

67:61:01:01. Definitions. As used in this article:

(1) "Addiction counselor" means any individual who meets the standards established by the Board of Addiction and Prevention Professionals and is recognized as a licensed addiction counselor or certified addiction counselor by the board;

(2) "Addiction counselor trainee" means any individual who meets the standards established and is recognized, by the Board of Addiction and Prevention Professionals;

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

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

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

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

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

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

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

(10) "Clinically-managed low-intensity residential treatment program" means 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;

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

(12) "Collateral contact" means 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" means 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" means 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" means 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" means a mental health condition in combination with a substance use problem, trauma issues, problem gambling, medical issues, or developmental disabilities;

(17) "Crisis intervention" means services provided to an individual experiencing a crisis situation related to the individual's use of alcohol or other drugs, and includes crisis situations in which 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 to provide a means to place the individual into a secure environment;

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

(19) "Department" means the Department of Social Services;

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

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

(22) ~~"Division" means the Division of Behavioral Health;~~

~~(23)~~ (23) "Early intervention program" means 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;

~~(24)~~ (23) "Evidence-based practice" means a treatment or intervention that research has proved to be effective;

~~(25)~~ (24) "Family counseling" means 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 therapeutic purpose related to the client's treatment program;

~~(26)~~ (25) "Group counseling" means the face-to-face or telehealth interaction between an addiction counselor or addiction counselor-trainee and at least two clients, for a specific therapeutic purpose, provided the number of clients does not exceed 15, unless otherwise dictated by the evidence-based practice used;

~~(27)~~ (26) "High risk" means an individual who is exposed to or experimenting with alcohol, or other drugs, and possesses multiple risk factors for substance abuse;

~~(28)~~ (27) "Individual counseling" means the face-to-face or telehealth interaction between an addiction counselor or counselor-trainee and an individual client for a specific therapeutic purpose;

~~(29)~~ (28) "Integrated assessment" means the gathering of information and engaging in a process with the client, thereby 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 in which an individualized treatment plan can be developed;

~~(30)~~ (29) "Intensive outpatient treatment program" means 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;

~~(31)~~ (30) "Intern" means a college student gaining supervised practical experience;

~~(32)~~ (31) "Management ~~Information Systems~~ information system" means a system designed to collect, store, and report treatment and treatment outcome data;

~~(33)~~ (32) "Medical director" means the individual responsible for providing care and oversight of medical care to a client in an accredited agency;

~~(34)~~ (33) "Medically-monitored intensive inpatient treatment program" means an accredited residential treatment program providing services listed in chapter 67:61:18 to a client in a structured environment;

~~(35)~~ (34) "Mental disorder" means substantial organic or psychiatric disorder of thought, mood, perception, orientation, or memory as specified within the Diagnostic and Statistical Manual of Mental Disorders, 5th Edition, criteria or coding found in § 67:16:01:26. Intellectual disability, epilepsy, other developmental disability, alcohol abuse, substance abuse, brief periods of intoxication, or criminal behavior do not, alone, constitute mental illness;

~~(36)~~ (35) "Nonresidential program" means an accredited program that provides alcohol and other drug abuse treatment and prevention services, on a less than 24-hour-a-day basis, and does not provide housing for clients;

~~(37)~~ (36) "Outpatient treatment program" means 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;

~~(38)~~ (37) "Physician" means a person licensed in accordance with SDCL chapter 36-4 and qualified to provide medical and other health services under this chapter;

~~(39)~~ (38) "Prevention program" means 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;

~~(40)~~ (39) "Program" means an organized system and specific level of services, offered by an agency, and designed to address the treatment needs of a client;

~~(41)~~ (40) "Recovery" means a process of change through which an individual achieves improved health, wellness, and quality of life;

~~(42)~~ (41) "Residential program" means an accredited program that provides room and board, in addition to alcohol and other drug abuse treatment services, on a 24-hour, 7-day-per-week basis;

~~(43)~~ (42) "Services" mean 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;

~~(44)~~ (43) "Substance use disorder" means a diagnosable substance use condition or diagnosed gambling disorder;

~~(45)~~ (44) "Telehealth" means a method of delivering services including interactive audio-visual or audio-only technology, in accordance with SDCL ~~34-52-1~~ chapter 34-52;

~~(46)~~ (45) "Transfer" means movement of the client from one level of service to another;

~~(47)~~ (46) "Treatment plan" means a written, individualized, and comprehensive plan that is based on information obtained from the integrated assessment, is designed to improve a client's condition, and includes treatment goals or objectives for primary problems that indicate a need for treatment services;

~~(48)~~ (47) "Volunteer" means an individual who provides unpaid assistance to an agency or program; and

~~(49)~~ (48) "Work therapy" means a therapeutic task that is based on the client's physical abilities, interest level, and proficiency, and used to habilitate or rehabilitate a client.

Source: 43 SDR 80, effective December 5, 2016; 48 SDR 14, effective August 22, 2021.

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.

CHAPTER 67:61:02

ACCREDITATION

Section

- 67:61:02:01 Definitions.
- 67:61:02:02 Access by the ~~division~~ department.
- 67:61:02:03 Accreditation of agencies by service.
- 67:61:02:04 Application for accreditation.
- 67:61:02:05 Policies and procedures subject to approval.
- 67:61:02:06 Provisional accreditation and comprehensive survey.
- 67:61:02:07 Extension of accreditation period.
- 67:61:02:08 Renewal of accreditation - comprehensive survey.
- 67:61:02:09 Comprehensive survey report - plan of correction.
- 67:61:02:10 Reasons for placing an agency on probation.
- 67:61:02:11 Probation procedures.
- 67:61:02:12 Suspension or revocation procedures.
- 67:61:02:13 Acceptance of new clients prohibited.
- 67:61:02:14 Delay in meeting requirements.
- 67:61:02:15 Denial of accreditation.
- 67:61:02:16 Reconsideration of application for accreditation.
- 67:61:02:17 Appeal procedure.
- 67:61:02:18 Time and place of hearing.
- 67:61:02:19 Accreditation certificate nontransferable.
- 67:61:02:20 Changes requiring notification.
- 67:61:02:21 Sentinel event notification.

67:61:02:01. Definitions. Terms As used in this chapter ~~mean~~:

(1) "Comprehensive survey;" means a planned on-site survey of an agency by a team of representatives from the ~~division~~ department for the purpose of evaluating compliance with the standards for accreditation renewal and assessing the quality of services provided;

(2) "~~Division director,~~" ~~the individual appointed by the secretary of the department to oversee the activities of the division pursuant to SDCL 1-36A-1.6;~~

(~~3~~) "Plan of correction;" means a plan created by an agency to organize the process of making improvements in clinical or administrative practice in order to address issues identified by the ~~division~~ department that require corrective action or improvement to meet the requirements of this article;

(4) (~~3~~) "Probation;" means a status of restricted accreditation of an agency that fails to follow the requirements for accreditation;

(~~5~~) (~~4~~) "Revoke;" means the permanent withdrawal of an alcohol or other drug abuse agency's accreditation by the ~~division~~ department;

(~~6~~) (~~5~~) "Root cause analysis;" means a process to identify the fundamental reason for a failure or inefficiency of process that allowed for a mistake including the occurrence, or possible occurrence, of a sentinel event, to determine how to change procedures so mistakes are less likely, and then make the change; and

(~~7~~) (~~6~~) "Suspension;" means the temporary withdrawal of an alcohol and other drug abuse agency's accreditation by the ~~division~~ department.

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

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

Law Implemented: SDCL 34-20A-27(~~1~~)(4), 34-20A-44.

67:61:02:02. Access by the ~~division~~ department. The ~~division~~ department shall monitor each agency for continued compliance with this article regardless of the term of an agency's accreditation certificate. An agency is subject to review with or without notice by the ~~division~~ department. The ~~division's~~ department's right includes complete access to all clients and staff, and to all client, staff, financial, and administrative program records needed to determine whether the agency meets the requirements of SDCL chapter 34-20A and this article. The requirements for the ~~division~~ department to review and copy records are those contained in 42 C.F.R. Part 2 (~~June 9, 1987~~ January 18, 2017), confidentiality of alcohol and drug abuse patient records.

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

General Authority: SDCL 34-20A-27.

Law Implemented: SDCL 34-20A-27, 34-20A-44, 34-20A-44.1.

67:61:02:03. Accreditation of agencies by service classification. An agency that provides substance use disorder services may apply for accreditation by the ~~division~~ department. An agency shall comply with the rules in this article that apply to service classifications for which the accreditation is granted. An agency may apply for one or more of the following service classifications:

- (1) Prevention;
- (2) Outpatient services; to include, early intervention programs, outpatient treatment programs, and intensive outpatient treatment programs;
- (3) Day treatment program;
- (4) Clinically-managed low-intensity residential program;
- (5) Clinically-managed residential detoxification program; and
- (6) Medically-monitored intensive inpatient treatment program.

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

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

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

67:61:02:04. Application for accreditation. An agency seeking to operate an accredited alcohol, other drug, or gambling program shall submit an application for accreditation to the ~~division~~ department. The ~~division~~ department shall make accreditation application forms available upon request to an agency seeking initial accreditation or seeking to add a new level of care to a currently accredited agency. An incomplete application will be returned and will not be considered.

If an agency is seeking renewal of accreditation, the ~~division~~ department shall provide the necessary application forms for the agency at least 60 days before the expiration of the agency's current accreditation.

An agency shall comply with rules in this article that apply to the program classifications for which the accreditation is granted.

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

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

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

67:61:02:05. Policies and procedures subject to approval. All agency policies, procedures, and other requirements of article 67:61 are subject to the approval of the ~~division~~ department as part of the accreditation process.

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

General Authority: SDCL 34-20A-27.

Law Implemented: SDCL 34-20A-27.

67:61:02:06. Provisional accreditation and comprehensive survey. The ~~division~~ department may grant provisional accreditation to an agency seeking accreditation for the first time or to an agency previously accredited to regain accreditation. A provisional accreditation certificate may only be issued upon submission of a completed application and a preliminary comprehensive survey by the ~~division~~ department to determine compliance with this article and the requirements of SDCL chapter 34-20A.

A provisional accreditation expires after six months and may not be extended except with the approval of the ~~division~~ department to accommodate ~~division~~ department scheduling delays not to exceed an additional three months. A follow-up comprehensive survey on-site review shall be conducted prior to the expiration of the provisional accreditation to determine if the requirements of SDCL chapter 34-20A and this article have been met at which time the ~~division~~ department shall take one of the following actions:

- (1) Grant a one year accreditation certificate for a new agency;
- (2) Grant accreditation up to the end date of the original certification for a currently accredited agency; or
- (3) Deny accreditation.

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

General Authority: SDCL 34-20A-27.

Law Implemented: SDCL 34-20A-27.

67:61:02:07. Extension of accreditation period. The ~~division director~~ department may extend the period of accreditation to accommodate ~~division~~ on-site scheduling delays. The ~~division~~ department shall document and maintain the reason for the extension. No extension shall exceed a period of one year beyond the certificate expiration date.

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

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

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

67:61:02:08. Renewal of accreditation - comprehensive survey. Any agency currently accredited by the ~~division~~ department shall participate in a comprehensive survey to determine compliance with the requirements of this article and SDCL chapter 34-20A. The ~~division~~ department shall notify the agency of the date of the comprehensive survey.

The ~~division~~ department shall make a decision regarding compliance with SDCL chapter 34-20A and this article within 90 days of the on-site comprehensive survey based on the evaluation of each component of the accreditation application and materials reviewed and either:

(1) Issue a three year accreditation certificate if an agency is in compliance with 90 percent or more of the requirements and submits a plan of correction approved by the ~~division~~ department that addresses all areas of noncompliance;

(2) Issue a two year accreditation certificate if an agency is in compliance with 70 to 89 percent of the requirements and submits a plan of correction approved by the ~~division~~ department that addresses all areas of noncompliance;

(3) Place an agency on probation for not more than 6 months if an agency is in compliance with less than 70 percent of the requirements. If the agency successfully completes a plan of correction approved by the ~~division~~ department, addresses all areas of noncompliance, and attains at least 70 percent during an onsite comprehensive survey at the end of the probationary period, the ~~division~~ department shall issue a one year accreditation certificate; or

(4) Deny accreditation if the agency fails to meet the requirements of SDCL chapter 34-20A and this article or fails to submit a plan of correction approved by the ~~division~~ department.

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

General Authority: SDCL 34-20A-27.

Law Implemented: SDCL 34-20A-27.

67:61:02:09. Comprehensive survey report - plan of correction. The ~~division~~ department shall provide a report to an agency within 30 days following the on-site comprehensive survey regarding the findings of the survey. If an agency is not in compliance with the requirements of this article, the ~~division~~ department shall notify the agency of the areas of noncompliance in the accreditation report. The agency shall submit a plan of correction to the ~~division~~ department within 30 days of receipt of the accreditation report. The plan shall include the action to be taken to correct the areas of noncompliance and the date the action is to be completed. The plan of correction is subject to acceptance or rejection in whole or in part by the ~~division~~ department. The ~~division~~ department shall notify the agency within 30 days of receipt of the plan of correction of the ~~division's~~ department's decision regarding approval or disapproval of the plan of correction and the accreditation status of the agency. The ~~division~~ department may conduct a follow-up review of the agency to evaluate the corrections made. Failure to submit a plan of correction or failure to have the plan of correction approved by the ~~division~~ department will result in probation, suspension, or revocation of accreditation.

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

General Authority: SDCL 34-20A-27.

Law Implemented: SDCL 34-20A-27, 34-20A-44.

67:61:02:10. Reasons for placing an agency on probation. The ~~division~~ department may place an agency on probation if:

(1) The agency is in compliance with less than 70 percent of the requirements of this article and SDCL chapter 34-20A;

(2) The agency fails to follow through with the plan of correction to address the areas of noncompliance noted by the ~~division~~ department within the accreditation report;

(3) The agency has serious infractions of this article that affect the overall continuity of care or safety of clients;

(4) The agency falsifies information provided to the ~~division~~ department for accreditation or funding purposes;

(5) The agency participates in, condones, or permits illegal acts;

(6) The agency is associated with fraud, deceit, or coercion;

(7) The agency fails to comply with licensing and other standards required by federal or state laws, rules, or regulations; state and federal confidentiality laws; and this article, that may result in practices that are detrimental to the welfare of a client; or

(8) The agency refuses to allow the ~~division~~ department access for a comprehensive survey, a complaint review, or any necessary follow-up review.

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

General Authority: SDCL 34-20A-27.

Law Implemented: SDCL 34-20A-27.

67:61:02:11. Probation procedures. If the ~~division~~ department determines ~~that the~~ ~~division has~~ there is sufficient cause to place an agency on probation, the following shall occur:

(1) The ~~division~~ department shall send the agency written notice of probationary status and areas of noncompliance;

(2) The agency shall develop and submit a plan of correction pursuant to § 67:61:02:09 within 30 days of notice of probationary status;

(3) Upon receipt of the plan of correction, the ~~division~~ department shall notify the agency within five business days of the decision to approve the plan of correction; and

(4) The ~~division~~ department may conduct a site visit at least once during the probationary period to monitor progress on plan of correction items. At the end of the probationary period, the ~~division~~ department shall conduct a comprehensive survey of the agency and may:

(a) Grant a one year accreditation certificate if the agency has successfully obtained at least 70 percent compliance during the final comprehensive survey;

(b) Suspend the agency's accreditation; or

(c) Revoke the agency's accreditation.

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

General Authority: SDCL 34-20A-27.

Law Implemented: SDCL 34-20A-27.

67:61:02:12. Suspension or revocation procedures. The ~~division~~ department shall provide written notice to an agency of the ~~division's~~ department's intent to suspend or revoke the agency's accreditation.

The suspension or revocation is effective 15 days after receipt of the notice. The notice shall contain the reason for the ~~division's~~ department's action, the opportunity for the agency to request reconsideration by the ~~division~~ department, and the appeal process.

An agency's request for reconsideration shall be in writing and received by the ~~division~~ department within 15 days of receipt of notification of suspension or revocation.

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

General Authority: SDCL 34-20A-27.

Law Implemented: SDCL 34-20A-27.

67:61:02:13. Acceptance of new clients prohibited. An agency that has been placed on probation or whose accreditation has been suspended is prohibited from accepting new clients until the ~~division~~ department approves the plan of correction.

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

General Authority: SDCL 34-20A-27(1)(3)(4)(6).

Law Implemented: SDCL 34-20A-27(~~1~~)(3)(4)(6).

67:61:02:14. Delay in meeting requirements. The ~~division~~ department may grant an agency a delay in meeting the requirements of this article to avoid undue hardship on the agency if the ~~division~~ department determines that allowing a delay would be in the best interests of the clients.

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

General Authority: SDCL 27A-5-1(5).

Law Implemented: SDCL 27A-3-1, 27A-5-1(~~5~~).

67:61:02:15. Denial of accreditation. If the ~~division~~ department denies accreditation to an agency, the ~~division~~ department shall send notice of the denial to the agency by certified mail, return receipt requested, within 60 days of the final review. The notice of denial shall also inform the agency that the denial is effective 15 days after receipt of the notice.

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

General Authority: SDCL 34-20A-27.

Law Implemented: SDCL 34-20A-27.

67:61:02:16. Reconsideration of application for accreditation. An agency may request the ~~division~~ department reconsider an application. The request shall be in writing and sent within 15 calendar days after receipt of the denial of accreditation.

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

General Authority: SDCL 34-20A-27.

Law Implemented: SDCL 34-20A-27.

67:61:02:17. Appeal procedure. An agency may appeal to the secretary of the department any denial, revocation, or suspension of certification, or placement on probation by the ~~division~~ department. An appeal to the department shall be sent by certified mail within 15 calendar days after receipt of notification of the ~~division's~~ department's action and request a fair hearing pursuant to SDCL chapter 1-26.

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

General Authority: SDCL 34-20A-27.

Law Implemented: SDCL 34-20A-27.

67:61:02:19. Accreditation certificate nontransferable. A certificate issued by the ~~division director~~ department applies only to the applicant agency, the original facilities, and program classifications for which the certificate was issued. The agency shall notify the ~~division director~~ department in writing within 30 days before a change of ownership, facility, or program for a determination on continued accreditation. A new application for accreditation shall be filed if there is a change of ownership, facility, or program.

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

General Authority: SDCL 34-20A-27(1)(2).

Law Implemented: SDCL 34-20A-27(~~1~~)(2).

67:61:02:20. Changes requiring notification. An accredited agency shall notify the ~~division director~~ department before: a change in the agency director, a reduction in services provided by the agency, or an impending closure of the agency for a determination on continued accreditation.

An accredited agency shall give the ~~division~~ department 30 days written notice of closure. The agency shall provide the ~~division~~ department written documentation ensuring safe storage of financial records for at least six years from the date of closure, and of client case records for a minimum of six years from closure required by 42 C.F.R. § 2.19 (~~June 9, 1987~~ October 1, 1999), disposition of records by discontinued programs. The ~~division~~ department may assist in making arrangements for the continuation of services to clients by another accredited agency before the closing.

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

General Authority: SDCL 34-20A-27.

Law Implemented: SDCL 34-20A-27.

67:61:02:21. Sentinel event notification. Each accredited agency shall make a report to the ~~division~~ department within 24 hours of any sentinel event including; death not primarily related to the natural course of the client's illness or underlying condition, permanent harm, or severe temporary harm, and intervention required to sustain life.

The agency shall submit a follow-up report to the ~~division~~ department within 72 hours of any sentinel event and the report shall include:

- (1) A written description of the event;
- (2) The client's name and date of birth; and
- (3) Immediate actions taken by the agency.

Each agency shall develop root cause analysis policies and procedures to utilize in response to sentinel events.

Each agency shall also report to the ~~division~~ department as soon as possible: any fire with structural damage or where injury or death occurs, any partial or complete evacuation of the facility resulting from natural disaster, or any loss of utilities, such as electricity, natural gas, telephone, emergency generator, fire alarm, sprinklers, and other critical equipment necessary for operation of the facility for more than 24 hours.

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

General Authority: SDCL 34-20A-27.

Law Implemented: SDCL 34-20A-27.

67:61:03:01. Articles of incorporation. Each agency that is not a governmental agency or federally recognized tribe, that provides intensive outpatient treatment services, day treatment services, clinically-managed residential detoxification services, medically-monitored intensive inpatient treatment services, or clinically-managed low-intensity residential treatment services shall be incorporated as, or as a part of, either a business corporation or a nonprofit corporation in accordance with SDCL chapters 47-1A and 47-22 to 47-28, inclusive.

