

## ARTICLE 46:20

### MENTAL HEALTH

#### Chapter

- 46:20:01 General provisions, Repealed.
- 46:20:02 Community mental health center services, Repealed.
- 46:20:03 Approval requirements, Repealed.
- 46:20:04 Community mental health center administration, Repealed.
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- 46:20:08 Safety requirements -- Outpatient and psychosocial rehabilitation,  
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- 46:20:11 Financial eligibility, Repealed.
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## CHAPTER 46:20:01

### GENERAL PROVISIONS

#### (Repealed)

#### Section

- ~~46:20:01:01~~ Definitions.
- ~~46:20:01:02~~ Participation in state plan.
- ~~46:20:01:03~~ Center application for state or federal assistance.
- ~~46:20:01:04~~ Approval needed for receipt of government funds.
- ~~46:20:01:05~~ Repealed.

#### ~~46:20:01:01. Definitions.~~ Terms used in this article mean:

~~(1) "Case management services," services designed to assist a consumer to live successfully in the community and performed by designated staff who coordinate clinical, medical, and other support services as needed by the consumer;~~

~~(2) "Case service plan," a written statement describing the treatment goals to be accomplished within defined times and the activities to be performed by the therapist, case manager, or both, and the consumer;~~

~~(3) "Clinical supervisor," a mental health professional who has at least a master's degree in psychology, social work, counseling, or nursing, and two years of supervised postgraduate clinical experience in a mental health setting, or a qualified mental health professional pursuant to SDCL 27A-1-3;~~

~~(4) "Collateral" or "indirect contacts," telephone or face-to-face contact with individuals other than the identified consumer to plan appropriate treatment, assist others so they can respond therapeutically regarding the consumer's difficulty or illness, or link the consumer, family, or both, to other necessary and therapeutic community supports;~~

~~(5) "Community mental health center" or "center," a private nonprofit organization as defined in SDCL subdivision 27A-1-1(13), which is certified by the DHS pursuant to this article, receiving financial assistance through purchase of service agreements from the state or its political subdivisions, and established or organized for the purpose of conducting a program approved by the DHS for diagnosis and treatment of persons with mental and emotional disorders;~~

~~(6) "Consumer," an individual eligible to receive services from a center;~~

~~(7) "Department," the Department of Human Services;~~

~~(8) "Direct assistance," services that ensure that the consumer obtains the basic necessities of daily life and performs basic daily living activities;~~

~~(9) "Division," the Division of Mental Health, a division of the Department of Human Services;~~

~~(10) "DSM-IV-TR," the Diagnostic and Statistical Manual of Mental Disorders;~~

~~(11) "Emergency services," services available 24 hours a day, seven days a week, for consumers experiencing a mental health emergency or crisis;~~

~~(12) "Human Services Center" or "HSC," the state hospital located in Yankton for the treatment of consumers with mental illness;~~

~~(13) "Liaison services," services which must be consistent with treatment goals and intended to shorten the length of hospitalization or to facilitate treatment planning and coordination of services between a center, in-patient psychiatric hospitals, residential programs, local hospitals, correctional facilities, and in-patient drug and alcohol treatment programs. These services shall include the development of community resources, coordination with other support networks, and contacts with the consumer's family to assure that changing needs are recognized and appropriately met;~~

~~(14) "Mental illness," a diagnosis regarding schizophrenia; mood, paranoid, panic, or other severe anxiety disorder; somatoform disorder; personality disorder; other psychotic disorder as defined in the DSM-IV-TR. Mental retardation, epilepsy, other developmental disability, alcohol or substance abuse, or brief periods of intoxication, or criminal behavior do not, alone, constitute mental illness;~~

~~(15) "Qualified mental health professional" or "QMHP," an individual who meets the criteria for endorsement pursuant to SDCL 27A-1-3;~~

~~(16) "Room and board services," residential housing for an individual age 18 or older who has a severe and persistent mental illness and who, due to their illness, is unable to function in an independent living arrangement;~~

~~(17) "Service area" or "catchment area," an area made up of counties in the state which is assigned by the department to a center as its primary geographic area of service responsibility;~~

~~(18) "Services," direct or indirect contact between a consumer or a group of consumers and the center staff for the purpose of diagnosis, evaluation, treatment, consultation, or other necessary direct assistance in providing comprehensive mental health care;~~

~~(19) "Therapist," a mental health professional or qualified mental health professional who provides therapeutic interventions to assist consumers in identifying and eliminating or reducing the adverse effects of psychological, emotional, or behavioral disorders or symptoms; and~~

~~(20) "Unit of service," a measurement of time consisting of 15 minutes.~~

~~**Source:** 7 SDR 66, 7 SDR 89, effective July 1, 1981; 15 SDR 127, effective February 19, 1989; transferred from § 67:20:06:01 by SL 1989, ch 21, § 77, effective July 1, 1989; 29 SDR 80, effective December 10, 2002.~~

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

~~— **Law Implemented:** SDCL 27A-5-1.~~

~~**Reference: DSM-IV-TR -- Diagnostic and Statistical Manual of Mental Disorders**, Fourth Edition, Text Revision, published by the American Psychiatric Association, 1400 K Street, NW, Washington, DC 20005. Cost: \$57.95.~~

~~**46:20:01:02. Participation in state plan.** Each center must participate in the state's comprehensive mental health service plan. Included in the planning activities is the submission of information to the department as required by the department.~~

~~**Source:** 7 SDR 66, 7 SDR 89, effective July 1, 1981; 15 SDR 127, effective February 19, 1989; transferred from § 67:20:06:02 by SL 1989, ch 21, § 77, effective July 1, 1989; 29 SDR 80, effective December 10, 2002.~~

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

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

~~**46:20:01:03. Center application for state or federal assistance.** Any center submitting applications for state or federal assistance to supplement services provided under a purchase of service agreement with the department must 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:~~ 7 SDR 66, 7 SDR 89, effective July 1, 1981; 15 SDR 127, effective February 19, 1989; transferred from § 67:20:06:03 by SL 1989, ch 21, § 77, effective July 1, 1989; 29 SDR 80, effective December 10, 2002.

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

—— ~~Law Implemented:~~ SDCL 27A-5-1, 27A-5-2.

—— ~~46:20:01:04. Approval needed for receipt of government funds.~~ Neither federal or state funds generated through the provisions of SDCL chapter 27A-5 nor any federal funds administered under SDCL chapter 28-1 may be used by any facility not approved by the department under the rules contained in this article.

—— ~~Source:~~ 7 SDR 66, 7 SDR 89, effective July 1, 1981; 15 SDR 127, effective February 19, 1989; transferred from § 67:20:06:04 by SL 1989, ch 21, § 77, effective July 1, 1989; 29 SDR 80, effective December 10, 2002.

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

—— ~~Law Implemented:~~ SDCL 27A-5-1.

—— ~~46:20:01:05. Fair hearing process.~~ Repealed.

—— ~~Source:~~ 7 SDR 66, 7 SDR 89, effective July 1, 1981; 8 SDR 58, effective November 29, 1981; transferred from § 67:20:06:06 by SL 1989, ch 21, § 77, effective July 1, 1989; repealed, 29 SDR 80, effective December 10, 2002.

## CHAPTER 46:20:02

### COMMUNITY MENTAL HEALTH CENTER SERVICES

#### (Repealed)

#### Section

46:20:02:01 — Definitions.

46:20:02:02 — Range of services.

46:20:02:03 — Coordination of services.

46:20:02:04 — Affiliation agreements.

46:20:02:05 — Availability and accessibility of services.

46:20:02:06 — Continuity of care.

46:20:02:07 — Repealed.

46:20:02:08 — Services for patients of the Human Services Center.

46:20:02:09 — Assignment of community mental health centers.

—— ~~46:20:02:01. Definitions.~~ Terms used in this chapter mean:

—— (1) "Affiliate," an agency which provides one or more elements of service to a center's consumers upon written agreement with the center;

~~—— (2) "Affiliation agreement," a written agreement between a center and an outside agency to provide one or more elements of mental health services to a center's consumers; and~~

~~—— (3) "Consultation and education services," services designed to develop and coordinate effective services to persons who are mentally ill and to increase the awareness of the residents of the service area in the nature of mental health treatment and the types of services available.~~

~~—— **Source:** 7 SDR 66, 7 SDR 89, effective July 1, 1981; 15 SDR 127, effective February 19, 1989; transferred from § 67:20:07:01 by SL 1989, ch 21, § 77, effective July 1, 1989; 29 SDR 80, effective December 10, 2002.~~

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

~~—— **Law Implemented:** SDCL 27A-5-1.~~

~~—— **46:20:02:02. Range of services.** A center must provide services to children, adolescents, adults, and elderly residents of the service area either directly or by affiliation with other agencies. Treatment modalities must include the following:~~

~~—— (1) Outpatient services as defined in § 46:20:14:01;~~

~~—— (2) Emergency services as defined in § 46:20:01:01;~~

~~—— (3) Consultation and education services as defined in § 46:20:02:01;~~

~~—— (4) Services to adults with severe and persistent mental illness pursuant to chapter 46:20:12; and~~

~~—— (5) Services to children with serious emotional disturbance pursuant to chapter 46:20:13.~~

~~—— Optional services may include room and board services as defined in § 46:20:01:01 and individualized and mobile program of assertive community treatment services pursuant to § 46:20:15:02.~~

~~—— **Source:** 7 SDR 66, 7 SDR 89, effective July 1, 1981; 15 SDR 127, effective February 19, 1989; transferred from § 67:20:07:02 by SL 1989, ch 21, § 77, effective July 1, 1989; 29 SDR 80, effective December 10, 2002.~~

~~—— **General Authority:** SDCL 27A-5-1(3).~~

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

~~—— **46:20:02:03. Coordination of services.** To minimize duplication of services, a center must coordinate its services with the services provided by other human service agencies serving the same service area. Each center must make efforts to enter into cooperative arrangements and affiliations with other human service agencies serving residents of the center's service area so that gaps and duplications of services are minimized.~~

~~—— **Source:** 7 SDR 66, 7 SDR 89, effective July 1, 1981; 15 SDR 127, effective February 19, 1989; transferred from § 67:20:07:03 by SL 1989, ch 21, § 77, effective July 1, 1989; 29 SDR 80, effective December 10, 2002.~~

~~—— **General Authority:** SDCL 27A-5-1(3).~~

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

—— ~~46:20:02:04. Affiliation agreements.~~ When a center affiliates with other agencies, written affiliation agreements must be on file and available at the administrative office of the center. Affiliation agreements shall:

—— (1) Require that affiliates meet the applicable state licensure regulations and standards pertaining to their program;

—— (2) Describe the responsibilities and the function of each affiliate in relation to the services being provided in the agreement; and

—— (3) Describe the means by which persons may be transferred from service components located in the affiliates.

—— **Source:** 7 SDR 66, 7 SDR 89, effective July 1, 1981; 15 SDR 127, effective February 19, 1989; transferred from § 67:20:07:04 by SL 1989, ch 21, § 77, effective July 1, 1989; 29 SDR 80, effective December 10, 2002.

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

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

—— ~~46:20:02:05. Availability and accessibility of services.~~ A center's services must be available and accessible to the general public. Location of centers and hours of service must be advertised regularly through the public media and posted at all of the center's locations. During regular center hours staff schedules must enable staff to provide clinical attention to persons with immediate needs. When the center is closed, provision must be made so that staff of the center can be reached for emergencies. A plan describing how the center makes its services available in its area must be on file at the center.

—— **Source:** 7 SDR 66, 7 SDR 89, effective July 1, 1981; 15 SDR 127, effective February 19, 1989; transferred from § 67:20:07:05 by SL 1989, ch 21, § 77, effective July 1, 1989; 29 SDR 80, effective December 10, 2002.

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

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

—— ~~46:20:02:06. Continuity of care.~~ For ease of customer flow from one element of service to another, within a center, between a center and other entities providing social services, medical services, and other therapeutic resources, the center shall have written continuity of care procedures providing for the following:

—— (1) A system for the efficient movement of records along with consumers to other therapists or programs;

—— (2) The establishment of treatment goals based upon consumer preferences and needs which specify services provided to the consumer by the center and other entities;

—— (3) Follow-up on transfers from one service to another;

—— (4) Aftercare planning and services; and

—— (5) A procedure for referrals to other agencies and follow-up of such referrals.

~~—— **Source:** 7 SDR 66, 7 SDR 89, effective July 1, 1981; transferred from § 67:20:07:06 by SL 1989, ch 21, § 77, effective July 1, 1989; 29 SDR 80, effective December 10, 2002.~~  
~~—— **General Authority:** SDCL 27A-5-1(3).~~  
~~—— **Law Implemented:** SDCL 27A-3-1, 27A-5-1.~~

~~—— **46:20:02:07. Case manager responsible for continuity of client care.** Repealed.~~

~~—— **Source:** 15 SDR 127, effective February 19, 1989; transferred from § 67:20:07:06.01 by SL 1989, ch 21, § 77, effective July 1, 1989; repealed, 29 SDR 80, effective December 10, 2002.~~

~~—— **46:20:02:08. Services for patients of the Human Services Center.** Each center shall cooperate in the preadmission planning for consumers who are referred to the center and the discharge planning of consumers who are placed with the Human Services Center or another facility that provides psychiatric treatment. The center is responsible for development of community resources to facilitate the discharge of consumers with severe and persistent mental illness and serious emotional disturbance to assure that the consumer receives treatment in the least restrictive and the most therapeutically appropriate environment.~~

~~—— **Source:** 7 SDR 66, 7 SDR 89, effective July 1, 1981; 15 SDR 127, effective February 19, 1989; transferred from § 67:20:07:07 by SL 1989, ch 21, § 77, effective July 1, 1989; 29 SDR 80, effective December 10, 2002.~~

~~—— **General Authority:** SDCL 27A-5-1(3).~~

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

~~—— **46:20:02:09. Assignment of community mental health centers.** A center shall provide services to the following designated counties:~~

~~—— (1) Northeastern Mental Health Center, Aberdeen, shall serve Campbell, Walworth, Potter, Faulk, Edmunds, McPherson, Brown, Spink, Day, and Marshall Counties;~~

~~—— (2) Human Service Agency, Watertown, shall serve Grant, Clark, Codington, Hamlin, Deuel, Roberts, and Kingsbury Counties;~~

~~—— (3) East Central Mental Health and Chemical Dependency Center, Brookings, shall serve Brookings County;~~

~~—— (4) Southeastern Behavioral Health Care, Sioux Falls, shall serve McCook, Minnehaha, Turner, and Lincoln Counties;~~

~~—— (5) Lewis and Clark Behavioral Health Services, Yankton, shall serve Clay, Yankton, Bon Homme, Hutchinson, Douglas, Union, and Charles Mix Counties;~~

~~—— (6) Southern Plains Behavioral Health Services, Winner, shall serve Gregory, Tripp, Mellette, and Todd Counties;~~

~~—— (7) Dakota Mental Health Center, Mitchell, shall serve Hanson, Davison, Sanborn, Aurora, and Brule Counties;~~

~~—— (8) Community Counseling Services, Huron, shall serve Hand, Beadle, Jerauld, Lake, Miner, and Moody Counties;~~

~~—— (9) Capital Area Counseling Service, Pierre, shall serve Buffalo, Lyman, Hyde, Sully, Hughes, Stanley, Jones, and Haakon Counties;~~

~~—— (10) Behavior Management Systems, Rapid City, shall serve Harding, Butte, Meade, Lawrence, Pennington, Jackson, Bennett, Shannon, Fall River, and Custer Counties; and~~

~~—— (11) Three Rivers Mental Health and Chemical Dependency Center, Lemmon, shall serve Perkins, Dewey, Ziebach, and Corson Counties.~~

