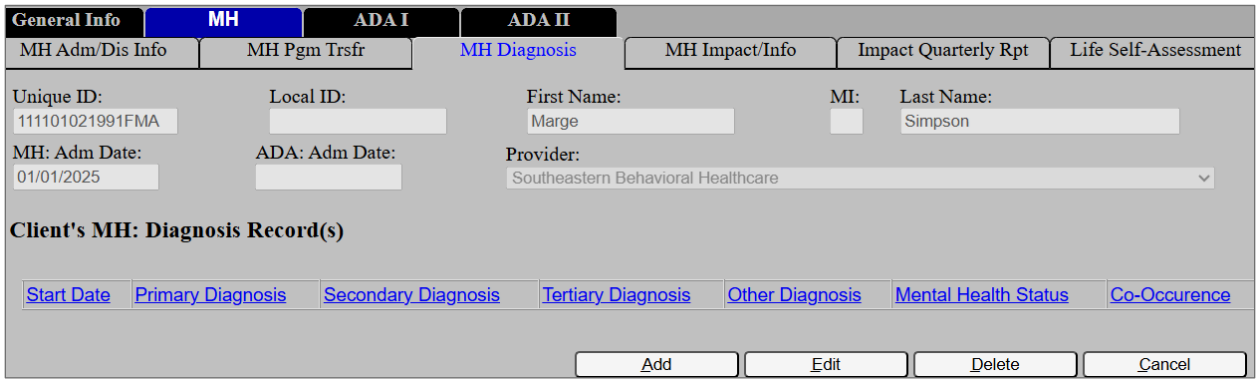


MH Diagnosis Screen

MH Diagnosis

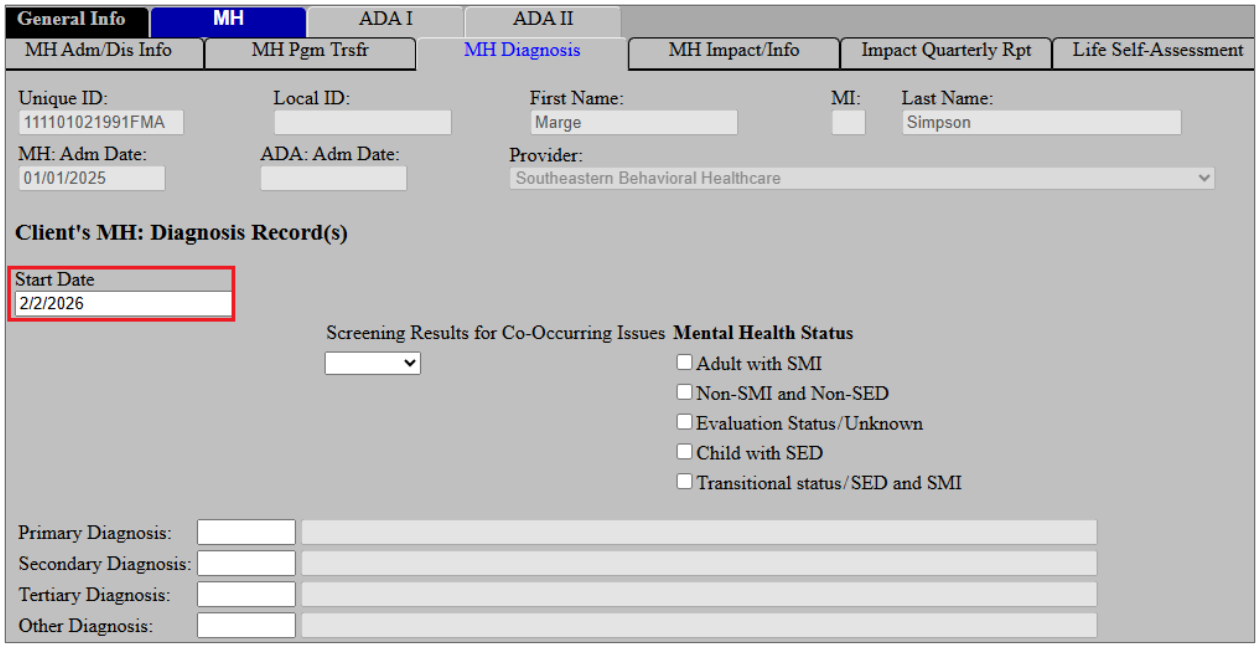
A diagnosis must be entered in the *MH Diagnosis* screen before admitting a client into a MH program.

- The “Add” button will take the provider to the *MH Diagnosis* detail screen to add the client’s diagnosis.
- “Edit” will allow the user to edit the client’s diagnosis. If any Contract or Title XIX records have been submitted for billing with the current diagnosis, STARS will not allow the edit.
- The “Delete” button will delete the client’s diagnosis. If Contract or Title XIX records have been submitted with the current diagnosis, STARS will not allow the delete.
- The “Cancel” button will take users back to the *MH Diagnosis* screen without saving.



MH Diagnosis Detail Screen

The **Start Date** is the date the diagnosis was made and must be greater than or equal to any other diagnosis end date.



Only one **Mental Health Status** box can be checked:

- Adults with SMI
- Non-SMI and Non-SED
- Evaluation Status/Unknown: this field is used if a CMHC is evaluating an individual to determine SMI/SED eligibility. This option should NOT be selected when placing a client into MH program.
- Child with SED
- Transitional status/SED and SMI: this field is used if a client is between the ages of 18-21 and is in the process of transferring from SED to CARE Program Services.

The “Save” button will save the new diagnosis code and create a new record for the client. Diagnosis codes entered will be verified against a common database of diagnosis codes before saving.

Appendix A

Definitions

Race

This field identifies a client's race.

Race	
Race	**Definition**
Alaska Native	A person having origins in any of the original peoples of Alaska
American Indian	A person having origins in any of the original peoples of North and/or South America and who maintain tribal affiliation/community attachment.
Asian	Far East, Indian subcontinent, or Southeast Asia (includes Cambodia, China, India, Japan, Korea, Pakistan, Philippine Islands, Thailand, Vietnam)
Native Hawaiian or Other Pacific Islander	A person having origins in Hawaii, Guam, Samoa, or other Pacific Islands
Black or African American	A person having origins in any of the black racial groups of Africa
White	A person having origins of Europe, the Middle East, or North Africa.
Other	Use this category when a client is not identified in any category above or whose origin group, because of area custom, is regarded as a racial class distinct from the above categories.

Ethnicity

This field identifies a client's specific Hispanic or Latino origin, if applicable.

Ethnicity	
Ethnicity	**Definition**
Puerto Rican	Of Puerto Rican origin regardless of race
Mexican	Of Mexican origin regardless of race
Cuban	Of Cuban origin regardless of race
Other Specific Hispanic	Of known Central or South American or any other Spanish culture or origin (including Spain), other than Puerto Rican, Mexican, or Cuban, regardless of race.
Not of Hispanic Origin	
Hispanic- Specific Origin not Specified	of Hispanic or Latino origin, but origin not known or not specified

Education Level

This field specifies either the highest school grade completed for adults or children not attending school or the current school grade for school-age children (3-17 years old) attending school

- If the school year just ended, report the recent school grade level completed
- For non-school-aged children (less than 4 years old), use Code *00*

Education Level	
Level Completed	**Corresponding Number**
Grade 1-11 (specify current/highest attained grade level)	01-11
High School Diploma or GED	12
1-4 years of college/university	13-16
Some post-graduate study	17
Master's Degree completed	18
Post-Graduate Study	19-25
Graduate/Professional School (law, medical)	70
Vocational School (business, technical, trade, secretarial)	71
Nursery School, Pre-School	72
Kindergarten	73
Self-Contained Special Education Class	74
Unknown	97
Less than one grade completed	0

Marital Status

This field describes the client's marital status.

Marital Status	
Marital Status	**Definition**
Never Married	Clients who are single or whose only marriage was annulled
Now Married	Married couples, living together as married, living with partners, cohabitating
Separated	Legally separated or otherwise absent from spouse because of marital discord
Divorced	Divorced
Widowed	Widowed
Unknown	Unknown

Referral Source

The **Referral Source** describes the person or agency referring the client to services.