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

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

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

67:61:03:02. Board of director policies. An agency operating as a nonprofit corporation shall have a board of directors. The board of directors shall establish policies that govern the overall management of the agency and reflect community concerns and interests.

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

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

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

67:61:03:03. Board meetings and minutes of meetings. The board of directors of each agency with a board shall meet at least quarterly. Minutes of all board of director meetings shall be kept. The minutes shall include at least the following:

- (1) The date of the meeting;
- (2) The names of members attending;
- (3) The topics discussed;
- (4) The actions taken;
- (5) A summary of the agency director's report; and
- (6) Any fiscal reports.

The agency shall make the minutes available for review by the ~~division~~ department.

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

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

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

67:61:03:04. Discrimination in services prohibited. No agency may deny any person equal access to its facilities or services on the basis of race, color, religion, gender, ancestry, national origin, mental or physical illness, or disability unless such illness or disability makes treatment offered by the agency non-beneficial or hazardous. Each agency shall ensure that they comply with the Americans with Disabilities Act, 42 U.S.C. §§ 12101 et seq. (September 25, 2008) and the nondiscrimination on the basis of disability by public accommodations and in commercial facilities, 28 C.F.R. Part 36 (March 11, 2011). The agency shall provide referral services to individuals not admitted to treatment.

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

General Authority: SDCL 34-20A-27(3).

Law Implemented: SDCL 20-13-1(~~12~~), 20-13-23, 20-13-23.1, 34-20A-27(~~3~~), 29 U.S.C. § 794 (March 15, 2011).

67:61:04:01. Policies and procedures manual. Each agency shall have a policy and procedure manual to establish compliance with this article and procedures for reviewing and updating the manual.

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

General Authority: SDCL 27A-5-1(2).

Law Implemented: SDCL 27A-5-1(~~2~~).

67:61:04:02. Statistical data. Each agency shall submit accurate statistical data on each client receiving services to the ~~division~~ department in manner agreed upon by the ~~division~~ department and the agency. The agency shall provide statistical data on all services in accordance with the state ~~Management Information System (MIS)~~ management information system, and the agency shall provide any other data required by the ~~division~~ department and state and federal laws and regulations.

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

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

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

67:61:04:04. Retention of records. Each agency shall retain all financial records, client case records, and documentation of services provided for at least six calendar years post-treatment for adults or at least six calendar years after the client reaches age 18 for children or youth. Records may not be destroyed when an audit or investigation is pending.

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

General Authority: SDCL 27A-5-1(2).

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

67:61:04:05. Accounting systems, cost reporting, and annual audit. An accredited agency shall maintain an accounting system pursuant to generally accepted accounting principles. If requested by the department, the agency shall submit to the department a copy of an annual entity-wide, independent financial audit. The audit shall be completed and filed with the department by the end of the fourth month following the end of the fiscal year being audited.

Audits shall contain, as part of the supplementary information, a cost report as outlined by the department. If applicable, the audit shall be conducted in accordance with the Federal Office of Management and Budget (~~OMB~~) Circular A-133 by an auditor approved by the Auditor General.

For either an entity-wide, independent financial audit or an A-133 audit, the agency shall assure resolution of all interim audit findings. The agency shall facilitate and aid any such reviews, examinations, and agreed upon procedures the department or any contractor may perform.

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

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

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

Reference: ~~Office of Management and Budget (OMB) Circular A-133, "Audits of States, Local Governments, and Non-Profit Organizations"~~ **Audits of States, Local Governments, and Non-Profit Organizations**, Office of Management and Budget Circular No. A-133, March 2008. Copies are available at no cost from the following website:

https://www.whitehouse.gov/omb/circulars_a133_compliance_08_08toe

https://www.whitehouse.gov/sites/whitehouse.gov/files/omb/circulars/A133/a133_revised_2007.pdf.

67:61:04:06. Fees for services. Each agency shall adopt a schedule of fees for services. Each agency shall base fees on the client's ability to pay. The agency shall make every effort to collect payment from clients for services in accordance with its fee schedule. The agency shall make every effort to collect reimbursement for costs of services for all clients from other third-party sources.

The agency shall provide its clients, referral resources, the public, and the ~~division~~ department with up-to-date fees for services. The information shall include the fee per unit of service and any standard fees not included in the unit rate charged by the agency.

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

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

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

67:61:04:07. Client orientation. The agency shall develop policies and procedures to ensure orientation to the program is provided to a new client at or before time of admission or as soon thereafter as possible. The orientation shall include:

- (1) The agency's purpose and a description of the treatment process;
- (2) All relevant agency policies;
- (3) The hours during which services are available;
- (4) The fees for services and the responsibility for payment for those fees;
- (5) The right to confidentiality in accordance with the confidentiality of records requirements of the Substance Abuse and Mental Health Services Administration, 42 U.S.C. §§ 290 dd-2 (January 7, 2011), the confidentiality of alcohol and drug abuse patient records, 42 C.F.R. Part 2 (~~June 9, 1987~~ January 18, 2017), and the security and privacy of ~~HPAA~~ the Health Insurance Portability and Accountability Act, 45 C.F.R. Part 160 and 164 (September 26, 2016); and
- (6) The rights of the client while receiving services in accordance with §§ 67:61:06:01 and 67:61:06:02.

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

General Authority: SDCL 34-20A-27(3)(4)(6).

Law Implemented: SDCL 34-20A-27(3)(4)(6).

67:61:04:08. Description of treatment services. The agency shall provide a written description of each service provided to all staff members, clients, the public, and the ~~division~~ department. The description shall include:

(1) The eligibility criteria contained in §§ 67:61:12:01, 67:61:13:01, 67:61:14:01, 67:61:15:01, 67:61:16:01, 67:61:17:01, 67:61:18:01;

(2) The continued services criteria contained in § 67:61:07:07;

(3) The discharge criteria contained in § 67:61:07:09;

(4) The policies and procedures governing client use of alcohol or other drugs while participating in treatment; and

(5) A description of the services and activities to be provided, including a description of the frequency and duration.

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

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

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

67:61:04:09. Staffing, training, and hours of operation. Each agency shall have policies and procedures in place to respond to potential medical emergencies that clients may encounter while residing at the facility. Each agency providing treatment services shall provide adequate staffing, training, and hours of operation at the following levels:

(1) Early intervention, outpatient programs, and intensive outpatient treatment programs shall ensure that counseling staff is on duty at all times during scheduled hours of program operation or available by phone. The agency shall post the hours that the agency is open to the general public in a prominent place on the premises. The agency shall have a 24-hour-a-day, 7-day-a-week, on-call system for client access to program services in the event of an emergency;

(2) Day treatment programs without residential services shall ensure that counseling staff is on duty at all times during scheduled hours of program operation. The agency shall post the hours that the agency is open to the general public in a prominent place on the premises. The agency shall have a 24-hour-a-day, 7-day-a-week, on-call system for client access to program services in the event of an emergency;

(3) Day treatment with residential services and clinically-managed low-intensity residential treatment programs shall operate ~~7~~ seven days a week, 24 hours a day. The agency shall have a staff member trained to respond to fires and other natural disasters as well as to administer emergency first aid and ~~CPR~~ cardiopulmonary resuscitation on duty at all times. An addiction counselor or counselor trainee shall be available to the clients at least ~~8~~ eight hours a day, ~~5~~ five days a week, and shall be available on-call, 24 hours a day. The agency shall maintain written staff schedules which shall be available to the ~~division~~ department at the time of the accreditation survey;

(4) Clinically-managed residential detoxification programs shall operate ~~7~~ seven days a week, 24 hours a day whenever clients are present. When no clients are present, a staff member shall be on call to open the facility if necessary. When the agency is open, a staff member shall be on duty who is trained to respond to fires and other natural disasters as well as to administer emergency first aid and ~~CPR~~ cardiopulmonary resuscitation, with training in these areas to be in accordance with § 67:61:17:06. An addiction counselor or counselor trainee shall be available to the clients at least ~~8~~ eight hours a day, ~~5~~ five days a week, and available on-call, 24 hours a day. The agency shall maintain written staff schedules which shall be available to the ~~division~~ department at the time of the accreditation survey; and

(5) Medically-monitored intensive inpatient treatment programs shall operate ~~7~~ seven days a week, 24 hours a day. The agency shall have a staff member trained to respond to fires and other natural disasters as well as to administer emergency first aid and ~~CPR~~ cardiopulmonary resuscitation on duty at all times. Training and annual training updates in each area shall be documented in personnel files. Nursing staff shall be on-call 24 hours a day, ~~7~~ seven days a week. Counseling staff shall be on duty during normal daytime hours and must be on-call, 24 hours a day, ~~7~~ seven days a week. The agency shall maintain written staff schedules which shall be available to the ~~division~~ department at the time of the accreditation survey.

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).

67:61:04:10. Support services directory. The agency shall maintain an electronic or written directory complete with the name, address, and telephone number of credentialed service providers available to provide the agency's clients with support services such as:

- (1) Alcohol and other drug services;
- (2) Social and mental health services;
- (3) Medical services;
- (4) Employment services;
- (5) Education and educational counseling;
- (6) Vocational evaluation and counseling;
- (7) Continuing care services;
- (8) Legal services; and
- (9) Pastoral services.

The agency shall make the directory available to clients at all times and to the ~~division~~ department at the time of inspection.

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

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

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

67:61:05:01. Tuberculin screening requirements. Tuberculin screening requirements for employees are as follows:

(1) Each new staff member, intern, and volunteer shall receive both steps of the two-step method of tuberculin skin test or a ~~TB~~ tuberculosis blood assay test to establish a baseline within 14 days of employment. Any two documented tuberculin skin tests completed within a 12 month period before the date of employment can be considered a two-step or one ~~TB~~ tuberculosis blood assay test completed within a 12 month period before employment can be considered an adequate baseline test. Skin testing or ~~TB~~ tuberculosis blood assay tests are not required if a new staff, intern, or volunteer provides documentation of the last skin testing completed within the prior 12 months. Skin testing or ~~TB~~ tuberculosis blood assay tests are not required if documentation is provided of a previous position reaction to either test;

(2) A new staff member, intern, or volunteer who provides documentation of a positive reaction to the tuberculin skin test or ~~TB~~ tuberculosis blood assay test shall have a medical evaluation and chest X-ray to determine the presence or absence of the active disease;

(3) Each staff member, intern, and volunteer with a positive reaction to the tuberculin skin test or ~~TB~~ tuberculosis blood assay test shall be evaluated annually by a licensed physician, physician assistant, nurse practitioner, clinical nurse specialist, or a nurse and a record maintained of the presence or absence of symptoms of *Mycobacterium tuberculosis*. If this evaluation results in suspicion of active tuberculosis, the licensed physician shall refer the staff member, intern, or volunteer for further medical evaluation to confirm the presence or absence of tuberculosis; and

(4) Any employee confirmed or suspected to have infectious tuberculosis shall be restricted from employment until a physician determines that the employee is no longer infectious.

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

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

Law Implemented: SDCL 34-20A-27, 34-22-11.

Reference: Guidelines for Preventing the Transmission of *Mycobacterium tuberculosis* in Health-Care Settings, 2005. "Centers for Disease Control and Prevention Morbidity and Mortality Weekly Report," December 30, 2005/Vol. 54/No.RR-17. Copies are available free of charge from the following website:

<https://www.cdc.gov/mmwr/preview/mmwrhtml/rr5417a1.htm>.

67:61:05:02. Agency director. Each agency shall have an agency director whose qualifications, authority, and duties are defined in writing. The agency director shall be knowledgeable of substance use disorder services and possess administrative skills. If the agency has a board of directors, the board shall appoint the agency director. The agency director shall represent the board of directors and be charged with the day-to-day management of the agency. The board of directors shall ensure that, at the time of employment, the agency director has knowledge of the administrative rules pertaining to substance use disorder programs.

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

General Authority: SDCL 34-20A-27(1)(5).

Law Implemented: SDCL 34-20A-27(~~1~~)(5).

67:61:05:03. Qualifications of addiction counselors. All agency staff providing addiction counseling shall meet the standards for addiction counselors or addiction counselor trainees in accordance with ~~BAPP~~ the Board of Addiction and Prevention Professionals requirements. A certificate and identification card issued by ~~BAPP~~ the board is evidence of meeting the standards for an addiction counselor or certificate of recognition for an addiction counselor trainee. Counselor certification or trainee recognition shall be obtained before performing any addiction counseling functions.

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

General Authority: SDCL 34-20A-27(1)(5).

Law Implemented: SDCL 34-20A-27(1)(5), 36-34-12.

67:61:05:04. Qualifications of staff providing prevention services. Agency staff providing prevention programming shall complete the Substance Abuse Prevention Skills Training (~~SAPST~~) or Foundations of Prevention within one year of hire. Evidence of completion shall be placed in the staff member's personnel file.

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

General Authority: SDCL 34-20A-27(1)(5).

Law Implemented: SDCL 34-20A-27(1)(5), 36-34-12.

67:61:05:05. Orientation of personnel. The agency shall provide orientation for all staff, including contracted staff providing direct clinical services, interns, and volunteers within ten working days after employment. The orientation must be documented and must include at least the following items:

(1) Fire prevention and safety, including the location of all fire extinguishers in the facility, instruction in the operation and use of each type of fire extinguisher, and an explanation of the fire evacuation plan and agency's smoking policy;

(2) The confidentiality of all information about clients, including a review of the confidentiality of alcohol and drug abuse patient records, 42 C.F.R. Part 2 (~~June 9, 1987~~ January 18, 2017), and the security and privacy of ~~HIPAA~~ the Health Insurance Portability and Accountability Act, 45 C.F.R. Parts 160 and 164 (~~April 17, 2003~~ September 26, 2016);

(3) The proper maintenance and handling of client case records;

(4) The agency's philosophical approach to treatment and the agency's goals;

(5) The procedures to follow in the event of a medical emergency or a natural disaster;

(6) The specific job descriptions and responsibilities of employees;

(7) The agency's policies and procedure manual maintained in accordance with § 67:61:04:01; and

(8) The agency's procedures regarding the reporting of cases of suspected child abuse or neglect in accordance with SDCL 26-8A-3 and 26-8A-8.

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

General Authority: SDCL 34-20A-27(1)(5).

Law Implemented: SDCL 34-20A-27(1)(5).

Cross-References:

Persons required to report child abuse or neglected child -- Intentional failure as misdemeanor, SDCL 26-8A-3.

Oral report of abuse or neglect -- To whom made -- Response report, SDCL 26-8A-8.

67:61:05:06. Employee supervision. Each agency shall establish and enforce policies and procedures for supervising agency employees, interns, and volunteers.

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

General Authority: SDCL 34-20A-27(1)(5)(6).

Law Implemented: SDCL 34-20A-27(1)(5)(6).

67:61:05:07. Clinical supervision. The board of directors or the agency director shall designate an addiction counselor to be responsible for supervising clinical services, including supervision required for trainees. Supervising clinical services includes:

- (1) Case staffing;
- (2) Individual case supervision;
- (3) Consultation with other clinical professionals;
- (4) Review of case record maintenance; and
- (5) Other clinically appropriate supervision methods determined by agency policy.

If an addiction counselor is not available within the trainee's employing agency, supervision may be obtained on a contractual or consultant basis from an outside party meeting the required qualifications.

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

General Authority: SDCL 34-20A-27(1)(5)(6).

Law Implemented: SDCL 34-20A-27(1)(5)(6).

67:61:05:08. Personnel policies and records. The agency shall maintain written personnel policies and records for all staff including provisions for equal employment opportunities. Each agency shall maintain a personnel file or record or both for each staff member including contracted staff, intern, or volunteer. The file includes the following:

(1) The application filed for employment or resume and transcripts or diploma and continuing education;

(2) The position description signed by the staff with a statement of duties and responsibilities and the minimum qualifications and competencies necessary to fulfill these duties;

(3) The completion of appropriate pre-hire screening will be evident for staff that provide direct services to vulnerable populations;

(4) The staff's orientation documentation in accordance with § 67:61:05:05;

(5) Copies of the staff's current credentials related to job duties; and

(6) Any staff health clearances, including the tuberculin test results, if required, and any clearances from a licensed physician after an infectious or contagious disease requires the staff's absence from the program.

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

General Authority: SDCL 34-20A-27(1)(5)(6).

Law Implemented: SDCL 34-20A-27(1)(5)(6).

67:61:05:09. Organizational chart. Each agency shall have an up-to-date organizational chart indicating lines of authority from the board of directors, if the agency has a board, or the agency director, and lines of authority for all job classifications. The organizational chart shall be made available to all staff members, the board of directors, if applicable, and the ~~division~~ department.

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

General Authority: SDCL 34-20A-27(1)(5).

Law Implemented: SDCL 34-20A-27(1)(5).

67:61:05:10. Workforce development and training. The agency shall provide for ongoing training and consultation to enable staff and supervisors to carry out their responsibilities effectively.

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

General Authority: SDCL 27A-5-1(1)(2)(3).

Law Implemented: SDCL 27A-3-1, 27A-5-1(~~1~~)(~~2~~)(~~3~~).

67:61:05:11. Volunteers. If an agency uses volunteers as support for programs, the agency shall establish and maintain a plan for recruiting, screening, training, and supervising the volunteers.

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

General Authority: SDCL 27A-5-1(5).

Law Implemented: SDCL 27A-3-1, 27A-5-1(~~5~~).

67:61:05:12. Office of Inspector General Medicaid exclusion list. Each agency shall routinely check the Office of Inspector General's List of Excluded Individuals and Entities to ensure that each new hire as well as any current employee is not on the excluded list. No payment may be provided for services furnished by an excluded individual. Documentation that this has been completed shall be placed in the employee's personnel file.

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

General Authority: SDCL 27A-5-1(5).

Law Implemented: SDCL 27A-3-1, 27A-5-1(~~5~~).

67:61:06:01. Clients' rights. An agency shall ensure that clients' rights are fully protected. The agency shall give each client a copy of the clients' rights and responsibilities in writing, or in an accessible format upon admission and shall discuss the rights and responsibilities with the client or advocate.

The clients' rights and responsibilities statement shall be posted in a place accessible to clients. Copies shall also be available in locations where clients can access them without making a request to agency staff. In addition, the agency shall make the clients' rights and responsibilities statements available to the ~~division~~ department. The agency shall provide services to each client in a manner that is responsive to the client's need in the areas of age, gender, social support, cultural orientation, psychological characteristics, sexual orientation, physical situation, and spiritual beliefs.

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

General Authority: SDCL 34-20A-27(1)(3)(4)(6).

Law Implemented: SDCL 34-20A-27(1)(3)(4)(6).

67:61:06:02. Guaranteed rights. A client has rights guaranteed under the constitution and laws of the United States and the state of South Dakota including:

- (1) The right to refuse extraordinary treatment as provided in SDCL 27A-12-3.22;
- (2) The right to be free of any exploitation or abuse;
- (3) The right to seek and have access to legal counsel;
- (4) To have access to an advocate as defined in subdivision 67:61:01:01(4) or an employee of the state's designated protection and advocacy system;
- (5) The right to confidentiality of all records, correspondence, and information relating to assessment, diagnosis, and treatment in accordance with the confidentiality of records requirements of the Substance Abuse and Mental Health Services Administration, 42 U.S.C. §§ 290 dd-2 (January 7, 2011), the confidentiality of alcohol and drug abuse patient records, 42 C.F.R. Part 2 (~~June 9, 1987~~ January 18, 2017), and the security and privacy of ~~HIPAA~~ the Health Insurance Portability and Accountability Act, 45 C.F.R. Part 160 and 164 (September 26, 2016); and
- (6) The right to participate in decision making related to treatment, to the greatest extent possible.

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

General Authority: SDCL 34-20A-27(3)(6).

Law Implemented: SDCL 34-20A-27(3)(6).

67:61:06:03. Policy on abuse, neglect, and exploitation. Each agency shall have a policy which prohibits abuse, neglect, and exploitation of a client. The policy shall contain the following:

- (1) Definitions of abuse, neglect, and exploitation pursuant to SDCL 22-46-1;
- (2) A requirement to report to the ~~division~~ department any incidents of abuse, neglect, or exploitation;
- (3) A requirement to report to the department pursuant to SDCL 26-8A-3 and 26-8A-8;
- (4) A procedure for disciplinary action to be taken if staff engages in abusive, neglectful, or exploitative behavior;
- (5) A procedure to make immediate efforts to inform the guardian, or the parent if the client is under 18 years of age, of the alleged incident or allegation; and
- (6) Upon substantiation of the incident, a requirement to document the actions to be implemented to reduce the likelihood of, or prevention of, repeated incidents of abuse, neglect, or exploitation.