~~—— **Source:** 7 SDR 66, 7 SDR 89, effective July 1, 1981; 15 SDR 127, effective February 19, 1989; transferred from § 67:20:07:09 by SL 1989, ch 21, § 77, effective July 1, 1989; 16 SDR 91, effective November 20, 1989; 29 SDR 80, effective December 10, 2002.~~

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

~~—— **Law Implemented:** SDCL 27A-5-1, 27A-5-7.~~

## CHAPTER 46:20:03

### APPROVAL REQUIREMENTS

#### (Repealed)

#### Section

~~46:20:03:01 — Definitions.~~

~~46:20:03:02 — Certification requirements for a new center.~~

~~46:20:03:03 — Approval categories.~~

~~46:20:03:04 — Comprehensive survey.~~

~~46:20:03:05 — Repealed.~~

~~46:20:03:06 — Notice of approval.~~

~~46:20:03:07 — Statement of deficiencies and plans of correction.~~

~~46:20:03:08 — Site visits during deficiency correction period.~~

~~46:20:03:09 — Appeal procedure.~~

~~—— **46:20:03:01. Definitions.** Terms used in this chapter mean:~~

~~—— (1) "Comprehensive survey," a planned survey of the center by a team of department representatives for the purpose of evaluating compliance with standards for certification;~~

~~—— (2) "Deficiency," less than full compliance with the standards of the department;~~

~~—— (3) "Plan of correction," a center's plan which specifies the measures to be taken and a date of implementation for each measure to correct all deficiencies; and~~

~~—— (4) "Site visits," visits conducted by the department to determine a center's compliance with standards for certification.~~

~~—— **Source:** 7 SDR 66, 7 SDR 89, effective July 1, 1981; 15 SDR 127, effective February 19, 1989; transferred from § 67:20:08:01 by SL 1989, ch 21, § 77, effective July 1, 1989; 29 SDR 80, effective December 10, 2002.~~

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

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

~~—— **46:20:03:02. Certification requirements for a new center.** Each new applicant applying for certification as a center must make the following available for review by the department:~~

~~—— (1) A needs assessment analysis which indicates need for mental health services;~~

~~—— (2) A proposed annual budget;~~

~~—— (3) A table listing staff of the agency and percent of time employed;~~

~~—— (4) Resumes and transcripts of all professional staff;~~

~~—— (5) A chart of organization for the agency; and~~

~~—— (6) A plan which identifies goals, which states the means with which to accomplish these goals, and which states intentions to meet the identified needs.~~

~~—— Within 60 days after receipt of this information, the department must conduct a comprehensive survey for the purpose of approval and center certification.~~

~~—— **Source:** 7 SDR 66, 7 SDR 89, effective July 1, 1981; 15 SDR 127, effective February 19, 1989; transferred from § 67:20:08:02 by SL 1989, ch 21, § 77, effective July 1, 1989; 29 SDR 80, effective December 10, 2002.~~

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

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

~~—— **46:20:03:03. Approval categories.** The department may place a center in the following approval categories:~~

~~—— (1) Approved – a center meets all applicable standards or has an approved plan of correction for standards not met; and~~

~~—— (2) Probationary approval – a center fails to achieve compliance with applicable standards within the dates specified in the plan of correction.~~

~~—— Probationary approval may not exceed 15 months. A facility granted probationary approval may not be granted subsequent probationary approval until at least two years have elapsed since the termination of any prior probationary approval period.~~

~~—— **Source:** 7 SDR 66, 7 SDR 89, effective July 1, 1981; 15 SDR 127, effective February 19, 1989; transferred from § 67:20:08:03 by SL 1989, ch 21, § 77, effective July 1, 1989; 29 SDR 80, effective December 10, 2002.~~

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

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

~~—— **46:20:03:04. Comprehensive survey.** At least every two years, the department must conduct a comprehensive survey of each approved center to determine compliance with standards specified in this article. At least 60 days prior to the survey, the department must notify the center in writing of the survey.~~

~~—— **Source:** 7 SDR 66, 7 SDR 89, effective July 1, 1981; 15 SDR 127, effective February 19, 1989; transferred from § 67:20:08:04 by SL 1989, ch 21, § 77, effective July 1, 1989; 29 SDR 80, effective December 10, 2002.~~

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

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

~~—— **46:20:03:05. Center's self-survey for compliance with standards.** Repealed.~~

~~—— **Source:** 7 SDR 66, 7 SDR 89, effective July 1, 1981; 15 SDR 127, effective February 19, 1989; transferred from § 67:20:08:05 by SL 1989, ch 21, § 77, effective July 1, 1989; repealed, 29 SDR 80, effective December 10, 2002.~~

~~—— **46:20:03:06. Notice of approval.** The department must, within 45 days after the comprehensive survey, give written notice to the center regarding survey results.~~

~~—— **Source:** 7 SDR 66, 7 SDR 89, effective July 1, 1981; 15 SDR 127, effective February 19, 1989; transferred from § 67:20:08:06 by SL 1989, ch 21, § 77, effective July 1, 1989; 29 SDR 80, effective December 10, 2002.~~

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

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

~~—— **46:20:03:07. Statement of deficiencies and plans of correction.** If the department finds that a center is not in compliance with the standards, the department must submit to the center within 45 days after the comprehensive survey a written statement of the center's deficiencies. Within 30 days after receipt of the statement of deficiencies, the center must submit to the department a plan of correction for each deficiency and must specify the measures to be taken and the date of implementation for each measure. The department may allow the center a reasonable period of time, not to exceed four years from receipt of written notification, to correct the deficiency. The department may grant a delay in meeting the requirement if meeting the requirement immediately would cause undue hardship on the center and if the department determines that allowing such a delay would be in the best interests of the consumers. If the deficiency is not corrected within the time specified in the plan of correction, the department shall revoke the center's approval or place the center on probationary approval status. Within 30 days after receipt of the plan of correction, the department must notify the center in writing of its status as a center, and if appropriate, issue the center a certificate of approval. A center holding probationary approval must meet the requirements of this article within the time period specified by the department or suffer loss of certification. Department staff shall provide technical assistance to the center upon request.~~

~~Source: 7 SDR 66, 7 SDR 89, effective July 1, 1981; 15 SDR 127, effective February 19, 1989; transferred from § 67:20:08:07 by SL 1989, ch 21, § 77, effective July 1, 1989; 29 SDR 80, effective December 10, 2002.~~

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

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

~~**46:20:03:08. Site visits during deficiency correction period.** During the deficiency correction period, the department may visit the center to determine if the center is implementing its plans of correction according to the schedule specified in the plan. The department is not required to notify the center prior to such a site visit.~~

~~Source: 7 SDR 66, 7 SDR 89, effective July 1, 1981; transferred from § 67:20:08:08 by SL 1989, ch 21, § 77, effective July 1, 1989; 29 SDR 80, effective December 10, 2002.~~

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

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

~~**46:20:03:09. Appeal procedure.** A center may appeal to the secretary of the department any denial of certification, revocation of certification, or probationary certification by notifying the department by certified mail within ten calendar days of receipt of the notification of the division's action and requesting a fair hearing pursuant to SDCL chapter 1-26.~~

~~Source: 29 SDR 80, effective December 10, 2002.~~

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

~~Law Implemented: SDCL 27A-5-1.~~

## CHAPTER 46:20:04

### COMMUNITY MENTAL HEALTH CENTER ADMINISTRATION

#### (Repealed)

#### Section

~~46:20:04:01—Definitions.~~

~~46:20:04:02—Nonprofit center's articles of incorporation.~~

~~46:20:04:03—Center bylaws.~~

~~46:20:04:04—Board of directors.~~

~~46:20:04:05—Responsibilities of the board.~~

~~46:20:04:06—Requirements for executive director.~~

~~46:20:04:06.01—Requirements for clinical director.~~

~~46:20:04:06.02—Requirements for executive director and clinical director to be applied prospectively.~~

~~46:20:04:07—Center clinical staff requirements.~~

~~46:20:04:08—Volunteers.~~

~~46:20:04:09—Personnel policies and records.~~

~~46:20:04:10—Confidentiality of records.~~

~~46:20:04:11—Repealed.~~

~~46:20:04:12 — Quality assurance -- Case record review.~~  
~~46:20:04:13 — Accounting system.~~  
~~46:20:04:14 — Repealed.~~  
~~46:20:04:15 — Annual audit.~~  
~~46:20:04:16 — Statistical data system.~~  
~~46:20:04:17 — Fees for services.~~  
~~46:20:04:18 — Donations.~~  
~~46:20:04:19 — Insurance.~~  
~~46:20:04:20 — Retention of records.~~  
~~46:20:04:21 — Open meeting.~~

~~—— **46:20:04:01. Definitions.** Terms used in this chapter mean:~~

~~—— (1) "Board of directors" or "board," the governing body of a center;~~

~~—— (2) "Clinical director," an individual who meets the requirements of § 46:20:04:06.01 and is responsible for the clinical operations of the center; and~~

~~—— (3) "Executive director," an individual who meets the requirements of § 46:20:04:06 and is responsible to the board for the administration of the center.~~

~~—— **Source:** 7 SDR 66, 7 SDR 89, effective July 1, 1981; 15 SDR 127, effective February 19, 1989; transferred from § 67:20:09:01 by SL 1989, ch 21, § 77, effective July 1, 1989; 19 SDR 8, effective July 26, 1992; 29 SDR 80, effective December 10, 2002.~~

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

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

~~—— **46:20:04:02. Nonprofit center's articles of incorporation.** If a center is established as a nonprofit corporation, it shall be incorporated in the state of South Dakota. A copy of the articles of incorporation of a nonprofit corporation shall be filed with the department before a certificate of approval is issued. A nonprofit center shall submit a copy of the letter of exemption from the Internal Revenue Service to the department.~~

~~—— **Source:** 7 SDR 66, 7 SDR 89, effective July 1, 1981; transferred from § 67:20:09:02 by SL 1989, ch 21, § 77, effective July 1, 1989; 29 SDR 80, effective December 10, 2002.~~

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

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

~~—— **46:20:04:03. Center bylaws.** The center must adopt bylaws which state its purpose and must:~~

~~—— (1) Provide for a rotating board;~~

~~—— (2) Describe the qualifications for membership on the board;~~

~~—— (3) Describe procedures for selection and tenure of office for members of the board;~~

~~—— (4) Describe methods of amending bylaws;~~

~~—— (5) Provide that the board shall be responsible for the formulation and implementation of overall policy;~~

~~—— (6) Provide that the members of the governing board serve without pay;~~

~~—— (7) Provide that no financial benefit accrue as a result of membership on the board;~~

- ~~—— (8) Provide that the board meets quarterly or more often as necessary for the proper administration of the center;~~
- ~~—— (9) Provide that the minutes of all official meetings of the board be maintained;~~
- ~~—— (10) Provide that the board arrange for an annual audit of the center's accounts;~~
- ~~—— (11) Describe the body of parliamentary procedure to be followed in the conduct of business meetings; and~~
- ~~—— (12) Provide for current or past consumers of mental health services and family members to be members of the board of directors.~~

~~—— **Source:** 7 SDR 66, 7 SDR 89, effective July 1, 1981; 15 SDR 127, effective February 19, 1989; transferred from § 67:20:09:03 by SL 1989, ch 21, § 77, effective July 1, 1989; 29 SDR 80, effective December 10, 2002.~~

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

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

~~—— **46:20:04:04. Board of directors.** The board of a center must be composed of individuals who reside or work in the center's service area and who, as a group, represent the residents of that area, taking into consideration their employment, age, sex, ethnicity, place of residence, and other demographic characteristics of the area.~~

~~—— **Source:** 7 SDR 66, 7 SDR 89, effective July 1, 1981; 15 SDR 127, effective February 19, 1989; transferred from § 67:20:09:04 by SL 1989, ch 21, § 77, effective July 1, 1989; 29 SDR 80, effective December 10, 2002.~~

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

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

~~—— **46:20:04:05. Responsibilities of the board.** The board is responsible for taking the following actions:~~

~~—— (1) Employ an executive director whose qualifications, authority, and duties, are defined in writing, and delegate to the executive director authority and responsibility for the daily management of the operations of the center according to established policies, including the hiring or designation of a clinical director;~~

~~—— (2) Employ or designate a clinical director, if the center does not have a current executive director and if the board determines the services of a clinical director are immediately needed, and delegate to the clinical director authority and responsibility for the management of the clinical operations of the center according to established policies;~~

~~—— (3) Exercise general supervision and establish policy regarding personnel, property, funds, administrative job descriptions, operations, and program;~~

~~—— (4) Approve a plan of financing which assures sufficient funds to provide care for consumers and carry out the stated purpose of the center on a continuing basis;~~

~~—— (5) Ensure that capital commitments are not made to the detriment of services to the consumer; and~~

~~—— (6) Approve initiation, expansion, or modification of the center's program based on service needs of the community and the capability of the center to have an effect on those needs within its established goals and objectives.~~

~~—— The board may employ one person to serve as both executive director and the clinical director if the person is qualified according to § 46:20:04:06.01 and the board determines that a full-time clinical director is not needed.~~

~~—— **Source:** 7 SDR 66, 7 SDR 89, effective July 1, 1981; 15 SDR 127, effective February 19, 1989; transferred from § 67:20:09:06 by SL 1989, ch 21, § 77, effective July 1, 1989; 19 SDR 8, effective July 26, 1992; 29 SDR 80, effective December 10, 2002.~~

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

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

~~—— **46:20:04:06. Requirements for executive director.** The executive director appointed by the board of directors shall be knowledgeable of mental health services and shall possess administrative skills.~~

~~—— At the time of employment, the executive director shall have knowledge of the administrative rules pertaining to community mental health services and programs.~~

~~—— **Source:** 7 SDR 66, 7 SDR 89, effective July 1, 1981; 15 SDR 127, effective February 19, 1989; transferred from § 67:20:09:07 by SL 1989, ch 21, § 77, effective July 1, 1989; 19 SDR 8, effective July 26, 1992; 29 SDR 80, effective December 10, 2002.~~

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

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

~~—— **46:20:04:06.01. Requirements for clinical director.** The clinical director employed or designated by a center executive director or the board must be a qualified mental health professional and must have at least four years of experience in a clinical mental health setting.~~

~~—— **Source:** 19 SDR 8, effective July 26, 1992; 29 SDR 80, effective December 10, 2002.~~

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

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

~~—— **46:20:04:06.02. Requirements for executive director and clinical director to be applied prospectively.** The requirements for executive director and clinical director set forth in §§ 46:20:04:06 and 46:20:04:06.01 do not apply to any previously qualified executive director or clinical director or to any individual serving in both capacities prior to July 26, 1992, who continues to serve at the same center.~~

~~—— **Source:** 19 SDR 8, effective July 26, 1992; 29 SDR 80, effective December 10, 2002.~~

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

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

~~—— **46:20:04:07. Center clinical staff requirements.** Clinical staff providing diagnostic or treatment services must be clinical supervisors or must be supervised by a clinical supervisor.~~

~~—— **Source:** 7 SDR 66, 7 SDR 89, effective July 1, 1981; 15 SDR 127, effective February 19, 1989; transferred from § 67:20:09:08 by SL 1989, ch 21, § 77, effective July 1, 1989; 29 SDR 80, effective December 10, 2002.~~

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

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

~~—— **46:20:04:08. Volunteers.** If a center uses volunteers as support for programs, the center shall establish and maintain a plan for recruiting and screening applicants and training them.~~

~~—— **Source:** 7 SDR 66, 7 SDR 89, effective July 1, 1981; 15 SDR 127, effective February 19, 1989; transferred from § 67:20:09:10 by SL 1989, ch 21, § 77, effective July 1, 1989; 29 SDR 80, effective December 10, 2002.~~