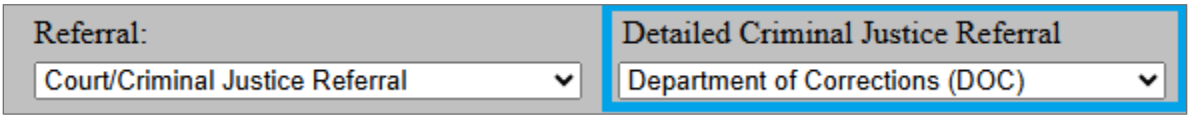
- If *Court/Criminal Justice Referral* is selected, provide details in the **Detailed Criminal Justice Referral** field

Referral	
Referral Source	**Definition**
Alcohol/Drug Use Care Provider	Any program, clinic, or health care provider whose principal objective is treating clients with substance use diagnosis, or a program whose activities are related to alcohol/drug use prevention, education, or treatment
Bureau of Indian Affairs	Bureau of Indian Affairs/Indian Health Services
College/University	
Individual	Includes client, family member, or friend and self-referrals due to pending DUI/DWI
Health Care Provider	A physician, clinic, or other licensed health care professional, psychiatric hospital, mental health program, nursing home
Community Mental Health Center	Mental Health Center, Mental Health Professional
Court/Criminal Justice Referral	Any police official, judge, prosecutor, probation officer or other person affiliated with a federal, state, or county judicial system, referral by the court for DWI/DUI, clients referred in lieu of or for deferred prosecution or during pre-trial release, work or home furlough. **Further defined in Detailed Criminal Justice Referral field.**
Department of Social Services	
Employer/Employee Assistance Program	Supervisor or an employee counselor
Family/Self-Referral/Friend	
Human Services enter	
Indian Health Services	SD Indian Health Services (State)
Other	Community or religious organization or any federal, state, or local agency that provides aid in the areas of poverty relief, unemployment, shelter, or social welfare. Defense attorneys, self-help groups (AA, NA)
Private Mental Health Professional	
Department of Human Services	
School (Primary/Secondary)	School principal, counselor, teacher, the school system, or an educational agency
Veterans Administration	Veterans Hospital

Detailed Criminal Justice Referral

The **Detailed Criminal Justice Referral** field provides more detailed information about clients who have *Criminal Justice Referral* listed in the **Referral** field.

- If *Criminal Justice Referral* is not selected in the **Referral** field, the **Detailed Criminal Justice Referral** field will read "Not Applicable*".*



Detailed Criminal Justice Referral	
Detailed Criminal Justice Referral Source	**Examples**
Attorney	
Department of Corrections	Adult and Youth Parole
Diversionary Program	
Problem Solving Court	DUI, Drug, Veterans
Federal Probation	
Law Enforcement	Federal, State, Tribal, County, City
Court (County, State, Federal, etc)	Federal, State, Tribal, County
Other	
Not Applicable	Use if Referral Source is not Criminal Justice Referral
Unified Judicial System (UJS)	Adult and Youth Probation, CSO
JJRI Internal Referral	

Adult Living Arrangements at Admission (SUD/MH)

This field identifies if the client is homeless, living dependently with parents or in a supervised setting, or living independently on their own.

Adult Living Arrangements	
Option	**Examples**
Homeless	Clients with no fixed address; includes homeless shelters.
Dependent Living	Clients living in a supervised setting such as a residential institution, halfway house, or group home, and children (under age 18) living with parents, relatives, or guardians or (substance use clients only) in foster care.
Residential Care	The individual resides in a residential care facility. This level of care may include a group home therapeutic group home, board and care, residential treatment, rehabilitation center, or agency-operated residential care facilities.
Foster Home/Foster Care	Client resides in a foster home, i.e., a home that is licensed by a county or state department to provide foster care to children, adolescents, and/or adults. This category includes therapeutic foster care facilities, a service that provides treatment for troubled children within private homes of trained families.
Crisis Residence	A time-limited residential (24 hours/day) stabilization program that delivers services for acute symptom reduction and restores clients to a pre-crisis level of functioning.
Institutional Setting	Client resides in an institutional care facility providing care 24 hours/day, 7 days/week. May include skilled nursing/intermediate care facility, nursing homes, institute of mental disease (IMD), inpatient psychiatric hospital, psychiatric health facility, veterans' affairs hospital, state hospital, or Intermediate Care Facility/MR.
Jail/Correctional Facility/Other Institutions Under the Justice System	Client resides in a jail, correctional facility, detention center, prison, or other institution under the justice system with care provided 24 hours/day, 7 days/week.
Independent Living	Clients living alone or with others in a private residence and capable of self-care. Includes adult children (age 18 and over) living with parents and adolescents living independently. Also, includes clients who live independently with case management or supported housing support.

Youth Living Arrangement at Admission (SUD/MH)

Youth Living Arrangement will have additional options for Dependent Living.

Youth Living Arrangements		
Option		**Examples**
Homeless		Clients with no fixed address; includes homeless shelters.
Dependent Living		Clients living in a supervised setting such as a residential institution, halfway house, or group home, and children (under age 18) living with parents, relatives, or guardians or (substance use clients only) in foster care.
	Both Parents	
	Single Parents	
	Other Relative	
	Foster Home	
	Therapeutic Foster Home	
	Private Care Facility	
	Public Care Facility	
	Parent-Stepparent	
Independent Living		Clients living alone or with others in a private residence and capable of self-care. Includes adult children (age 18 and over) living with parents and adolescents living independently. Also, includes clients who live independently with case management or supported housing support.
Other		

Living Arrangement at Discharge

This field has been reduced to three options: homeless, dependent living, and independent living.

Living Arrangement at Discharge	
Option	**Examples**
Homeless	Clients with no fixed address; includes homeless shelters.
Dependent Living	Clients living in a supervised setting such as a residential institution, halfway house, or group home, and children (under age 18) living with parents, relatives, or guardians or (substance use clients only) in foster care.
Independent Living	Clients living alone or with others in a private residence and capable of self-care. Includes adult children (age 18 and over) living with parents and adolescents living independently. Also, includes clients who live independently with case management or supported housing support.

Employment Status

This field identifies the client's current employment status.

- If *Not in Labor Force* IS selected in this field, the **Not in Labor Force** field is completed.
- If *Not in Labor Force* IS NOT selected in this field, the **Not in Labor Force** field will say "Not Applicable".
- Seasonal workers are coded based on employment status at the time of measurement.

Employment Status	
Employment Status	**Definition**
Full Time	Working 35+ hours each week, including active-duty members of uniformed services
Part Time	Working fewer than 35 hours each week
Unemployed	Looking for work during past 30 days or on layoff from job
Not in Labor Force	not looking for work in past 30 days or a student, homemaker, disabled, retired, or inmate (further defined in **Detailed Not in Labor Force** field)

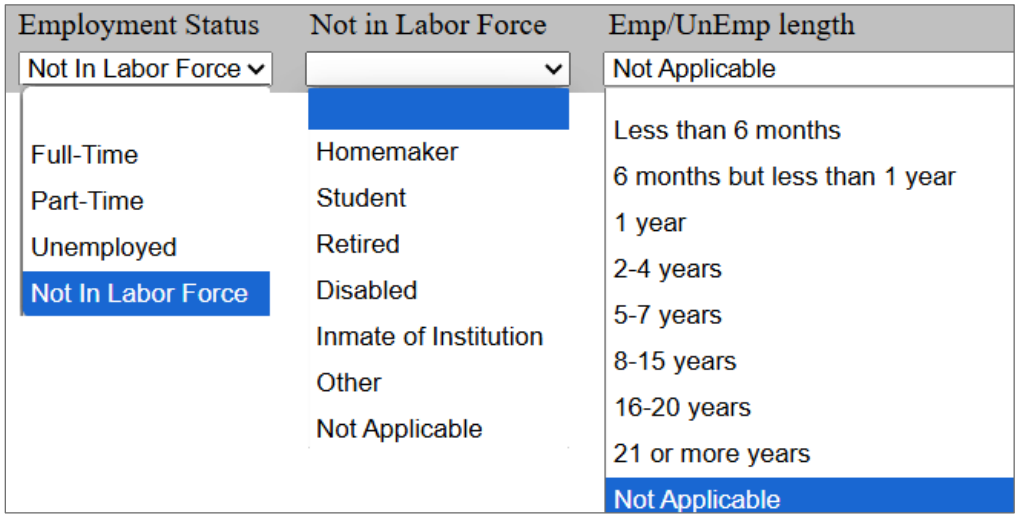
Not in Labor Force

This field provides more detailed information on clients who are coded *Not in Labor Force* in the **Employment Status** field.