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

General Authority: SDCL 27A-5-1(1)(2)(4)(5).

Law Implemented: SDCL 27A-5-1(1)(2)(4)(5).

Cross-References:

Persons required to report child abuse or neglected child -- Intentional failure as misdemeanor, SDCL 26-8A-3.

Oral report of abuse or neglect -- To whom made -- Response report, SDCL 26-8A-8.

67:61:06:04. Grievance procedures. Each agency shall have written grievance policies and procedures for hearing, considering, and responding to client grievances.

The agency shall inform the client, and the client's parent or guardian, in writing or in an accessible format, of the grievance procedures during intake services. The grievance procedure shall be posted in a place accessible to a client and a copy shall be available in locations where a client can access the grievance procedure without making a request to agency staff. The grievance procedure shall be available to a former client upon request.

The procedure shall include the ability to appeal the agency's decision regarding ineligibility or termination of services to the ~~division~~ department as provided in § 67:61:06:05 and shall include the telephone number and address of the ~~division~~ department.

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

General Authority: SDCL 34-20A-27(3).

Law Implemented: SDCL 34-20A-27(3).

67:61:06:05. Appeal of termination of services. A client, a client's parent if the client is under 18 years of age, or a client's guardian, may appeal to the ~~division~~ department the agency's decision to terminate services. An appeal shall be made in writing to the ~~division~~ department within 30 days of receipt of the notice to terminate services. The ~~division~~ department shall provide a determination within 30 days of receipt of request for appeal. If the client, the client's parent, or the client's guardian is dissatisfied with the ~~division's~~ department's decision regarding ineligibility or termination of services, the client or the client's parent or guardian may request a fair hearing by notifying the department in writing within 30 days of receipt of the ~~division's~~ department's decision.

When termination is being appealed, the client shall continue to receive services from the agency until a decision is reached after a hearing pursuant to SDCL chapter 1-26.

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

General Authority: SDCL 27A-5-1(4).

Law Implemented: SDCL 27A-5-1(4).

Cross-Reference: Confidentiality of alcohol and drug abuse patient records, 42 C.F.R. Part 2 (~~June 9, 1987~~ January 18, 2017).

67:61:06:06. Time and place of hearing. A fair hearing by an impartial hearing officer shall be held within 90 days after receipt for a request by the client or the client's parent or guardian. The impartial hearing officer shall set a time and place for the hearing to be held at the earliest reasonable time. Time extensions may be provided by the impartial hearing officer or at the request of any of the parties involved and upon agreement of both parties to a specific extension of time.

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

General Authority: SDCL 27A-5-1(4).

Law Implemented: SDCL 27A-5-1(4).

67:61:06:07. Discharge policies. Each agency shall have a written discharge policy.

The policy includes the following:

- (1) Client behavior that constitutes reason for discharge at staff request;
- (2) The procedure for the staff to follow when discharging a client involved in the commission of a crime on the premises of the program or against its staff, consistent with the confidentiality of alcohol and drug abuse patient records, 42 C.F.R. § 2.12(c)(5) (~~June 9, 1987~~ October 1, 2018) including who shall ~~must~~ make the report to the appropriate law enforcement agency;
- (3) The procedure for the staff to follow when a client leaves against medical or staff advice, including offering the client discharge planning and continuation of care for substance abuse and any other condition and documentation of what was offered, consistent with the confidentiality of alcohol and drug abuse patient records, 42 C.F.R., Part 2 (~~June 9, 1987~~ January 18, 2017), confidentiality of alcohol and drug abuse patient records;
- (4) Prohibition against automatic discharge for any instance of non-prescribed substance use, or for any instance of displaying symptoms of mental or physical illness; and
- (5) The procedure for referrals for clients with symptoms of mental illness or a medical condition and those requesting assistance to manage symptoms.

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

General Authority: SDCL 34-20A-27(3).

Law Implemented: SDCL 34-20A-27(3).

67:61:06:08. Residential program rights. Each residential ~~programs~~ program shall ensure the following rights to all clients:

(1) The right to visitation with family and friends, subject to reasonable written visiting rules and hours established by the agency; however, agency personnel may impose limitations as necessary for the welfare of the client if the reasons for the limitations are documented in the client's individual case record;

(2) The right to conduct private telephone conversations, subject to reasonable written rules and hours established by the agency; however, agency personnel may impose limitations as necessary for the welfare of the client if the reasons for the limitations are documented in the client's individual case record;

(3) The right to communicate with a personal physician; and

(4) The right to practice personal religion or attend religious services, within the agency's policies and guidelines.

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

General Authority: SDCL 34-20A-27(3)(4)(6).

Law Implemented: SDCL 34-20A-27(3)(4)(6).

67:61:07:01. Client identification data. The agency shall establish a policy and procedure to collect and record client identification data at the time of admission or as soon after admission as possible. Client identification data shall be kept in the clinical record and includes the following information:

- (1) Name, street address, and telephone number of the client;
- (2) Date of birth, gender, and race or ethnic origin of the client;
- (3) Client's unique identification number;
- (4) Referral source;
- (5) Service start date;
- (6) Outcome measures;
- (7) Data for the state management information system; and
- (8) Any other client information as required by the ~~division~~ department.

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

General Authority: SDCL 34-20A-27(3)(4)(6).

Law Implemented: SDCL 34-20A-27(3)(4)(6).

67:61:07:02. Client admission policies. Each program shall develop policies and procedures regarding the admission of ~~clients~~ a client into the program by personnel designated by the agency director to ensure the client meets the eligibility criteria for the level of care of admission.

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

General Authority: SDCL 34-20A-27(3)(4)(6).

Law Implemented: SDCL 34-20A-27(3)(4)(6).

67:61:07:03. Client review of case records. An agency shall have written policies and procedures to govern a client's access to case records. The policies and procedures shall specify any conditions or restrictions on client access and shall be available to the client upon request.

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

General Authority: SDCL 34-20A-27(3)(4)(6).

Law Implemented: SDCL 34-20A-27(3)(4)(6).

67:61:07:04. Closure and storage of case records. The agency shall have written policies and procedures to ensure the closure and storage of case records at the completion or termination of a treatment program including:

(1) The identification of staff positions or titles responsible for the closure of case records within the agency and the ~~MIS~~ management information system;

(2) Procedures for the closure of inactive client records, that are clients who have not received services from an inpatient or residential program in three days or clients who have not received services from an outpatient program in 30 days; and

(3) Procedures for the safe storage of client case records for at least six years from closure.

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

General Authority: SDCL 34-20A-27(3)(4)(6).

Law Implemented: SDCL 34-20A-27(3)(4)(6).

67:61:07:05. Integrated assessment. An addiction counselor or counselor trainee shall meet with the client and the client's family if appropriate, to complete an integrated assessment, within 30 days of intake. The integrated assessment includes both functional and diagnostic components. The assessment shall establish the historical development and dysfunctional nature of the client's alcohol and drug abuse or dependence and shall assess the client's treatment needs. The assessment shall be recorded in the client's case record and includes the following components:

(1) Strengths of the client and the client's family if appropriate, as well as previous periods of success and the strengths that contributed to that success. Identification of potential resources within the family, if applicable;

(2) Presenting problems or issues that indicate a need for services;

(3) Identification of readiness for change for problem areas, including motivation and supports for making such changes;

(4) Current substance use and relevant treatment history, including attention to previous mental health and substance use disorder or gambling treatment and periods of success, psychiatric hospital admissions, psychotropic and other medications, relapse history or potential for relapse, physical illness, and hospitalization;

(5) Relevant family history, including family relationship dynamics and family psychiatric and substance abuse history;

(6) Family and relationship issues along with social needs;

(7) Educational history and needs;

(8) Legal issues;

(9) Living environment or housing;

(10) Safety needs and risks with regards to physical acting out, health conditions, acute intoxication, or risk of withdrawal;

(11) Past or current indications of trauma, domestic violence, or both if applicable;

(12) Vocational and financial history and needs;

(13) Behavioral observations or mental status, for example, a description of whether affect and mood are congruent or whether any hallucinations or delusions are present;

(14) Formulation of a diagnosis, including documentation of co-occurring medical, developmental disability, mental health, substance use disorder, or gambling issues or a combination of these based on integrated screening;

(15) Eligibility determination, including level of care determination for substance use services, or ~~SMI~~ serious mental illness or ~~SED~~ serious emotional disturbance for mental health services, or both if applicable;

(16) Clinician's signature, credentials, and date; and

(17) Clinical supervisor's signature, credentials, and date verifying review of the assessment and agreement with the initial diagnosis or formulation of the initial diagnosis in cases where the staff does not have the education or training to make a diagnosis.

Any information related to the integrated assessment shall be verified through collateral contact, if possible, and recorded in the client's case record.

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

General Authority: SDCL 34-20A-27(3)(4)(6).

Law Implemented: SDCL 34-20A-27(3)(4)(6).

67:61:07:06. Treatment plan. An addiction counselor or counselor trainee shall develop an individualized treatment plan based upon the integrated assessment for each client admitted to an outpatient treatment program, intensive outpatient treatment program, day treatment program, clinically-managed low-intensity residential treatment program, or medically-monitored intensive inpatient treatment program. Evidence of the client's meaningful involvement in formulating the plan shall be documented in the file. The treatment plan shall be recorded in the client's case record and includes:

(1) A statement of specific client problems, such as co-occurring disorders, to be addressed during treatment with supporting evidence;

(2) A diagnostic statement and a statement of short- and long-term treatment goals that relate to the problems identified;

(3) Measurable objectives or methods leading to the completion of short-term goals including:

(a) Time frames for the anticipated dates of achievement or completion of each objective, or reviewing progress towards objectives;

(b) Specification and description of the indicators to be used to assess progress;

(c) Referrals for needed services that are not provided directly by the agency; and

(d) Include interventions that match the client's readiness for change for identified issues; and

(4) A statement identifying the staff member responsible for facilitating the methods or treatment procedures.

The individualized treatment plan shall be developed within ten calendar days of the client's admission for an intensive outpatient treatment program, day treatment program,

clinically-managed low-intensity residential treatment program, or medically monitored intensive inpatient treatment program.

The individualized treatment plan shall be developed within 30 calendar days of the client's admission for a counseling services program.

All treatment plans shall be reviewed, signed, and dated by the addiction counselor or counselor trainee. The signature must be followed by the counselor's credentials.

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

General Authority: SDCL 34-20A-27(3)(4)(6).

Law Implemented: SDCL 34-20A-27(3)(4)(6).

67:61:07:07. Continued service criteria. The program shall document for each client the progress and reasons for retaining the client at the present level of care; and an individualized plan of action to address the reasons for retaining the individual in the present level of care. This document is maintained in the client case record. It is appropriate to retain the client at the present level of care if:

(1) The client is making progress, but has not yet achieved the goals articulated in the individualized treatment plan. Continued treatment at the present level of care is assessed as necessary to permit the client to continue to work toward his or her treatment goals; or

(2) The client is not yet making progress, but has the capacity to resolve his or her problems. He or she is actively working toward the goals articulated in the individualized treatment plan. Continued treatment at the present level of care is assessed as necessary to permit the client to continue to work toward his or her treatment goals; or

(3) New problems have been identified that are appropriately treated at the present level of care. The new problem or priority requires services, the frequency and intensity of which can only safely be delivered by continued stay in the current level of care. The level of care in which the client is receiving treatment is therefore, the least intensive level at which the client's new problems can be addressed effectively.

The individualized plan of action to address the reasons for retaining the individual in the present level of care shall be documented every:

(a) Two calendar days for:

(i) Clinically-managed residential detoxification;

(b) 14 calendar days for:

(i) Early intervention services;

- (ii) Intensive outpatient services;
 - (iii) Day treatment services; and
 - (iv) Medically monitored intensive inpatient treatment; and
- (c) 30 calendar days for:
- (i) Outpatient treatment program; and
 - (ii) Clinically-managed low-intensity residential treatment.

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

General Authority: SDCL 34-20A-27(1)(3)(4).

Law Implemented: SDCL 34-20A-27(1)(3)(4).

67:61:07:08. Progress notes. All programs, except prevention programs, shall record and maintain a minimum of one progress note weekly, when services are provided. Progress notes are included in the client's file and substantiate all services provided. Individual progress notes must document counseling sessions with the client, summarize significant events occurring, and reflect goals and problems relevant during the session and any progress in achieving those goals and addressing the problems. Progress notes must include attention to any co-occurring disorder as they relate to the client's substance use disorder.

A progress note must be included in the file for each billable service provided. Progress notes must include the following for the services to be billed:

- (1) Information identifying the client receiving the services, including the client's name and unique identification number;
- (2) The date, location, time met, units of service of the counseling session, and the duration of the session;
- (3) The service activity code or title describing the service code or both;
- (4) A brief assessment of the client's functioning;
- (5) A description of what occurred during the session, including the specific action taken or plan developed to address unresolved issues for the purpose of achieving identified treatment goals or objectives;
- (6) A brief description of what the client and provider plan to work on during the next session, including work that may occur between sessions, if applicable; and
- (7) The signature and credentials of the staff providing the service.

Source: 43 SDR 80, effective December 5, 2016; 46 SDR 50, effective October 10, 2019.

General Authority: SDCL 34-20A-27(3)(4)(6).

Law Implemented: SDCL 34-20A-27(3)(4)(6).

67:61:07:09. Transfer or discharge criteria. It is appropriate to transfer or discharge the client from the present level of care if he or she meets the following criteria:

(1) The client has achieved the goals articulated in his or her individualized treatment plan, thus resolving each problem that justified admission to the present level of care. Continuing the chronic disease management of the client's condition at a less intensive level of care is indicated; or

(2) The client has been unable to resolve each problem that justified admission to the present level of care, despite amendments to the treatment plan. The client is determined to have achieved the maximum possible benefit from engagement in services at the current level of care. Treatment at another level of care, more or less intensive, in the same type of service, or discharge from treatment, is therefore indicated; or

(3) The client has demonstrated a lack of capacity due to diagnostic or co-occurring conditions that limit his or her ability to resolve each problem. Treatment at a qualitatively different level of care or type of service, or discharge from treatment, is therefore indicated; or

(4) The client has experienced an intensification of a problem, or has developed a new problem, and can be treated effectively only at a more intensive level of care.

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

General Authority: SDCL 34-20A-27(3)(4)(6).

Law Implemented: SDCL 34-20A-27(3)(4)(6).

67:61:07:10. Transfer or discharge summary. An addiction counselor or counselor trainee shall complete a transfer or discharge summary for any client within five working days after the client is discharged regardless of the reason for discharge. A transfer or discharge summary of the client's problems, course of treatment, and progress toward planned goals and objectives identified in the treatment plan is maintained in the client case record. A process shall be in place to ensure that the transfer or discharge is completed in the MIS management information system.

When a client prematurely discontinues services, reasonable attempts shall be made and documented by the agency to re-engage the client into services if appropriate.

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

General Authority: SDCL 34-20A-27(3)(4)(6).

Law Implemented: SDCL 34-20A-27(3)(4)(6).

67:61:07:11. Admission of returning clients. The agency shall have written policies and procedures to promote the continuity of care to facilitate the re-admission of a client. This includes procedures for completing a new agency case record and new admission record in the ~~MIS~~ management information system for each client who ~~re-enter~~ re-enters services.

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

General Authority: SDCL 34-20A-27(3)(4)(6).

Law Implemented: SDCL 34-20A-27(3)(4)(6).

67:61:07:12. Tuberculin screening requirements. A designated staff member shall conduct tuberculin screening for the absence or presence of symptoms with each client newly admitted to outpatient treatment, intensive outpatient, day treatment, clinically-managed low intensity residential treatment, clinically managed detoxification, and intensive inpatient treatment within 24 hours of admission to determine if the client has had any of the following symptoms within the previous three months:

- (1) Productive cough for a two to three week duration;
- (2) Unexplained night sweats;
- (3) Unexplained fevers; or
- (4) Unexplained weight loss.

Any client determined to have one or more of the above symptoms within the last three months shall be immediately referred to a licensed physician for a medical evaluation to determine the absence or presence of active disease. A Mantoux skin test may or may not be done during this evaluation based on the opinion of the evaluating physician. Any client confirmed or suspected to have infectious tuberculosis shall be excluded from services until the client is determined to no longer be infectious by the physician. Any client in which infectious tuberculosis is ruled out shall provide a written statement from the evaluating physician before being allowed entry for services.

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).

Reference: Guidelines for Preventing the Transmission of *Mycobacterium tuberculosis* in Health-Care Settings, 2005, December, 2005. "Centers for Disease Control and Prevention Morbidity and Mortality Weekly Report, Recommendations and Reports," December 30, 2005/Vol. 54/No.RR-17. Copies are available free of charge from the following website: www.cdc.gov/mmwr.

67:61:08:01. Definitions. ~~Terms As~~ used in this chapter ~~mean~~:

(1) "Controlled ~~drugs,~~ drug" means any drug or chemical whose possession and use are regulated under the Federal Controlled Substances Act, 21 U.S.C. §§ 801 et seq. as in effect ~~July 1, 2016~~ July 1, 2021;

(2) "Nasogastric tube;" means a tube which is inserted nonsurgically through the nose and extends into the stomach; and

(3) "Parenteral route;" means the administration of medication by injection including ~~interdermal~~ intradermal, subcutaneous, intramuscular, or intravenous injection;

(4) ~~"UAP," unlicensed assistive personnel.~~

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).

67:61:08:02. Control, accountability, and storage of medications and drugs. Each residential ~~programs~~ program shall meet the following requirements for the control, accountability, and safe storage of medications and drugs:

(1) Any client on medications for substance use disorder, mental health, or medical conditions shall surrender all medications and drugs on admission to the agency per agency policy, and be educated about how to take his or her medication as prescribed while in the program;

(2) Each client shall receive a formal orientation to the agency's medication policies and procedures upon admission;

(3) All drugs or medications shall be stored in a locked storage area that is inaccessible to all persons at all times with the exceptions as specified in § 67:61:08:10;

(4) All controlled drugs shall be stored in a separate locked box or drawer in the medication storage area;

(5) Poisons, disinfectants, and medications prescribed for external use shall be stored separately from each other and internal medications, with each in a separate locked area inaccessible to clients and visitors;

(6) Biologicals and medications requiring refrigeration or other storage requirements as identified by the manufacturer's labeling shall be stored separately including refrigeration, freezing, and protection from the light in an area that is inaccessible to clients and visitors. If these medications are stored in a refrigerator containing items other than medications, the medications shall be kept in a separate secured compartment;

(7) Each client's prescription medications shall be stored in the medication's originally received containers and may not be transferred to another container;

(8) Any container with a worn, illegible, or missing label shall be destroyed along with the medication or drugs in the container, in accordance with § 67:61:08:05;

(9) Only a licensed pharmacist may label, relabel, or alter labels on medication containers;

(10) Any medication or drug prescribed for one client may not be administered to another client;

(11) If a client brings his or her own medications or drugs into the program, the client's medications or drugs may not be administered unless the client can be identified and written orders for the medications or drugs administration is received from a licensed physician;

(12) Each program shall have a procedure for contacting pharmacies and physicians as soon as possible after each client is admitted to the program;

(13) If medications or drugs brought by a client into the program are not used, the medications or drugs shall be packaged, sealed, stored, and returned to the client, parent, guardian, or significant other at the time of discharge, if the return of the medications or drugs is approved by a program physician; the return of the medications or drugs shall be documented in the client's case record, with the name, strength, and quantity of the medication, and signed by the appropriate staff member; and

(14) The telephone number of the regional poison control center, the local hospitals, medical director, and the agency administrator shall be posted in all drug storage and preparation areas.

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).

67:61:08:03. Storage of Schedule II, III, or IV drugs. A residential program may have a limited supply of Schedule II, III, and IV drugs in storage if the residential program meets the following requirements:

(1) The drugs are owned by a licensed pharmacy or licensed physician and stored in a sealed emergency box;

(2) The agency and the providing Drug Enforcement Agency (~~DEA~~) registrant maintain a complete and accurate inventory of the drugs stored in the emergency box and of the drugs disbursement. The inventory shall be conducted personally by the ~~DEA~~ Drug Enforcement Agency registrant at least once every six months;

(3) There are no more than five different controlled drugs, no more than five doses of an injectable Schedule II, III, or IV drug, and no more than 12 doses of an oral Schedule III or IV drug stored in the emergency box at one time;

(4) The use of the controlled drugs in the emergency box is limited to those times when no pharmacy is available; and

(5) Any standing or verbal order for the medication is verified in writing by the physician within 72 hours after the first administration.

