

**67:61:01:01. Definitions.** Terms used in this article mean:

(1) "Addiction counselor," any individual who meets the standards established by BAPP and is recognized as a licensed addiction counselor or certified addiction counselor, by BAPP;

(2) "Addiction counselor trainee," any individual who meets the standards established, and is recognized, by BAPP;

(3) "Admission," the point in an individual's relationship with an agency or program when the intake services is complete and the individual is eligible to receive and accept services;

(4) "Advocate," any individual designated by a client to support that client by speaking or acting on the client's behalf;

(5) "Agency," any facility seeking or holding accreditation through the Department of Social Services as provided in SDCL subdivision 34-20A-2(1);

(6) "Agency director," the individual in charge of the overall management of the agency;

(7) "Board of directors," the entity legally responsible for the overall operation and management of an agency;

(8) "BAPP," the Board of Addiction and Prevention Professionals;

(9) "Case staffing," a meeting of members of an agency's staff treatment team to review and evaluate individual client's case progress in treatment and determine whether changes are needed in the services provided to an individual client;

(10) "CPR," cardiopulmonary resuscitation;

(11) "Client," an individual receiving alcohol, other drug, or gambling treatment services from an accredited agency;

(12) "Collateral contacts," telephone or face-to-face contact with an individual other than the identified client in order to plan appropriate treatment, to assist an individual so the individual can respond therapeutically to the client's substance abuse problem, or to refer the client, family, or both, to other necessary community supports;

(13) "Continued service criteria," criteria to describe the clinical severity and degree of resolution of a client's alcohol or other drug problem and indicate the intensity of the services needed in determining continuing care;

(14) "Continuing care," the provision of a treatment plan and organizational structure that will ensure a client receives the care needed at the time, particularly at the point of discharge or transfer from the current level of care. The treatment program is flexible and tailored to the shifting needs of the client and level of treatment acceptance or adherence;

(15) "Contract," a written agreement approved by an agency's board of directors or an authorized designee for specified services, personnel, or space to be provided to the agency by any other organization, agency, or individual in exchange for money;

(16) "Co-occurring disorder," a mental health condition in combination with any of the following: substance use problem, trauma issues, problem gambling, medical issues, or developmental disabilities;

(17) "Crisis intervention," services provided to an individual experiencing a crisis situation related to their use of alcohol or other drugs, including crisis situations where co-occurring mental health symptoms may be present. The focus of the intervention is to restore

the individual to the level of functioning before the crisis or provide means to place the individual into a secure environment;

(18) "Department," the Department of Social Services;

(19) "Discharge summary," a narrative summary of a client's treatment record, including the reason for the client's admission, clinical problems, accomplishments during treatment, reason for discharge, and may include a recommendation or referral for further services;

(20) "Diversion services," services intended to divert a person at high risk for alcohol, tobacco, and other drug use, abuse, and dependency;

(21) "Division," the Division of Behavioral Health, a division of the Department of Social Services;

(22) "DSM-5," the Diagnostic and Statistical Manual of Mental Disorders;

(23) "EMT" or "emergency medical technician," an individual who has completed the course provided by the Department of Health;

(24) "Evidence-based practice" or "evidence-based program," a treatment or intervention that research has proved to be effective;

(25) "Family counseling," the face-to-face or telehealth interaction between an addiction counselor or counselor-trainee, a client, and a family member of the client for a specific therapeutic purpose related to the client's treatment program;

(26) "Group counseling," the face-to-face or telehealth interaction between an addiction counselor or addiction counselor-trainee and two or more clients for a specific therapeutic purpose, not to exceed 15 clients unless otherwise dictated by the evidence-based practice used;

(27) "High risk," refers to an individual who is exposed to or experimenting with alcohol, or other drugs and who possesses multiple risk factors for substance abuse;

(28) "Individual counseling," the face-to-face or telehealth interaction between an addiction counselor or counselor-trainee and an individual client for a specific therapeutic purpose;

(29) "Integrated assessment," the gathering of information and engaging in a process with the client enabling the provider to establish the presence or absence of a co-occurring disorder. An integrated assessment also identifies a client's strengths and needs, determines the client's motivation and readiness for change, and engages the client in the development of an appropriate treatment relationship where an individualized treatment plan can be developed;

(30) "Intern," a college student gaining supervised practical experience;