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

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

~~—— **46:20:04:09. Personnel policies and records.** Written personnel policies and records for all employees must be maintained by the center. Personnel policies must include position descriptions for each employee in the center with a statement of duties and responsibilities and the minimum qualifications necessary to fulfill these duties. The policies must include provisions for equal employment opportunities. Individual personnel records must include the application filed for employment, resume and statement of qualifications, transcripts, and continuing education.~~

~~—— **Source:** 7 SDR 66, 7 SDR 89, effective July 1, 1981; 15 SDR 127, effective February 19, 1989; transferred from § 67:20:09:11 by SL 1989, ch 21, § 77, effective July 1, 1989; 29 SDR 80, effective December 10, 2002.~~

~~—— **General Authority:** 27A-5-1(2).~~

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

~~—— **46:20:04:10. Confidentiality of records.** Consumer records must be kept confidential by the center and no consumer record may be released by a center to the public or another service provider without the approval of the consumer, except as provided under SDCL 27A-12-27 to 27A-12-32, inclusive.~~

~~—— **Source:** 7 SDR 66, 7 SDR 89, effective July 1, 1981; 15 SDR 127, effective February 19, 1989; transferred from § 67:20:09:12 by SL 1989, ch 21, § 77, effective July 1, 1989; 29 SDR 80, effective December 10, 2002.~~

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

~~—— **Law Implemented:** SDCL 27A-3-1, 27A-5-1, 27A-12-25 to 27A-12-32.~~

~~—— **46:20:04:11. Case records.** Repealed.~~

— ~~**Source:** 7 SDR 66, 7 SDR 89, effective July 1, 1981; 15 SDR 127, effective February 19, 1989; transferred from § 67:20:09:13 by SL 1989, ch 21, § 77, effective July 1, 1989; repealed, 29 SDR 80, effective December 10, 2002.~~

— ~~**46:20:04:12. Quality assurance -- Case record review.** Each center must establish an ongoing quality assurance process for the review of case records to assure quality and appropriateness of service. Center staff must be informed of the review process and it must be made a part of the center's procedures manual. There must be written evidence of follow-up of identified treatment problems and any changes in treatment brought about by the review.~~

— ~~**Source:** 7 SDR 66, 7 SDR 89, effective July 1, 1981; 15 SDR 127, effective February 19, 1989; transferred from § 67:20:09:14 by SL 1989, ch 21, § 77, effective July 1, 1989; 29 SDR 80, effective December 10, 2002.~~

— ~~**General Authority:** SDCL 27A-5-1(3).~~

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

— ~~**46:20:04:13. Accounting system.** A center must maintain an accounting system which enables the center to identify clearly the cost of services and other expenses of operation. Center accounting records must identify the sources and applications of funds.~~

— ~~**Source:** 7 SDR 66, 7 SDR 89, effective July 1, 1981; 15 SDR 127, effective February 19, 1989; transferred from § 67:20:09:15 by SL 1989, ch 21, § 77, effective July 1, 1989; 29 SDR 80, effective December 10, 2002.~~

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

— ~~**Law Implemented:** SDCL 27A-3-1, 27A-5-1, 27A-5-6.~~

— ~~**46:20:04:14. Annual budget.** Repealed.~~

— ~~**Source:** 7 SDR 66, 7 SDR 89, effective July 1, 1981; 15 SDR 127, effective February 19, 1989; transferred from § 67:20:09:16 by SL 1989, ch 21, § 77, effective July 1, 1989; repealed, 29 SDR 80, effective December 10, 2002.~~

— ~~**46:20:04:15. Annual audit.** Each center shall provide for an annual audit of its financial operations by a certified public accountant who is not an employee of the center or a member of the board and shall be completed within 90 days following the end of the center's fiscal year. The audit shall conform with the accounting and auditing guidelines issued by the auditor general for the state of South Dakota. A copy of the audit shall be made available to the public on request, shall be made a part of the center's records, and shall be forwarded to the department when available.~~

— ~~**Source:** 7 SDR 66, 7 SDR 89, effective July 1, 1981; transferred from § 67:20:09:17 by SL 1989, ch 21, § 77, effective July 1, 1989; 29 SDR 80, effective December 10, 2002.~~

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

— ~~**Law Implemented:** SDCL 27A-3-1, 27A-5-1, 27A-5-6.~~

— ~~**46:20:04:16. Statistical data system.** Each center must report consumer demographic, fiscal, and service utilization data to the department in a form and at times agreed upon by the department and the center.~~

— ~~**Source:** 7 SDR 66, 7 SDR 89, effective July 1, 1981; 15 SDR 127, effective February 19, 1989; transferred from § 67:20:09:20 by SL 1989, ch 21, § 77, effective July 1, 1989; 29 SDR 80, effective December 10, 2002.~~

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

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

— ~~**46:20:04:17. Fees for services.** The board shall adopt a schedule of fees for services. Fees shall be charged on the basis of the consumer's ability to pay. The center shall make every effort to collect payment from consumers for services in accordance with its fee schedule. The center shall make every effort to collect reimbursement for costs of services for all consumers from other third-party sources.~~

— ~~**Source:** 7 SDR 66, 7 SDR 89, effective July 1, 1981; transferred from § 67:20:09:21 by SL 1989, ch 21, § 77, effective July 1, 1989; 29 SDR 80, effective December 10, 2002.~~

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

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

— ~~**46:20:04:18. Donations.** Every center must have a written procedure for acknowledging donations and sending receipts to the donors of any gift, contribution, or bequest which has a value of \$500 or more. Procedures must be in effect to assure the trust of the public by protecting against the misappropriation of contributed materials. These procedures must include reporting to contributors on the use of contributed resources.~~

— ~~**Source:** 7 SDR 66, 7 SDR 89, effective July 1, 1981; 15 SDR 127, effective February 19, 1989; transferred from § 67:20:09:22 by SL 1989, ch 21, § 77, effective July 1, 1989; 29 SDR 80, effective December 10, 2002.~~

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

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

— ~~**46:20:04:19. Insurance.** Each center must carry insurance that includes general and professional liability, fire, worker's compensation, and fidelity bonding insurance.~~

— ~~**Source:** 7 SDR 66, 7 SDR 89, effective July 1, 1981; 15 SDR 127, effective February 19, 1989; transferred from § 67:20:09:23 by SL 1989, ch 21, § 77, effective July 1, 1989; 29 SDR 80, effective December 10, 2002.~~

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

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

— ~~**46:20:04:20. Retention of records.** Each center must retain all financial records, consumer case records, and documentation of services provided for at least four calendar years.~~

— ~~**Source:** 7 SDR 66, 7 SDR 89, effective July 1, 1981; 15 SDR 127, effective February 19, 1989; transferred from § 67:20:09:24 by SL 1989, ch 21, § 77, effective July 1, 1989; 29 SDR 80, effective December 10, 2002.~~

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

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

— ~~**Cross-Reference:** Length of retention period, 45 C.F.R. § 92-42.~~

— ~~**46:20:04:21. Open meeting.** Notice of the time and place of all board meetings must be posted in a conspicuous place in the center and in the center's residential facilities. In addition, the center must have and use a written policy which provides for the utilization of at least one other method of informing the general public of the time and place of board meetings.~~

— ~~**Source:** 7 SDR 66, 7 SDR 89, effective July 1, 1981; 15 SDR 127, effective February 19, 1989; transferred from § 67:20:09:26 by SL 1989, ch 21, § 77, effective July 1, 1989; 29 SDR 80, effective December 10, 2002.~~

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

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

## CHAPTER 46:20:05

### CONSUMER RIGHTS

#### (Repealed)

#### Section

46:20:05:01 — Consumer rights.

46:20:05:02 — Repealed.

46:20:05:03 — Nondiscrimination on basis of disability.

46:20:05:04 — Guaranteed rights.

46:20:05:05 — Center's policy on abuse, neglect, and exploitation.

46:20:05:06 — Grievance procedures.

46:20:05:07 — Appeal of ineligibility or termination of services.

46:20:05:08 — Time and place of hearing — Time extension.

~~**46:20:05:01. Consumer rights.** Each center shall ensure that consumer's rights are fully protected. A center shall give each consumer a written statement of consumer rights and responsibilities upon entering the program. A center shall post a copy of the statement in a place accessible to consumers and shall make both statements available to the division. A center shall provide services to each consumer in a manner that is responsive to the consumer's need in the areas of age, gender, social support, cultural orientation, psychological characteristics, sexual orientation, physical situation, and spiritual beliefs.~~

— ~~**Source:** 7 SDR 66, 7 SDR 89, effective July 1, 1981; 15 SDR 127, effective February 19, 1989; transferred from § 67:20:10:01 by SL 1989, ch 21, § 77, effective July 1, 1989; 29 SDR 80, effective December 10, 2002.~~

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

— ~~**Law Implemented:** SDCL 27A-5-1.~~

~~**46:20:05:02. Civil rights.** Repealed.~~

~~—— **Source:** 7 SDR 66, 7 SDR 89, effective July 1, 1981; transferred from § 67:20:10:02 by SL 1989, ch 21, § 77, effective July 1, 1989; repealed, 29 SDR 80, effective December 10, 2002.~~

~~—— **46:20:05:03. Nondiscrimination on basis of disability.** An individual with a disability qualifying for services under this article may not, solely by reason of a disability, be excluded from the participation in, be denied the benefits of, or be subjected to discrimination by any center.~~

~~—— **Source:** 7 SDR 66, 7 SDR 89, effective July 1, 1981; transferred from § 67:20:10:03 by SL 1989, ch 21, § 77, effective July 1, 1989; 29 SDR 80, effective December 10, 2002.~~

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

~~—— **Law Implemented:** SDCL 27A-5-1; 29 U.S.C. § 794.~~

~~—— **46:20:05:04. Guaranteed rights.** A consumer 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-12-3.20 and 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) The right to confidentiality of all records, correspondence, and information relating to assessment, diagnosis, and treatment pursuant to SDCL 27A-12-26; and~~

~~—— (5) The right to participate in decision making, related to treatment, to the greatest extent possible.~~

~~—— **Source:** 29 SDR 80, effective December 10, 2002.~~

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

~~—— **Law Implemented:** SDCL 27A-5-1, 27A-12-6.~~

~~—— **46:20:05:05. Center policy on abuse, neglect, and exploitation.** Each center must have a policy approved by the division which prohibits abuse, neglect, and exploitation of a consumer. The policy must contain the following:~~

~~—— (1) Definitions of abuse, neglect, and exploitation pursuant to SDCL 22-46-1;~~

~~—— (2) A requirement to report to the division any incidents of abuse, neglect, or exploitation;~~

~~—— (3) A requirement to report to the Department of Social Services pursuant to SDCL chapter 26-8A;~~

~~—— (4) A procedure for disciplinary action to be taken if staff have engaged in abusive, neglectful, or exploitative behavior;~~

~~—— (5) A procedure to make immediate efforts to inform the guardian, or the parent if the consumer is under 18 years of age, of the alleged incident or allegation unless the person is accused of the alleged incident; 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:** 29 SDR 80, effective December 10, 2002.~~

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

~~—— **Law Implemented:** SDCL 27A-5-1.~~

~~—— **46:20:05:06. Grievance procedures.** Each center shall have written grievance policies and procedures approved by the division whereby a consumer, a consumer's parent if the consumer is under 18 years of age, or the consumer's guardian may appeal any decision or action by the center that affects the consumer. The center shall inform the consumer, the consumer's parent, or the consumer's guardian, in writing or in an accessible format, of the grievance procedures upon entering services and shall post the procedures in a place accessible to consumers. The procedure must include the ability to appeal the center's decision regarding ineligibility or termination of services as provided in § 46:20:05:07 to the division.~~

~~—— **Source:** 29 SDR 80, effective December 10, 2002.~~

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

~~—— **Law Implemented:** SDCL 27A-5-1.~~

~~—— **46:20:05:07. Appeal of ineligibility or termination.** A consumer, a consumer's parent if the consumer is under 18 years of age, or a consumer's guardian may appeal the center's decision regarding ineligibility or termination of services to the division. An appeal shall be made in writing to the division within 30 days of receipt of the notice regarding ineligibility or termination. The division shall provide a determination with 30 days of receipt of request for appeal. A consumer, a consumer's parent if the consumer is under 18 years of age, or a consumer's guardian dissatisfied with the division's determination regarding ineligibility or termination of services may request a fair hearing by notifying the department in writing within 30 days of receipt of the division's decision. When termination is being appealed, the consumer shall continue receiving services from the center until a decision is reached after a hearing pursuant to SDCL chapter 1-26.~~

~~—— **Source:** 29 SDR 80, effective December 10, 2002.~~

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

~~—— **Law Implemented:** SDCL 27A-5-1.~~

~~—— **46:20:05:08. Time and place of hearing -- Time extension.** A fair hearing by an impartial hearing officer shall be held within 90 days after receipt for a request by the appellant. 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:** 29 SDR 80, effective December 10, 2002.~~

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

~~—— **Law Implemented:** SDCL 27A-5-1.~~

**CHAPTER 46:20:06**

**UTILIZATION BY HANDICAPPED**

(Repealed. 29 SDR 80, effective December 10, 2002)

**CHAPTER 46:20:07**

**ENVIRONMENTAL HEALTH**

(Repealed. 29 SDR 80, effective December 10, 2002)

**CHAPTER 46:20:08**

**SAFETY REQUIREMENTS -- OUTPATIENT AND PSYCHOSOCIAL REHABILITATION**

(Repealed. 29 SDR 80, effective December 10, 2002)

**CHAPTER 46:20:09**

**SAFETY REQUIREMENTS -- COMMUNITY RESIDENTIAL**

(Repealed. 29 SDR 80, effective December 10, 2002.)

**CHAPTER 46:20:10**

**QUALIFIED MENTAL HEALTH PROFESSIONAL**

**(Repealed)**

**Section**

~~46:20:10:01 — Definitions.~~

~~46:20:10:02 — Eligibility.~~

~~46:20:10:03 — Application for endorsement — Fee.~~

~~46:20:10:04 — Repealed.~~

~~46:20:10:05 — Endorsement examination.~~

~~46:20:10:06 — Content of examination.~~

~~46:20:10:07 — Length of endorsement.~~

~~46:20:10:08 — Continued endorsement contingent upon having South Dakota license or certificate.~~

~~46:20:10:09 — Renewal of endorsement -- Fee.~~  
~~46:20:10:10 — Continuing education requirements.~~  
~~46:20:10:11 — Reinstatement of lapsed endorsement.~~  
~~46:20:10:12 — Notice of division action.~~  
~~46:20:10:13 — Appeal of division decision.~~

~~—— **46:20:10:01. Definitions.** Terms used in this chapter mean:~~

~~—— (1) "Applicant," an individual applying for competency-based endorsement or renewal of competency-based endorsement as a qualified mental health professional;~~  
~~—— (2) "Endorsement," competency-based endorsement as a qualified mental health professional.~~

~~—— **Source:** 21 SDR 225, effective July 2, 1995; 29 SDR 80, effective December 10, 2002.~~

~~—— **General Authority:** SDCL 27A-1-9.~~

~~—— **Law Implemented:** SDCL 27A-1-9.~~

~~—— **46:20:10:02. Eligibility.** To be eligible for endorsement, an individual must meet the educational, licensure, and supervision requirements as defined in SDCL 27A-1-3.~~

~~—— **Source:** 21 SDR 225, effective July 2, 1995; 29 SDR 80, effective December 10, 2002.~~

~~—— **General Authority:** SDCL 27A-1-9.~~

~~—— **Law Implemented:** SDCL 27A-1-9.~~

~~—— **46:20:10:03. Application for endorsement -- Fee.** An individual must apply for endorsement in writing to the division and submit a fee of \$15. An application must include the following:~~

~~—— (1) Applicant'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-1-11; and~~  
~~—— (4) A copy of the applicant's current South Dakota professional license or certificate.~~

~~—— **Source:** 21 SDR 225, effective July 2, 1995; 29 SDR 80, effective December 10, 2002.~~

~~—— **General Authority:** SDCL 27A-1-9.~~

~~—— **Law Implemented:** SDCL 27A-1-9.~~

~~—— **46:20:10:04. Applicants with temporary endorsement.** Repealed.~~

~~—— **Source:** 21 SDR 225, effective July 2, 1995; repealed, 29 SDR 80, effective December 10, 2002.~~

~~46:20:10:05. Endorsement examination.~~ Applicants for endorsement and for renewal of endorsement must take a competency examination. Examinations are held twice each year at a time and place determined by the division. The division shall notify each applicant meeting the eligibility requirements in § 46:20:10:02 of the time and place of the examination.