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).

Cross-Reference: Administration of medications and drugs, § 67:61:08:08.

67:61:08:04. Records of receipt, administration, and disposition of scheduled drugs. Each residential program shall maintain a separate log book to record the receipt and disposition of all Schedule II drugs. A residential program shall maintain a record of the receipt and administration of Schedule II, III, and IV drugs in a client's case records.

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).

67:61:08:05. Drug destruction and disposal. All agencies shall establish written policies and procedures addressing destruction and disposal of medication in accordance with § 44:73:08:01.01.

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).

67:61:08:06. Medication administration defined. Medication administration is the administration of medications, other than by the parenteral route or nasogastric tube, under the supervision of a licensed registered nurse. The steps in medication administration include:

(1) Removing an individual dose from a previously dispensed, labeled container, including a unit dose container;

(2) Verifying dose with the physician's order or medication administration record;

(3) Giving the individual dose to whom it is prescribed; and

(4) Documenting the time, person's name giving the dose, and the dose given.

A copy of a physician's order or prescription for each medication being administered shall be kept in the client's case file.

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).

67:61:08:07. Delegation of nursing tasks. Delegation is the transfer of the authority to perform a specific nursing or medication administration task from a licensed registered nurse to a ~~UAP~~ unlicensed assistive personnel pursuant to §§ 20:48:04.01:01, 20:48:04.01:02, and 20:48:04.01:07.

The ~~UAP~~ unlicensed assistive personnel may only perform the nursing task or medication administration task for a specific participant through delegation. The ~~UAP~~ unlicensed assistive personnel may not re-delegate a delegated task.

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).

67:61:08:08. Administration of medications and drugs. All medications and drugs shall be administered in accordance with SDCL 36-9-28. Each agency shall establish written policies concerning the administration of all medications including Schedule II, III, and IV drugs and shall ensure that Schedule II, III, and IV drugs are administered only in accordance with those policies and only when authorized by a licensed physician.

Only a ~~RNs~~ registered nurse, ~~LPNs~~ a licensed practical nurse, or ~~UAPs~~ an unlicensed assistive personnel who ~~are~~ is trained and qualified in accordance with chapter 20:48:04 may administer medications. The ~~RN~~ registered nurse, ~~LPN~~ licensed practical nurse, or ~~UAP~~ unlicensed assistive personnel administering the medication shall record the name of the medication, the strength and quantity administered, ~~and~~ the time of administration in the client's case record, and must sign the case record. No person may administer medications that have been prepared for administration by another person.

The agency shall maintain a procedure for the immediate reporting of drug reactions and medication errors to the physician responsible for the client, which procedure must comply with the confidentiality of records requirements of the Substance Abuse and Mental Health Services Administration, 42 U.S.C. §§ 290 dd-2 (January 7, 2011), and the confidentiality of alcohol and drug abuse patient records, 42 C.F.R. Part 2 (~~June 9, 1987~~ January 18, 2017). The individual responsible for any medication error shall complete and sign an entry in the client's case record and complete and sign an incident report form.

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).

67:61:08:09. Assistance with self-administration of medications. Assistance with self-administration of medications is the act of assisting a client with one or more steps in the process of taking medications, but not actual administration of medications. Assistance with self-administration of medications may include the following:

- (1) Opening the medication container;
- (2) Reminding the client of the proper time to take the medication;
- (3) Helping to remove the medication from the container; and
- (4) Returning the medication container to storage.

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).

67:61:08:10. Self-administration of medication. A residential treatment program not employing a ~~RN~~ registered nurse, a ~~LPN~~ licensed practical nurse, or ~~UAP~~ unlicensed assistive personnel shall make the drug or medication available to a client for self-administration in accordance with the instructions of a licensed physician. The client shall self-administer the drug or medication under the supervision of a designated employee who enters the name, strength, and quantity of the medication and the time of self-administration in the client's case record.

Clinically-managed low-intensity residential treatment programs are exempt from the requirement of supervising the self-administration of over-the-counter remedies. If the reasonable safety of all program clients is ensured, residential programs may allow clients to possess and self-administer without supervision those prescription medications that have been identified as allowable medications on a list developed specifically for the individual in consultation with a licensed physician. The list of allowable medications shall be reviewed at least annually by a licensed physician. Any medication not identified on the list shall be administered under supervision.

Each residential treatment program utilizing self-administration processes shall establish policies and procedures that outline these processes.

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).

67:61:09:01. Planned dietetic services required. Each residential program shall establish and implement a written plan for meeting the basic nutritional needs as well as any special dietetic needs of each client. The program shall provide at least three meals a day. Any snacks provided by the program shall be a part of the overall dietary plan. Each meal shall include foods from the following basic food groups according to the Dietary Guidelines for Americans as released by the U.S. Department of Agriculture and the U.S. Department of Health and Human Services.

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).

Reference: **Dietary Guidelines for Americans, 2015-2020 2020-2025, Eighth Ninth** Edition, published by the U.S. Department of Health and Human Services and U.S. Department of Agriculture. Available at <http://health.gov/dietaryguidelines/2015/guidelines/>
Copies are available at no cost from the following website:
https://www.dietaryguidelines.gov/sites/default/files/2021-03/Dietary_Guidelines_for_Americans-2020-2025.pdf.

67:61:09:02. Sanitation and safety standards. Each residential program shall meet the sanitation and safety standards for food service in chapter 44:02:07. An agency that provides dietary services by agreement or contract with a second party shall ensure that the provider has demonstrated compliance with chapter 44:02:07, by passing an annual, documented sanitation inspection conducted by the Department of Health.

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), 34-20A-44.

67:61:10:01. Safety and sanitation plan. For each setting in which the agency provides services, there shall be a health, safety, sanitation, and disaster plan that ensures the health and safety of the individuals served. The plan shall include:

- (1) Specific procedures for responding to medical emergencies;
- (2) Procedures for responding to fire and natural disasters, including evacuation plans, training, and regularly scheduled drills;
- (3) Procedures for responding to communicable diseases; and
- (4) Procedures to ensure sanitation of all settings in which services are provided.

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).

67:61:10:02. Life safety codes. Each building that the treatment or prevention program owns, rents, or leases which provides residential services shall comply with applicable fire safety standards in the 2000 edition of the **NFPA 101 Life Safety Code**. An automatic sprinkler system is not required in an existing facility unless significant renovations or remodeling occurs; however, any existing automatic sprinkler system shall remain in service.

New construction, renovations, additions, and changes of space shall comply with NFPA 101 Life Safety Code, 2012 edition. Each facility shall also comply with the building construction standards of the International Building Code, 2012 edition.

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).

Reference: **NFPA 101 Life Safety Code, 2000, National Fire Protection Association.**

Copies may be obtained from the National Fire Protection Association, P.O. Box 9101, Quincy, MA 02269-9904; Phone: 1-800-344-3555. Cost \$ 93.00;

International Building Code, 2012 edition. Copies may be obtained from International Conference of Building Officials, Phone 1-800-786-4452. Order@iccsafe.org. Cost: \$89.00.

67:61:10:03. Rules of general applicability. Each facility providing ~~Level 3.7~~ medically-monitored intensive inpatient treatment program services shall be established pursuant to article 44:78. Other residential facilities seeking accreditation after July 1, 2016, shall be established pursuant to article 44:78.

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

General Authority: SDCL 34-20A-27(2)(6).

Law Implemented: SDCL 34-20A-27(2)(6).

67:61:11:01. Purpose and scope of prevention ~~programs~~ programs. A prevention program shall encompass current research, theory, and practice-based strategies and activities implemented through structured prevention strategies. An agency providing a primary prevention or diversion service shall delineate a work plan to outline the scope of services to be offered. The programming being implemented shall be found on the state supported evidence based programming list. The plan shall be approved by the board of directors and documented in board minutes or approved by the agency director and be made available to the public and agency staff.

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

General Authority: SDCL 34-20A-27(1)(3)(4).

Law Implemented: SDCL 34-20A-27(1)(3)(4).

67:61:11:02. Prevention program classifications. Prevention programming is divided into the following population classifications:

(1) Universal prevention programming: Activities targeted to the general public or a whole population that has not been identified on the basis of individual risk;

(a) Direct: Interventions that directly serve an identifiable group of individuals, but who have not been identified on the basis of individual risk; and

(b) Indirect: Interventions that support population-based programs and environmental strategies;

(2) Selective prevention programming: Activities targeted to individuals or a subgroup of the population whose risk in developing a disorder is significantly higher than average; and

(3) Indicated prevention programming: Activities targeted to individuals identified as having minimal, but detectable signs or symptoms foreshadowing a disorder or biological markers indicating predisposition, but have not yet met diagnostic level.

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

General Authority: SDCL 34-20A-27(1)(3)(4).

Law Implemented: SDCL 34-20A-27(1)(3)(4).

67:61:11:03. Description of services provided. A prevention program shall offer one or more of the following services:

(1) Information dissemination services, including activities that involve one-way communication from the source to the audience with limited contact between the two;

(2) Education services, including activities that involve two-way communications and are based on an interaction between the educator and the participants;

(3) Alternative services, including activities that provide the opportunity to participate in healthy, positive, and constructive activities;

(4) Problem identification and referral services, including activities that aim to identify a person who has indulged in the illegal use of alcohol or drugs in order to assess if the person's behavior can be reversed through education. This activity does not include any services designed to determine if an individual is in need of treatment services;

(5) Community-based services, including activities that aim to enhance the ability of the community to more effectively provide prevention services for alcohol or drug abuse; and

(6) Environmental services, including activities that seek to establish or change community standards, codes, and attitudes, thereby influencing the incidence and prevalence of alcohol and drug abuse in the general population.

A written description of services provided shall be available to all staff members, individuals, the public, and the ~~division~~ department. The description includes the following information: target populations for primary prevention and diversion services, program goals including the scope of services, measurable objectives, program evaluations and intended outcomes, and programming that complies with these standards.

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

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

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

67:61:11:04. Review of materials. The agency's program director shall review and approve all electronic, written, and printed materials intended for public distribution for validity, relevancy, and appeal. Additionally, an agency that conducts classroom or group educational programs shall use a structured evidence-based curriculum for prevention education. The review of all public distribution materials and prevention curriculums being implemented shall be made available for review by agency staff, the public, and the ~~division~~ department in an electronic or printed format.

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

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

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

67:61:11:05. Criteria for determining evidence-based intervention. Evidence based intervention is defined by inclusion under one or more of three public resources as follows:

(1) Federal lists or registries of evidence-based interventions;

(2) Reported positively in peer reviewed journals; or

(3) Documented effectiveness based on four guidelines for evidence which are:

(a) The intervention is based on a theory of change that is documented in a clear logic or conceptual model;

(b) The intervention is similar in content and structure to interventions that appear in registries or the peer reviewed literature or both;

(c) The intervention is supported by documentation that it has been effectively implemented in the past, and multiple times, in a manner attentive to scientific standards of evidence and with results that show a consistent pattern of credible and positive effects; and

(d) The intervention is reviewed and deemed appropriate by a panel of informed prevention experts that includes well-qualified prevention researchers who are experienced in evaluating prevention interventions similar to those under review.

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

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

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

67:61:11:06. Staff knowledge of resources. The staff of each prevention program shall be able to demonstrate knowledge of regional alcohol, drug, mental health promotion, suicide prevention, and recovery support programs available for prevention or treatment services. An agency shall document that:

- (1) It maintains a current database of information and referral resources on alcohol, tobacco, and other drugs, substance abuse services, and prevention and treatment resources;
- (2) The information is either posted or publicly distributed; and
- (3) The agency staff has reviewed the information.

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

General Authority: SDCL 34-20A-27(1)(4)(5).

Law Implemented: SDCL 34-20A-27(1)(4)(5).

67:61:11:07. Record of activities. An agency conducting prevention services shall maintain a record of all prevention activities provided in accordance with the described program content.

Each record shall include:

- (1) A list of presenters and participants involved using non-identifiable information;
- (2) Demographic characteristics of participants, including:
 - (a) Age;
 - (b) Race/ethnicity;
 - (c) Gender;
 - (d) Type of prevention populations, such as universal, selective, or indicated; and
 - (e) Any other information as requested by the ~~division~~ department;
- (3) Record of all program activities; and
- (4) A copy of the programmatic materials.

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

General Authority: SDCL 34-20A-27(1)(3)(4)(6).

Law Implemented: SDCL 34-20A-27(1)(3)(4)(6).

67:61:11:08. Quality assurance and evaluation. An agency shall conduct a quality assurance review of its prevention programming to monitor, protect, and enhance the quality and appropriateness of its programming and to identify qualitative problems and recommend plans for correcting each problem. The agency shall conduct the following:

(1) Annual satisfaction surveys of all individuals or stakeholders who requested and participated in prevention services;

(2) Participant evaluations after each prevention presentation the agency provides; and

(3) Pre- and post-tests for all evidence based curricula presented to individuals.

A summary of these reports shall be made available to the board of directors or agency staff annually, and to the ~~division~~ department and community members upon request.

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

General Authority: SDCL 34-20A-27(1)(2)(4).

Law Implemented: SDCL 34-20A-27(1)(2)(4).

67:61:12:01. Eligibility criteria. To be eligible for early intervention services the client is not at risk for withdrawal, has no or very stable biomedical conditions, or has no or very stable emotional, behavioral, or cognitive conditions, and meets one of the following:

(1) The client needs an understanding of, or skills to change, current substance use patterns or high-risk behaviors or both; ~~or~~

(2) The client's risk of initiation of, or progression in substance use patterns or high-risk behaviors or both is increased by substance use or values about use; or

(3) The client's social support system or significant others or both increase the risk of a substance use.

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).

67:61:12:02. Services provided. The program may provide each individual with a variety of services, but it must provide the following services, at a minimum:

(1) Initial screening and planning within 48 hours of initial contact. The initial screening shall be recorded in the client's case record and includes:

(a) The client's current problems and needs;

(b) The client's emotional and physical state including screening for the presence of cognitive disability, mental illness, medical disorders, collateral information, and prescribed medications;

(c) The client's drug and alcohol use including the types of substances used, including prescribed or over the counter medications, age of first use, the amount used, the frequency of use, the date of last use, and the duration of use; and

(d) A statement of the intended course of action;

(2) Crisis intervention;

(3) Individual or family counseling which may include:

(a) Education regarding alcohol and drug abuse and dependence, including biomedical effects of drug and alcohol use and abuse and the importance of medical care and treatment in the recovery process; and

(b) Education regarding tuberculosis and the human immunodeficiency virus, how each is transmitted and how to safeguard against transmission;

(4) Discharge planning which may include:

(a) Continued care planning and discharge planning;

(b) Referral to and liaison with other resources that offer education, vocational, medical, legal, social, psychological, employment, and other related alcohol and drug services; and

(c) Referral to and coordination of medical services shall include the availability of tuberculosis and human immunodeficiency virus services pursuant to 42 U.S.C. § 300x-24 (Requirements Regarding Tuberculosis and Human Immunodeficiency Virus, ~~October 27, 1992~~ January 7, 2011).

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).

67:61:12:04. Nonreimbursable services. Nonreimbursable services include:

- (1) Services which are solely recreational in nature;
- (2) Time spent preparing paperwork from client assessments or clinical documentation;

and

- (3) Time spent traveling.

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).

67:61:13:01. Eligibility criteria. To be eligible for outpatient treatment the client shall meet the following criteria:

- (1) The client has no or minimal risk for severe withdrawal;
- (2) The client has no or very stable biomedical conditions, or is receiving concurrent medical monitoring;
- (3) The client's emotional, behavioral, or cognitive conditions are causing minimal interference with substance use recovery, difficulties in social functioning, and the ability to care for self;
- (4) The client is willing to engage in treatment, but needs motivational and monitoring strategies to promote progress through the stages of change;
- (5) The client is able to maintain abstinence or control substance use and pursue recovery or motivational goals with minimal support; and
- (6) The client's recovery environment is supportive, and the client has the skills to cope.

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).

67:61:13:02. Services provided. The program may provide its clients with a variety of treatment services, but it shall provide the following services:

(1) An integrated assessment pursuant to § 67:61:07:05;

(2) Crisis intervention;

(3) Any combination of individual, group, and family counseling which may include the following:

(a) Education regarding substance abuse and dependence, including the biomedical effects of drug and alcohol use and abuse and the importance of medical care and treatment in the recovery process; and

(b) Education regarding tuberculosis and the human immunodeficiency virus, how each is transmitted and how to safeguard against transmission;

(4) Discharge planning to include:

(a) Continued care planning and counseling;

(b) Referral to and coordination of care with other resources that will assist a client's recovery, including educational, vocational, medical, legal, social, mental health, employment, and other related alcohol and drug services; and

(c) Referral to and coordination of medical services which includes the availability of tuberculosis and human immunodeficiency virus services pursuant to 42 U.S.C. § 300x-24 (Requirements Regarding Tuberculosis and Human Immunodeficiency Virus, ~~October 27, 1992~~ January 7, 2011).

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).

67:61:13:03. Intensity of services. The program may provide to each client any combination of individual, group, or family counseling services of any intensity and frequency as required by the continued service criteria pursuant to § 67:61:07:07. If counseling is provided, these services shall be less than nine hours in a one-week period for adults. Services for adolescents shall be less than six hours in a one-week period.

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

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

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

67:61:13:05. Nonreimbursable services. Nonreimbursable services include:

- (1) Driving Under the Influence and Driving While Intoxicated education courses;
- (2) Services which are solely recreational in nature;
- (3) Time spent preparing paperwork from client assessments or clinical documentation;
- (4) Time spent traveling; and
- (5) Community 12 step programs.

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

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

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

67:61:14:01. Eligibility criteria. To be eligible for intensive outpatient services the client shall meet the following criteria:

- (1) The client is at minimal risk of severe withdrawal;
- (2) The client has no or very stable biomedical conditions which are not a distraction from treatment;
- (3) The client has mild emotional, behavioral, or cognitive conditions which may distract from recovery and need monitoring; and
- (4) The client shall meet one of the following:
 - (a) The client has variable engagement in treatment, ambivalence, or a lack of awareness of the substance use or mental health problem, and requirement of a structured program to promote progress through the stages of change; or
 - (b) The client's substance use or mental health symptoms or both intensified and indicate a high-likelihood of relapse or continued use without close monitoring or support; or
 - (c) The client has a non-supportive recovery environment, but the client is able to cope with structure and support.

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

General Authority: SDCL 34-20A-27(1)(3)(4).

Law Implemented: SDCL 34-20A-27(1)(3)(4).

67:61:14:02. Services provided. The program may provide its clients with a variety of treatment services, but it must provide the following services:

(1) An integrated assessment pursuant to § 67:61:07:05;

(2) Crisis intervention;

(3) Individual, group, and family counseling which may include the following:

(a) Education regarding alcohol and drug abuse and dependence, including the biomedical effects of drug and alcohol use and abuse and the importance of medical care and treatment in the recovery process; and

(b) Education regarding tuberculosis and the human immunodeficiency virus, how each is transmitted and how to safeguard against transmission;

(4) Discharge planning which must include the following:

(a) Continued care planning and counseling;

(b) Referral to and coordination of care with other resources that will assist a client's recovery, including education, vocational, medical, legal, social, mental health, employment, and other related alcohol and drug services; and

(c) Referral to and coordination of medical services to include the availability of tuberculosis and human immunodeficiency virus services pursuant to 42 U.S.C. § 300x-24 (Requirements Regarding Tuberculosis and Human Immunodeficiency Virus, ~~October 27, 1992~~ January 7, 2011).

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).

67:61:14:03. Intensity of services. The program shall provide any combination of individual, group, or family counseling two or more times per week to each client. Each adult client shall be provided with a minimum of nine hours of these services per week. Each adolescent client shall be provided with a minimum of 6 hours of these services per week.

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

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

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

67:61:14:05. Nonreimbursable services. Nonreimbursable services include:

- (1) Driving Under the Influence and Driving While Intoxicated education courses;
- (2) Services which are solely recreational in nature;
- (3) Time spent preparing paperwork from client assessments or clinical documentation;
- (4) Time spent traveling; and
- (5) Community 12 step programs.