(31) "Level 0.5" or "Early intervention program," an accredited nonresidential program providing services listed in chapter 67:61:12 to individuals that may have substance use related problems, but do not meet the diagnostic criteria for a substance use disorder;

(32) "Level 1.0" or "Outpatient treatment program," an accredited nonresidential program providing services listed in chapter 67:61:13 to a client or a person harmfully affected by alcohol or other drugs through regularly scheduled counseling services;

(33) "Level 2.1" or "Intensive outpatient treatment program," an accredited nonresidential program providing services listed in chapter 67:61:14 to a client in a clearly defined, structured, intensive outpatient treatment program on a regularly scheduled basis;

(34) "Level 2.5" or "Day treatment program," an accredited program providing services listed in chapter 67:61:15 to a client in a clearly defined, structured, intensive treatment program;

(35) "Level 3.1" or "Clinically-managed low-intensity residential treatment program," an accredited residential program providing services listed in chapter 67:61:16 to a client in a structured environment designed to aid re-entry into the community;

(36) "Level 3.2D" or "Clinically-managed residential detoxification program," an accredited short-term residential program providing services listed in chapter 67:61:17 through the supervised withdrawal from alcohol or other drugs for a person not having a known serious physical or immediate psychiatric complication;

(37) "Level 3.7" or "Medically-monitored intensive inpatient treatment program," an accredited residential treatment program providing services listed in chapter 67:61:18 to a client in a structured environment;

(38) "LPN," licensed practical nurse;

(39) "Management Information Systems" or "MIS", a system designed to collect, store, and report treatment and treatment outcome data;

(40) "Medical director," the person responsible for providing care and oversight of medical care to a client in an accredited agency;

(41) "Mental disorder," substantial organic or psychiatric disorder of thought, mood, perception, orientation, or memory as specified within the DSM-5 criteria or coding found in § 67:16:01:26. Intellectual disability, epilepsy, other developmental disability, alcohol or substance abuse, or brief periods of intoxication, or criminal behavior do not, alone, constitute mental illness;

(42) "Nonresidential program," an accredited program that provides alcohol and other drug abuse treatment and prevention services on a less than 24-hour-a-day basis and do not provide housing for clients; a nonresidential program includes prevention programs, early intervention programs, outpatient treatment programs, intensive outpatient programs, and some day treatment programs;

(43) "Physician," a person licensed in accordance with the provisions of SDCL chapter 36-4 and qualified to provide medical and other health services under this chapter;

(44) "Prevention program," an accredited program providing services listed in chapter 67:61:11 through a planned and recurring sequence of multiple, structured activities to inform, educate, impart skills, deliver services, and provide appropriate referrals for other services, through the practice and application of recognized prevention strategies;

(45) "Program," an organized system and specific level of services offered by an agency designed to address the treatment needs of a client;

(46) "Recovery," a process of change through which an individual achieves improved health, wellness and quality of life;

(47) "RN," a licensed registered nurse;

(48) "Residential program," an accredited program that provides housing and food services in addition to alcohol and other drug abuse treatment services on a 24-hour, 7-day-per-week basis; residential programs may include day treatment programs, clinically managed residential detoxification programs, medically-monitored intensive inpatient treatment programs for adolescents, medically-monitored intensive inpatient treatment programs for adults, or clinically-managed low-intensity residential treatment programs;

(49) "Services," direct or indirect contact between a client or a group of clients and agency staff for the purpose of diagnosis, evaluation, treatment, consultation, or other necessary direct assistance in providing comprehensive treatment;

(50) "Substance use disorder," a diagnosable substance use condition and for the purposes of this article diagnosed gambling disorders are included;

(51) "Telehealth," a method of delivering services including interactive audio-visual or audio-only technology in accordance with the provisions of SDCL 34-52-1(5);

(52) "Transfer," movement of the client from one level of service to another;

~~(52)~~ (53) "Treatment plan," a written, individualized, and comprehensive plan based on information obtained from the integrated assessment and includes treatment goals or objectives for primary problems that indicate a need for treatment services and is designed to improve a client's condition;

~~(53)~~ (54) "Volunteer," an individual who provides unpaid assistance to an agency or program; and

~~(54)~~ (55) "Work therapy," a therapeutic task based on the client's physical abilities, interest level, and proficiency used to habilitate or rehabilitate a client.