If "*Not in Labor Force*" is selected in the **Employment Status** field, identify the reason they are not in the labor force in the **Not in Labor Force** field.

Not in Labor Force	
Not in Labor Force	**Definition**
Homemaker	Working 35+ hours each week, including active-duty members of uniformed services
Student	Working fewer than 35 hours each week
Retired	Looking for work during past 30 days or on layoff from job
Disabled	not looking for work in past 30 days or a student, homemaker, disabled, retired, or inmate (further defined in **Detailed Not in Labor Force** field)
Inmate of Institution	Unable to work due to being in an institution
Other	Internship that does not entitle person to a job when it ends, volunteer work
Not Applicable	

- If *Full Time, Part Time*, or *Unemployed* is selected in the **Employment Status** field, the **Not in Labor Force** field will auto-populate as "Not Applicable".
- If *Not in Labor Force* is selected in the **Employment Status** field, select the reason in the **Not in Labor Force** field.



Reason Discharged

This field indicates the outcome of the treatment episode/event or the reason for transfer or discontinuance of treatment.

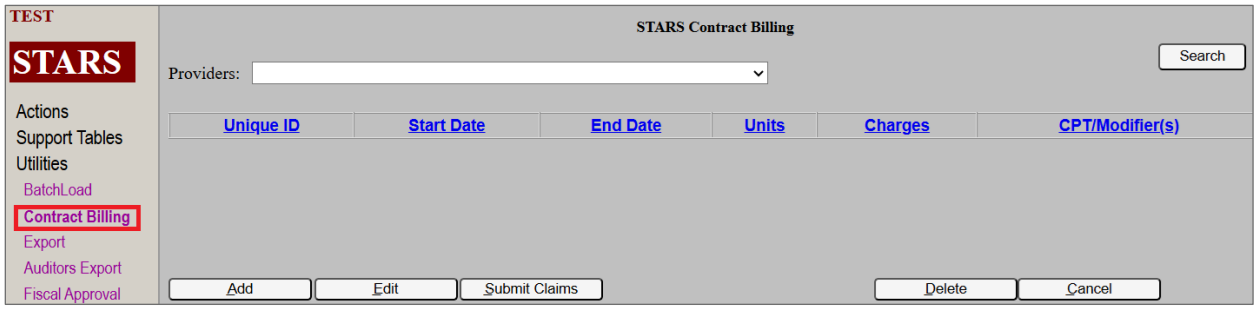
Discharge Reasons- definitions subject to change	
Discharge Reason	**Definition**
Treatment Completed/Planned Discharge	Client successfully completed programming.
Incarcerated	Client has been detained or imprisoned in a correctional facility that serve various purposes within the criminal justice system, such as prison, jail, or detention centers.
Death	Client passed away during the course of treatment or while receiving services.
Terminated by Facility and/or therapist discontinued	The treatment facility ends a client's participation in their program. Reasons include non-compliance with treatment protocols or facility rules or clinical judgment that further treatment is not necessary/appropriate.
Left against professional advice/consumer discontinued	Client dropped out of treatment (voluntarily discontinues treatment, abscond)
Transferred	Client moved from one treatment facility, program, or provider to another.
Discharged by admission to MH Inpatient	Client transfers to a psychiatric facility for specialized mental health care.
Screening/Evaluation Only	**MH Only**- Client received an evaluation but did not begin mental health programming.

Appendix B: Billing

Contract Billing

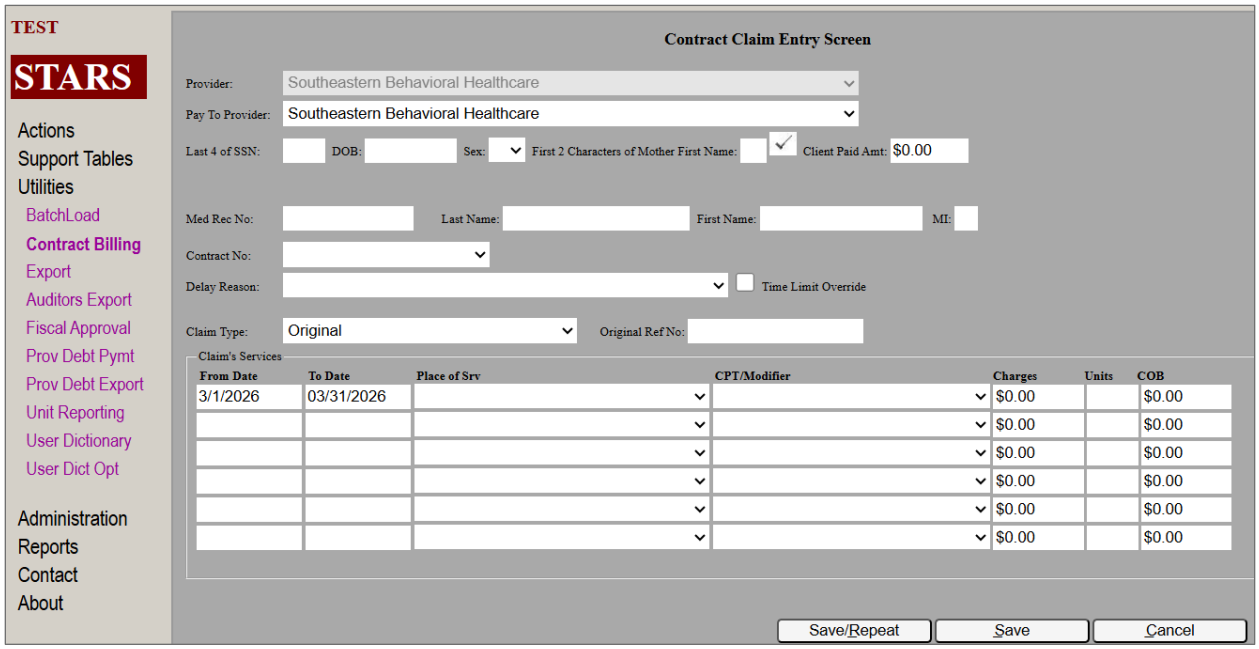
Billing can be submitted into STARS by selecting **Contract Billing** in the *Utilities* menu on the left side of the screen.

- Providers can use the buttons at the bottom of the screen to “Add” new claims, “Edit” existing claims, or “Submit Claims” that have already been saved.