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

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

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

67:61:15:01. Eligibility criteria. To be eligible for day treatment services the client shall meet the following criteria:

- (1) The client is experiencing mild withdrawal or is at risk for withdrawal;
- (2) The client has no or very stable biomedical conditions which are not a distraction from treatment;
- (3) The client has mild emotional, behavioral, or cognitive conditions which may distract from recovery and needs stabilization; and
- (4) The client shall meet one of the following:
 - (a) The client requires a structured program to promote progress through the stages of change; or
 - (b) The client is at high risk of relapse or continued use and deterioration in level of functioning; or
 - (c) The client's environment renders recovery unlikely without structured monitoring and support.

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

General Authority: SDCL 34-20A-27(1)(3)(4).

Law Implemented: SDCL 34-20A-27(1)(3)(4).

67:61:15:02. Services provided. The program shall provide its clients with a variety of treatment services, but the program shall provide the following services:

(1) An integrated assessment pursuant to § 67:61:07:05;

(2) Individual, group, and family counseling which may include the following:

(a) Education regarding alcohol and drug abuse and dependence, including the biomedical effects of drug and alcohol use and abuse and the importance of medical care and treatment in recovery; and

(b) Education regarding tuberculosis and the human immunodeficiency virus, how each is transmitted and how to safeguard against transmission;

(3) Education programming for adolescents; and

(4) Discharge planning which must include the following:

(a) Continued care planning and counseling;

(b) Referral to and coordination of care with other resources that will assist a client's recovery, including education, vocational, medical, legal, social, mental health, employment, and other related alcohol and drug services; and

(c) Referral to and coordination of medical services to include the availability of tuberculosis and human immunodeficiency virus services pursuant to 42 U.S.C. § 300x-24 (Requirements Regarding Tuberculosis and Human Immunodeficiency Virus, ~~October 27, 1992~~ January 7, 2011).

Additional services provided by residential day treatment programs shall include housing and dietary services and medical care, which must include the following: tuberculosis and human immunodeficiency virus services pursuant to 42 U.S.C. § 300x-24 (Requirements

Regarding Tuberculosis and Human Immunodeficiency Virus, ~~October 27, 1992~~ January 7, 2011).

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).

67:61:15:03. Intensity of services. The day treatment program for adults and adolescents shall provide a minimum of 15 hours of any combination of individual, group, or family counseling services per week to each client. A day treatment program for adults shall provide a minimum of five hours of additional services per week on specialized topics which address the specific needs of the client. The additional services shall be identified on the client's treatment plan or continued stay review. These services shall be provided by an individual trained in the specific topic presented.

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

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

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

67:61:15:04. Reimbursable services. Reimbursable services are limited to face-to-face contacts for the purpose of providing services pursuant to § 67:61:15:02. Services are reimbursed through a per diem rate and are not eligible to be reimbursed through a 15 minute unit.

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).

67:61:15:05. Nonreimbursable services. Nonreimbursable services include:

- (1) Billing for a client that exceeds the accredited bed capacity established by the ~~Division~~ department for clients residing in a residential day treatment program;
- (2) Driving Under the Influence and Driving While Intoxicated education courses;
- (3) Services which are solely recreational in nature;
- (4) Time spent preparing paperwork from client assessments or clinical documentation;
- (5) Time spent traveling; and
- (6) Community 12 step programs.

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

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

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

67:61:16:01. Eligibility criteria. To be eligible for clinically-managed low-intensity residential services the client shall meet the following criteria:

- (1) The client is at risk of or is experiencing minimal withdrawal;
- (2) The client has no or very stable biomedical conditions;
- (3) The client has no or very stable emotional, behavioral, or cognitive conditions;
- (4) The client requires a structured environment to promote progress through the stages of change;
- (5) The client needs structure to reinforce recovery and relapse prevention skills; and
- (6) The client's recovery environment poses a threat to safety or engagement in treatment or both.

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

General Authority: SDCL 34-20A-27(1)(3)(4).

Law Implemented: SDCL 34-20A-27(1)(3)(4).

67:61:16:02. Services provided. The program may provide its clients with a variety of treatment services, but it shall provide the following services:

(1) An integrated assessment pursuant to § 67:61:07:05;

(2) Individual, group, and family counseling may include the following:

(a) Education regarding alcohol and drug abuse and dependence, including the biomedical effects of drug and alcohol use and abuse and the importance of medical care and treatment in recovery; and

(b) Education regarding tuberculosis and the human immunodeficiency virus, how each is transmitted and how to safeguard against transmission;

(3) Arts and crafts or work therapy. However, clients may not be required to participate in more than 40 hours of work therapy per week;

(4) Housing and dietary services;

(5) Medical care, to include the following:

(a) Tuberculosis and human immunodeficiency virus services pursuant to 42 U.S.C. § 300x-24 (Requirements Regarding Tuberculosis and Human Immunodeficiency Virus, ~~October 27, 1992~~ January 7, 2011); and

(6) Discharge planning to include the following:

(a) Continued care planning and counseling;

(b) Referral to and coordination of care with other resources that will assist a client's recovery, including education, vocational, medical, legal, social, mental health, employment, and other related alcohol and drug services; and

(c) Referral to and coordination of medical services to include the availability of tuberculosis and human immunodeficiency virus services pursuant to 42 U.S.C. § 300x-24

(Requirements Regarding Tuberculosis and Human Immunodeficiency Virus, ~~October 27,~~
~~1992~~ January 7, 2011).

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).

67:61:16:03. Intensity of services. A clinically-managed low-intensity residential treatment program shall provide each client a minimum of five hours of any combination of individual, group, or family counseling each week.

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

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

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

67:61:16:04. Admission medical examination. A person admitted to a clinically-managed low-intensity residential treatment program shall have received a medical examination conducted by or under the supervision of a licensed physician within the three months before admission. The agency shall require that the results of the examination be provided to the program before or at the time of admission.

If an examination has not been conducted or the results are not available, the program shall assure that a medical examination occurs within five calendar days after admission. The results of all medical examinations shall be placed in the case record. The staff shall consider the client's medical health in the development of the treatment plan.

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).

67:61:16:06. Nonreimbursable services. Nonreimbursable services include:

(1) Billing for a client that exceeds the accredited bed capacity established by the ~~Division~~ department;

(2) Driving Under the Influence and Driving While Intoxicated education courses;

(3) Services which are solely recreational in nature;

(4) Time spent preparing paperwork from client assessments or clinical documentation;

(5) Time spent traveling; and

(6) Community 12 step programs.

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

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

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

67:61:17:01. Eligibility criteria. To be eligible for clinically-managed residential detoxification services the client shall meet one of the following criteria:

(1) The client is experiencing signs and symptoms of withdrawal that is manageable in this level of care; or

(2) There is evidence that withdrawal is imminent based on history of substance intake, previous withdrawal history, present symptoms, physical conditions, or emotional, behavioral, or cognitive condition.

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

General Authority: SDCL 34-20A-27(1)(3)(4).

Law Implemented: SDCL 34-20A-27(1)(3)(4).

67:61:17:02. Information required to be obtained at time of admission. The agency admitting the client shall obtain the information required by § 67:61:17:07(1), and record the following observations and information in the client's case record:

- (1) Blood pressure, pulse, and respiration;
- (2) Presence of bruises, lacerations, cuts, or wounds;
- (3) Medications the client is currently taking, particularly sedative use;
- (4) Medications carried by the client or found on the client's person;
- (5) Any history of diabetes, seizure disorders including epilepsy, delirium tremens, and any client history of convulsive therapies, e.g., electroconvulsive or insulin shock treatments, and any history of exposure to tuberculosis and any current signs or symptoms of the disease;
- (6) Any history of medical, psychological, or psychiatric treatment; and
- (7) Any symptoms of mental illness currently present.

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).

67:61:17:03. Agreement with hospital for emergency care. The agency shall have a written affiliation agreement to provide emergency, inpatient, and ambulatory medical services with a licensed hospital serving the area in which the program is located. The agreement shall specify that the hospital consents to accept all transfers for prompt medical evaluation. Documentation of the reason for the transfer shall accompany all transferred clients as well as the documented history of client's vital signs. Disclosure of information about clients to the hospital shall comply with the requirements of the Substance Abuse and Mental Health Services Administration, 42 U.S.C. §§ ~~290dd-3~~ 290dd-2 (January 7, 2011), ~~ee-3~~, the confidentiality of alcohol and drug abuse patient records, 42 C.F.R. Part 2 (~~January 7, 2011~~ January 18, 2017) and the security and privacy of ~~HIPAA~~ the Health Insurance Portability and Accountability Act, 45 C.F.R. Part 160 and 164 (September 26, 2016).

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).

67:61:17:04. Availability of medical director. The agency shall have a written agreement with a licensed physician, physician assistant, or certified nurse practitioner to serve as the medical director or employ a licensed physician who is primarily responsible for providing medical care to clients. The medical director's responsibilities to the program include the following:

- (1) The provision of advice on health related policies and issues;
- (2) The provision of emergency medical care to admitted clients; and
- (3) The supervision of the medical treatment provided to the clients.

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).

67:61:17:05. Monitoring and documentation of client's condition. The program shall establish a written policy and procedure concerning the steps staff shall take when assessing and monitoring a client's physical condition and responding to medical complications throughout the detoxification process.

Staff shall closely monitor the condition of each client during detoxification and document the following information in the client's case record:

(1) Blood pressure, pulse, and respiration; at admission by staff trained to perform these tests, a minimum of two additional times in the first eight hours after admission, or at a greater frequency dependent on the degree of hypertension or hypotension, and at least once every eight hours thereafter;

(2) Physical, mental, and emotional state, including presence of confusion, anxiety, depression, hallucinations, restlessness, sleep disturbances, tremors, ataxia, or excessive perspiration; and

(3) Type and amount of fluid intake.

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).

67:61:17:06. Emergency first aid training. Any counseling and client supervisory staff of the program shall be trained in emergency first aid and ~~CPR~~ cardiopulmonary resuscitation and trained to respond to fires and other natural disasters. Current certificates verifying successful completion of training shall be kept in the personnel file.

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

General Authority: SDCL 34-20A-27(1)(4)(5).

Law Implemented: SDCL 34-20A-27(1)(4)(5).

67:61:17:07. Services provided. The program may provide its clients with a variety of treatment services, but it must provide the following services:

(1) Initial assessment and planning within 48 hours of admission. The initial assessment shall be recorded in the client's case record and includes:

(a) The client's current problems and needs;

(b) The client's emotional and physical state including screening for the presence of cognitive disability, mental illness, medical disorders, collateral information, and prescribed medications;

(c) The client's drug and alcohol use including the types of substances used, including prescribed or over the counter medications, age of first use, the amount used, the frequency of use, the date of last use, the duration of use, and the criteria met for a diagnosis of use disorder for each substance; and

(d) A statement of the intended course of action;

(2) Individual, group, and family counseling may include the following:

(a) Provide information about alcohol and drug abuse programs whose capabilities most nearly match the client's needs based on completion of the initial assessment;

(b) Encourage the client to use alcohol and drug abuse programs for long range rehabilitation;

(c) Education regarding alcohol and drug abuse and dependence, including the biomedical effects of drug and alcohol use and abuse and the importance of medical care and treatment in recovery; and

(d) Education regarding tuberculosis and the human immunodeficiency virus, how each is transmitted and how to safeguard against transmission;

(3) Housing and dietary services;

(4) Medical care shall include the following:

(a) Tuberculosis and human immunodeficiency virus services pursuant to 42 U.S.C. § 300x-24 (Requirements Regarding Tuberculosis and Human Immunodeficiency Virus, ~~October 27, 1992~~ January 7, 2011); and

(5) Discharge planning to include the following:

(a) Continued care planning and counseling;

(b) Referral to and coordination of care with other resources that will assist a client's recovery, including education, vocational, medical, legal, social, mental health, employment, and other related alcohol and drug services; and

(c) Referral to and coordination of medical services to include the availability of tuberculosis and human immunodeficiency virus services pursuant to 42 U.S.C. § 300x-24 (Requirements Regarding Tuberculosis and Human Immunodeficiency Virus, ~~October 27, 1992~~ January 7, 2011).

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).

67:61:17:08. Intensity of services. The program shall provide a minimum of 30 minutes of any combination of the services listed in subdivisions § 67:61:17:07(2)(a)(b)(c)(d), within 48 hours of admission, with an additional 30 minute minimum for each subsequent 24 hour period.

Source: 43 SDR 80, effective December 5, 2016; 46 SDR 50, effective October 10, 2019.

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

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

67:61:17:10. Nonreimbursable services. Nonreimbursable services include:

- (1) Driving Under the Influence and Driving While Intoxicated education courses;
- (2) Services which are solely recreational in nature;
- (3) Time spent preparing paperwork from client assessments or clinical documentation;
- (4) Time spent traveling; and
- (5) Community 12 step programs.

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

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

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

67:61:18:01. Eligibility criteria. To be eligible for medically-monitored inpatient treatment the client shall meet the following criteria:

(1) The client shall meet one of the following:

(a) The client is experiencing moderate to severe withdrawal or is at risk of severe withdrawal based on previous withdrawal history;

(b) The client's continued substance use causes imminent risk to biomedical conditions; or

(c) The client's continued substance use causes imminent risk to emotional, behavioral, and cognitive conditions; and

(2) The client shall meet one of the following:

(a) The client requires intensive monitoring and support to promote progress through the stages of change;

(b) The client is in immediate danger of continued severe substance use or relapse and such behaviors present significant risk of serious adverse consequences to the client, or others, or both; or

(c) The client's recovery environment poses a threat to safety or engagement in treatment or both.

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

General Authority: SDCL 34-20A-27(1)(3)(4).

Law Implemented: SDCL 34-20A-27(1)(3)(4).

67:61:18:02. Medical evaluations and vital signs. At a minimum, the program shall complete the following:

(1) At the time of admission, each client's blood pressure, pulse, and respiration shall be evaluated and recorded in the client's case record by staff trained to perform these tests;

(2) Within 8 hours after admission, each client shall receive a medical evaluation conducted by an ~~RN~~ registered nurse or an ~~LPN~~ a licensed practical nurse. The results of this medical evaluation shall be provided to the program physician for the purpose of determining whether the client needs immediate and a more extensive examination to determine the appropriateness of the admission and the program physician's approval shall be documented in the client's case record:

(a) The medical evaluation includes:

(i) A second reading of blood pressure, pulse, and respiration;

(ii) Mental and emotional status;

(iii) Any bruises, lacerations, cuts, wounds, or other medical conditions;

(iv) Current medication use, particularly sedative use and medications being carried by the client; and

(v) Any history of diabetes, seizure disorders including epilepsy, delirium tremens, and any history of convulsive therapies, e.g., electroconvulsive or insulin shock treatments; and

(3) Within 72 hours after admission, each client shall have:

(a) A complete blood count and urinalysis; and

(b) A complete physical examination by or under the supervision of a licensed physician, who shall also evaluate the results of the tests conducted.

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).

67:61:18:03. Availability of medical director. The agency shall have a written agreement with a licensed physician, physician assistant, or certified nurse practitioner to serve as the medical director or employ a licensed physician who is primarily responsible for providing medical care to the clients. The medical director's responsibilities to the program includes the following:

- (1) The provision of advice on health related policies and issues;
- (2) The provision of emergency medical care to admitted clients;
- (3) The supervision of the performance of the medical examination and laboratory tests required upon the ~~clients~~ client's admission to the program; and
- (4) The supervision of the medical treatment provided to the clients.

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).

67:61:18:04. Services provided. The program may provide its clients with a variety of treatment services, but it shall provide the following services:

(1) An integrated assessment pursuant to § 67:61:07:05;

(2) Individual, group, and family counseling may include the following:

(a) Education regarding alcohol and drug abuse and dependence, including the biomedical effects of drug and alcohol use and abuse and the importance of medical care and treatment in recovery; and

(b) Education regarding tuberculosis and the human immunodeficiency virus, how each is transmitted and how to safeguard against transmission;

(3) Housing and dietary services;

(4) Education programing for adolescents;

(5) Recreation and leisure time activities for adolescents;

(6) Medical care, to include:

(a) Tuberculosis and human immunodeficiency virus services pursuant to 42 U.S.C. § 300x-24 (Requirements Regarding Tuberculosis and Human Immunodeficiency Virus, ~~October 27, 1992~~ January 7, 2011); and

(7) Discharge planning to include the following:

(a) Continued care planning and counseling;

(b) Referral to and coordination of care with other resources that will assist a client's recovery, including education, vocational, medical, legal, social, mental health, employment, and other related alcohol and drug services; and

(c) Referral to and coordination of medical services to include the availability of tuberculosis and human immunodeficiency virus services pursuant to 42 U.S.C. § 300x-24

(Requirements Regarding Tuberculosis and Human Immunodeficiency Virus, ~~October 27,~~
~~1992~~ January 7, 2011).

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).

67:61:18:05. Intensity of services. A medically-monitored intensive inpatient treatment program for adults shall provide daily to each client a combination of individual, group, or family counseling which shall total a minimum of 21 hours per week. The program shall also provide a minimum of nine hours of additional services on specialized topics that address the specific needs of the client. The additional services shall be identified on the client's treatment plan or continued stay review. These services shall be provided by an individual trained in the specific topic presented.

A medically monitored intensive inpatient treatment program for adolescents shall include at least 15 hours per week of any combination of individual, group, or family counseling services.

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

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

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

67:61:18:06. Reimbursable services. Reimbursable services are limited to face-to-face contacts for the purpose of providing services pursuant to § 67:61:18:04. Services are 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 must 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).

67:61:18:07. Nonreimbursable services. Nonreimbursable services include:

(1) Billing for a client that exceeds the accredited bed capacity established by the ~~Division~~ department;

(2) Driving Under the Influence and Driving While Intoxicated education courses;

(3) Services which are solely recreational in nature;

(4) Time spent preparing paperwork from client assessments or clinical documentation;

(5) Time spent traveling; and

(6) Community 12 step programs.

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

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

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

ARTICLE 67:62

MENTAL HEALTH

Chapter

- 67:62:01 Definitions.
- 67:62:02 Accreditation.
- 67:62:03 Governance.
- 67:62:04 Core service responsibilities.
- 67:62:05 General management requirements.
- 67:62:06 Personnel.
- 67:62:07 Clients' rights.
- 67:62:08 Clinical processes.
- 67:62:09 Environmental sanitation safety and fire prevention.
- 67:62:10 Outpatient services.
- 67:62:11 Child or youth and family ~~(CYF)~~ services.
- 67:62:12 Comprehensive assistance with recovery and empowerment ~~(CARE)~~.
- 67:62:13 ~~Community support services program~~ Individualized mobile programs of assertive community treatment ~~(IMPACT)~~.
- 67:62:14 Qualified mental health professional ~~(QMHP)~~.
- 67:62:15 Preadmission screening and resident ~~reviews (PASRR)~~ review.

CHAPTER 67:62:02

ACCREDITATION

Section

- 67:62:02:01 Definitions.
- 67:62:02:02 Access by the ~~division~~ department.
- 67:62:02:03 Application for accreditation.
- 67:62:02:04 Policies and procedures subject to approval.
- 67:62:02:05 Provisional accreditation and comprehensive survey.
- 67:62:02:06 Extension of accreditation period.
- 67:62:02:07 Renewal of accreditation -- Comprehensive survey.
- 67:62:02:08 Comprehensive survey report -- Plan of correction.
- 67:62:02:09 Reasons for placing a center on probation.
- 67:62:02:10 Probation procedures.
- 67:62:02:11 Suspension or revocation procedures.
- 67:62:02:12 Acceptance of new clients prohibited.
- 67:62:02:13 Delay in meeting requirements.
- 67:62:02:14 Denial of accreditation.
- 67:62:02:15 Reconsideration of application for accreditation.
- 67:62:02:16 Appeal procedure.
- 67:62:02:17 Time and place of hearing.
- 67:62:02:18 Changes requiring notification.
- 67:62:02:19 Sentinel event notification.
- 67:62:02:20 Approval needed for receipt of government funds.
- 67:62:02:21 Center application for state or federal assistance.

67:62:02:01. Definitions. ~~Terms~~ As used in this chapter ~~mean~~:

(1) "Comprehensive survey;" means a planned on-site survey of the center by a team of representatives from the ~~division~~ department for the purpose of evaluating compliance with standards for accreditation renewal and assessing the quality of services provided;

(2) ~~"Division director," the individual appointed by the secretary of the Department of Social Services to oversee the activities of the Division of Behavioral Health;~~

(3) "Plan of correction;" means a plan created by the center to organize the process of making improvements in clinical or administrative practice in order to address issues identified by the ~~division~~ department that require corrective action, or improvement to meet the requirements of this article;

(4) (3) "Probation;" means a status of restricted accreditation of a center that fails to follow the requirements for accreditation;

(5) (4) "Revoke;" means the permanent withdrawal of a center's accreditation by the ~~division~~ department;

(6) (5) "Root cause analysis;" means a process to identify the fundamental reason for a failure or inefficiency of process that allowed for a mistake including the occurrence, or possible occurrence, of a sentinel event, to determine how to change procedures so mistakes are less likely, and then make the change;

(7) (6) "Suspension;" means the temporary withdrawal of a center's accreditation by the ~~division~~ department.