**Source:** 43 SDR 80, effective December 5, 2016.

**General Authority:** SDCL 34-20A-27.

**Law Implemented:** SDCL 34-20A-27.

**Cross-Reference:** Use of ICD-10-CM, § 67:16:01:26.

**Reference: DSM-5 -- Diagnostic and Statistical Manual of Mental Disorders**, Fifth Edition, published by the American Psychiatric Association, 1000 Wilson Boulevard, Suite 1825, Arlington, VA 22209-3901. Cost: \$199.00.

**67:61:12:03. Reimbursable services.** Reimbursable services are limited to face-to-face and telehealth contacts ~~at a minimum of 15 minutes in length~~ for the purpose of providing services pursuant to § 67:61:12:02.

~~In addition, collateral contacts and crisis intervention by telephone are reimbursable.~~

Reimbursable services for eligible Medicaid clients are limited to services provided under chapter 67:16:48.

**Source:** 43 SDR 80, effective December 5, 2016.

**General Authority:** SDCL 34-20A-27(1)(4)(6).

**Law Implemented:** SDCL 34-20A-27(1)(4)(6).



**67:61:13:04. Reimbursable services.** Reimbursable services are limited to face-to-face and telehealth contacts ~~at a minimum of 15 minutes in length~~ for the purpose of providing services pursuant to§ 67:61:13:02.

~~In addition, collateral contacts and crisis intervention by telephone are reimbursable.~~

Reimbursable services for eligible Medicaid clients are limited to services provided under chapter 67:16:48.

**Source:** 43 SDR 80, effective December 5, 2016.

**General Authority:** SDCL 34-20A-27(1)(4).

**Law Implemented:** SDCL 34-20A-27(1)(4).

**67:61:14:04. Reimbursable services.** Reimbursable services are limited to face-to-face and telehealth contacts ~~at a minimum of 15 minutes in length~~ for the purpose of providing services pursuant to § 67:61:14:02.

~~In addition, collateral contacts and crisis intervention by telephone are reimbursable.~~

Reimbursable services for eligible Medicaid clients are limited to services provided under chapter 67:16:48.

**Source:** 43 SDR 80, effective December 5, 2016.

**General Authority:** SDCL 34-20A-27(1)(4).

**Law Implemented:** SDCL 34-20A-27(1)(4).

**67:61:16:05. Reimbursable services.** Reimbursable services are limited to face-to-face contacts for the purpose of providing services pursuant to § 67:61:16:02. ~~Services are~~ Room and board is reimbursed through a per diem rate ~~and are not eligible to be reimbursed through a 15 minute unit.~~

Documentation that the client was at the facility at the time of the daily census shall be available to support billing.

Reimbursable services for eligible Medicaid clients are limited to services provided under chapter 67:16:48.

**Source:** 43 SDR 80, effective December 5, 2016.

**General Authority:** SDCL 34-20A-27(1)(4).

**Law Implemented:** SDCL 34-20A-27(1)(4).

**67:62:01:01. Definitions.** Terms used in this article mean:

(1) "Admission," the point in an individual's relationship with a mental health center when the intake process has been completed and the individual is eligible to receive and accept services;

(2) "Advocate," any individual designated by a client to support that client by speaking or acting on the client's behalf;

(3) "Board of directors," the entity legally responsible for the overall operation and management of the agency center;

(4) "Case management," a collaborative process which assesses, plans, implements, coordinates, monitors and evaluates the options and services to meet an individual's health needs as identified in the treatment plan;

(5) "Center," an entity seeking or holding accreditation as a mental health center through the Department of Social Services as provided in SDCL 27A-5-1;

(6) "Child or youth and family services" or "CYF services," comprehensive, child-centered and family-focused, resiliency-oriented treatment services and support provided to a child or youth with "serious emotional disturbance" or "SED" and the child or youth's family, including a child or youth with a co-occurring disorder;

(7) "Client," a child, youth, or adult receiving services from a mental health center;

(8) "Clinical supervisor," a mental health professional who has at least a master's degree in psychology, social work, counseling, or nursing, and currently holding a license in that field, with two years of supervised postgraduate clinical experience in a mental health setting;