~~Source:~~ 21 SDR 225, effective July 2, 1995; 29 SDR 80, effective December 10, 2002.

~~General Authority:~~ SDCL 27A-1-9.

~~Law Implemented:~~ SDCL 27A-1-9.

~~46:20:10:06. Content of examination.~~ The competency examination shall consist of questions regarding South Dakota mental health commitment procedures for both children and adults. The passing score is 75 percent.

~~Source:~~ 21 SDR 225, effective July 2, 1995.

~~General Authority:~~ SDCL 27A-1-9.

~~Law Implemented:~~ SDCL 27A-1-9.

~~46:20:10:07. Length of endorsement.~~ An endorsement is valid for four years from the date of issuance.

~~Source:~~ 21 SDR 225, effective July 2, 1995.

~~General Authority:~~ SDCL 27A-1-9.

~~Law Implemented:~~ SDCL 27A-1-9.

~~46:20:10:08. Continued endorsement contingent upon having a South Dakota license or certificate.~~ If an individual holding an endorsement does not sustain a current South Dakota professional license or certificate, the endorsement becomes invalid. The applicant must meet the requirements of licensure or certification applicable to the applicant's profession.

~~Source:~~ 21 SDR 225, effective July 2, 1995.

~~General Authority:~~ SDCL 27A-1-9.

~~Law Implemented:~~ SDCL 27A-1-9.

~~46:20:10:09. Renewal of endorsement -- Fee.~~ An individual must apply in writing to the division for renewal of endorsement. An applicant may apply for renewal anytime within one year before the applicant's current endorsement ends. An individual must submit a copy of the current South Dakota professional license or certificate to the division with the application for renewal. The applicant for renewal must meet the continuing education requirements in § 46:20:10:10, the endorsement examination requirements in § 46:20:10:05, and must submit a renewal fee of \$15.

~~Source:~~ 21 SDR 225, effective July 2, 1995; 29 SDR 80, effective December 10, 2002.

~~General Authority:~~ SDCL 27A-1-9.

~~Law Implemented:~~ SDCL 27A-1-9.

~~46:20:10:10. Continuing education requirements.~~ Applicants for renewal of endorsement must complete three continuing education units during the current four-year endorsement period. The continuing education units must include information on the diagnosis and treatment of individuals who have a severe and persistent mental illness or children who have a severe emotional disturbance. The applicant must submit documentation of the content of continuing education with the application for renewal.

~~Source:~~ 21 SDR 225, effective July 2, 1995.

~~General Authority:~~ SDCL 27A-1-9.

~~Law Implemented:~~ SDCL 27A-1-9.

~~46:20:10:11. Reinstatement of lapsed endorsement.~~ An individual who fails to apply for renewal of endorsement before the end of the current endorsement may apply for a reinstatement of endorsement by submitting a copy of the current South Dakota professional license or certificate and the renewal fee specified in § 46:20:10:09, by meeting the continuing education requirements in § 46:20:10:10, and by taking the competency examination.

~~Source:~~ 21 SDR 225, effective July 2, 1995; 29 SDR 80, effective December 10, 2002.

~~General Authority:~~ SDCL 27A-1-9.

~~Law Implemented:~~ SDCL 27A-1-9.

~~46:20:10:12. Notice of division action.~~ The division shall either approve or deny the application for endorsement or application for renewal of endorsement. The division shall notify the applicant of the division's action within 60 days following the application, endorsement examination, or receipt of the application for renewal. If the division denies endorsement or renewal, the division shall state the specific reasons for denial in the notice.

~~Source:~~ 21 SDR 225, effective July 2, 1995; 29 SDR 80, effective December 10, 2002.

~~General Authority:~~ SDCL 27A-1-9.

~~Law Implemented:~~ SDCL 27A-1-9.

~~46:20:10:13. Appeal of division decision.~~ An applicant whose endorsement or 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:~~ 21 SDR 225, effective July 2, 1995; 29 SDR 80, effective December 10, 2002.

~~General Authority:~~ SDCL 27A-1-9.

~~Law Implemented:~~ SDCL 27A-1-9.

## CHAPTER 46:20:11

## FINANCIAL ELIGIBILITY

### (Repealed)

#### Section

~~46:20:11:01 — Definitions.~~

~~46:20:11:02 — Financial eligibility requirements.~~

~~46:20:11:03 — False reporting or failure to report financial information.~~

~~46:20:11:04 — Household composition.~~

~~46:20:11:05 — Consideration of income.~~

~~46:20:11:06 — Income exempt from consideration.~~

~~46:20:11:07 — Hardship considerations.~~

~~46:20:11:08 — Appeal of ineligibility.~~

~~46:20:11:09 — Time and place of hearing — Time extension.~~

~~—— **46:20:11:01. Definitions.** Terms used in this chapter mean:~~

~~—— (1) "Children's health insurance program, non-Medicaid," or "CHIP-NM," the non-Medicaid children's health insurance program for children eligible under the provisions of chapter 67:46:14;~~

~~—— (2) "Concurrent mental health and chemical dependency services program," a program using a multidisciplinary model that combines mental health and substance abuse treatment within a single, unified, and comprehensive custodial care program;~~

~~—— (3) "Earned income," income from personal services as distinguished from income generated by property or other sources. Earned income includes all amounts received as wages, tips, bonuses, other employee compensation, and self-employment income, whether in the form of money, services, or property;~~

~~—— (4) "Federal poverty level," the dollar amounts set by the United States Department of Health and Human Services in 66 Fed. Reg. 10,695 (February 16, 2001);~~

~~—— (5) "Unearned income," taxable income other than earned income. Unearned income includes income received from the investment of money or other property, such as interest, dividends, and royalties. It also includes pensions, alimony, unemployment compensation, Social Security Income, Social Security Disability Income, child support, and other income that is not earned; and~~

~~—— (6) "Yearly gross income," salaries, net business profit, net farm income, investment income, insurance or compensation, Old Age Survivors' Insurance, Social Security Disability Insurance, Supplemental Security Income, public assistance, unemployment insurance, aid from family members, or any other resources available to an individual or a family.~~

~~—— **Source:** 28 SDR 28, effective September 3, 2001; 29 SDR 80, effective December 10, 2002.~~

~~—— **General Authority:** SDCL 1-36A-1.26(1), 27A-5-1(2).~~

—— ~~Law Implemented:~~ SDCL 1-36A-1.3, 27A-5-18.

—— ~~46:20:11:02. Financial eligibility requirements.~~ An individual with a mental health disability or a family with a member who has a mental health disability is eligible for financial assistance from the division for payment of services under the provisions of this chapter while receiving CARE, SED, IMPACT, outpatient, and concurrent mental health and chemical dependency services if the individual or family meets the following criteria:

- (1) ~~Is not eligible for the state's Medicaid or CHIP-NM program;~~
- (2) ~~Has a yearly gross income, minus allowable deductions, that does not exceed 185 percent of the federal poverty level for a family of comparable size; and~~
- (3) ~~Has submitted claims to all third party reimbursement sources and the division has been determined to be the payor of last resort.~~

—— ~~Source:~~ 28 SDR 28, effective September 3, 2001.

—— ~~General Authority:~~ SDCL 1-36A-1.26(1), 27A-5-1(2).

—— ~~Law Implemented:~~ SDCL 27A-5-18.

—— ~~Cross-References:~~ Eligibility for Medical Services, art 67:46; Children's health insurance (CHIP-NM), ch 67:46:14.

—— ~~46:20:11:03. False reporting or failure to report financial information.~~ Reporting of false information or failure to report changes in circumstances which affect financial eligibility could result in the individual or family being responsible for reimbursement of services provided or ineligibility for services, or both.

—— ~~Source:~~ 28 SDR 28, effective September 3, 2001.

—— ~~General Authority:~~ SDCL 1-36A-1.26(1), 27A-5-1(2).

—— ~~Law Implemented:~~ SDCL 27A-5-18.

—— ~~46:20:11:04. Household composition.~~ Any person who lives with the individual receiving services and is dependent upon the household income is a member of the household. If a member of a household is included as part of the household composition, that person's income must be counted in determining eligibility for division-funded services, except for any income from a child under the age of 18 or any dependent attending school.

—— ~~Source:~~ 28 SDR 28, effective September 3, 2001.

—— ~~General Authority:~~ SDCL 1-36A-1.26(1), 27A-5-1(2).

—— ~~Law Implemented:~~ SDCL 27A-5-18.

—— ~~46:20:11:05. Consideration of income.~~ The division shall consider the earned and unearned income of the household when determining whether an individual is eligible for assistance under this chapter.

—— ~~Source:~~ 28 SDR 28, effective September 3, 2001.

—— ~~General Authority:~~ SDCL 1-36A-1.26(1), 27A-5-1(2).

—— ~~Law Implemented:~~ SDCL 27A-5-18.

~~46:20:11:06. Income exempt from consideration.~~ The following income is not considered available to meet the individual's or family's needs and is exempt from consideration:

- ~~(1) Income earned by a child under the age of 18 or any dependent attending school;~~
- ~~(2) Twenty percent of the individual's or family's earned income;~~
- ~~(3) Childcare expenses up to \$6,000 per year per household;~~
- ~~(4) The annual amount of child support paid;~~
- ~~(5) Medication costs and related lab work for the individual receiving services, if related to the individual's mental health diagnosis;~~
- ~~(6) Cost of insurance premiums for the individual receiving services or cost of dependent coverage for a family policy, if the individual is a child; and~~
- ~~(7) Cost of assistive devices purchased by the individual or family unit, or both, if related to the individual's mental health diagnosis.~~

~~The household's annual net income shall be determined by taking the reported household yearly gross income and subtracting the allowable deductions.~~

~~**Source:** 28 SDR 28, effective September 3, 2001.~~

~~**General Authority:** SDCL 1-36A-1.26(1), 27A-5-1(2).~~

~~**Law Implemented:** SDCL 27A-5-18.~~

~~46:20:11:07. Hardship considerations.~~ Any individual or family who is found ineligible for funding of services by the division, based on a net yearly income of 185 percent of the federal poverty level, may apply to the division for a hardship consideration. This process shall take into account any hardship that an individual or a family may have that would make paying for services an undue financial burden. The division is responsible for determining eligibility based on hardship considerations. These considerations may be based on the following:

- ~~(1) Responsibility for the care of extended family members or other household members;~~
- ~~(2) Debt from illness or other out-of-pocket medical expenses;~~
- ~~(3) Unforeseen or uncontrollable expenses other than medical expenses;~~
- ~~(4) Two or more persons in the household have a disability;~~
- ~~(5) A member of the household has more than one disability;~~
- ~~(6) Extraordinary housing expenses or costs of care, such as paying rent during hospitalization;~~
- ~~(7) Excessive transportation costs;~~
- ~~(8) Mental health services exceed two or more units per month for continuous assistance, rehabilitation, and education program services;~~
- ~~(9) Mental health services exceed eight or more units per month for serious emotional disturbance program services;~~
- ~~(10) Imminent risk of hospitalization, out-of-home placement, or potential for involvement or increased involvement with other systems such as law enforcement, Child Protection Services, Department of Corrections, or the Unified Judicial System;~~
- ~~(11) An emergency situation exists, such as a consumer is suicidal or acutely psychotic;~~

~~—— (12) A person 18 years of age or older with a mental illness diagnosis who lives with a parent or sibling because no other satisfactory living arrangement is available; or~~  
~~—— (13) Other expenses that would make paying for mental health services an undue financial burden.~~

~~—— **Source:** 28 SDR 28, effective September 3, 2001; 29 SDR 80, effective December 10, 2002.~~

~~—— **General Authority:** SDCL 1-36A-1.26(1), 27A-5-1(2).~~

~~—— **Law Implemented:** SDCL 27A-5-18.~~

~~—— **46:20:11:08. Appeal of ineligibility.** An individual, an individual's parent if the individual is under 18 years of age, or an individual's guardian may appeal a decision regarding ineligibility for funding of services to the division. An appeal shall be made in writing to the division within 30 days of receipt of the notice regarding ineligibility. The division shall provide a determination within 30 days of receipt of request for appeal. An individual, an individual's parent if the individual is under 18 years of age, or an individual's guardian dissatisfied with the division's determination regarding ineligibility for funding of services may request a fair hearing by notifying the department in writing within 30 days of receipt of the division's decision. Any individual or family currently receiving funding of services from the division, and subsequently found ineligible, shall continue receiving funding of services from the division until a decision is reached after a hearing pursuant to SDCL chapter 1-26.~~

~~—— **Source:** 28 SDR 28, effective September 3, 2001; 29 SDR 80, effective December 10, 2002.~~

~~—— **General Authority:** SDCL 1-36A-1.26(1), 27A-5-1(2).~~

~~—— **Law Implemented:** SDCL 27A-5-1.~~

~~—— **46:20:11:09. Time and place of hearing -- Time extension.** A fair hearing by an impartial hearing officer shall be held within 90 days after receipt for a request by the appellant. 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:** 28 SDR 28, effective September 3, 2001.~~

~~—— **General Authority:** SDCL 27A-5-1.~~

~~—— **Law Implemented:** SDCL 27A-5-1.~~

## CHAPTER 46:20:12

### CONTINUOUS ASSISTANCE, REHABILITATION, AND EDUCATION PROGRAM

#### (Repealed)

Section

46:20:12:01 — Definitions.