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

General Authority: SDCL 27A-5-1(5).

Law Implemented: SDCL ~~1-36A-1.6~~, 27A-3-1, 27A-5-1(5).

67:62:02:02. Access by ~~division~~ department. The ~~division~~ department shall monitor each center for continued compliance with this article regardless of the term of a center's accreditation certificate. A center is subject to review without notice by the ~~division~~ department. The ~~division's~~ department's rights include complete access to all clients and staff, and to all clients, staff, financial, and administrative program records needed to determine whether the center meets the requirements SDCL title 27A and this article. The ~~division~~ department may review and copy records in compliance with this article.

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

General Authority: SDCL 27A-5-1.

Law Implemented: SDCL 27A-3-1, 27A-5-1.

67:62:02:03. Application for accreditation. An agency seeking to operate as an accredited community mental health center shall submit an application for accreditation to the ~~division~~ department. The ~~division~~ department shall make accreditation application forms available upon request. An incomplete application will be returned and will not be considered.

The ~~division~~ department shall provide the necessary application forms to a center seeking renewal of accreditation at least 60 days before the expiration of the center's current accreditation.

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

General Authority: SDCL 27A-5-1(2).

Law Implemented: SDCL 27A-5-1(~~2~~).

67:62:02:04. Policies and procedures subject to approval. All center policies, procedures, and other requirements of article 67:62 are subject to the approval of the ~~division~~ department as part of the ~~accredit~~ accreditation process.

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

General Authority: SDCL 1-36-25, 27A-5-1.

Law Implemented: SDCL 1-36-25, 27A-5-1.

67:62:02:05. Provisional accreditation and comprehensive survey. The ~~division~~ department may grant provisional accreditation to an agency seeking accreditation for the first time or to an agency previously accredited to regain accreditation. A provisional accreditation certificate may only be issued upon submission of a completed application and a preliminary comprehensive survey by the ~~division~~ department to determine compliance with this article and the requirements of SDCL title 27A.

A provisional accreditation expires after six months and may not be extended except with the approval of the ~~division~~ department to accommodate ~~division~~ department scheduling delays, not to exceed an additional three months. A follow-up comprehensive survey on-site review shall be conducted prior to the expiration of the provisional accreditation to determine if the requirements of SDCL title 27A and this article have been met at which time the ~~division~~ department shall take one of the following actions:

- (1) Grant a one year accreditation certificate for a new center;
- (2) Grant accreditation up to the end date of the original certification for a currently accredited center; or
- (3) Deny accreditation.

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

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

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

67:62:02:06. Extension of accreditation period. The ~~division director~~ department may extend the period of accreditation to accommodate ~~division~~ department on-site scheduling delays. The ~~division~~ department shall document and maintain the reason for the extension. No extension shall exceed a period of one year beyond the certificate expiration date.

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

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

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

67:62:02:07. Renewal of accreditation -- Comprehensive survey. Any center currently accredited by the ~~division~~ department shall participate in a comprehensive survey to determine compliance with the requirements of this article and SDCL title 27A. The ~~division~~ department shall notify the center of the date of the comprehensive survey.

The ~~division~~ department shall make a decision regarding compliance with SDCL title 27A and this article within 90 days of the on-site review based on the evaluation of each component of the accreditation application and materials reviewed and either:

(1) Issue a three year accreditation certificate if a center is in compliance with 90 percent or more of the requirements and submits a plan of correction approved by the ~~division~~ department that addresses all areas of noncompliance;

(2) Issue a two year accreditation certificate if a center is in compliance with 70 to 89 percent of the requirements and submits a plan of correction approved by the ~~division~~ department that addresses all areas of noncompliance;

(3) Place a center on probation for not more than six months if the center is in compliance with less than 70 percent of the requirements. If the center successfully completes a plan of correction approved by the ~~division~~ department, addresses all areas of noncompliance, and attains at least 70 percent compliance, the ~~division~~ department shall issue a one year accreditation certificate; or

(4) Deny accreditation if the center fails to meet the requirements of SDCL title 27A and this article or fails to submit a plan of correction approved by the ~~division~~ department.

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

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

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

67:62:02:08. Comprehensive survey report -- Plan of correction. The ~~division~~ department shall provide a report to the center within 30 days following the on-site comprehensive survey regarding the findings of the survey. If a center is not in compliance with the requirements of this article, the ~~division~~ department shall notify the center of the areas of noncompliance in the accreditation report. The center shall submit a plan of correction to the ~~division~~ department within 30 days of receipt of the accreditation report. The plan shall include the action to be taken to correct the areas of noncompliance and the date the action is to be completed. The plan of correction is subject to acceptance or rejection in whole or in part by the ~~division~~ department. The ~~division~~ department shall notify the center within 30 days of receipt of the plan of correction of the ~~division's~~ department's decision regarding approval or disapproval of the plan of correction and the accreditation status of the center. The ~~division~~ department may conduct a follow-up review of the center to evaluate the corrections made. Failure to submit a plan of correction or failure to have the plan of correction approved by the ~~division~~ department will result in probation, suspension, or revocation of accreditation.

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

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

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

67:62:02:09. Reasons for placing a center on probation. The ~~division~~ department may place the center on probation if:

(1) The center is in compliance with less than 70 percent of the requirements of this article and SDCL title 27A;

(2) The center fails to complete the plan of correction to address the areas of noncompliance noted by the ~~division~~ department within the accreditation report;

(3) The center has serious infractions of this article that affect the overall continuity of care or safety of clients;

(4) The center falsifies information provided to the ~~division~~ department for accreditation or funding purposes;

(5) The center participates in, condones, or permits illegal acts;

(6) The center is associated with fraud, deceit, or coercion;

(7) The center fails to comply with licensing and other standards required by federal or state laws, rules, or regulations; state and federal confidentiality laws; and this article, that may result in practices that are detrimental to the welfare of a client; or

(8) The center refuses to allow the ~~division~~ department access for a comprehensive survey, a complaint review, or any necessary follow-up review.

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

General Authority: SDCL 27A-5-1.

Law Implemented: SDCL 27A-3-1, 27A-5-1.

67:62:02:10. Probation procedures. If the ~~division~~ department determines that the ~~division~~ has there is sufficient cause to place a center on probation, the following shall occur:

(1) The ~~division~~ department shall send the center written notice of probationary status and areas of noncompliance;

(2) The center shall develop and submit a plan of correction pursuant to § 67:62:02:08 within 30 days of notice of probationary status;

(3) Upon receipt of the plan of correction, the ~~division~~ department shall notify the center within five business days of the ~~division's~~ department's decision to approve the plan of correction; and

(4) The ~~division~~ department may conduct a site visit at least once during the probationary period to monitor progress on plan of correction items. At the end of the probationary period, the ~~division~~ department shall conduct a comprehensive survey of the center and may:

(a) Grant a one year accreditation certificate if the agency has successfully obtained at least 70 percent compliance during the final comprehensive survey;

(b) Suspend the center's accreditation; or

(c) Revoke the center's accreditation.

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

General Authority: SDCL 27A-5-1.

Law Implemented: SDCL 27A-3-1, 27A-5-1.

67:62:02:11. Suspension or revocation procedures. The ~~division~~ department shall provide written notice to the center of the ~~division's~~ department's intent to suspend or revoke the center's accreditation.

The suspension or revocation is effective 15 days after receipt of the notice. The notice shall contain the reason for the ~~division's~~ department's action, the opportunity for the center to request reconsideration by the ~~division~~ department, and the appeal process.

A center's request for reconsideration shall be in writing and received by the ~~division~~ department within 15 days of receipt of notification of suspension or revocation.

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

General Authority: SDCL 27A-5-1.

Law Implemented: SDCL 27A-3-1, 27A-5-1.

67:62:02:12. Acceptance of new clients prohibited. A center that has been placed on probation or whose accreditation has been suspended is prohibited from accepting new clients until the ~~division~~ department approves the plan of correction.

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

General Authority: SDCL 27A-5-1.

Law Implemented: SDCL 27A-3-1, 27A-5-1.

67:62:02:13. Delay in meeting requirements. The ~~division~~ department may grant the center a delay in meeting the requirements of this article to avoid undue hardship on the center if the ~~division~~ department determines that allowing a delay would be in the best interests of the clients.

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

General Authority: SDCL 27A-5-1(5).

Law Implemented: SDCL 27A-3-1, 27A-5-1(~~5~~).

67:62:02:14. Denial of accreditation. If the ~~division~~ department denies accreditation to the center, the ~~division~~ department shall send notice of the denial to the center by certified mail, return receipt requested, within 60 days of the final review. The notice of denial shall also inform the center that the denial is effective 15 days after receipt of the notice.

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

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

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

67:62:02:15. Reconsideration of application for accreditation. A center may request the ~~division~~ department reconsider an application. The request shall be in writing and sent within 15 calendar days after receipt of the denial of accreditation.

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

General Authority: SDCL 27A-5-1.

Law Implemented: SDCL 27A-5-1.

67:62:02:16. Appeal procedure. A center may appeal to the secretary of the department any denial, revocation, or suspension of certification, or placement on probation by the ~~division~~ department. An appeal to the department shall be sent by certified mail within 15 calendar days of receipt of the notification of the ~~division's~~ department's action and request a fair hearing pursuant to SDCL chapter 1-26.

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

General Authority: SDCL 27A-5-1.

Law Implemented: SDCL 27A-5-1.

67:62:02:18. Changes requiring notification. An accredited center shall notify the ~~division~~ department before a change in the center director, a reduction in services provided by the center, or the impending closure of the center for a determination on continued accreditation.

An accredited center shall give the ~~division~~ department 30 days written notice of closure. The center shall provide the ~~division~~ department written documentation which ensures safe storage of financial records for at least six years from the date of closure, and of client case records for a minimum of six years from closure required by 42 C.F.R. § 2.19 (June 9, 1987), disposition of records by discontinued programs. The ~~division~~ department may assist in making arrangements for services for clients by another accredited agency prior to the closing.

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

General Authority: SDCL 27A-5-1.

Law Implemented: SDCL 27A-3-1, 27A-5-1.

67:62:02:19. Sentinel event notification. Each accredited center shall make a report to the ~~division~~ department within 24 hours of any sentinel event including; death not primarily related to the natural course of the client's illness or underlying condition, permanent harm, or severe temporary harm, and intervention required to sustain life.

The center shall submit a follow-up report to the ~~division~~ department within 72 hours of any sentinel event and the report shall include:

- (1) A written description of the event;
- (2) The client's name and date of birth; and
- (3) Immediate actions taken by the center.

Each center shall develop root cause analysis policies and procedures to utilize in response to sentinel events.

Each center shall also report to the ~~division~~ department as soon as possible: any fire with structural damage or where injury or death occurs, any partial or complete evacuation of the facility resulting from natural disaster, or any loss of utilities, such as electricity, natural gas, telephone, emergency generator, fire alarm, sprinklers, and other critical equipment necessary for operation of the facility for more than 24 hours.

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

General Authority: SDCL 27A-5-1(1)(2)(5).

Law Implemented: SDCL 27A-3-1, 27A-5-1.

67:62:02:20. Approval needed for receipt of government funds. No funds generated through the provisions of SDCL chapter 27A-5₂ nor any federal funds administered pursuant to SDCL chapter 28-1₂ may be granted to any agency that is not accredited by the department pursuant to this article.

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

General Authority: SDCL 27A-5-1(2).

Law Implemented: SDCL 27A-5-1(~~2~~).

67:62:02:21. Center application for state or federal assistance. Any center submitting an application for state or federal assistance to supplement services provided under a purchase of service agreement with the department shall submit a copy of the application to the department for review. A purchase of service agreement is a contractual agreement between the department and a center in which the center agrees to provide diagnosis, evaluation, treatment, consultation, and other necessary direct assistance in providing comprehensive mental health care.

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

General Authority: SDCL 27A-5-1(2).

Law Implemented: SDCL 27A-5-1(~~2~~).

CHAPTER 67:62:04

CORE SERVICE RESPONSIBILITIES

Section

- 67:62:04:01 Required range of services.
- 67:62:04:02 Center responsibilities.
- 67:62:04:03 Refusal to serve a child with a ~~SED~~ serious emotional disturbance or an adult with a ~~SMI~~ serious mental illness -- Alternate provider.
- 67:62:04:04 Center's right to appeal.

67:62:04:01. Required range of services. Community mental health centers serve the counties designated to them by the ~~division~~ department and provide services to clients with acute mental health issues or serious mental health difficulties, including those with co-occurring disorders as defined in subdivision 67:62:01:01(12). A center shall provide services to children, youth, adults, and elderly residents of the catchment area assigned to the center either directly or by affiliation with another agency. The following services shall be available:

- (1) Emergency services available 24 hours per day, seven days a week;
- (2) Assessment services to determine the best service match;
- (3) Outpatient services pursuant to chapter 67:62:10;
- (4) Specialized outpatient services for children or youth pursuant to chapter 67:62:11; and
- (5) Specialized outpatient services for adults pursuant to chapter 67:62:12.

Optional services may include room and board as defined in subdivision 67:62:01:01(~~33~~ 30) and ~~IMPACT~~ individualized and mobile program of assertive community treatment team pursuant to chapter 67:62:13.

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

General Authority: SDCL 27A-5-1(3).

Law Implemented: SDCL 27A-3-1, 27A-5-1(~~3~~), 27A-5-7.

67:62:04:03. Refusal to serve a child with a ~~SED~~ serious emotional disturbance or an adult with a ~~SMI~~ serious mental illness -- Alternate provider. A center shall serve any client who meets ~~SED~~ serious emotional disturbance or ~~SMI~~ serious mental illness criteria pursuant to § 67:62:11:01 or 67:62:12:01 and financial eligibility criteria. If a center refuses services to a client who meets these criteria, the ~~division~~ department has the authority to reduce the contract for the center in order to purchase necessary services from an alternative provider. A center may not refuse services to any child with a ~~SED~~ serious emotional disturbance or an adult with a ~~SMI~~ serious mental illness unless:

- (1) The center provides written notice of the refusal to the ~~division~~ department within 72 hours of this action;
- (2) The center offers emergency services to the client until the client can be relocated to another service area or alternative services are arranged; and
- (3) The center arranges for appropriate mental health services for the client with another provider.

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

General Authority: SDCL 27A-5-1(2)(3)(4)(5).

Law Implemented: SDCL 27A-3-1, 27A-5-1(2)(3)(4)(5).

67:62:04:04. Center's right to appeal. Within 30 days of the refusal to serve, the center's director may submit a letter of appeal to the ~~division director~~ department stating the center's cause for maintaining its contract funds. The ~~division director~~ department shall make a determination and respond to the center within two weeks of receiving the letter of appeal.

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

General Authority: SDCL 27A-5-1(2)(4)(5).

Law Implemented: SDCL 27A-3-1, 27A-5-1(2)(4)(5).

67:62:05:01. Policies and procedures manual. Each center shall have a policy and procedure manual to establish compliance with this article and procedures for reviewing and updating the manual.

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

General Authority: SDCL 27A-5-1(2).

Law Implemented: SDCL 27A-5-1(2).

67:62:05:02. Statistical data. Each center shall submit accurate statistical data on each client receiving services to the ~~division~~ department in a manner agreed upon by the ~~division~~ department and the center. The center shall provide statistical data on all services in accordance with the state ~~Management Information System (MIS)~~ management information system, and the center shall provide any other data required by the ~~division~~ department and state and federal laws and regulations.

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

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

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

67:62:05:05. Accounting system, cost reporting, and annual audit. An accredited center shall maintain an accounting system pursuant to generally accepted accounting principles. If requested by the department, the center shall submit to the department a copy of an annual entity-wide, independent financial audit. The audit shall be completed and filed with the department by the end of the fourth month following the end of the fiscal year being audited.

Audits shall contain, as part of the supplementary information, a cost report as outlined by the department. If applicable, the audit shall be conducted in accordance with the Federal Office of Management and Budget (~~OMB~~) Circular A-133 by an auditor approved by the Auditor General.

For either an entity-wide, independent financial audit or an A-133 audit, the center shall assure resolution of all interim audit findings. The center shall facilitate and aid any such reviews, examinations, and agreed upon procedures the department or any contractor may perform.

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

General Authority: SDCL 27A-5-1(2).

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

Reference: ~~Office of Management and Budget (OMB) Circular A-133, "Audits of States, Local Governments, and Non-Profit Organizations"~~ **Audits of States, Local Governments, and Non-Profit Organizations**, Office of Management and Budget Circular No. A-133, March 2008.

Copies are available at no cost from the following website:

https://www.whitehouse.gov/omb/circulars_a133_compliance_08_08toe

https://www.whitehouse.gov/sites/whitehouse.gov/files/omb/circulars/A133/a133_revised_2007.pdf.

67:62:05:06. Fees for services. Each center's board shall adopt a schedule of fees for services. Each center shall base fees on the client's ability to pay. The center shall make every effort to collect payment from clients for services in accordance with its fee schedule. The center shall make every effort to collect reimbursement for costs of services for all clients from other third-party sources.

The center shall provide its clients, referral resources, the public, and the ~~division~~ department with up-to-date fees for services. The information shall include the fee per unit of service and any standard fees not included in the unit rate charged by the center.

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

General Authority: SDCL 27A-5-1(2).

Law Implemented: SDCL 27A-3-1, 27A-5-1(~~2~~).

67:62:05:07. Client orientation. The agency shall develop policies and procedures to ensure orientation to the program is provided to a new client at or before time of admission or as soon thereafter as possible. The orientation shall include:

- (1) The center's purpose and a description of the treatment process;
- (2) All relevant center policies;
- (3) The hours during which services are available;
- (4) The fees for services and the responsibility for payment for those fees;
- (5) The right to confidentiality in accordance with the confidentiality of records requirements of the Substance Abuse and Mental Health Services Administration, 42 U.S.C. §§ 290 dd-2 (January 7, 2011), the confidentiality of alcohol and drug abuse patient records, 42 C.F.R. Part 2 (~~June 9, 1987~~ January 18, 2017), and the security and privacy of ~~HIPAA~~ the Health Insurance Portability and Accountability Act, 45 C.F.R. Part 160 and 164 (September 26, 2016); and
- (6) The rights of the client while receiving services in accordance with §§ 67:62:07:01 and 67:62:07:02.

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

General Authority: SDCL 34-20A-27(3)(4)(6).

Law Implemented: SDCL 34-20A-27(3)(4)(6).

67:62:05:08. Participation in state plan. Each center shall participate in the state's comprehensive mental health service plan and submit information to the ~~division~~ department as required.

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

General Authority: SDCL 27A-5-1(2).

Law Implemented: SDCL 27A-3-1, 27A-5-1(~~2~~).

67:62:06:07. Organizational chart. Each center shall have an up-to-date organizational chart indicating lines of authority from the board of directors and lines of authority for all job classifications. The organizational chart shall be made available to all staff members, the board of directors, and the ~~division~~ department.

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

General Authority: SDCL 27A-5-1(2)(5).

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

67:62:06:08. Workforce development and training. The center shall provide for ongoing training and consultation to enable staff and supervisors to carry out their responsibilities effectively.

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

General Authority: SDCL 27A-5-1(1)(2)(3).

Law Implemented: SDCL 27A-3-1, 27A-5-1~~(1)(2)(3)~~.

67:62:06:09. Volunteers. If a center uses volunteers as support for programs, the center shall establish and maintain a plan for recruiting, screening, training, and supervising the volunteers.

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

General Authority: SDCL 27A-5-1(5).

Law Implemented: SDCL 27A-3-1, 27A-5-1(~~5~~).

67:62:07:01. Clients' rights. A center shall ensure that clients' rights are fully protected. The center shall give each client, the client's parent if the client is under 18 years of age, or the client's guardian, if any, a copy of the clients' rights and responsibilities in writing, or in an accessible format, during the intake process and shall discuss the rights and responsibilities with the client or the client's parent, guardian, or advocate.