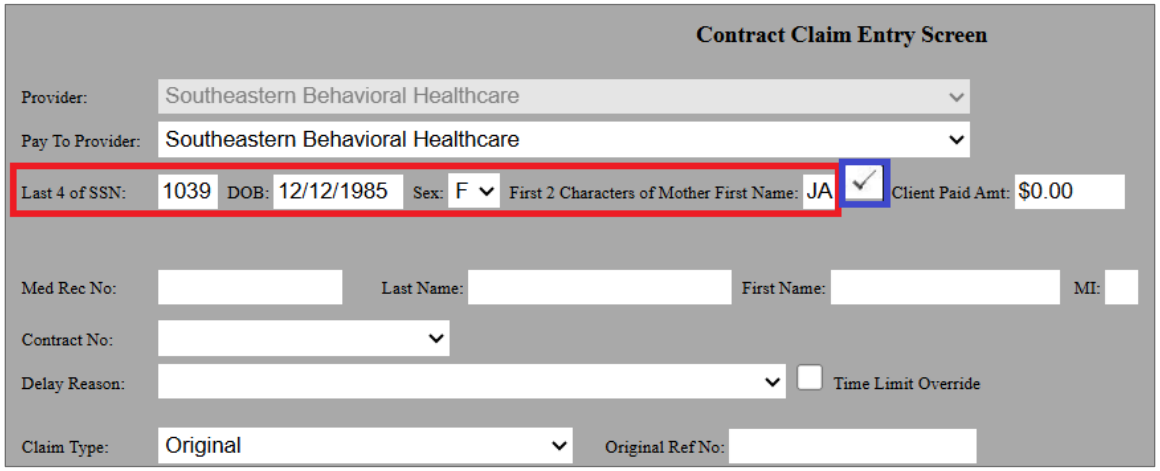


Contract Claim Entry Screen

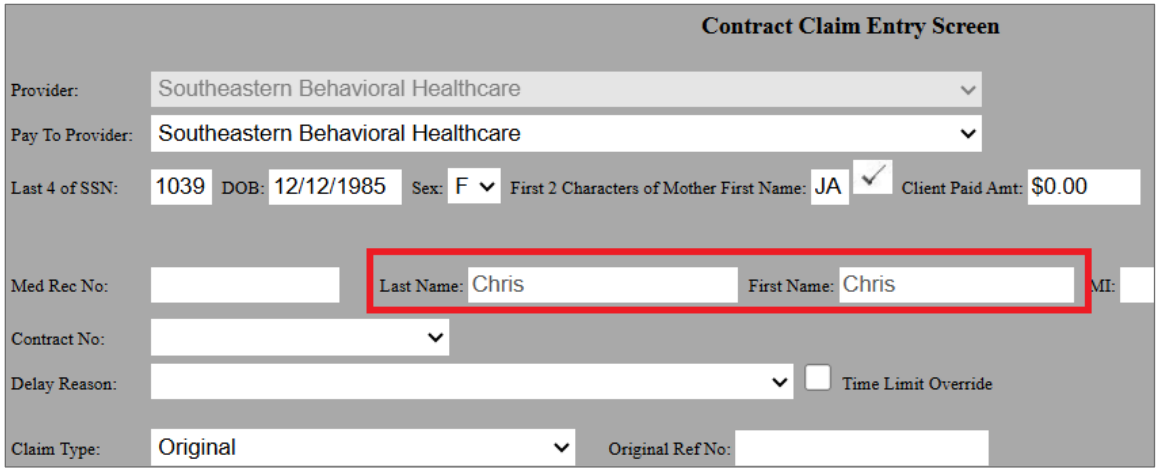
The *Contract Claim Entry* screen allows providers to bill for services provided to an individual client. Multiple services and dates can be billed at one time.



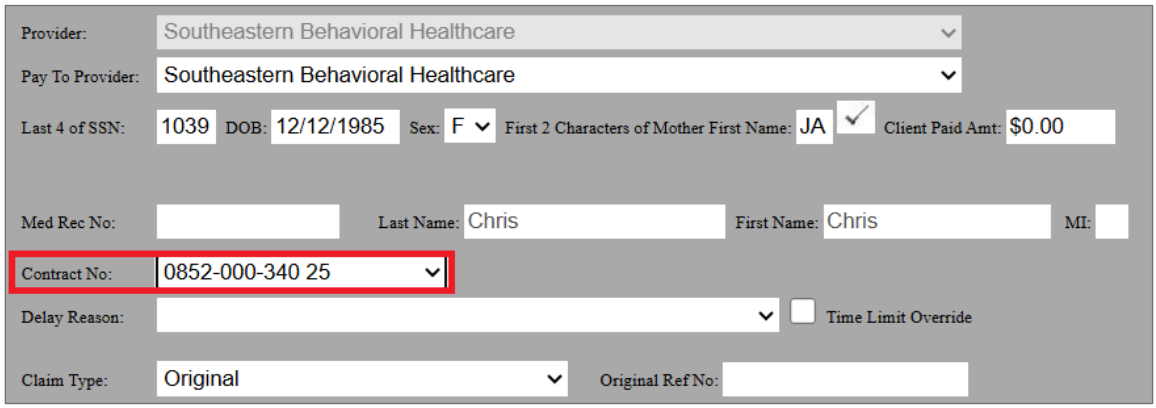
Enter the client's Last 4 of SSN, DOB, Sex, and First 2 Characters of Mothers First Name, exactly how it is entered on the *Client Info* screen. Click the checkmark to search for the client (see blue box below).



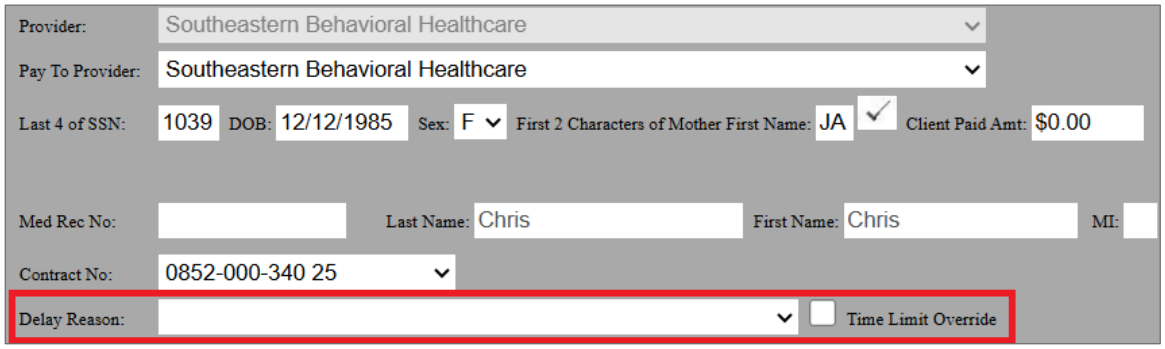
If STARS recognizes the client information entered in the screenshot above, the client's First and Last Name will autofill into the respective fields. If the name does not appear, re-check the Last 4 of SSN, DOB, Sex, and First 2 Characters of Mother First Name.



Select the most recent contract that will be billed in the *Contract No* field. Contract Numbers with a "2" as the fourth digit (0852-xxx-xxx) are SUD contracts.



Billing should be submitted either weekly or monthly. If it's been over 90 days since the date they're billing for, they'll have to select a *Delay Reason*. If it has not been over 90 days, this field can remain blank.

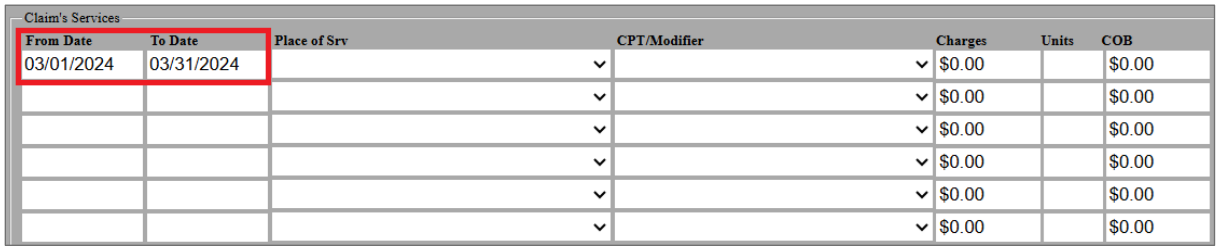


Claim's Services

Billing can be submitted for an entire month, but a single claim cannot cross into a new month.

One billing claim per *CPT/Modifier* can be submitted if those services occurred within the same month. If the dates of service cross to a new month, a new claim will need to be completed.