(9) "Collateral contacts," telephone or face-to-face contact with an individual other than the identified client to plan appropriate treatment, assist others so they can respond therapeutically regarding the client's difficulty or illness, or link the client, family, or both, to other necessary and therapeutic community support;

(10) "Comprehensive assistance with recovery and empowerment services" or "CARE services," comprehensive, person-centered, recovery-focused services providing medically necessary related treatment, and rehabilitative and support services to a client with "serious mental illness" or "SMI", including those with co-occurring disorders;

(11) "Contract," a written agreement approved by a center's board of directors or an authorized designee for specified services, personnel, or space to be provided to the agency by another organization, agency, or individual in exchange for money;

(12) "Co-occurring disorder," a mental health condition in combination with any of the following: substance use problem, trauma issues, problem gambling, medical issues, or developmental disabilities;

(13) "Department," the Department of Social Services;

(14) "Discharge summary," a narrative summary of a client's treatment record, including the reason for the client's admission, clinical problems, accomplishments during treatment, the reason for discharge, and recommendations or referrals for further services, if indicated;

(15) "Division," the Division of Behavioral Health, a division of the Department of Social Services;

(16) "DSM-5," the Diagnostic and Statistical Manual of Mental Disorders;

(17) "Emergency services," services available 24 hours a day, seven days a week, for a client experiencing a mental health emergency or crisis;

(18) "Human Services Center" or "HSC," the state hospital located in Yankton for the treatment of a client with mental illness;

(19) "IMPACT team," a mobile group of mental health professionals who merge clinical, medical, rehabilitation, and staff expertise within one service delivery team under the supervision of a clinical supervisor;

(20) "Individualized and mobile program of assertive community treatment" or "IMPACT," a comprehensive, person-centered, recovery-focused program providing medically necessary related treatment, rehabilitative, and support services to an eligible client who require more intensive services than can be provided by CARE services;

(21) "Intake services," those services that assist the client in initiating services with the center, including providing information on the center and available services, discussing client rights and responsibilities and grievance procedures with the client; obtaining information from the client to determine financial eligibility; and obtaining other required information from the client;

(22) "Integrated assessment," the gathering of information and engaging in a process with the client that enables the provider to establish the presence or absence of a co-occurring disorder. An integrated assessment also identifies client strengths and needs, determines the client's motivation and readiness for change, and engages the client in the development of an appropriate treatment relationship where an individualized treatment plan can be developed;

(23) "Intern," a college student gaining supervised practical experience;

(24) "Liaison services," treatment planning and coordination of services between a center and the out-of-home placement, which must be consistent with treatment goals and intended to shorten the length of hospitalization or out-of-home placement, and which may include community resources and contacts with the client's family to assure that changing needs are recognized and appropriately met;

(25) "Management Information Systems" or "MIS", a system designed to collect, store, and report treatment and treatment outcome data;

(26) "Mental disorder," substantial organic or psychiatric disorder of thought, mood, perception, orientation, or memory as specified within the DSM-5 criteria or coding found in § 67:16:01:26. Intellectual disability, epilepsy, other developmental disability, alcohol or substance abuse, or brief periods of intoxication, or criminal behavior do not, alone, constitute mental illness;

(27) "Mental health center" or "center," as defined in SDCL subdivision 27A-1-1(16);

(28) "Outpatient services," nonresidential diagnostic and treatment services that are distinct from CYF, CARE, and IMPACT services. Outpatient services must be individualized according to the needs of the client and the client's family if appropriate, and must be responsive to cultural differences and special needs;

(29) "Physician," a person licensed in accordance with the provisions of SDCL chapter 36-4 and qualified to provide medical and other health services under this chapter;

(30) "Qualified mental health professional" or "QMHP," an individual who meets the criteria pursuant to SDCL 27A-1-3;

(31) "Recovery," a process of change through which an individual achieves improved health, wellness and quality of life;

(32) "Room and board services," residential housing for a client age 18 or older who has a SMI and due to the client's illness is unable to function in an independent living arrangement;

(33) "Screening," a formal and typically brief process of determining the likelihood that a person has a substance use, mental health or co-occurring disorder, administered soon after the client presents for services. The purpose is to establish the need for an in-depth assessment, not to establish the presence or specific type of such a disorder;

(34) "Serious emotional disturbance" or "SED," meeting the eligibility criteria provided in § 67:62:11:01;