~~46:20:12:02 — CARE services -- CARE team responsibilities.~~  
~~46:20:12:03 — Admission information -- Eligibility criteria.~~  
~~46:20:12:04 — Staff qualifications.~~  
~~46:20:12:05 — Clinical record.~~  
~~46:20:12:06 — Reimbursable services.~~  
~~46:20:12:07 — Nonreimbursable services.~~  
~~46:20:12:08 — Co-payments.~~  
~~46:20:12:09 — Refusal to serve a consumer with a severe and persistent mental illness --  
Alternate provider.~~  
~~46:20:12:10 — Discharge criteria.~~  
~~46:20:12:11 — Discharge documentation.~~

~~—— **46:20:12:01. Definitions.** Terms used in this chapter mean:~~

~~—— (1) "Continuous assistance, rehabilitation, and education program" or "CARE program," a comprehensive program for providing treatment, rehabilitation, and support services to consumers with severe and persistent mental illness;~~

~~—— (2) "Continuous assistance, rehabilitation, and education team" or "CARE team," a team organized as a mobile group of mental health professionals who merge clinical, medical and rehabilitation staff expertise within one service delivery team and supervised by a clinical supervisor.~~

~~—— **Source:** 29 SDR 80, effective December 10, 2002.~~

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

~~—— **Law Implemented:** SDCL 27A-5-1.~~

~~—— **46:20:12:02. CARE services -- CARE team responsibilities.** The CARE team shall assume responsibility for performing case management duties for consumers with severe and persistent mental illness, which include:~~

~~—— (1) Maintaining current assessments and evaluations;~~

~~—— (2) Participating in the treatment planning process;~~

~~—— (3) Monitoring consumer progress;~~

~~—— (4) Assisting in locating, coordinating and monitoring medical, social, vocational, and psychiatric services as needed;~~

~~—— (5) Developing a plan to manage consumer's financial resources, including payee services as needed;~~

~~—— (6) When appropriate, locating and maintaining suitable living environments, emergency services, and other activities necessary to maintain psychiatric stability in a community-based setting; and~~

~~—— (7) Providing the following services:~~

~~—— (a) Crisis assessment and intervention;~~

~~—— (b) Liaison services;~~

~~—— (c) Symptom assessment and management;~~

~~—— (d) Medication prescription administration, monitoring, and documentation;~~

~~—— (e) Direct assistance;~~

~~—— (f) Development of psychosocial skills;~~

~~\_\_\_\_\_ (g) Encouragement for active participation of family and supportive social network; and~~

~~\_\_\_\_\_ (h) A system for communication and planning.~~

~~\_\_\_\_\_ **Source:** 29 SDR 80, effective December 10, 2002.~~

~~\_\_\_\_\_ **General Authority:** SDCL 27A-5-1(3).~~

~~\_\_\_\_\_ **Law Implemented:** SDCL 27A-5-1.~~

~~\_\_\_\_\_ **46:20:12:03. Admission information -- Eligibility criteria.** Enrollment in the CARE program shall be limited to consumers who meet the following severe and persistent mental illness eligibility criteria:~~

~~\_\_\_\_\_ (1) The consumer's severe and persistent emotional, behavioral, or psychological disorder causes the consumer to meet at least one of the following criteria:~~

~~\_\_\_\_\_ (a) The consumer has undergone psychiatric treatment more intensive than outpatient care and more than once in a lifetime, such as, emergency services, alternative residential living, or inpatient psychiatric hospitalization;~~

~~\_\_\_\_\_ (b) The consumer has experienced a single episode of psychiatric hospitalization with an Axis I or Axis II diagnosis per the DSM-IV-TR as defined in § 46:20:01:01;~~

~~\_\_\_\_\_ (c) The consumer has been treated with psychotropic medication for at least one year; or~~

~~\_\_\_\_\_ (d) The consumer has had frequent crisis contact with a center, or another provider, for more than six months as a result of a severe and persistent mental illness; and~~

~~\_\_\_\_\_ (2) The consumer's severe and persistent emotional, behavioral, or psychological disorder meets at least three of the following criteria:~~

~~\_\_\_\_\_ (a) The consumer is unemployed or has markedly limited job skills or poor work history;~~

~~\_\_\_\_\_ (b) The consumer exhibits inappropriate social behavior which results in concern by the community or requests for mental health or legal intervention;~~

~~\_\_\_\_\_ (c) The consumer is unable to obtain public services without assistance;~~

~~\_\_\_\_\_ (d) The consumer requires public financial assistance for out-of-hospital maintenance;~~

~~\_\_\_\_\_ (e) The consumer lacks social support systems in a natural environment, such as close friends and family, or the consumer lives alone or is isolated; or~~

~~\_\_\_\_\_ (f) The consumer is unable to perform basic daily living skills without assistance.~~

~~\_\_\_\_\_ **Source:** 29 SDR 80, effective December 10, 2002.~~

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

~~— **Law Implemented:** SDCL 27A-5-1.~~

~~— **46:20:12:04. Staff qualifications.** A CARE team shall employ a minimum of four full-time equivalent staff and a full or part-time psychiatrist. Minimum qualifications of staff are as follows:~~

~~— (1) A full-time program director with a master's degree in a mental health or related field, or a registered nurse, and at least two years of supervised clinical experience in a mental health setting;~~

~~— (2) A full or part-time registered nurse to effectively meet the needs of the number of consumers served. CARE teams may share the services of a registered nurse;~~

~~— (3) All CARE team staff providing case management services shall have at least an associate degree in the social sciences or have equivalent experience or a combination of both; and~~

~~— (4) All CARE team staff shall complete a medication administration training course in accordance with the standards of the Board of Nursing as set forth in §§ 20:48:04.01:09 to 20:48:04.01:15, inclusive, and demonstrate the required level of proficiency outlined in those standards.~~

~~— **Source:** 29 SDR 80, effective December 10, 2002.~~

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

~~— **Law Implemented:** SDCL 27A-5-1.~~

~~— **Cross-Reference:** Delegation of Nursing Tasks, ch 20:48:04.01.~~

~~— **46:20:12:05. Clinical record.** A clinical record shall contain the following information:~~

~~— (1) Consumer identification data which includes:~~

~~— (a) The consumer's identification number;~~

~~— (b) The consumer's birth date;~~

~~— (c) The consumer's living arrangements;~~

~~— (d) The consumer's race;~~

~~— (e) The consumer's sex; and~~

~~— (f) The consumer's service start date;~~

~~— (2) Concise data on the consumer's history to be completed within 30 days of the intake which includes:~~

~~— (a) Identifying information;~~

~~— (b) Presenting problems or chief complaint, or both;~~

~~— (c) Treatment history including previous treatment, psychiatric hospital admissions, psychotropic and other medications, physical illness, and hospitalizations;~~

- ~~\_\_\_\_\_ (d) Family history including family relationships and dynamics, and family psychiatric history;~~
- ~~\_\_\_\_\_ (e) Alcohol and drug abuse;~~
- ~~\_\_\_\_\_ (f) Legal issues;~~
- ~~\_\_\_\_\_ (g) Social needs;~~
- ~~\_\_\_\_\_ (h) Safety needs, with regards to physical acting out or health conditions;~~
- ~~\_\_\_\_\_ (i) Educational, vocational, and financial history;~~
- ~~\_\_\_\_\_ (j) Behavioral observations or mental status;~~
- ~~\_\_\_\_\_ (k) Sufficient information to determine severe and persistent mental illness eligibility;~~
- ~~\_\_\_\_\_ (l) Initial formulation and diagnostic impression pursuant to the DSM-IV-TR;~~
- ~~\_\_\_\_\_ (m) Date, staff signature, and title; and~~
- ~~\_\_\_\_\_ (n) Licensed mental health professional or clinical supervisor's signature and title, and the date, verifying review of the history information and agreement with the initial diagnosis;~~

~~\_\_\_\_\_ (3) A case service plan with treatment goals that indicate a need for service and specify all services that are being provided by the center and other outside entities, to be completed within 30 days of intake, and reviewed at least every six months thereafter;~~

~~\_\_\_\_\_ (4) Progress notes that describe the consumer's goals and the consumer's progress in achieving those goals and documented in the consumer's record for each billable service provided;~~

~~\_\_\_\_\_ (5) A supervisory assessment completed for any staff who does not meet the requirements of a clinical supervisor. The first supervisory assessment shall be completed within 30 days of the anniversary date of intake and annually thereafter. The clinical supervisor, as part of the supervisory assessment, shall:~~

- ~~\_\_\_\_\_ (a) Review and sign each consumer's history to verify diagnosis;~~
- ~~\_\_\_\_\_ (b) Review progress made toward treatment goals over the past 12 months;~~
- ~~\_\_\_\_\_ (c) Justify continued mental health services, if warranted;~~
- ~~\_\_\_\_\_ (d) Assess the need for additional services; and~~
- ~~\_\_\_\_\_ (e) Approve case service plan reviews; and~~

~~\_\_\_\_\_ (6) If appropriate, signed forms consenting to the release of information, which shall be updated annually.~~

~~\_\_\_\_\_ **Source:** 29 SDR 80, effective December 10, 2002.~~

~~\_\_\_\_\_ **General Authority:** SDCL 27A-5-1(2).~~

~~\_\_\_\_\_ **Law Implemented:** SDCL 27A-5-1.~~

~~\_\_\_\_\_ **46:20:12:06. Reimbursable services.** Reimbursable services are those services which are limited to face-to-face contacts, at a minimum of 15 minutes in length, for the purpose of providing comprehensive treatment, rehabilitation, and support services. Billable contacts under the CARE daily rate are limited to one contact per consumer per day even though multiple contacts may take place. All mental health services contracted through the division must be provided throughout the entire contract period. Reimbursable services are limited to:~~

- ~~—— (1) Comprehensive medical and psychosocial evaluations;~~
- ~~—— (2) Physician services, except psychiatric services provided by a psychiatrist or physician assistant;~~
- ~~—— (3) Nursing services, except psychiatric services provided by a certified nurse practitioner;~~
- ~~—— (4) Medication monitoring and education;~~
- ~~—— (5) Psychotherapy;~~
- ~~—— (6) Emergency services;~~
- ~~—— (7) Psychosocial rehabilitative therapy;~~
- ~~—— (8) Development of psychosocial skills; and~~
- ~~—— (9) Ongoing employment support.~~

~~—— **Source:** 29 SDR 80, effective December 10, 2002.~~

~~—— **General Authority:** SDCL 27A-5-1(3).~~

~~—— **Law Implemented:** SDCL 27A-5-1.~~

~~—— **46:20:12:07. Nonreimbursable services.** Nonreimbursable services include:~~

- ~~—— (1) Vocational services;~~
- ~~—— (2) Academic educational services;~~
- ~~—— (3) Services which are solely recreational in nature;~~
- ~~—— (4) Services with individuals other than eligible consumers;~~
- ~~—— (5) Services delivered by telephone; and~~
- ~~—— (6) Services provided in an institution for mental disease.~~

~~—— **Source:** 29 SDR 80, effective December 10, 2002.~~

~~—— **General Authority:** SDCL 27A-5-1(3).~~

~~—— **Law Implemented:** SDCL 27A-5-1.~~

~~—— **46:20:12:08. Co-payments.** Co-payments may not be charged for any CARE services.~~

~~—— **Source:** 29 SDR 80, effective December 10, 2002.~~

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

~~—— **Law Implemented:** SDCL 27A-5-1.~~

~~—— **46:20:12:09. Refusal to serve a consumer with a severe and persistent mental illness -- Alternate provider.** The division has the authority to reduce the contract of the refusing provider in order to purchase necessary services from an alternative provider. A center may not refuse services to any consumer with a severe and persistent mental illness unless:~~

~~—— (1) The center provides written notice of the refusal to the division within 72 hours of its refusal;~~

~~—— (2) The center offers emergency services to the consumer until such time as the consumer can be relocated to another service area or alternative services are arranged; and~~

~~—— (3) The center arranges for appropriate mental health services with another provider to serve the consumer.~~

~~—— **Source:** 29 SDR 80, effective December 10, 2002.~~

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

~~—— **Law Implemented:** SDCL 27A-5-1.~~

~~—— **46:20:12:10. Discharge criteria.** Discharge from a CARE program may occur when:~~

~~—— (1) The consumer moves outside of a geographic area of responsibility. In such cases, whenever possible, the CARE team must arrange for transfer of mental health service responsibility to a provider within the catchment area where the consumer is moving;~~

~~—— (2) The consumer demonstrates an ability to function in all major life areas such as work, socialization, and self-care, without requiring assistance from the program; or~~

~~—— (3) The consumer refuses to participate in CARE program services for more than three consecutive months. During the three-month period the center shall keep the consumer's case open and make reasonable attempts to contact the consumer. If refusal continues, or contact cannot be made within three months, discharge may be pursued.~~

~~—— **Source:** 29 SDR 80, effective December 10, 2002.~~

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

~~—— **Law Implemented:** SDCL 27A-5-1.~~

~~—— **46:20:12:11. Discharge documentation.** A consumer receiving services may not be discharged from the CARE program without prior notification, documentation, and approval by the division. Documentation to the division must include:~~

~~—— (1) Reason for discharge;~~

~~—— (2) Consumer's status and condition at discharge;~~

~~—— (3) Written evaluation summary of the progress toward the goals set forth in the case service plan;~~

~~—— (4) A plan for care and follow-up developed in conjunction with the consumer, if applicable; and~~

~~—— (5) Signature of the clinical supervisor, qualified mental health professional, or CARE team manager.~~

~~—— **Source:** 29 SDR 80, effective December 10, 2002.~~

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

~~—— **Law Implemented:** SDCL 27A-5-1.~~

## CHAPTER 46:20:13

### CHILDREN'S SERIOUS EMOTIONAL DISTURBANCE PROGRAM

**(Repealed)**

Section

- ~~46:20:13:01 — Definitions.~~
- ~~46:20:13:02 — SED services — Case manager responsibilities.~~
- ~~46:20:13:03 — SED services — Staff responsibilities.~~
- ~~46:20:13:04 — Admission information — Eligibility criteria.~~
- ~~46:20:13:05 — Staff qualifications.~~
- ~~46:20:13:06 — Supervision.~~
- ~~46:20:13:07 — Development and training.~~
- ~~46:20:13:08 — Clinical record.~~
- ~~46:20:13:09 — Reimbursable services.~~
- ~~46:20:13:10 — Nonreimbursable services.~~
- ~~46:20:13:11 — Co-payments.~~
- ~~46:20:13:12 — Refusal to serve a child with a serious emotional disturbance — Alternate provider.~~
- ~~46:20:13:13 — Discharge information.~~

~~—— **46:20:13:01. Definitions.** Terms used in this chapter mean:~~

~~—— (1) "Case manager," a designated staff of a center who identifies needs and strengths, creates a strength-based, outcome-focused case service plan, assists the family in accessing other resources in the community, advocates on behalf of the family, and coordinates services on behalf of the family within the center and with other child-serving agencies in the community and surrounding areas;~~

~~—— (2) "Child and family team," a team identified by the case manager and family who develops the written case service plan, monitors treatment progress, and provides assurance that the services are coordinated and the family's needs are being met;~~

~~—— (3) "Intensive family services," services provided jointly by the department, the Department of Corrections, the Department of Labor, and the Department of Social Services. A pre-aftercare program which is a multi-departmental effort of various state agencies to provide an opportunity to families of children who are placed under the jurisdiction of the Department of Corrections to address issues and access needed services to allow the children to return to their home with the greatest opportunity for success;~~

~~—— (4) "Serious emotional disturbance program" or "SED program," an intensive and comprehensive child-centered, family-focused, community-based, individualized system of care which delivers mental health services to children with serious emotional disturbance; and~~

~~—— (5) "Transition plan," a plan designed to assist a consumer who is receiving SED services at the age of 17 to transition into appropriate adult services, if indicated.~~

~~—— **Source:** 29 SDR 80, effective December 10, 2002.~~

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

~~———— **Law Implemented:** SDCL 27A-5-1.~~

~~———— **46:20:13:02. SED services -- Case manager responsibilities.** The case manager, or therapist, if different than the case manager, shall provide the following services:~~

- ~~———— (1) Assist in identifying child and family needs and strengths;~~
- ~~———— (2) Involve the child, family, and any service provider in creating a strength-based, outcome-focused case service plan;~~
- ~~———— (3) Assist the family in accessing other resources in the community;~~
- ~~———— (4) Advocate on behalf of the family; and~~
- ~~———— (5) Coordinate services within the center and with other child-serving agencies and the community and surrounding areas.~~

~~———— **Source:** 29 SDR 80, effective December 10, 2002.~~

~~———— **General Authority:** SDCL 27A-5-1(3).~~

~~———— **Law Implemented:** SDCL 27A-5-1.~~

~~———— **46:20:13:03. SED services -- Staff responsibilities.** In addition, SED program staff shall provide the following services to the services provided pursuant to § 46:20:12:02:~~