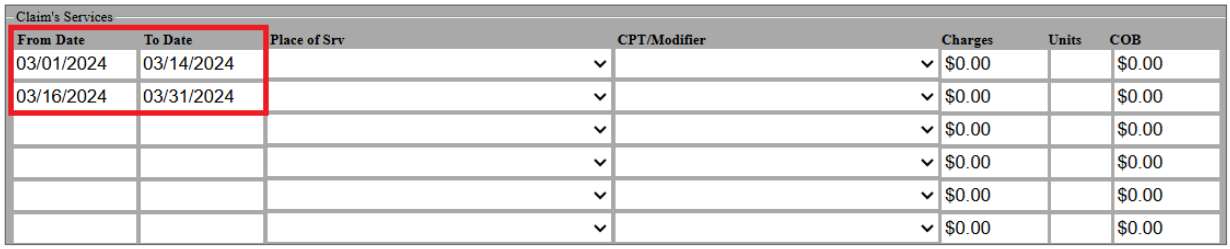
- Example: If a client utilizes services from 03/01/2024-04/15/2024, billing for 3/1/2024-3/31/2024 can be submitted on one line. Billing for 4/1/24-4/15/24 will be entered on the second line.



Claim Dates

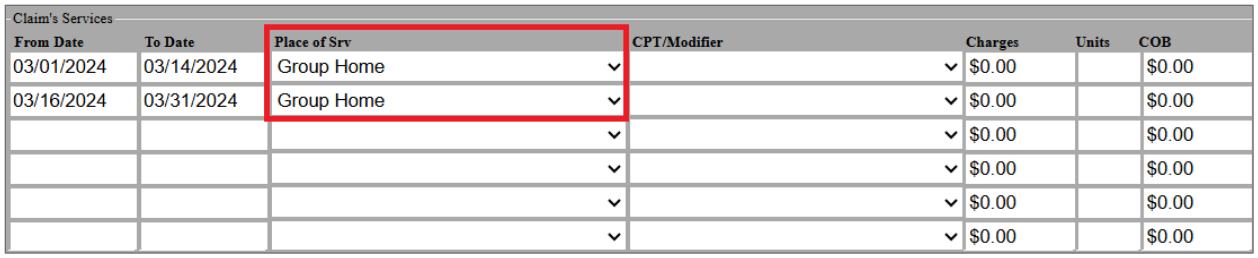
The *From Date* field is the initial date of services billed in that claim. The *To Date* field is the last consecutive date the service was utilized in the same month. If there is a gap in days between services (i.e. the client did not utilize services for 1 day), two separate claims are entered.

- Example: In the screenshot below, the client utilized SHARE for housing services from 3/1/24 to 3/14/24 and 3/16/24 to 3/31/24. They did not utilize SHARE services on 3/15/24; no billing claims will be submitted for that date.
- Claim Line 1: The first set of dates the client consecutively utilized SHARE is 3/1/2024 to 3/14/2024.
- Claim Line 2: The second set of consecutive dates is from 3/16/2024 to 3/31/2024.



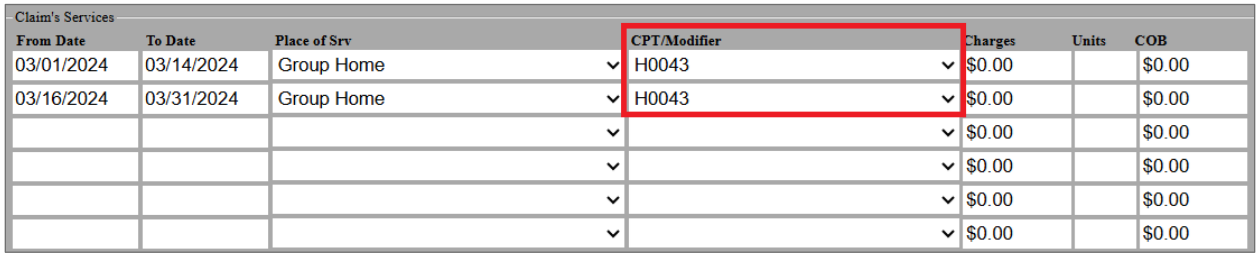
Place of Service

Identify the *Place of Service.*



CPT/Modifier

Enter the correct *CPT/Modifier* for the billed service.



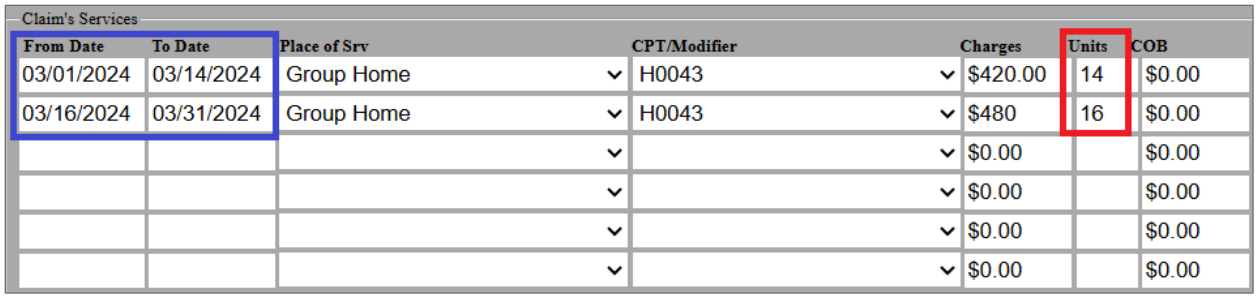
Claim's Services

From Date	To Date	Place of Srv	CPT/Modifier	Charges	Units	COB
03/01/2024	03/14/2024	Group Home	H0043	$0.00		$0.00
03/16/2024	03/31/2024	Group Home	H0043	$0.00		$0.00
				$0.00		$0.00
				$0.00		$0.00
				$0.00		$0.00
				$0.00		$0.00

Units

The *Units* are the number of days being billed within each claim line and is determined based on the *From Date* and *To Date* fields on each claim line. Each day one is the equivalent of one unit.

- For example, the first claim line entered below is for services utilized between 3/1/24 and 3/14/24, or the equivalent of 14 days; "14" is entered under *Units* on the first claim line.
- The second claim line is for the date range 3/16/24 to 3/31/24, or 16 days. "16" is entered under *Units* on the second claim line.



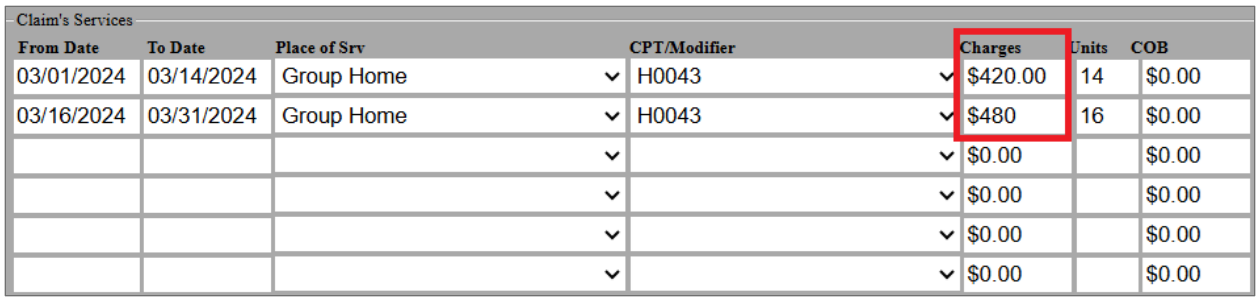
Claim's Services

From Date	To Date	Place of Srv	CPT/Modifier	Charges	Units	COB
03/01/2024	03/14/2024	Group Home	H0043	$420.00	14	$0.00
03/16/2024	03/31/2024	Group Home	H0043	$480	16	$0.00
				$0.00		$0.00
				$0.00		$0.00
				$0.00		$0.00
				$0.00		$0.00

Charges

To calculate the *Charges* for each claim line, multiply the number of *Units* by the Unit Rate (Units x Unit Rate).