(35) "Serious mental illness" or "SMI," meeting the eligibility criteria provided in § 67:62:12:01;

(36) "Services," direct or indirect contact between a client or a group of clients and mental health staff for the purpose of diagnosis, evaluation, treatment, consultation, or other necessary direct assistance in providing comprehensive mental health care and to ensure that the client obtains the basic necessities of daily life and performs basic daily living activities;

(37) "Substance use disorder," a diagnosable substance use condition;

(38) "System of care," a coordinated network of community-based services and support organized to meet the needs of individuals with mental health issues and their families;

(39) "Telehealth," a method of delivering services including interactive audio-visual or audio-only technology in accordance with the provisions of SDCL 34-52-1(5);

(40) "Transfer," movement of the client from one level of service to another;



(~~40~~ 41) "Treatment plan," a written, individualized, and comprehensive plan based on information obtained from the integrated assessment and includes treatment goals or objectives for primary problems that indicate a need for mental health services and is designed to improve a client's mental health condition;

(~~41~~ 42) "Volunteer," an individual who provides unpaid assistance to an agency or program.

**Source:** 43 SDR 80, effective December 5, 2016.

**General Authority:** SDCL 1-36-25(3)(4)(5), 27A-5-1(3)(5).

**Law Implemented:** SDCL 1-36-25(~~3~~)(4)(5), 27A-5-1(~~3~~)(5).

**Cross-Reference:** Use of ICD-10-CM, § 67:16:01:26.

**Reference:** DSM-5 -- Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition, published by the American Psychiatric Association, 1000 Wilson Boulevard, Suite 1825, Arlington, VA 22209-3901. Cost: \$199.00.

**67:62:10:03. Reimbursable services.** Reimbursable services are limited to face-to-face and collateral telehealth contacts, ~~at a minimum of 15 minutes in length,~~ for the purpose of providing comprehensive mental health treatment pursuant to § 67:62:10:02. ~~Telemedicine services may be reimbursable as identified on the division's fee schedule.~~

**Source:** 43 SDR 80, effective December 5, 2016.

**General Authority:** SDCL SDCL1-36-25, 27A-5-1(2)(3).

**Law Implemented:** SDCL 1-36-25, 27A-3-1, 27A-5-1(2)(3).

**67:62:11:03. Reimbursable services.** Reimbursable services are limited to face-to-face and collateral telehealth contacts, ~~at a minimum or 15 minutes in length,~~ for the purpose of providing comprehensive mental health treatment pursuant to the services listed in subdivisions 67:62:11:02 (1) to (10), inclusive. ~~Telemedicine services may be reimbursable as identified on the division's fee schedule.~~

**Source:** 43 SDR 80, effective December 5, 2016.

**General Authority:** SDCL 1-36-25(1), 27A-5-1(3).

**Law Implemented:** SDCL 1-36-25(1), 27A-3-1, 27A-5-1(3).

**67:62:12:03. Reimbursable services.** Reimbursable services are limited to face-to-face and telehealth contacts, ~~at a minimum of 15 minutes in length,~~ for the purpose of providing comprehensive treatment, rehabilitation, and support services listed in subdivisions 67:62:12:02(1) to (11), inclusive. ~~Telemedicine services may be reimbursable as identified on the division's fee schedule.~~

With the exception of psychiatric services, billable contacts under the CARE daily rate are limited to one contact per client per day even though multiple contacts may take place.

**Source:** 43 SDR 80, effective December 5, 2016.

**General Authority:** SDCL 1-36-25, 27A-5-1(3).

**Law Implemented:** SDCL 1-36-25, 27A-5-1(3).

**67:62:13:07. Reimbursable services.** Reimbursable services are limited to face-to-face and telehealth contacts, ~~at a minimum of 15 minutes in length,~~ for the purpose of providing comprehensive treatment, rehabilitation, and support services listed in subdivisions 67:62:13:02(1) to (11), inclusive. ~~Telemedicine services may be reimbursable as identified on the division's fee schedule.~~

With the exception of psychiatric services, billable contacts under the IMPACT daily rate are limited to one contact per client per day even through multiple contacts may take place.

**Source:** 43 SDR 80, effective December 5, 2016.

**General Authority:** SDCL 1-36-25, 27A-5-1(3).

**Law Implemented:** SDCL 1-36-25, 27A-3-1, 27A-5-1(3).