The clients' rights and responsibilities statement shall be posted in a place accessible to clients. Copies shall also be available in locations where clients can access them without making a request to center staff. In addition, the center shall make the clients' rights and responsibilities statements available to the ~~division~~ department. A center shall provide services to each client in a manner that is responsive to the client's need in the areas of age, gender, social support, cultural orientation, psychological characteristics, sexual orientation, physical situation, and spiritual beliefs.

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

General Authority: SDCL 27A-5-1(4).

Law Implemented: SDCL 27A-5-1(4).

67:62:07:02. Guaranteed rights. A client has rights guaranteed under the constitution and laws of the United States and the state of South Dakota including:

- (1) The right to refuse extraordinary treatment as provided in SDCL 27A-12-3.22;
- (2) The right to be free of any exploitation or abuse;
- (3) The right to seek and have access to legal counsel;
- (4) To have access to an advocate as defined in subdivision ~~67:62:01(2)~~ 67:62:01:01(2) or an employee of the state's designated protection and advocacy system;
- (5) The right to confidentiality of all records, correspondence, and information relating to assessment, diagnosis, and treatment pursuant to SDCL 27A-12-26 and the security and privacy of ~~HIPAA~~ the Health Insurance Portability and Accountability Act, 45 C.F.R., Parts 160 and 164 (September 26, 2016); and
- (6) The right to participate in decision making, related to treatment, to the greatest extent possible.

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

General Authority: SDCL 27A-5-1(4).

Law Implemented: SDCL 27A-5-1~~(4)~~, 27A-12-3.22, 27A-12-26.

67:62:07:03. Policy on abuse, neglect, and exploitation. Each center shall have a policy which prohibits abuse, neglect, and exploitation of a client. The policy shall contain:

- (1) Definitions of abuse, neglect, and exploitation pursuant to SDCL 22-46-1;
- (2) A requirement to report to the ~~division~~ department any incidents of abuse, neglect, or exploitation;
- (3) A requirement to report to the department pursuant to SDCL 26-8A-3 and 26-8A-8;
- (4) A procedure for disciplinary action to be taken if staff engages in abusive, neglectful, or exploitative behavior;
- (5) A procedure to make immediate efforts to inform the guardian, or the parent if the client is under 18 years of age, of the alleged incident or allegation; and
- (6) Upon substantiation of the incident, a requirement to document the actions to be implemented to reduce the likelihood of, or prevention of, repeated incidents of abuse, neglect, or exploitation.

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

General Authority: SDCL 27A-5-1(1)(2)(4)(5).

Law Implemented: SDCL 27A-5-1(1)(2)(4)(5).

Cross-References:

Persons required to report child abuse or neglected child -- Intentional failure as misdemeanor, SDCL 26-8A-3.

Oral report of abuse or neglect -- To whom made -- Response report, SDCL 26-8A-8.

67:62:07:04. Grievance procedures. Each center shall have written grievance policies and procedures for hearing, considering, and responding to client grievances.

The center shall inform the client, and the client's parent or guardian, in writing or in an accessible format, of the grievance procedures during the intake process. Verification by the client of receipt of the grievance procedure shall be placed in the client's file. The grievance procedure shall be posted in a place accessible to a client and a copy shall be available in locations where a client can access them without making a request to center staff. The grievance procedure shall be available to former clients upon request.

The procedure shall include the ability to appeal the center's decision regarding ineligibility or termination of services to the ~~division~~ department as provided in § 67:62:07:05 and shall include the telephone number and address of the ~~division~~ department.

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

General Authority: SDCL 27A-5-1(4).

Law Implemented: SDCL 27A-5-1(4).

67:62:07:05. Appeal of ineligibility or termination of services. A client, a client's parent if the client is under 18 years of age, or a client's guardian, may appeal to the ~~division~~ department the center's decision regarding ineligibility or termination of services. An appeal shall be made in writing to the ~~division~~ department within 30 days of receipt of the notice regarding ineligibility or termination. The ~~division~~ department shall provide a determination within 30 days of receipt of request for appeal. If the client or the client's parent or guardian is dissatisfied with the ~~division's~~ department's decision regarding ineligibility or termination of services, the client or the client's parent or guardian may request a fair hearing by notifying the department in writing within 30 days of receipt of the ~~division's~~ department's decision.

When termination is being appealed, the client shall continue to receive services from the center until a decision is reached after a hearing pursuant to SDCL chapter 1-26.

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

General Authority: SDCL 27A-5-1(4).

Law Implemented: SDCL 27A-5-1(4).

67:62:07:06. Time and place of hearing. A fair hearing by an impartial hearing officer shall be held within 90 days after receipt for a request by the client or the client's parent or guardian. The impartial hearing officer shall set a time and place for the hearing at the earliest reasonable time. Time extensions may be provided by the impartial hearing officer or at the request of any of the parties involved and upon agreement of both parties to a specific extension of time.

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

General Authority: SDCL 27A-5-1(4).

Law Implemented: SDCL 27A-5-1(4).

67:62:08:01. Client identification data. The center shall establish a policy and procedure to collect and record client identification data at the time of admission or as soon after admission as possible and on an annual basis thereafter. Client identification data shall be kept in the clinical record and includes the following information:

- (1) Name, street address, and telephone number of the client;
- (2) Date of birth, gender, and race or ethnic origin of the client;
- (3) Client's unique identification number;
- (4) Referral source;
- (5) Service start date;
- (6) Outcome measures;
- (7) Data for the state management information system; and
- (8) Any other client information as required by the ~~division~~ department.

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

General Authority: SDCL 27A-5-1(2).

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

67:62:08:02. Client review of case records. A center shall have written policies and procedures to govern a client's access to case records. The policies and procedures shall specify any conditions or restrictions on client access and shall be available to the client upon request.

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

General Authority: SDCL 27A-5-1(2).

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

67:62:08:03. Closure and storage of case records. The agency shall have written policies and procedures to ensure the closure and storage of case records at the completion or termination of services including:

(1) The identification of staff positions or titles responsible for the closure of case records within the agency and the ~~MIS~~ management information system;

(2) Procedures for the closure of records for inactive clients, that are clients who have had no contact by phone or by person with the agency for a time period of no longer than six months; and

(3) Procedures for the safe storage of client case records for at least six years from closure.

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

General Authority: SDCL 27A-5-1(2).

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

67:62:08:04. Admission of returning clients. The agency shall have written policies and procedures to promote the continuity of care to facilitate the re-admission of clients. This shall include procedures for completing a new agency case record and new admission record in the MIS management information system for clients who re-enter services.

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

General Authority: SDCL 27A-5-1(2)(4).

Law Implemented: SDCL 27A-3-1, 27A-5-1(2)(4).

67:62:08:05. Integrated assessment. A mental health staff member shall meet with the client and the client's family if appropriate, to complete an integrated assessment, within 30 days of intake. The integrated assessment includes both functional and diagnostic components. For children under 18 year of age, the mental health staff shall obtain permission from the parent or guardian to meet with the child, and at least one parent or guardian shall participate in the assessment. The assessment includes the following components:

(1) Strengths of the client and the client's family if appropriate, as well as previous periods of success and the strengths that contributed to that success. Identification of potential resources within the family, if applicable;

(2) Presenting problems or issues that indicate a need for mental health services;

(3) Identification of readiness for change for problem areas, including motivation and supports for making such changes;

(4) Current substance use and relevant treatment history, including attention to previous mental health and substance use disorder or gambling treatment and periods of success, psychiatric hospital admissions, psychotropic and other medications, relapse history or potential for relapse, physical illness, and hospitalization;

(5) Relevant family history, including family relationship dynamics and family psychiatric and substance abuse history;

(6) Family and relationship issues along with social needs;

(7) Educational history and needs;

(8) Legal issues;

(9) Living environment or housing;

(10) Safety needs and risks with regards to physical acting out, health conditions, acute intoxication, or risk of withdrawal;

(11) Past or current indications of trauma or domestic violence or both if applicable;

(12) Vocational and financial history and needs;

(13) Behavioral observations or mental status, for example, a description of whether affect and mood are congruent or whether any hallucinations or delusions are present;

(14) Formulation of a diagnosis, including documentation of co-occurring medical, developmental disability, mental health, substance use disorder or gambling issues or a combination of these based on integrated screening;

(15) Eligibility determination for ~~SMI~~ serious mental illness or ~~SED~~ serious emotional disturbance for mental health services or level of care determination for substance use services, or both if applicable;

(16) Clinician's signature, credentials, and date; and

(17) Clinical supervisor's signature, credentials, and date verifying review of the assessment and agreement with the initial diagnosis or the formulation of the initial diagnosis in cases where the staff does not have the education or training to make a diagnosis.

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

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

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

67:62:08:06. On-going assessment. On-going assessment and identification of changes in the client's needs and strengths shall occur throughout treatment and shall be documented in progress notes or other clinical documentation.

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

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

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

67:62:08:07. Treatment plan. The initial treatment plan shall be completed within 30 days of intake and shall include the mental health staff's signature, credentials, and date of signature, and the clinical supervisor's signature and credentials if the mental health staff does not meet the criteria of a clinical supervisor as defined in subdivision 67:62:01:01(8). Evidence of the client's or the client's parent or guardian's participation and meaningful involvement in formulating the plan shall be documented in the file. This may include their signature on the plan or other methods of documentation.

The treatment plan shall:

(1) Contain either goals or objectives, or both, that are individualized, clear, specific, and measurable in the sense that both the client and the mental health staff can tell when progress has been made;

(2) Include treatment for multiple needs, if applicable, such as co-occurring disorders that are relevant to the client's mental health treatment;

(3) Include interventions that match the client's readiness for change for identified issues; and

(4) Be understandable by the client and the client's family if applicable.

A copy of the treatment plan shall be provided to the client, and to the client's parent or guardian if applicable.

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

General Authority: SDCL 1-36-25, 27A-5-1(2)(3)(4)(5).

Law Implemented: SDCL 1-36-25, 27A-3-1, 27A-5-1(2)(3)(4)(5).

67:62:08:08. Treatment plan review -- Six month review. Treatment plans shall be reviewed in at least six month intervals and updated if needed. Treatment plan reviews shall include a written review of any progress made toward treatment goals or objectives, significant changes to the treatment goals or objectives, and a justification for the continued need for mental health services. Treatment plan reviews may be documented in the progress notes or other clinical documentation; however, any changes in the client's treatment plan goals or objectives shall be documented in the treatment plan. Treatment plan reviews shall include the mental health staff's signature, credentials, and date.

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

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

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

67:62:08:09. Supervisory reviews. Staff meeting clinical supervisory criteria as defined in subdivision 67:62:01:01(8), shall conduct one treatment plan review at least annually. This review shall include documentation of:

- (1) Progress made toward treatment goals or objectives;
- (2) Significant changes to the treatment goals or objectives;
- (3) Justification for the continued need for mental health services; and
- (4) Assessment of the need for additional services or changes in services, if applicable.

This review qualifies as a six month review pursuant to § 67:62:08:08. The annual supervisory review shall include the clinical supervisor's signature, credentials, and date.

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

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

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

67:62:08:10. Crisis intervention plans. Crisis intervention planning shall be provided to any client who has safety issues or risks or has frequent crisis situations or recurrent hospitalizations. Crisis intervention planning shall be offered to any client who may need such planning to prevent the following:

- (1) Hospitalization;
- (2) Out of home placement;
- (3) Homelessness;
- (4) Danger to self or others; or
- (5) Involvement with the criminal justice system.

Crisis intervention plans shall be developed in partnership with the client, if possible, the client's parent if the client is under 18 years of age, or the client's guardian, if any, and include interventions specific to the client, and address issues relative to cooccurring disorders.

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

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

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

67:62:08:11. Transition planning. Transition planning shall be provided to clients moving to a different service, leaving services, or for youth nearing adulthood. Goals related to transition planning shall be included in the clinical documentation either as part of the treatment plan or as a separate transition plan.

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

General Authority: SDCL 27A-5-1(2)(3)(5).

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

67:62:08:12. Progress notes. Progress notes shall be included in the client's file and shall substantiate all services provided. Individual progress notes shall document counseling sessions with the client, summarize significant events occurring, and reflect goals and problems relevant during the session, and any progress in achieving those goals and addressing the problems. Progress notes shall also include attention to any co-occurring disorder as they relate to the client's mental disorder.

A progress note shall be included in the file for each billable service provided. Progress notes shall include the following for the services to be billed:

- (1) Information identifying the client receiving services, including name and unique identification number;
- (2) The date, location, time met, units of service of the counseling session, and the duration of the session;
- (3) The service activity code or title describing the service code or both;
- (4) A brief assessment of the client's functioning;
- (5) A description of what occurred during the session, including the specific action taken or plan developed to address unresolved issues to achieve identified treatment goals or objectives;
- (6) A brief description of what the client and provider plan to work on during the next session, including work that may occur between sessions, if applicable; and
- (7) The signature and credentials of the staff providing the service.

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

General Authority: SDCL 27A-5-1(2)(3)(5).

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

67:62:08:13. Group therapy progress notes. One progress note can be used for each group therapy session if the note includes specific information for each client participating in the group.

Group progress notes shall include:

- (1) Information identifying the client receiving services, including name and unique identification number;
- (2) The date, location, time met, units of service of the counseling session, and the duration of the session;
- (3) The service activity code or title describing the service code or both;
- (4) A brief assessment of the client's functioning;
- (5) A description of what occurred during the session, including the specific action taken or plan developed to address unresolved issues to achieve identified treatment goals or objectives;
- (6) A brief description of what the client and provider plan to work on during the next session, including work that may occur between sessions, if applicable; and
- (7) The signature and credentials of the staff providing the service.

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

General Authority: SDCL 27A-5-1(2)(3)(5).

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

67:62:08:14. Transfer or discharge summary. A transfer or discharge summary shall be completed upon termination or discontinuation of services within five working days. A transfer or discharge summary of the client's problems, course of treatment, and progress toward planned goals and objectives identified in the treatment plan shall be maintained in the client case record. A process shall be in place to ensure that the transfer or discharge is completed in the ~~MIS~~ management information system.

If a client prematurely discontinues services, reasonable attempts shall be made and documented by the center to re-engage the client into services if appropriate.

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

General Authority: SDCL 27A-5-1(2)(5).

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

67:62:09:01. Safety and sanitation plan. For each setting in which the center provides services, there shall be a health, safety, sanitation, and disaster plan that ensures the health and safety of the individuals served. The plan shall include:

- (1) Specific procedures for responding to a medical emergency;
- (2) Procedures for responding to fire and natural disasters, including evacuation plans, training, and regularly scheduled fire drills;
- (3) Procedures for responding to communicable diseases; and
- (4) Procedures to ensure sanitation of all settings in which services are provided.

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

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

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

67:62:09:02. Life safety codes. Each building that the center owns, rents, or leases shall comply with applicable fire safety standards in the 2000 edition of the NFPA 101 Life Safety Code. An automatic sprinkler system is not required in an existing facility unless significant renovations or remodeling occurs; however, any existing automatic sprinkler system shall remain in service.

New construction, renovations, additions, and changes of space shall comply with NFPA 101 Life Safety Code, 2012 edition. Each facility shall also comply with the building construction standards of the International Building Code, 2012 edition.

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

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

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

Reference: NFPA 101 Life Safety Code, 2000, National Fire Protection Association.

Copies may be obtained from the National Fire Protection Association, P.O. Box 9101, Quincy, MA 02269-9904; Phone: 1-800-344-3555. Cost \$93.00;

International Building Code, 2012 edition. Copies may be obtained from International Conference of Building Officials, Phone 1-800-786-4452. Order@iccsafe.org Cost: \$89.00.

67:62:10:01. Eligibility criteria. Individuals are eligible for outpatient clinic services if they have a mental disorder with the exception of substance related and addictive disorders as well as developmental disabilities, which are excluded, unless they co-occur with another diagnosable mental disorder.

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

General Authority: SDCL 27A-5-1(3).

Law Implemented: SDCL 27A-3-1, 27A-5-1(~~3~~).

67:62:10:02. Services provided. The following outpatient services shall be provided by the

center:

- (1) Integrated assessment, evaluation, and screening;
- (2) Individual therapy;
- (3) Group therapy;
- (4) Family therapy;
- (5) Psychiatric services, with the primary purpose of prescribing or reviewing a client's use of pharmaceuticals, including psychiatric assessments, treatment, and prescription of pharmacotherapy; and
- (6) Collateral contacts.

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

General Authority: SDCL 27A-5-1(3).

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

67:62:10:04. Nonreimbursable services. Nonreimbursable services include:

- (1) Vocational counseling and vocational training at a classroom or job site;
- (2) Academic educational services;
- (3) Services that are solely recreational in nature;
- (4) Services provided to clients who are in psychiatric residential treatment facilities or institutions for mental disease;
- (5) Services provided to clients who are in detoxification centers.
- (6) Services provided to clients who are incarcerated in a correctional facility;
- (7) Services provided to clients who are in juvenile detention facilities; and
- (8) Transportation services.

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).

CHAPTER 67:62:11

CHILD OR YOUTH AND FAMILY (CYF) SERVICES

Section

- 67:62:11:01 Eligibility criteria.
- 67:62:11:02 Services provided.
- 67:62:11:03 Reimbursable services.
- 67:62:11:04 Nonreimbursable services.

67:62:11:01. Eligibility criteria. To be eligible for services the clinical record shall contain documentation that indicates:

(1) At least one child in the family under the age 18 meets the criteria of ~~SED~~ serious emotional disturbance as defined in SDCL 27A-15-1.1; or

(2) At least one youth 18 through 21 years of age who needs a continuation of services started before the age of 18, in order to realize specific goals or assist in the transition to adult services and meets the criteria of ~~SED~~ serious emotional disturbance defined in SDCL 27A-15-1.1(2)(3)(4) and (5).

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).

67:62:11:02. Services provided. Services should be provided in a location preferred by the child or youth and the child or youth's parent or guardian, including settings outside of the center.

Services should be provided within an integrated system of care. The parents or guardian and family of the child or youth with ~~SED~~ serious emotional disturbance should be full participants in the planning, delivery, and evaluation of services.

Services shall be provided according to the individualized needs and strengths of the child or youth and the child or youth's family or guardian, and shall be responsive to cultural differences and special needs. The following ~~CYF~~ child or youth and family services shall be provided by the center according to the individualized needs of each child or youth:

- (1) Integrated assessment, evaluation, and screening;
- (2) Case management;
- (3) Individual therapy;
- (4) Group therapy;
- (5) Parent or guardian group therapy;
- (6) Family education, support, and therapy;
- (7) Crisis assessment and intervention services available 24 hours per day, seven days per week;
- (8) Psychiatric services with the primary purpose of prescribing or reviewing a client's use of pharmaceuticals, including psychiatric assessments, treatment, and prescription of pharmacotherapy;
- (9) Psychiatric nursing services including components of physical assessment, medication assessment and monitoring, and medication administration for clients unable to self-administer their medications;
- (10) Collateral contacts; and

(11) Liaison services to facilitate treatment planning and coordination of services between mental health and other entities.

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

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

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

67:62:11:04. Nonreimbursable services. Nonreimbursable services include:

- (1) Vocational counseling and vocational training at a classroom or job site;
- (2) Academic educational services;
- (3) Services that are solely recreational in nature;
- (4) Services for a client other than an eligible child or youth with ~~SED~~ serious emotional disturbance and the child or youth's family;
- (5) Services provided to clients who are in psychiatric residential treatment facilities;
- (6) Services provided to clients who are in inpatient psychiatric hospitals;
- (7) Services provided to clients who are in detoxification centers;
- (8) Services provided to clients who are incarcerated in a correctional facility;
- (9) Services provided to clients who are in juvenile detention facilities; and
- (10) Transportation services.

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).

CHAPTER 67:62:12
COMPREHENSIVE ASSISTANCE WITH RECOVERY
AND EMPOWERMENT (CARE)

Section

- 67:62:12:01 Eligibility criteria
- 67:62:12:02 Services provided.
- 67:62:12:03 Reimbursable services.
- 67:62:12:04 Nonreimbursable services.