- Using the SHARE example above, the charges for line 1 would be $420.00 (14 Units x $30 per SHARE Unit)

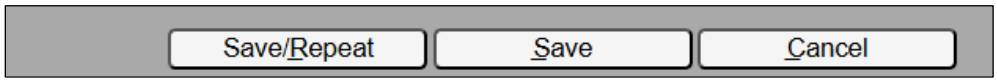


Claim's Services

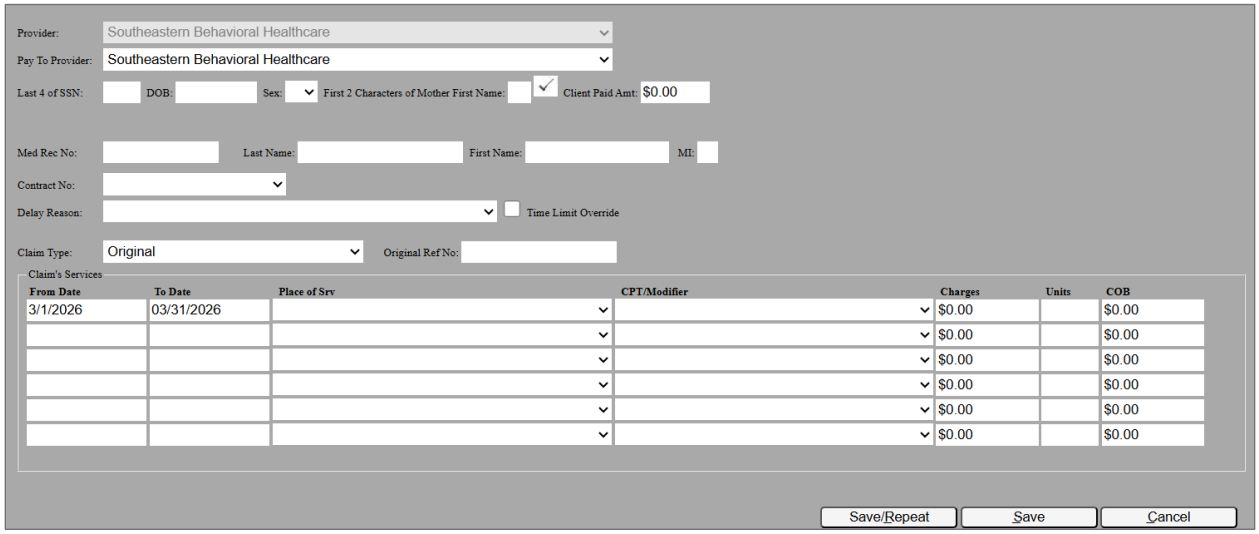
From Date	To Date	Place of Srv	CPT/Modifier	Charges	Units	COB
03/01/2024	03/14/2024	Group Home	H0043	$420.00	14	$0.00
03/16/2024	03/31/2024	Group Home	H0043	$480	16	$0.00
				$0.00		$0.00
				$0.00		$0.00
				$0.00		$0.00
				$0.00		$0.00

Saving Claims

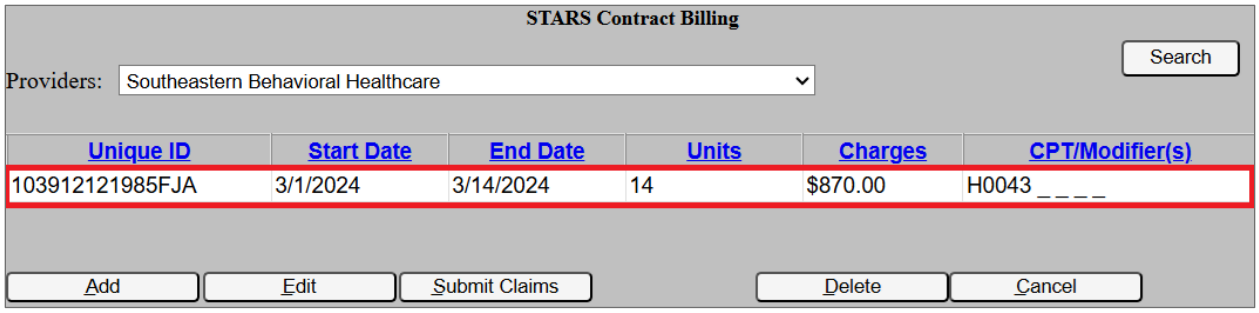
To save the claims being entered, click “Save” at the bottom of the screen. The “Save/Repeat” button allows you to save the current information and enter a new claim for the same person without having to re-enter the identifying information on the top half of the STARS *Contract Claims Entry* screen. “Cancel” will exit the current screen without saving.



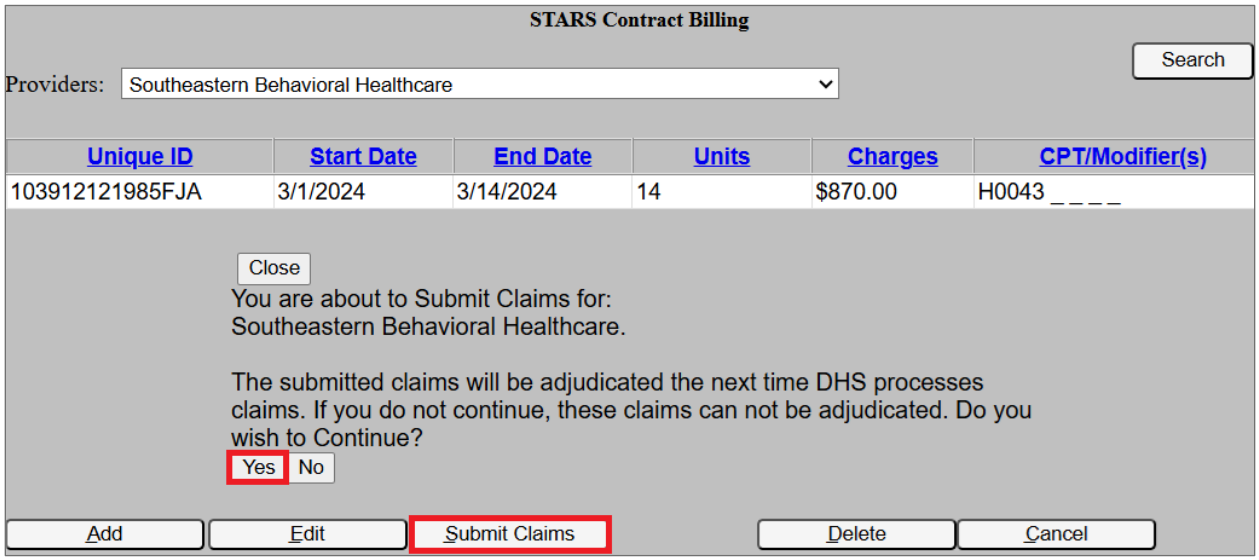
After clicking “Save”, the *Contract Claim Entry* screen will appear blank. Click “Cancel”.



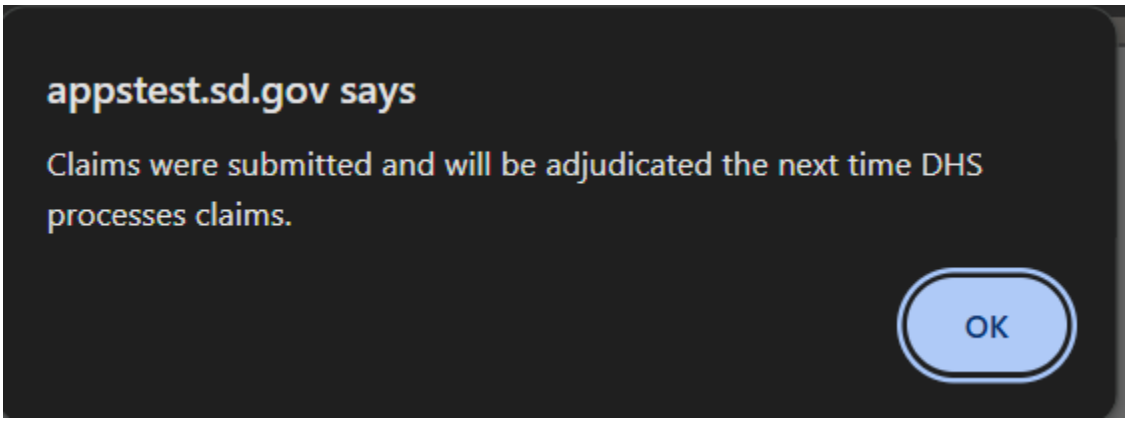
The *STARS Contract Billing* screen will appear. The billing claims that were saved on the previous screen will appear as one record. To view the claims prior to submitting, double click the record. Click “Submit Claims” at the bottom of the screen to submit billing.