- ~~———— (1) Identification of a child and family team, which shall include the parents, legal guardian, or individuals with the principal child care responsibility; the child, unless determined clinically inappropriate by the team; the case manager; the therapist, if different from the case manager. The team may also include professionals from other child-serving agencies directly involved in the delivery of services to the child or family, or both; and individuals chosen by the family;~~
- ~~———— (2) Individual therapy;~~
- ~~———— (3) Family education, support, and therapy;~~
- ~~———— (4) Crisis intervention;~~
- ~~———— (5) Collateral contacts;~~
- ~~———— (6) Assessment and evaluation;~~
- ~~———— (7) Psychological evaluation;~~
- ~~———— (8) Group therapy for children with serious emotional disturbance;~~
- ~~———— (9) Parent or guardian group therapy; and~~
- ~~———— (10) Liaison services.~~

~~———— **Source:** 29 SDR 80, effective December 10, 2002.~~

~~———— **General Authority:** SDCL 27A-5-1(3).~~

~~———— **Law Implemented:** SDCL 27A-5-1.~~

~~———— **46:20:13:04. Admission information -- Eligibility criteria.** The clinical record must contain documentation indicating that at least one child in the family meets the criteria of serious emotional disturbance as defined in SDCL 27A-15-1.1. However, for purposes of this chapter, the criteria for serious emotional disturbance also includes a child 18 through 21 years of age who needs a continuation of services that were started before the age of 18, in order to realize specific goals or during the transition to adult services and has a mental disorder diagnosed under the DSM-IV-TR as defined in~~

~~§ 46:20:01:01, as long as all the criteria of SDCL 27A-15-1.1 are met with the exception of subdivisions (1) and (3).~~

~~—— **Source:** 29 SDR 80, effective December 10, 2002.~~

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

~~—— **Law Implemented:** SDCL 27A-5-1.~~

~~—— **46:20:13:05. Staff qualifications.** Center staff providing mental health services to children with serious emotional disturbance shall possess a master's degree in a human services field or a bachelor's degree in a human services field and at least two years experience in family and children's services.~~

~~—— **Source:** 29 SDR 80, effective December 10, 2002.~~

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

~~—— **Law Implemented:** SDCL 27A-5-1.~~

~~—— **46:20:13:06. Supervision.** A clinical supervisor or qualified mental health professional shall provide supervision of staff providing mental health services to children with serious emotional disturbance for a minimum of one hour per week on an individual or group basis.~~

~~—— **Source:** 29 SDR 80, effective December 10, 2002.~~

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

~~—— **Law Implemented:** SDCL 27A-5-1.~~

~~—— **46:20:13:07. Development and training.** A center shall provide for ongoing training and consultation to enable staff and supervisors to carry out their responsibilities effectively within the framework of the SED program model.~~

~~—— **Source:** 29 SDR 80, effective December 10, 2002.~~

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

~~—— **Law Implemented:** SDCL 27A-5-1.~~

~~—— **46:20:13:08. Clinical record.** A center must maintain a clinical record which shall contain the following information:~~

~~—— (1) Identification data which includes:~~

~~—— (a) The child's identification number;~~

~~—— (b) The child's birth date;~~

~~—— (c) The child's living arrangements;~~

~~—— (d) The child's race;~~

~~—— (e) The child's sex; and~~

~~—— (f) The child's service start date;~~

~~—— (2) Concise data on diagnostic and needs assessment to be completed within 30 days of the initial intake which includes:~~

~~—— (a) Identifying information;~~

- ~~\_\_\_\_\_ (b) Strengths of the child and family;~~
- ~~\_\_\_\_\_ (c) Presenting problems or chief complaint, or both;~~
- ~~\_\_\_\_\_ (d) Treatment history including previous treatment, psychiatric hospital admissions, psychotropic and other medications, physical illness, and hospitalizations;~~
- ~~\_\_\_\_\_ (e) Family history including family relationships and dynamics, and family psychiatric history;~~
- ~~\_\_\_\_\_ (f) Educational history and needs;~~
- ~~\_\_\_\_\_ (g) Alcohol and drug abuse;~~
- ~~\_\_\_\_\_ (h) Legal issues;~~
- ~~\_\_\_\_\_ (i) Social needs;~~
- ~~\_\_\_\_\_ (j) Safety needs, with regard to physical acting out or health conditions;~~
- ~~\_\_\_\_\_ (k) Vocational and financial history and needs;~~
- ~~\_\_\_\_\_ (l) Behavioral observations or mental status;~~
- ~~\_\_\_\_\_ (m) Initial formulation and diagnostic impression per DSM-IV-TR;~~
- ~~\_\_\_\_\_ (n) Serious emotional disturbance determination;~~
- ~~\_\_\_\_\_ (o) Date, staff signature, and title; and~~
- ~~\_\_\_\_\_ (p) Clinical supervisor's signature and title, and the date, verifying review of the history information and agreement with the initial diagnosis;~~

~~\_\_\_\_\_ (3) A case service plan with treatment goals that indicate a need for service and specify all services that are being provided by a center and outside entities, to be completed within 30 days of intake and reviewed at least every six months thereafter. The case service plan must be signed by the parent, or guardian, and the child if the child is able, and a copy shall be provided to the child and parent, or guardian. The child and parent, or guardian, may at any time seek a revision to the plan. Transition plans must be implemented by the child's treatment team when a child is receiving serious emotional disturbance program services at the age of 17. A written transition plan must be completed six months prior to the child's eighteenth birthday. The plan must be incorporated into the child's case service plan;~~

~~\_\_\_\_\_ (4) Progress notes that describe the child's goals and document the child's progress in achieving those goals shall be included in the child's record for each billable service provided;~~

~~\_\_\_\_\_ (5) A supervisory assessment completed for any staff who does not meet the requirements of a clinical supervisor. The first supervisory assessment shall be completed within 30 days of the anniversary date of intake and annually thereafter. The clinical supervisor, as part of the supervisory assessments, shall:~~

- ~~\_\_\_\_\_ (a) Review and sign each child's history to verify diagnosis;~~
- ~~\_\_\_\_\_ (b) Review progress made toward treatment goals over the past 12 months;~~
- ~~\_\_\_\_\_ (c) Justify continued mental health services, if warranted;~~
- ~~\_\_\_\_\_ (d) Assess the need for additional services; and~~
- ~~\_\_\_\_\_ (e) Approve case service plan reviews; and~~

~~\_\_\_\_\_ (6) If appropriate, signed forms consenting to the release of information, which shall be updated annually.~~

~~\_\_\_\_\_ **Source:** 29 SDR 80, effective December 10, 2002.~~

~~\_\_\_\_\_ **General Authority:** SDCL 27A-5-1(2).~~

~~Law Implemented: SDCL 27A-5-1.~~

~~**46:20:13:09. Reimbursable services.** Reimbursable services are those services which are limited to face-to-face and collateral contacts, at a minimum of 15 minutes in length, for the purpose of providing comprehensive mental health treatment for children with serious emotional disturbance. Full mental health services contracted through the department shall be provided throughout the contracted period. Any information submitted shall contain the child's name, consumer identification (CID) number, and social security number. Reimbursable services are limited to:~~

- ~~(1) Individual and group therapy;~~
- ~~(2) Family education, support, or therapy specifically relating to the child's serious emotional disturbance;~~
- ~~(3) Crisis intervention;~~
- ~~(4) Evaluations;~~
- ~~(5) Case management services;~~
- ~~(6) Collateral contacts; and~~
- ~~(7) Intensive family services.~~

~~Source: 29 SDR 80, effective December 10, 2002.~~

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

~~Law Implemented: SDCL 27A-5-1.~~

~~**46:20:13:10. Nonreimbursable services.** Nonreimbursable services include:~~

- ~~(1) Vocational services;~~
- ~~(2) Academic educational services;~~
- ~~(3) Services that are solely recreational in nature; and~~
- ~~(4) Services for an individual other than an eligible child with serious emotional disturbance and the child's family.~~

~~Source: 29 SDR 80, effective December 10, 2002.~~

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

~~Law Implemented: SDCL 27A-5-1.~~

~~**46:20:13:11. Co-payments.** Co-payments may not be charged for any SED program services.~~

~~Source: 29 SDR 80, effective December 10, 2002.~~

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

~~Law Implemented: SDCL 27A-5-1.~~

~~**46:20:13:12. Refusal to serve a child with a serious emotional disturbance-- Alternate provider.** The division has the authority to reduce the contract of the refusing provider in order to purchase necessary services from an alternative provider. A center may not refuse services to any child with a serious emotional disturbance unless:~~

- ~~(1) The center provides written notice of the refusal to the division within 72 hours of this action;~~

- ~~—— (2) The center offers emergency services to the consumer until the consumer can be relocated to another service area or alternative services are arranged; and~~
- ~~—— (3) The center arranges for appropriate mental health services for the consumer with another provider.~~

~~—— **Source:** 29 SDR 80, effective December 10, 2002.~~

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

~~—— **Law Implemented:** SDCL 27A-5-1.~~

~~—— **46:20:13:13. Discharge information.** When discharging a child from the SED program, the center must complete the following:~~

~~—— (1) An outcome determination form that contains the child's name, social security number, and consumer identification (CID) number. This form must be completed and sent to the division within ten working days from date of termination; and~~

~~—— (2) A discharge summary including:~~

~~—— (a) Treatments received and progress made in achieving treatment goals;~~

~~—— (b) Reason for discharge; and~~

~~—— (c) Disposition of referral to other agencies.~~

~~—— **Source:** 29 SDR 80, effective December 10, 2002.~~

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

~~—— **Law Implemented:** SDCL 27A-5-1.~~

## CHAPTER 46:20:14

### OUTPATIENT SERVICES

#### (Repealed)

#### Section

~~46:20:14:01 — Definitions.~~

~~46:20:14:02 — Range of services.~~

~~46:20:14:03 — Staff requirements and qualifications.~~

~~46:20:14:04 — Clinical record.~~

~~46:20:14:05 — Reimbursable services.~~

~~—— **46:20:14:01. Definitions.** Terms in this chapter mean:~~

~~—— (1) "Outpatient services," nonresidential diagnostic and treatment services which are goal-oriented, include a consumer treatment plan, and are provided by or supervised by staff trained and experienced in mental health care.~~

~~—— **Source:** 29 SDR 80, effective December 10, 2002.~~

~~— **General Authority:** SDCL 27A-5-1(3).~~

~~— **Law Implemented:** SDCL 27A-5-1.~~

~~— **46:20:14:02. Range of services.** A center must provide outpatient services in nonresidential diagnostic and treatment settings which include the following treatment modalities:~~

~~— (1) Individual therapy or counseling;~~

~~— (2) Group therapy;~~

~~— (3) Family therapy;~~

~~— (4) Medication evaluation and monitoring by a physician or psychiatrist;~~

~~— (5) Medication evaluation and monitoring by a certified nurse practitioner or physician's assistant;~~

~~— (6) Screening, evaluation, examination, and interpretation; and~~

~~— (7) Collateral contacts.~~

~~— **Source:** 29 SDR 80, effective December 10, 2002.~~

~~— **General Authority:** SDCL 27A-5-1(3).~~

~~— **Law Implemented:** SDCL 27A-5-1.~~

~~— **46:20:14:03. Staff requirements and qualifications.** Any staff providing outpatient diagnostic or treatment services must be a clinical supervisor as defined in § 46:20:01:01, or supervised by a clinical supervisor.~~

~~— **Source:** 29 SDR 80, effective December 10, 2002.~~

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

~~— **Law Implemented:** SDCL 27A-5-1.~~

~~— **46:20:14:04. Clinical record.** Clinical records must comply with the requirements of §§ 46:20:12:05 and 46:20:13:08.~~

~~— **Source:** 29 SDR 80, effective December 10, 2002.~~

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

~~— **Law Implemented:** SDCL 27A-5-1.~~

~~— **46:20:14:05. Reimbursable services.** Reimbursable services are those services which are limited to face-to-face and collateral contacts, at a minimum of 15 minutes in length, for the purpose of providing comprehensive mental health treatment. Reimbursable services are limited to those listed in § 46:20:14:02.~~

~~— **Source:** 29 SDR 80, effective December 10, 2002.~~

~~— **General Authority:** SDCL 27A-5-1(3).~~

~~— **Law Implemented:** SDCL 27A-5-1.~~

## CHAPTER 46:20:15

**COMMUNITY SUPPORT SERVICES PROGRAM -- INDIVIDUALIZED AND MOBILE  
PROGRAM OF ASSERTIVE COMMUNITY TREATMENT**

**(Repealed)**

**Section**

- ~~46:20:15:01 — Definitions.~~
- ~~46:20:15:02 — IMPACT program — Services.~~
- ~~46:20:15:03 — Admission information.~~
- ~~46:20:15:04 — IMPACT services provided by designated personnel.~~
- ~~46:20:15:05 — Requirement for designation and duties of primary therapist.~~
- ~~46:20:15:06 — Clinical record.~~
- ~~46:20:15:07 — Daily clinical staff meetings.~~
- ~~46:20:15:08 — Weekly treatment planning and review meetings.~~
- ~~46:20:15:09 — Reimbursable services.~~
- ~~46:20:15:10 — Nonreimbursable services.~~
- ~~46:20:15:11 — Co-payments.~~
- ~~46:20:15:12 — Refusal to serve a consumer with a severe and persistent mental illness —  
Alternate provider.~~
- ~~46:20:15:13 — Discharge criteria.~~
- ~~46:20:15:14 — Discharge documentation.~~

~~—— **46:20:15:01. Definitions.** Terms used in this chapter mean:~~

~~—— (1) "Individualized and mobile program of assertive community treatment" or "IMPACT," a program providing medically related treatment, rehabilitative, and support services to eligible consumers through a self-contained program of clinicians grouped together as a continuous treatment team under the supervision of a clinical supervisor. These services are provided regardless of location or frequency to assist the consumer with severe and persistent mental illness cope with the symptoms of their illness, minimize the effects of their illness, or maximize their capacity for independent living and prevent or minimize periods of psychiatric hospital treatment;~~

~~—— (2) "Associate clinician," an individual with a bachelor's degree in a human services field with at least one year of post-bachelor's degree experience providing services to consumers with mental illness, or an individual with a bachelor's degree in any field with at least two years of post-bachelor's degree experience providing services to consumers with mental illness, or a registered nurse;~~

~~—— (3) "Clinical staff," clinical supervisors, clinicians, associate clinicians, and clinician assistants;~~

~~—— (4) "Clinical supervisor," a mental health professional who has at least a master's degree in psychology, social work, counseling, or nursing, and two years of supervised postgraduate clinical experience in a mental health setting, or a qualified mental health professional pursuant to SDCL 27A-1-3;~~

~~—— (5) "Clinician," an individual with a doctoral or master's degree in psychology, counseling, social work, nursing, rehabilitation, or a related field, from an accredited~~

college or university, or a bachelor's level registered nurse with a certificate in mental health nursing from the American Nurses Association;

— (6) "Clinician assistant," an individual with an associate's degree in a human services field or an individual who has graduated from high school or has obtained a GED and who has at least two years of experience providing services to consumers with mental illness;

— (7) "Program director," an individual with at least two years of post-bachelor's degree clinical or administrative experience providing services to consumers with mental illness; and

— (8) "Inpatient treatment," mental health diagnosis, observation, evaluation, care, treatment, or rehabilitation rendered inside or on the premises of an inpatient psychiatric facility.

— **Source:** 29 SDR 80, effective December 10, 2002.

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

— **Law Implemented:** SDCL 27A-5-1.