67:62:12:01. Eligibility criteria. To be eligible for ~~CARE~~ comprehensive assistance with recovery and empowerment services the client shall be 18 years of age or older and shall meet the following ~~SMI~~ serious mental illness criteria:

(1) The client shall meet at least one of the following:

(a) The client has undergone psychiatric treatment more intensive ~~then~~ than outpatient care and more than once in a lifetime, such as, emergency services, alternative residential living, or inpatient psychiatric hospitalization;

(b) The client has experienced a single episode of psychiatric hospitalization with a diagnosis of a major mental disorder;

(c) The client has been treated with psychotropic medication for at least one year; or

(d) The client has frequent crisis contact with a community mental health center, or another mental health provider, for more than six months as a result of a mental illness; and

(2) The client shall meet at least three of the following criteria:

(a) The client is unemployed or has markedly limited job skills or poor work history;

(b) The client exhibits inappropriate social behavior that results in concern by the community or requests for mental health or legal intervention;

(c) The client is unable to obtain public services without assistance;

(d) The client requires public financial assistance for out-of-hospital maintenance or has difficulty budgeting public financial assistance or requires ongoing training in budgeting skills or needs a payee;

(e) The client lacks social support systems in a natural environment, such as close friends and family, or the client lives alone or is isolated; or

(f) The client is unable to perform basic daily living skills without assistance.

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

General Authority: SDCL 27A-5-1(3).

Law Implemented: SDCL 27A-3-1, 27A-5-1(~~3~~).

67:62:12:02. Services provided. Services should be provided in a location preferred by the client, including settings outside of the center.

Services should be provided within an integrated system of care. Services shall be provided according to the individualized needs and strengths of the client and shall be responsive to cultural differences and special needs. The following ~~CARE~~ comprehensive assistance with recovery and empowerment services shall be provided by the center according to the individualized needs of the client:

- (1) Integrated assessment, evaluation, and screening;
- (2) Crisis assessment and intervention services available 24 hours per day, seven days per week;
- (3) Case management services;
- (4) Psychiatric services, with the primary purpose of prescribing or reviewing a client's use of pharmaceuticals, including psychiatric assessments, treatment, and prescription of pharmacotherapy;
- (5) Psychiatric nursing services including components of physical assessment, medication assessment and monitoring, and medication administration;
- (6) Symptom assessment and management, including medication monitoring and education;
- (7) Individual therapy or counseling;
- (8) Group therapy;
- (9) Recovery support services;
- (10) Direct assistance to ensure ongoing opportunities for the client to obtain the basic necessities of daily life and perform basic daily living activities;
- (11) Psychosocial rehabilitation services provided on an individual or group basis to assist the client to gain or relearn self-care, interpersonal, and community living skills needed to live independently, sustain psychiatric stability, and progress towards recovery;

(12) Liaison services to facilitate treatment planning and coordination of services between mental health and other entities;

(13) Encouragement for active participation of family and supportive social network; and

(14) Collateral contacts.

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).

67:62:12:04. Nonreimbursable services. Nonreimbursable services include:

- (1) Vocational counseling and vocational training at a classroom or job site;
- (2) Academic educational services;
- (3) Services that are solely recreational in nature;
- (4) Services with individuals other than eligible clients;
- (5) Services delivered by telephone or through other non face-to-face contact;
- (6) Services provided in an institution for mental disease;
- (7) Services provided to clients who are in detoxification centers;
- (8) Services provided to clients who are incarcerated in a correctional facility; and
- (9) Transportation services.

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).

CHAPTER 67:62:13

~~COMMUNITY SUPPORT SERVICES PROGRAM~~— INDIVIDUALIZED MOBILE PROGRAMS OF ASSERTIVE COMMUNITY TREATMENT (~~IMPACT~~)

Section

- 67:62:13:01 Eligibility criteria.
- 67:62:13:02 Services provided by the center.
- 67:62:13:03 Requirement for designation and duties of primary provider.
- 67:62:13:04 ~~IMPACT~~ Individualized and mobile program of assertive community treatment team duties.
- 67:62:13:05 ~~IMPACT~~ Individualized and mobile program of assertive community treatment team meetings.
- 67:62:13:06 Monthly treatment planning and review meetings.
- 67:62:13:07 Reimbursable services.
- 67:62:13:08 Nonreimbursable services.

67:62:13:01. Eligibility criteria. To be eligible for IMPACT individualized and mobile program of assertive community treatment services the client shall be 18 years of age or older and meet the SMI serious mental illness criteria pursuant to § 67:62:12:01, and the following:

(1) The client has a medical necessity to receive IMPACT individualized and mobile program of assertive community treatment services, as determined by a clinical supervisor;

(2) The client is approved by the ~~division~~ department to receive IMPACT individualized and mobile program of assertive community treatment services;

(3) The client understands the IMPACT individualized and mobile program of assertive community treatment model and voluntarily consents to receive IMPACT individualized and mobile program of assertive community treatment services or, is under transfer of commitment from HSC the human services center;

(4) No other appropriate community-based mental health service is available for the client;
and

(5) The client meets at least four of the following criteria:

(a) Has persistent or recurrent difficulty performing daily living tasks except with significant support or assistance from others such as friends, family, relatives, or community mental health providers;

(b) Has frequent psychiatric inpatient hospitalizations within the past year;

(c) Has constant or cyclical turmoil with family, social, or legal systems or inability to integrate successfully into the community;

(d) Is residing in an inpatient, jail, prison, or residential facility and clinically assessed to be able to live in a more independent living situation if intensive services are provided;

(e) Has an imminent threat of losing housing or becoming homeless; or

(f) Is likely to need residential or institutional placement if more intensive community-based services are not provided.

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

General Authority: SDCL 27A-5-1(3).

Law Implemented: SDCL 27A-3-1, 27A-5-1(~~3~~).

67:62:13:02. Services provided by the center. Services should be provided in a location preferred by the client, including settings outside the center.

Services should be provided within an integrated system of care. Services shall be provided according to the individualized needs and strengths of the client and shall be responsive to cultural differences and special needs. The following ~~IMPACT~~ individualized and mobile program of assertive community treatment services shall be provided according to the individualized needs of the client;

- (1) Integrated assessment, evaluation, and screening;
- (2) Crisis assessment and intervention services available 24 hours per day, seven days per week;
- (3) Case management;
- (4) Psychiatric services, with the primary purpose of prescribing or reviewing a client's use of pharmaceuticals, including psychiatric assessments, treatment, and prescription of pharmacotherapy;
- (5) Psychiatric nursing services including components of physical assessment, medication assessment and monitoring, and medication administration;
- (6) Symptom assessment and management, including medication monitoring and education;
- (7) Individual therapy or counseling;
- (8) Group therapy;
- (9) Recovery support services;
- (10) Direct assistance to ensure ongoing opportunities for the client to obtain the basic necessities of daily life and perform basic daily living activities;
- (11) Psychosocial rehabilitative services provided on an individual or group basis to assist the client to gain or relearn self-care, interpersonal, and community living skills needed to live independently, sustain psychiatric stability, and towards recovery;

(12) Liaison services to facilitate treatment planning and coordination of services between mental health and other entities;

(13) Encouragement for active participation of family and supportive social network; and

(14) Collateral contacts.

~~IMPACT~~ individualized and mobile program of assertive community treatment services may not exceed a ratio of at least one primary therapist for every 12 clients served. A center shall provide clients with an average of 16 contacts per month with ~~IMPACT~~ individualized and mobile program of assertive community treatment staff and more often if clinically appropriate.

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

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

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

67:62:13:03. Requirement for designation and duties of primary provider. A primary provider shall be designated for each client in the ~~IMPACT~~ individualized and mobile program of assertive community treatment program. The designation shall be made by the clinical supervisor, be in writing, and included in the client's file. The designation shall be updated as client or personnel needs require. Each ~~IMPACT~~ individualized and mobile program of assertive community treatment program shall have a backup policy to be implemented when a primary provider is not available to serve a client's needs. The primary provider duties include:

(1) Maintain an orderly and complete clinical file for the client that contains:

- (a) Documentation that written assessments for the client are completed;
- (b) A current case service plan; and
- (c) Documentation of services and client responses to treatments; and

(2) Conduct and participate in treatment planning and case conferences with other staff of the ~~IMPACT~~ individualized and mobile program of assertive community treatment program and with others authorized by the client.

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

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

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

67:62:13:04. IMPACT Individualized and mobile program of assertive community treatment team duties. The duties of the IMPACT individualized and mobile program of assertive community treatment team include:

- (1) Maintain a therapeutic alliance with the client;
- (2) Refer and link the client to all needed services provided outside of the IMPACT individualized and mobile program of assertive community treatment program;
- (3) Follow-up to ensure that all needed services provided outside of the IMPACT individualized and mobile program of assertive community treatment program are received and monitor the benefit of those services to the client;
- (4) Coordinate face-to-face meetings with the client at least one time per week and a minimum average of 16 contacts per month with IMPACT individualized and mobile program of assertive community treatment team members;
- (5) Coordinate the provision of IMPACT individualized and mobile program of assertive community treatment emergency services and hospital liaison services if the client is in a crisis;
- (6) Coordinate overall independent living assistance services and work with community agencies to develop needed resources including housing, employment options, and income assistance;
- (7) Support and consult with the client's family or other support network; and
- (8) Act as a client advocate.

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

General Authority: SDCL 27A-5-1(3).

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

67:62:13:05. IMPACT Individualized and mobile program of assertive community treatment team meetings. The ~~IMPACT~~ individualized and mobile program of assertive community treatment team shall meet at a minimum two times per week to review client contacts and client status, and to plan for additional response to client needs as they arise. The clinical supervisor, or other staff designated by the clinical supervisor, shall lead such meetings, and keep a written log of meeting discussions, dates, and participants.

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

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

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

67:62:13:06. Monthly treatment planning and review meetings. The **IMPACT individualized and mobile program of assertive community treatment** team shall meet monthly to conduct treatment planning and review meetings. The clinical supervisor, or other staff designated by the clinical supervisor, shall lead the monthly meetings, keep a written log of meeting dates and participants, and maintain a schedule of upcoming meetings.

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

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

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

67:62:13:08. Nonreimbursable services. Nonreimbursable services include:

- (1) Vocational counseling and vocational training at a classroom or job site;
- (2) Academic educational services;
- (3) Services solely recreational in nature;
- (4) Services with individuals other than eligible clients;
- (5) Services delivered by telephone or through other non face-to-face contact;
- (6) Services provided in an institution for mental disease;
- (7) Services provided to clients who are in detoxification centers;
- (8) Services provided to clients who are incarcerated in a correctional facility; and
- (9) Transportation services.

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).

CHAPTER 67:62:14

QUALIFIED MENTAL HEALTH PROFESSIONAL (~~QMHP~~)

Section

- 67:62:14:01 Training required for commitment process.
- 67:62:14:02 Registration for training -- Fee.
- 67:62:14:03 Content of training exam.
- 67:62:14:04 Training requirements.
- 67:62:14:05 Continued eligibility contingent upon ~~QMHP~~ qualified mental health professional status.
- 67:62:14:06 Renewal of eligibility -- Fee.
- 67:62:14:07 Reinstatement of lapsed eligibility.
- 67:62:14:08 Notice of division action.
- 67:62:14:09 Appeal of division decision.

67:62:14:01. Training required for commitment process. ~~All QMHPs~~ A qualified mental health professional, except ~~physicians~~ a physician licensed pursuant to SDCL 36-4, shall participate in training and pass an examination, in order to complete examinations as part of the commitment process under SDCL 27A-10-6, in accordance with SDCL 27A-1-7.

Training and examinations may be held in person or via an online course available through the division.

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

General Authority: SDCL 27A-1-9.

Law Implemented: SDCL 27A-1-3, 27A-1-7, 27A-1-9.

67:62:14:02. Registration for training -- Fee. A QMHP qualified mental health professional shall register with the division for training on completing SDCL 27A-10-6 examinations and submit a fee to be determined by the division. Registration shall include the following:

- (1) The QMHP's qualified mental health professional's name and address;
- (2) Current employer or place of practice with address and telephone number;
- (3) Verification of the hours, duration, setting, and content of the supervision as specified in SDCL 27A-1-3; and
- (4) A copy of the QMHP's qualified mental health professional's current South Dakota professional license or certificate.

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

General Authority: SDCL 27A-1-9.

Law Implemented: SDCL 27A-1-9.

67:62:14:05. Continued eligibility contingent upon QMHP qualified mental health professional status. An individual who has completed the required commitment process training shall continue to meet the requirements of a QMHP qualified mental health professional in accordance with SDCL 27A-1-3 in order to continue to be eligible to complete SDCL 27A-10-6 examinations.

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

General Authority: SDCL 27A-1-9.

Law Implemented: SDCL 27A-1-3, 27A-1-9.

67:62:14:06. Renewal of eligibility -- Fee. A QMHP qualified mental health professional shall register with the division for renewal of eligibility. A QMHP qualified mental health professional may register for renewal anytime within one year before the QMHP's qualified mental health professional's current eligibility ends. A renewal registration shall include the following:

- (1) The QMHP's qualified mental health professional's name and address;
- (2) Current employer or place of practice with address and telephone number;
- (3) A copy of the QMHP's qualified mental health professional's current South Dakota professional license or certificate; and
- (4) Renewal fee as determined by the division.

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

General Authority: SDCL 27A-1-9.

Law Implemented: SDCL 27A-1-9.

67:62:14:07. Reinstatement of lapsed eligibility. A ~~QMHP~~ qualified mental health professional who fails to register for renewal of eligibility before the end of the current eligibility may register for a reinstatement of eligibility by submitting a copy of the current South Dakota professional license or certificate and the renewal fee determined by the division, and by taking the training and examination pursuant to § 67:62:14:01.

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

General Authority: SDCL 27A-1-9.

Law Implemented: SDCL 27A-1-3, 27A-1-9.

67:62:14:08. Notice of division action. The division shall either approve or deny the registration for eligibility or registration for renewal of eligibility. The division shall notify the ~~QMHP~~ qualified mental health professional of the division's action within an annual average of ten working days following the registration, eligibility examination, or receipt of the registration for renewal. If the division denies eligibility of renewal, ~~the division shall state the~~ specific reasons for denial shall be stated in the notice.

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

General Authority: SDCL 27A-1-9.

Law Implemented: SDCL 27A-1-9.

67:62:14:09. Appeal of division decision. A ~~QMHP~~ qualified mental health professional whose eligibility renewal is denied may request a fair hearing by notifying the department by certified mail within ten calendar days of receipt of the division's decision. The hearing shall be conducted pursuant to chapter 1-26.

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

General Authority: SDCL 27A-1-9.

Law Implemented: SDCL 27A-1-9.

CHAPTER 67:62:15

PREADMISSION SCREENING AND RESIDENT ~~REVIEWS (PASRR)~~ REVIEW

Section

- 67:62:15:01 Definitions.
- 67:62:15:02 Level I screening.
- 67:62:15:03 Level II review exemptions.
- 67:62:15:04 Exempt hospital discharge.
- 67:62:15:05 Categorical determinations for Level I.
- 67:62:15:06 Level II review.
- 67:62:15:07 Level II determination -- Data requirements.
- 67:62:15:08 Determination of services.
- 67:62:15:09 Determination of specialized mental health services.
- 67:62:15:10 Timeliness of determinations of Level II review.
- 67:62:15:11 Notification of Level II determination.
- 67:62:15:12 Determination may not be countermanded.
- 67:62:15:13 Appeal of ineligibility of Level II determination.
- 67:62:15:14 Length of stay.
- 67:62:15:15 Individuals not requiring swing bed or nursing facility services but requiring mental health services -- 30 month determination.
- 67:62:15:16 Significant change.
- 67:62:15:17 New admission and readmission.
- 67:62:15:18 Interfacility transfers.
- 67:62:15:19 Out of state placement.

67:62:15:01. Definitions. ~~Terms~~ As used in this chapter ~~mean~~:

(1) "Active treatment;" means the implementation of a program of specialized and generic training, treatment, health services, and related services that lead to the acquisition of the behaviors necessary for the individual to function with as much self-determination and independence as possible and to prevent regression or loss of current optimal functional status;

(2) "Dementia;" means disorders characterized by the development of multiple cognitive deficits, including memory impairment, that are due to the direct physiological effects of a general medical condition, to the persisting effects of a substance, or to multiple etiologies such as the combined effects of cerebrovascular disease and Alzheimer's disease;

(3) "Nursing facility;" means as defined in subdivision 67:45:01:01(9);

(4) "Preadmission screening and resident review" ~~or "PASRR,"~~ means a process made up of a Level I screening completed by the department and Level II review completed by the division to determine eligibility when an individual with a mental disorder as defined in subdivision 67:62:01:01(~~27~~ 24), applies to reside in a Medicaid certified swing bed or nursing facility;

(5) "Specialized mental health services;" means psychiatric services resulting in the continuous and aggressive implementation of an individualized plan of care that is developed by an interdisciplinary team which includes a physician, ~~QMHP~~ qualified mental health professional, and other professionals which prescribes specific therapies and activities for the treatment of individuals experiencing an acute episode of ~~SMI~~ serious mental illness requiring supervision by trained mental health professionals to obtain improvement in function that would permit a reduction in the level of intensity to below the level of specialized services at the earliest possible time;

(6) "Swing bed;" means as defined in subdivision 67:45:01:01(12).

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

General Authority: SDCL 1-36-25(4).

Law Implemented: SDCL 1-36-25(4).

67:62:15:03. Level II review exemptions. An individual is exempt from a Level II review if at least one of the following occurs:

- (1) The diagnosis of mental illness is unsubstantiated;
- (2) The individual is readmitted to a Medicaid certified swing bed or nursing facility from a hospital to which the individual was transferred for the purpose of receiving care;
- (3) The individual is transferred from one Medicaid certified swing bed or nursing facility to another and a ~~PASRR~~ preadmission screening and resident review has previously been completed;
- (4) The physician identifies the need for convalescent care following hospitalization for a duration of less than 100 days;
- (5) The physician orders a respite stay of 30 days or less;
- (6) The individual has a diagnosis of situational depression that is of short duration and in direct relation to an occurrence in an individual's life and does not appear to be a chronic disability;
- (7) The individual is using psychotropic medication in the absence of a major mental illness diagnosis; or
- (8) The individual has a diagnosis of an anxiety disorder that is not identified as severe and does not appear to be leading to a chronic disability.

The department shall complete a Level I screening form to notify appropriate parties of the determination of the exemption.

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

General Authority: SDCL 1-36-25(4).

Law Implemented: SDCL 1-36-25(4).

67:62:15:04. Exempt hospital discharge. An individual is exempt from a ~~PASRR~~ preadmission screening and resident review following a hospital discharge if the following conditions are met:

(1) The individual is admitted to a Medicaid certified swing bed or nursing facility directly from a hospital after receiving acute inpatient care at the hospital;

(2) The individual requires Medicaid certified swing bed or nursing facility services for the condition that care was received in the hospital; and

(3) The individual's attending physician has certified before admission to the Medicaid certified swing bed or nursing facility that the individual is likely to require less than 30 calendar days of Medicaid certified swing bed or nursing facility services.

If an individual enters a Medicaid certified swing bed or nursing facility as an exempt hospital discharge and is later found to require more than 30 days of nursing care, the facility shall request a ~~PASRR~~ preadmission screening and resident review prior to the expiration of that 30 days.

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

General Authority: SDCL 1-36-25(4).

Law Implemented: SDCL 1-36-25(4).

67:62:15:17. New admission and readmission. A new admission occurs if an individual is admitted to a Medicaid certified swing bed or nursing facility for the first time or when an admission does not qualify as a readmission. With the exception of certain exempt hospital discharges listed in § 67:62:15:04, new admissions are subject to a ~~PASRR~~ preadmission screening and resident review.

A readmission occurs when an individual is readmitted to a Medicaid certified swing bed or nursing facility from a hospital to which the individual was transferred from a facility for the purpose of receiving medical care. This type of readmission does not require a ~~PASRR~~ preadmission screening and resident review.

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

General Authority: SDCL 1-36-25(4).

Law Implemented: SDCL 1-36-25(4).

67:62:15:18. Interfacility transfers. An interfacility transfer occurs if the individual is transferred from one Medicaid certified swing bed or nursing facility to another, with or without an intervening hospital stay. Interfacility transfers are not subject to a ~~PASRR~~ preadmission screening and resident review. If an individual transfers from a Medicaid certified swing bed or nursing facility to a hospital or to another Medicaid certified swing bed or nursing facility, the transferring facility is responsible for ensuring that copies of the individual's ~~PASRR~~ preadmission screening and resident review findings accompany the individual.

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

General Authority: SDCL 1-36-25(4).

Law Implemented: SDCL 1-36-25(4).

67:62:15:19. Out of state placement. The state where the individual is a state resident or would be a state resident at the time Medicaid eligibility is obtained shall make the required ~~PASRR~~ preadmission screening and resident review determination.

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

General Authority: SDCL 1-36-25(4).

Law Implemented: SDCL 1-36-25(4).