After clicking “Submit Claims” at the bottom of the screen, a pop-up will appear. Click *Yes* to submit the claims.



After clicking *Yes,* STARS will show the following pop-up:



Claim Processing

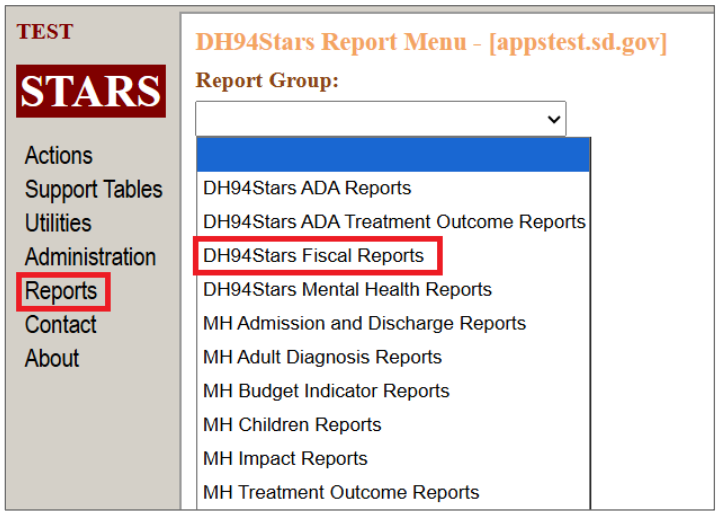
The deadline for claims to be submitted to STARS is each Tuesday at 5:00 pm CST. Claims received after the deadline will be processed the following week unless otherwise notified.

- Reimbursement: Allow 10 to 14 days for reimbursement of services.

STARS Fiscal Reports

Fiscal Reports

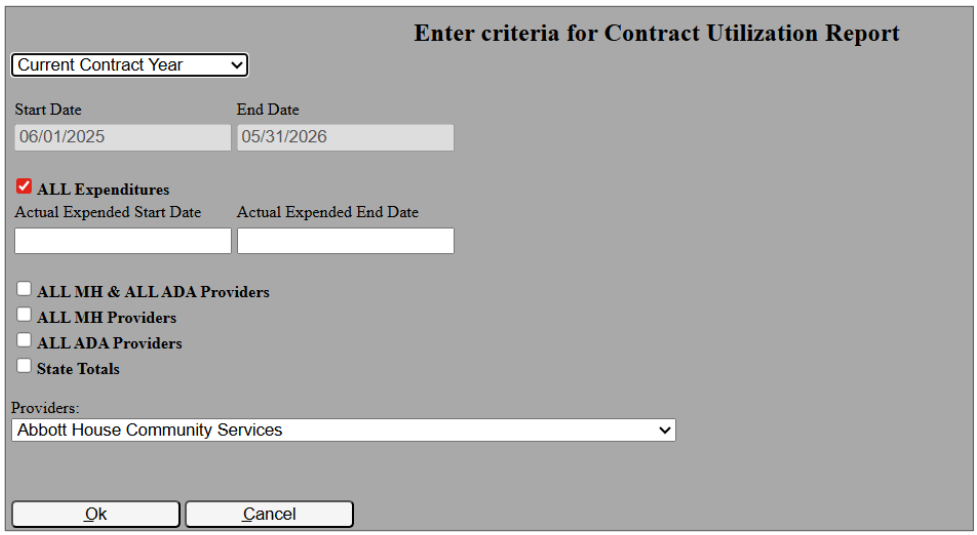
STARS Fiscal Reports can be run by selecting the *Reports* menu on the left side of the screen and clicking **DH94STARS Fiscal Reports** from the drop-down menu.



Contract Utilization Report

A list of fiscal reports will appear. Select **Contract Utilization** to view a report of an agency's expenditures within the selected time frame.

- To view expenditures that occurred in the current contract year, select **Current Contract Year.** The *Start Date* and *End Date* will automatically display the dates of the current contract year. Click "OK".



The *Contract Amount* (in red below) will always read the yearly allotted contract dollars for each service. The *Contract Remaining* (in blue) will read the amount of yearly contract dollars still available to that service.

SOUTH DAKOTA DEPARTMENT OF SOCIAL SERVICES
DIVISION OF BEHAVIORAL HEALTH
CONTRACT UTILIZATION REPORT

6/1/2025 to 5/31/2026

PROVIDER: **SERVICES THROUGH:** 04/06/2026
CONTRACT NUMBER: 0852- **% OF FY 26 REMAINING:** 15.07% **FY 26 SERVICES FROM:**
REPORTING DATE: 4/13/2026 **ALL EXPENDITURES** 6/1/2025 - 5/31/2026

SERVICE DESCRIPTION	CPT/MODIFIER	Contract Amount	Actual Expended	Billed	Over Accessed	Contract Remaining	Percent Billed	YTD - Billed Rate UND/OVER Percent
CJI - EBP								
Adult EBH Individual	T1012 __ __ __ __		$	$	$0.00			
Adult EBP Group	T1012 HQ __ __ __		$	$	$0.00			
Low Intensity Residential-CJI	H0016 CJ __ __ __		$	$	$0.00			
Total		$	$	$	$0.00	$	84.03%	OVER -0.9%

Contract Remittance Report

Select *Contract Remittance Advice* to review claims processing for acceptance and/or denials.

DH94Stars Report Menu - [apps.sd.gov]

Report Group:

DH94Stars Fiscal Reports

View	Name	Description
	Accrual Report	Accrual report converted to power bi paginated
	Claims Waiting to be Processed Report	Claims Waiting to be Processed converted to power bi paginated
	Client Expenditures	Client Expenditures by Unique ID and Service converted to Power BI Paginated
	Contract Remittance Advice	Contract Remittance Advice
	Contract Remittance Advice (Power BI version)	Contract Remittance Advice converted to Power BI Paginated
	Contract Utilization	Contract utilization report converted to Power BI

Click “Select” to review a specific claim.

Enter criteria for report

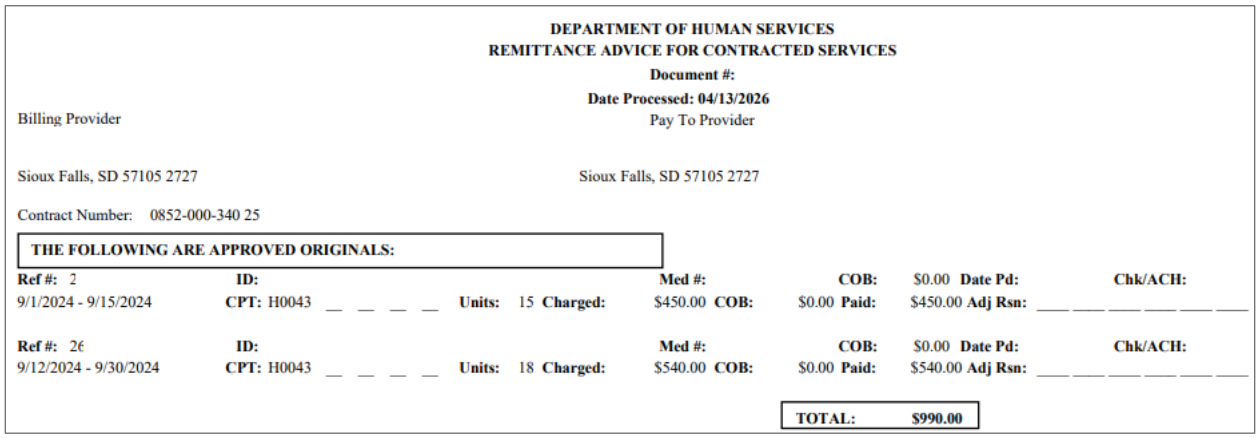
Providers:
Southeastern Behavioral Healthcare

Fiscal Year:
Current Fiscal Year

	Date	Doc #	Contract #	Check #	APPayDate
Select	04/13/2026	2	0852-	N 3	04/13/2026
Select	04/10/2026	2	0851		

Cancel

A report will appear with claims billed on the selected date.