— **46:20:15:02. IMPACT program -- Services.** The program staff shall provide the following services:

— (1) Medication prescription, administration, monitoring and documentation, in accordance with chapter 46:20:12;

— (2) Maintaining up-to-date assessments and evaluations;

— (3) Participation in the treatment planning process;

— (4) Monitoring consumer progress;

— (5) Assistance in locating, coordinating, and monitoring medical, social, and psychiatric services;

— (6) Development of a plan to manage a consumer's financial resources, including payee services;

— (7) Locating and maintaining appropriate living environments;

— (8) Emergency services; and

— (9) Other activities necessary to maintain psychiatric stability in a community-based setting.

— IMPACT services may not exceed a ratio of at least one primary therapist for every 12 consumers served. A center must provide consumers with an average of 16 contacts per month with IMPACT staff and more often if clinically appropriate.

— **Source:** 29 SDR 80, effective December 10, 2002.

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

— **Law Implemented:** SDCL 27A-5-1.

— **46:20:15:03. Admission information.** A consumer is eligible to receive IMPACT services when:

~~—— (1) The consumer has a medical necessity to receive IMPACT services, as determined by a clinical supervisor;~~

~~—— (2) The consumer is approved by the division to receive IMPACT services;~~

~~—— (3) The consumer voluntarily consents to receive IMPACT services or is under transfer of commitment from the Human Services Center;~~

~~—— (4) The consumer's severe and persistent emotional, behavioral, or psychological disorder causes the consumer to meet at least three of the four following criteria:~~

~~—— (a) The consumer has undergone psychiatric inpatient treatment more than once;~~

~~—— (b) The consumer has experienced a single episode of psychiatric hospitalization of at least six months duration;~~

~~—— (c) The consumer has been treated with psychotropic medication for at least one year; or~~

~~—— (d) The consumer is currently residing on an inpatient psychiatric unit;~~

~~—— (5) The consumer's severe and persistent emotional, behavioral, or psychological disorder causes the consumer to meet at least six of the nine following criteria:~~

~~—— (a) The consumer is unemployed or has markedly limited job skills or a poor work history;~~

~~—— (b) The consumer is employed in a sheltered setting;~~

~~—— (c) The consumer exhibits inappropriate social behavior which results in concern by the community or requests for mental health or legal intervention;~~

~~—— (d) The consumer is unable to obtain public services without assistance;~~

~~—— (e) The consumer 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;~~

~~—— (f) The consumer lacks social support systems in a natural environment, such as close friends, or lives alone or is isolated;~~

~~—— (g) The consumer is unable to perform basic daily living skills without at least weekly assistance, intervention, or training;~~

~~—— (h) The consumer is in constant or cyclical turmoil with family or the social system or is unable to integrate into a community support network resulting in social isolation or being ostracized in the community; or~~

~~—— (i) The consumer is a noncompliant recipient of mental health services when clear need is evident or the consumer is noncompliant with taking psychotropic medication without frequent encouragement, support, or reminders;~~

~~—— (6) The consumer has an Axis I or Axis II diagnosis listed in the DSM-IV as defined in § 46:20:01:01;~~

~~—— (7) No other appropriate community-based mental health service is available for the consumer; and~~

~~—— (8) The consumer understands the IMPACT model and is willing to sign releases of information to obtain medical history information and to include other service providers and supports in the consumer's treatment.~~

~~—— **Source:** 29 SDR 80, effective December 10, 2002.~~

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

~~—— **Law Implemented:** SDCL 27A-5-1.~~

~~—— **46:20:15:04. IMPACT services provided by designated personnel.** The following personnel may provide the following services:~~

~~—— (1) A clinician assistant may provide emergency services and psychiatric rehabilitative services under the supervision of a clinician;~~

~~—— (2) An associate clinician may provide emergency services or psychiatric rehabilitative services under the supervision of a clinician, and if a registered nurse, may provide physician services under the supervision of a psychiatrist. An associate clinician may also provide rehabilitative psychotherapy, under the supervision of a clinician;~~

~~—— (3) A clinician may provide emergency services, rehabilitative psychotherapy, psychiatric rehabilitative services, and physician services if the clinician is a registered nurse under the supervision of a physician, and comprehensive medical and psychosocial evaluations under the supervision of a psychiatrist;~~

~~—— (4) A clinical supervisor may provide any of the services provided by a clinician assistant, associate clinician, or clinician without supervision except services which require the supervision of a psychiatrist. A clinical supervisor, if a registered nurse, may provide physician services only under the supervision of a psychiatrist. Each IMPACT agency must employ a clinical supervisor who will design and supervise the provision of services to consumers and monitor the IMPACT agency's quality assurance program. The clinical supervisor shall devote a minimum of five hours per week for direct supervision of IMPACT clinical staff. Supervision of IMPACT clinical staff may be provided individually or in a group and documentation as to the date, duration, and nature of supervision must be maintained. Clinical supervision specific to an individual consumer is to be documented in a progress note describing the supervision given and maintained in the consumer's record;~~

~~—— (5) A psychiatrist may provide any of the services provided by a clinician assistant, associate clinician, or clinician and physician services without supervision. The psychiatrist must meet face to face with consumers being treated with psychotropic medication at least once per month. Evaluations must be documented in the consumer's medical records; and~~

~~—— (6) Clinical staff may provide any service they are qualified to provide as outlined in this chapter.~~

~~—— **Source:** 29 SDR 80, effective December 10, 2002.~~

~~—— **General Authority:** SDCL 27A-5-1(3).~~

~~—— **Law Implemented:** SDCL 27A-5-1.~~

~~—— **46:20:15:05. Requirement for designation and duties of primary therapist.** The clinical supervisor must designate a clinician or associate clinician as a consumer's primary therapist. The designation shall be in writing and included in each consumer's file. The designation must be updated as consumer or personnel needs require. Each IMPACT agency must have a backup policy to be implemented when a primary therapist is not available to serve a consumer's needs. A clinician or associate clinician acting as primary therapist shall:~~

~~—— (1) Maintain an orderly and complete clinical file for the consumer which includes:~~

~~—— (a) Documentation that written assessments for the consumer are completed;~~

~~—— (b) A current case service plan; and~~

~~—— (c) Documentation of services and consumer responses to treatments;~~

~~—— (2) Conduct and participate in treatment planning and case conferences with other staff of the IMPACT agency and with others authorized by the consumer;~~

~~—— (3) Maintain a therapeutic alliance with the consumer;~~

~~—— (4) Refer and link the consumer to all needed services provided outside of the IMPACT agency;~~

~~—— (5) Follow up to ensure that all needed services provided outside of the IMPACT agency are received and monitor the benefit of those services to the consumer;~~

~~—— (6) Coordinate face-to-face meetings with the consumer at least one time per week and a minimum of 16 times per month with IMPACT team members;~~

~~—— (7) Coordinate the provision of IMPACT emergency services and hospital liaison services when the consumer is in a crisis;~~

~~—— (8) Coordinate overall independent living assistance services and work with community agencies to develop needed resources including housing, employment options, and income assistance;~~

~~—— (9) Support and consult with the consumer's family or other support network; and~~

~~—— (10) Act as a consumer advocate.~~

~~—— **Source:** 29 SDR 80, effective December 10, 2002.~~

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

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

~~46:20:15:06. Clinical record.~~ A clinical record shall contain the following information:

~~(1) Consumer identification data which includes:~~

- ~~(a) The consumer's identification number;~~
- ~~(b) The consumer's birth date;~~
- ~~(c) The consumer's living arrangements;~~
- ~~(d) The consumer's race;~~
- ~~(e) The consumer's sex; and~~
- ~~(f) The consumer's service start date;~~

~~(2) Concise data on the consumer's history to be completed within 30 days of intake which includes:~~

- ~~(a) Identifying information;~~
- ~~(b) Presenting problems or chief complaint, or both;~~
- ~~(c) Treatment history including previous treatment, psychiatric hospital admissions, psychotropic and other medications, physical illness, and hospitalizations;~~
- ~~(d) Family history including family relationships and dynamics, and family psychiatric history;~~
- ~~(e) Alcohol and drug abuse;~~
- ~~(f) Legal issues;~~
- ~~(g) Social needs;~~
- ~~(h) Safety needs, with regard to physical acting out or health conditions;~~
- ~~(i) Educational, vocational, and financial history;~~
- ~~(j) Behavioral observations or mental status;~~
- ~~(k) Sufficient information to determine severe and persistent mental illness eligibility;~~
- ~~(l) Initial formulation and diagnostic impression per DSM-IV-TR;~~
- ~~(m) Date, staff signature, and title; and~~
- ~~(n) Licensed mental health professional or clinical supervisor's signature and title, and the date, verifying review of the history information and agreement with the initial diagnosis;~~

~~(3) An initial case service plan to be completed on the first day of contact, followed by a case service plan with treatment goals that indicate a need for service and specify all services that are being provided by the IMPACT program and other outside entities, to be completed within 30 days of intake, and reviewed at least every six months thereafter;~~

~~(4) Progress notes that describe the consumer's goals and the consumer's progress in achieving those goals, documented in the consumer's record for each reimbursable service provided;~~

~~(5) A supervisory assessment completed for any staff who does not meet the requirements of a clinical supervisor. The first supervisory assessment shall be completed within 30 days of the anniversary date of intake and annually thereafter. The clinical supervisor, as part of the supervisory assessments, shall:~~

- ~~(a) Review and sign each consumer's history to verify diagnosis;~~

- ~~\_\_\_\_\_ (b) Review progress made toward treatment goals over the past 12 months;~~
- ~~\_\_\_\_\_ (c) Justify continued mental health services, if warranted;~~
- ~~\_\_\_\_\_ (d) Assess the need for additional services; and~~
- ~~\_\_\_\_\_ (e) Approve case service plan reviews; and~~

~~\_\_\_\_\_ (6) If appropriate, signed forms consenting to the release of information which shall be updated annually.~~

~~\_\_\_\_\_ **Source:** 29 SDR 80, effective December 10, 2002.~~

~~\_\_\_\_\_ **General Authority:** SDCL 27A-5-1(2).~~

~~\_\_\_\_\_ **Law Implemented:** SDCL 27A-5-1.~~

~~\_\_\_\_\_ **46:20:15:07. Daily clinical staff meetings.** IMPACT clinical staff must meet daily, excluding weekends and holidays, to review consumer contacts and consumer status, and to plan for additional consumer contacts as needed. The center must have a written policy pertaining to daily meetings. The clinical supervisor, or other staff designated by the clinical supervisor, shall lead the daily meeting and keep a written log of meeting discussions, dates, and participants.~~

~~\_\_\_\_\_ **Source:** 29 SDR 80, effective December 10, 2002.~~

~~\_\_\_\_\_ **General Authority:** SDCL 27A-5-1(5).~~

~~\_\_\_\_\_ **Law Implemented:** SDCL 27A-5-1.~~

~~\_\_\_\_\_ **46:20:15:08. Weekly treatment planning and review meetings.** IMPACT clinical staff shall meet at least weekly to conduct treatment planning and review meetings. The clinical supervisor, or other staff designated by the clinical supervisor, shall lead the treatment planning and review meetings, keep a written log of meeting dates and participants, and maintain a schedule of upcoming treatment planning and review meetings.~~

~~\_\_\_\_\_ **Source:** 29 SDR 80, effective December 10, 2002.~~

~~\_\_\_\_\_ **General Authority:** SDCL 27A-5-1(5).~~

~~\_\_\_\_\_ **Law Implemented:** SDCL 27A-5-1.~~

~~\_\_\_\_\_ **46:20:15:09. Reimbursable services.** Reimbursable services are limited to:~~

~~\_\_\_\_\_ (1) Comprehensive medical and psychosocial evaluation. A multi-functional assessment of the consumer conducted by a physician, and clinicians under the supervision of the physician, to establish the medical necessity of providing services to a consumer by the community support services program provider and to formulate an individual case service plan. The comprehensive medical and psychosocial evaluation shall include the following assessments:~~

- ~~\_\_\_\_\_ (a) Extent and effects of drug abuse or alcohol use, or both;~~
- ~~\_\_\_\_\_ (b) Medical systems survey and physical examination;~~
- ~~\_\_\_\_\_ (c) Medication history;~~
- ~~\_\_\_\_\_ (d) Psychiatric and mental status examinations;~~
- ~~\_\_\_\_\_ (e) Diagnosis on all axis in accordance with DSM-IV-TR criteria as defined in § 46:20:01:01; and~~

~~———— (f) Clinical risk factors;~~

~~———— (2) Psychiatric services, which include psychiatric assessments, treatment, and prescription of pharmacotherapy. Psychiatric nursing services including components of physical assessment, medication assessment, and medication administration provided by registered nurses and licensed practical nurses shall be provided under the personal supervision of a physician. All psychiatric services must be provided by qualified staff employed by or under contract with the provider;~~

~~———— (3) Emergency services as defined in § 46:20:01:01;~~

~~———— (4) Counseling and psychotherapy services, which are provided when medically necessary during direct and face-to-face contact with the consumer available on a 24-hour basis. Counseling services are provided within the context of the goals of the program's clinical intervention as stated in the consumer's case service plan. Its purpose is to help the consumer achieve psychiatric stability. Psychotherapy includes several highly specific modalities of therapy, each based on an empirically valid body of knowledge about human behavior. The assessments, case service plans, and progress notes in a consumer's records must justify, specify, and document the initiation, frequency, duration, and progress of such specific modalities of psychotherapy; and~~

~~———— (5) Psychiatric rehabilitative services, which is rehabilitative therapy provided on an individual and small group basis to assist the consumer to gain or relearn the self-care, interpersonal, and community living skills needed to live independently and sustain medical and psychiatric stability. Psychiatric rehabilitation is provided primarily in the home or in community based settings where skills must be practiced.~~

~~———— **Source:** 29 SDR 80, effective December 10, 2002.~~

~~———— **General Authority:** SDCL 27A-5-1(3).~~

~~———— **Law Implemented:** SDCL 27A-5-1.~~

~~———— **46:20:15:10. Nonreimbursable services.** Nonreimbursable services include:~~

~~———— (1) Vocational services;~~

~~———— (2) Academic educational services;~~

~~———— (3) Services which are solely recreational in nature;~~

~~———— (4) Services with individuals other than eligible consumers;~~

~~———— (5) Services delivered by telephone; and~~

~~———— (6) Services provided in an institute for mental disease.~~

~~———— **Source:** 29 SDR 80, effective December 10, 2002.~~

~~———— **General Authority:** SDCL 27A-5-1(3).~~

~~———— **Law Implemented:** SDCL 27A-5-1.~~

~~———— **46:20:15:11. Co-payments.** Co-payments may not be charged for any IMPACT services.~~

~~———— **Source:** 29 SDR 80, effective December 10, 2002.~~

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

—— **Law Implemented:** SDCL 27A-5-1.

—— ~~46:20:15:12. Refusal to serve a consumer with a severe and persistent mental illness -- Alternate provider.~~ The division has the authority to reduce the contract of the refusing provider in order to purchase necessary services from an alternative provider. An IMPACT program may not refuse services to any consumer with a severe and persistent mental illness unless:

—— (1) ~~The IMPACT program provides written notice of the refusal to the division within 72 hours of its refusal;~~

—— (2) ~~The IMPACT program offers emergency services to the consumer until such time as the consumer can be relocated to another service area or alternative services are arranged; and~~

—— (3) ~~The IMPACT program arranges for appropriate mental health services with another provider to serve the consumer.~~

—— **Source:** 29 SDR 80, effective December 10, 2002.

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

—— **Law Implemented:** SDCL 27A-5-1.