DEPARTMENT OF HUMAN SERVICES
REMITTANCE ADVICE FOR CONTRACTED SERVICES
Document #:
Date Processed: 04/13/2026

Billing Provider
Sioux Falls, SD 57105 2727

Pay To Provider
Sioux Falls, SD 57105 2727

Contract Number: 0852-000-340 25

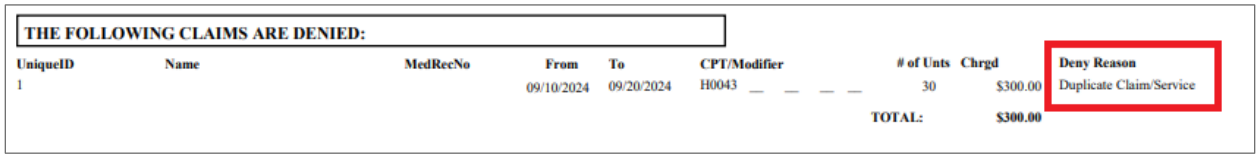
THE FOLLOWING ARE APPROVED ORIGINALS:

Ref #: 2 **ID:** **Med #:** **COB:** $0.00 **Date Pd:** **Chk/ACH:**
9/1/2024 - 9/15/2024 **CPT:** H0043 __ __ __ __ **Units:** 15 **Charged:** $450.00 **COB:** $0.00 **Paid:** $450.00 **Adj Rsn:** ____ ____ ____ ____ ____ ____

Ref #: 26 **ID:** **Med #:** **COB:** $0.00 **Date Pd:** **Chk/ACH:**
9/12/2024 - 9/30/2024 **CPT:** H0043 __ __ __ __ **Units:** 18 **Charged:** $540.00 **COB:** $0.00 **Paid:** $540.00 **Adj Rsn:** ____ ____ ____ ____ ____ ____

TOTAL: **$990.00**

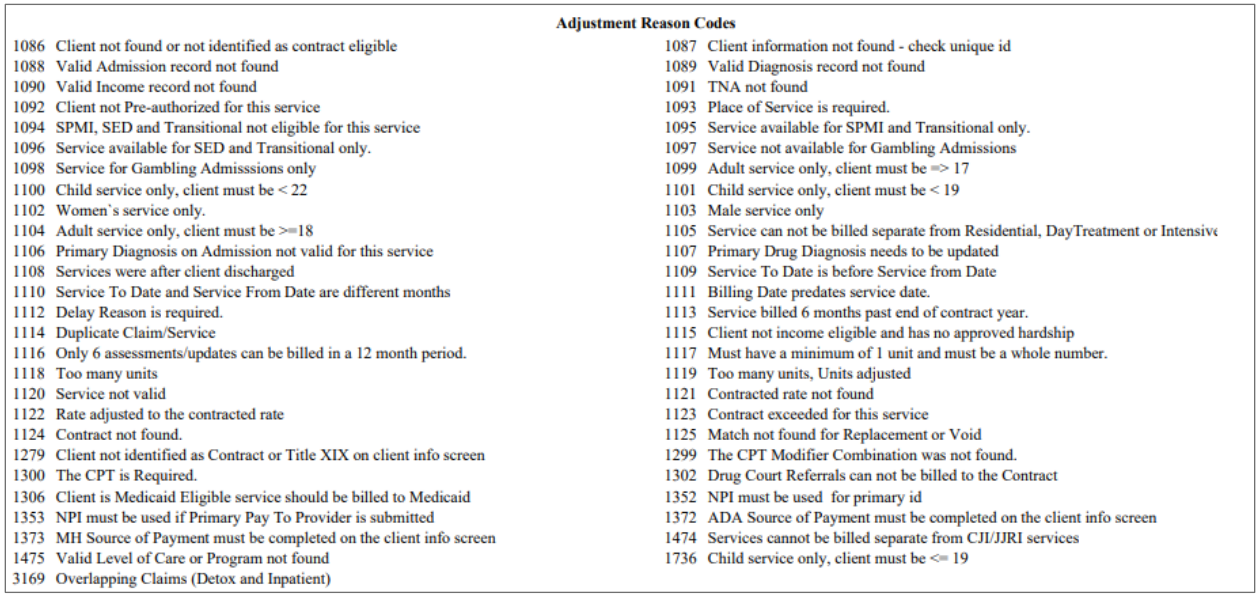
The second page of the report will list the name and Unique ID of clients that had billing claims denied on the selected date. In the example below, a client's billing claim was denied due to "Duplicate Claim/Service".



THE FOLLOWING CLAIMS ARE DENIED:

UniqueID	Name	MedRecNo	From	To	CPT/Modifier	# of Unts	Chrgd	Deny Reason
1			09/10/2024	09/20/2024	H0043 __ __ __ __	30	$300.00	Duplicate Claim/Service
					TOTAL:		**$300.00**	

The last page of the *Contract Remittance Advice* report has a list of all adjustment reason codes.



Adjustment Reason Codes

1086 Client not found or not identified as contract eligible
1087 Client information not found - check unique id
1088 Valid Admission record not found
1089 Valid Diagnosis record not found
1090 Valid Income record not found
1091 TNA not found
1092 Client not Pre-authorized for this service
1093 Place of Service is required.
1094 SPMI, SED and Transitional not eligible for this service
1095 Service available for SPMI and Transitional only.
1096 Service available for SED and Transitional only.
1097 Service not available for Gambling Admissions
1098 Service for Gambling Admisssions only
1099 Adult service only, client must be => 17
1100 Child service only, client must be < 22
1101 Child service only, client must be < 19
1102 Women's service only.
1103 Male service only
1104 Adult service only, client must be >=18
1105 Service can not be billed separate from Residential, DayTreatment or Intensive
1106 Primary Diagnosis on Admission not valid for this service
1107 Primary Drug Diagnosis needs to be updated
1108 Services were after client discharged
1109 Service To Date is before Service from Date
1110 Service To Date and Service From Date are different months
1111 Billing Date predates service date.
1112 Delay Reason is required.
1113 Service billed 6 months past end of contract year.
1114 Duplicate Claim/Service
1115 Client not income eligible and has no approved hardship
1116 Only 6 assessments/updates can be billed in a 12 month period.
1117 Must have a minimum of 1 unit and must be a whole number.
1118 Too many units
1119 Too many units, Units adjusted
1120 Service not valid
1121 Contracted rate not found
1122 Rate adjusted to the contracted rate
1123 Contract exceeded for this service
1124 Contract not found.
1125 Match not found for Replacement or Void
1279 Client not identified as Contract or Title XIX on client info screen
1299 The CPT Modifier Combination was not found.
1300 The CPT is Required.
1302 Drug Court Referrals can not be billed to the Contract
1306 Client is Medicaid Eligible service should be billed to Medicaid
1352 NPI must be used for primary id
1353 NPI must be used if Primary Pay To Provider is submitted
1372 ADA Source of Payment must be completed on the client info screen
1373 MH Source of Payment must be completed on the client info screen
1474 Services cannot be billed separate from CJI/JJRI services
1475 Valid Level of Care or Program not found
1736 Child service only, client must be <= 19
3169 Overlapping Claims (Detox and Inpatient)

References

Substance Abuse and Mental Health Services Administration, Center for Behavioral Health Statistics and Quality: Combined Substance Use and Mental Health Treatment Episode Data Set (TEDS) State Instruction Manual—Version 5.1, with Data Submission System (DSS) Guide. Substance Abuse and Mental Health Services Administration, 2025.



South Dakota Department of Social Services

South Dakota Division of Behavioral Health
1501 S Highline Ave Suite 2D, Sioux Falls, SD 57110
605-367-5236
http://dss.sd.gov/behavioralhealth