—— ~~46:20:15:13. Discharge criteria.~~ Discharge from the IMPACT program may occur when:

—— (1) ~~The consumer moves outside of the geographic area of the IMPACT program. In such cases, whenever possible, the IMPACT program must arrange for transfer of mental health service responsibility to a provider within the catchment area where the consumer is moving;~~

—— (2) ~~The consumer demonstrates an ability to function in all major life areas such as work, socializing, and self-care, without requiring assistance from the program, or may benefit from a less intensive level of services; or~~

—— (3) ~~The consumer refuses to participate in IMPACT program services for more than three consecutive months. During the three month period the IMPACT program shall keep the consumer's case open and make reasonable attempts to contact the consumer. If refusal continues, or contact cannot be made within three months, discharge may be pursued.~~

—— **Source:** 29 SDR 80, effective December 10, 2002.

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

—— **Law Implemented:** SDCL 27A-5-1.

—— ~~46:20:15:14. Discharge documentation.~~ A consumer receiving IMPACT services may not be discharged from the program without prior notification, documentation, and approval by the division. Documentation to the division must include:

—— (1) ~~Reason for discharge;~~

- ~~—— (2) Consumer's status and condition at discharge;~~
- ~~—— (3) Written evaluation summary of the progress toward the goals set forth in the case service plan;~~
- ~~—— (4) A plan for care and follow-up developed in conjunction with the consumer, if applicable; and~~
- ~~—— (5) Signature of the clinical supervisor.~~

~~—— **Source:** 29 SDR 80, effective December 10, 2002.~~

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

~~—— **Law Implemented:** SDCL 27A-5-1.~~

## CHAPTER 46:20:16

### PREADMISSION SCREENING AND RESIDENT REVIEWS

#### (Repealed)

#### Section

- ~~46:20:16:01 — Definitions.~~
- ~~46:20:16:02 — Scope.~~
- ~~46:20:16:03 — Level I screening.~~
- ~~46:20:16:04 — Level II review.~~
- ~~46:20:16:05 — Timeliness of reviews.~~
- ~~46:20:16:06 — Determination of services.~~
- ~~46:20:16:07 — Determination of specialized services.~~
- ~~46:20:16:08 — Individuals not requiring nursing facility services but requiring specialized services.~~
- ~~46:20:16:09 — Specialized services.~~
- ~~46:20:16:10 — Length of stay.~~
- ~~46:20:16:11 — Data requirements.~~
- ~~46:20:16:12 — Appeal procedure.~~
- ~~46:20:16:13 — Level II review exemptions.~~
- ~~46:20:16:14 — Exempt hospital discharge.~~
- ~~46:20:16:15 — Categorical determinations.~~
- ~~46:20:16:16 — Outpatient mental health services needed — Categorical determinations.~~
- ~~46:20:16:17 — Interfacility transfers.~~
- ~~46:20:16:18 — New admission and readmission.~~

~~—— **46:20:16:01. Definitions.** Terms used in this chapter mean:~~

- ~~—— (1) "Active treatment," 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," 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) "Director," the director of the Division of Mental Health;~~

~~—— (4) "New admissions," when an individual is admitted to any nursing facility for the first time or does not qualify as a readmission. With the exception of certain hospital discharges described in § 46:20:16:14, new admissions are subject to a preadmission screening;~~

~~—— (5) "Nursing facility," as defined in § 67:45:01:01;~~

~~—— (6) "Readmission," when an individual is admitted again to any nursing facility from a hospital. A readmission is not subject to a preadmission screening;~~

~~—— (7) "Resident review," a review to determine if residence in a nursing facility remains appropriate and if specialized services are needed;~~

~~—— (8) "Specialized services," the services, specified by the state, to the individual which, combined with the services provided by the nursing facility or other service providers, results in active treatment; and~~

~~—— (9) "Swing bed," as defined in § 67:45:01:01.~~

~~—— **Source:** 29 SDR 80, effective December 10, 2002.~~

~~—— **General Authority:** SDCL 1-36A-1.26(4).~~

~~—— **Law Implemented:** SDCL 1-36A-1.26.~~

~~—— **46:20:16:02. Scope.** This chapter applies to any individual with a diagnosis of a mental illness, as defined in § 46:20:01:01, who is applying for nursing facility services or is residing in a nursing facility. The preadmission screening and resident review process must result in a determination made by the director that is based on a physical and mental evaluation of each individual.~~

~~—— **Source:** 29 SDR 80, effective December 10, 2002.~~

~~—— **General Authority:** SDCL 1-36A-1.26(4).~~

~~—— **Law Implemented:** SDCL 1-36A-1.26.~~

~~—— **46:20:16:03. Level I Screening.** The Department of Social Services shall conduct a Level I screening that identifies each individual who is seeking nursing facility services who may have a mental illness.~~

~~—— **Source:** 29 SDR 80, effective December 10, 2002.~~

~~—— **General Authority:** SDCL 1-36A-1.26(4).~~

~~—— **Law Implemented:** SDCL 1-36A-1.26.~~

~~46:20:16:04. Level II review.~~ The division shall conduct a Level II review that determines the appropriateness of nursing facility services and specialized services for individuals identified in the Level I screening. The Level I screening and the Level II review makeup the preadmission screening resident review, or PASRR, which is the process that is completed when any individual with a mental illness applies to reside in a nursing facility. Each individual is reviewed for appropriateness of placement, regardless of the source of payment for the nursing facility services. A determination whether or not an individual requires the level of services provided by a nursing facility and whether or not an individual can benefit from specialized services is made. These determinations must be made by the director.

~~Source:~~ 29 SDR 80, effective December 10, 2002.

~~General Authority:~~ SDCL 1-36A-1.26(4).

~~Law Implemented:~~ SDCL 1-36A-1.26.

~~46:20:16:05. Timeliness of reviews.~~ The director shall make a determination based upon the Level II review within seven to nine business days of receipt of the Level I screening and all of the information required in § 46:20:16:11.

~~Source:~~ 29 SDR 80, effective December 10, 2002.

~~General Authority:~~ SDCL 1-36A-1.26(4).

~~Law Implemented:~~ SDCL 1-36A-1.26.

~~46:20:16:06. Determination of services.~~ The director shall determine whether, because of the individual's physical and mental condition, the individual requires the level of services provided by a nursing facility. If the director determines that an individual requires nursing facility services, the nursing facility may admit or retain the individual. If the director determines that an individual does not require nursing facility services, the individual cannot be admitted. Nursing facility services are not a covered Medicaid service for that individual and further screening is not required.

~~Source:~~ 29 SDR 80, effective December 10, 2002.

~~General Authority:~~ SDCL 1-36A-1.26(4).

~~Law Implemented:~~ SDCL 1-36A-1.26.

~~46:20:16:07. Determination of specialized services.~~ If the director determines that the individual requires nursing facility services, the director shall also determine whether the individual may benefit from specialized services. If the director determines that an individual requires both nursing facility services and specialized services, the nursing facility may admit or retain the individual and the state shall provide or arrange for the provision of the specialized services needed by the individual in the nursing facility. If the director determines that the individual does not require nursing facility services and may benefit from specialized services, the director shall provide the individual with information regarding service options.

~~Source:~~ 29 SDR 80, effective December 10, 2002.

~~General Authority:~~ SDCL 1-36A-1.26(4).

~~Law Implemented:~~ SDCL 1-36A-1.26.

~~46:20:16:08. Individuals not requiring nursing facility services but requiring specialized services.~~ For any individual who has continuously resided in a nursing facility at least 30 months before the date of the determination and who requires only specialized services, the state shall, in consultation with the individual's family or legal representative and caregivers:

~~(1) Offer the individual the choice of remaining in the nursing facility or of receiving services in an alternative setting;~~

~~(2) Inform the individual of the institutional and noninstitutional alternatives covered under the state Medicaid plan;~~

~~(3) Clarify the effect on the individual's eligibility for Medicaid services under the state plan if the individual chooses to leave the nursing facility, including the effect on readmission to the nursing facility; and~~

~~(4) Provide, or arrange the provision of, specialized services for the mental illness.~~

~~Source: 29 SDR 80, effective December 10, 2002.~~

~~General Authority: SDCL 1-36A-1.26(4).~~

~~Law Implemented: SDCL 1-36A-1.26.~~

~~46:20:16:09. Specialized services.~~ For any individual who requires only specialized services and who has not continuously resided in a nursing facility at least 30 months before the date of the determination, the division shall, in consultation with the individual's family or legal representative and caregivers:

~~(1) Arrange for the safe and orderly discharge of the individual from the facility;~~

~~(2) Prepare and orient the individual for discharge; and~~

~~(3) Provide, or arrange the provision of, specialized services for the mental illness.~~

~~Source: 29 SDR 80, effective December 10, 2002.~~

~~General Authority: SDCL 1-36A-1.26(4).~~

~~Law Implemented: SDCL 1-36A-1.26.~~

~~46:20:16:10. Length of stay.~~ For the purpose of establishing length of stay in a nursing facility, the 30 months of continuous residence in a nursing facility may include temporary absences for hospitalization or therapeutic leave and may include consecutive residences in more than one nursing facility.

~~Source: 29 SDR 80, effective December 10, 2002.~~

~~General Authority: SDCL 1-36A-1.26(4).~~

~~Law Implemented: SDCL 1-36A-1.26.~~

~~46:20:16:11. Data requirements.~~ The data used for determining if nursing facility services and specialized services are required must include:

~~(1) A comprehensive social and developmental history and physical, including:~~

- ~~\_\_\_\_\_ (a) Medical history;~~
- ~~\_\_\_\_\_ (b) Review of body systems;~~
- ~~\_\_\_\_\_ (c) Evaluation of the individual's neurological system in the areas of motor functioning, sensory functioning, gait, deep tendon reflexes, cranial nerves, and abnormal reflexes; and~~
- ~~\_\_\_\_\_ (d) In case of abnormal findings which are the basis for a nursing facility placement, additional evaluations conducted by appropriate specialists;~~

~~\_\_\_\_\_ (2) A comprehensive medication history including current or immediate past use of medications that could mask symptoms or mimic mental illness;~~

~~\_\_\_\_\_ (3) A psychosocial evaluation of the individual, including current living arrangements and medical and support systems;~~

~~\_\_\_\_\_ (4) A comprehensive psychiatric or psychological evaluation including a complete psychiatric and developmental history; evaluation of intellectual functioning, memory functioning, and orientation; description of current attitudes and overt behaviors; affect, suicidal, or homicidal ideation, paranoia, and degree of reality testing (presence and content of delusions) and hallucinations; and~~

~~\_\_\_\_\_ (5) A functional assessment of the individual's ability to engage in activities of daily living and the level of support that would be needed to assist the individual to perform these activities. This assessment must conclude whether this level of support can be provided to the individual in an alternative community setting or if a nursing facility placement is warranted.~~

~~\_\_\_\_\_ **Source:** 29 SDR 80, effective December 10, 2002.~~

~~\_\_\_\_\_ **General Authority:** SDCL 1-36A-1.26(4).~~

~~\_\_\_\_\_ **Law Implemented:** SDCL 1-36A-1.26.~~

~~\_\_\_\_\_ **46:20:16:12. Appeal procedure.** The individual, or the individual's guardian, if any, may appeal the PASRR Level II determination within 30 calendar days of receipt of the letter pursuant to SCDL chapter 1-26. The individual, or the individual's guardian, if any, must make a written request to the Department of Social Services. Upon request, the individual, or the individual's guardian, if any, will be provided with information in an accessible format. Any costs associated with legal counsel obtained to represent the individual are not the responsibility of the Department of Human Services or the Department of Social Services.~~

~~\_\_\_\_\_ **Source:** 29 SDR 80, effective December 10, 2002.~~

~~\_\_\_\_\_ **General Authority:** SDCL 1-36A-1.26(4).~~

~~\_\_\_\_\_ **Law Implemented:** SDCL 1-36A-1.26.~~

~~\_\_\_\_\_ **46:20:16:13. Level II review exemptions.** An individual is exempt from a Level II review when at least one of the following occurs:~~

~~\_\_\_\_\_ (1) The diagnosis of mental illness is unsubstantiated;~~

~~\_\_\_\_\_ (2) The individual is readmitted to a nursing facility from a hospital to which the individual was transferred for the purpose of receiving care;~~

- ~~—— (3) The individual is transferred from one nursing facility to another and a PASRR has previously been completed;~~
- ~~—— (4) The physician identifies the need for rehabilitation following hospitalization for a duration of less than 30 days;~~
- ~~—— (5) 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;~~
- ~~—— (6) The individual is admitted to a swing bed;~~
- ~~—— (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 of Social Services shall complete a Level I screening or PASRR 5 form to notify appropriate parties of the determination of the exemption.~~

- ~~—— **Source:** 29 SDR 80, effective December 10, 2002.~~
- ~~—— **General Authority:** SDCL 1-36A-1.26(4).~~
- ~~—— **Law Implemented:** SDCL 1-36A-1.26.~~

~~—— **46:20:16:14. Exempt hospital discharge.** An individual is exempt from a PASRR following a hospital discharge if the following conditions are met:~~

- ~~—— (1) The individual is admitted to a nursing facility directly from a hospital after receiving acute inpatient care at the hospital;~~
- ~~—— (2) The individual requires 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 nursing facility that the individual is likely to require less than 30 calendar days of nursing facility services.~~

~~—— If an individual enters a nursing facility as an exempt hospital discharge and is later found to require more than 30 days of nursing care, the director shall conduct a resident review within 40 calendar days of admission.~~

- ~~—— **Source:** 29 SDR 80, effective December 10, 2002.~~
- ~~—— **General Authority:** SDCL 1-36A-1.26(4).~~
- ~~—— **Law Implemented:** SDCL 1-36A-1.26.~~

~~—— **46:20:16:15. Categorical determinations.** The following situations, known as categorical determinations approved by the director, warrant nursing facility services but do not warrant specialized services:~~

- ~~—— (1) A terminal illness diagnosis, determined by a physician or hospice involvement that includes a life expectancy of 6 months or less;~~
- ~~—— (2) A severe physical illness that has resulted in coma or ventilator dependence;~~
- ~~—— (3) The age of an individual is 75 years or older; or~~

~~—— (4) A diagnosis of dementia, including Alzheimer's disease, in a consumer at least 65 years old.~~

~~—— For any of these situations, the Department of Social Services shall complete a Level I screening or PASRR 5 form. A copy of the form shall be sent to the division and the appropriate nursing facility.~~

~~—— **Source:** 29 SDR 80, effective December 10, 2002.~~

~~—— **General Authority:** SDCL 1-36A-1.26(4).~~

~~—— **Law Implemented:** SDCL 1-36A-1.26.~~

~~—— **46:20:16:16. Outpatient mental health services needed -- Categorical determinations.** An individual 75 years of age or older, who meets the extreme age categorical determination that nursing facility placement is appropriate, may require outpatient mental health services. When the Department of Social Services has identified an individual who would benefit from outpatient mental health services, a PASRR 5-A form shall be submitted to the division. If information supports the need for outpatient mental health services, the director shall issue a PASRR 5-B form recommending such services.~~

~~—— **Source:** 29 SDR 80, effective December 10, 2002.~~

~~—— **General Authority:** SDCL 1-36A-1.26(4).~~

~~—— **Law Implemented:** SDCL 1-36A-1.26.~~

~~—— **46:20:16:17. Interfacility transfers.** An interfacility transfer occurs when the individual is transferred from one nursing facility to another, with or without an intervening hospital stay. Interfacility transfers are not subject to a preadmission screening. If an individual transfers from a nursing facility to a hospital or to another nursing facility, the transferring nursing facility is responsible for ensuring that copies of the individual's preadmission screening review findings accompany the individual.~~

~~—— **Source:** 29 SDR 80, effective December 10, 2002.~~

~~—— **General Authority:** SDCL 1-36A-1.26(4).~~

~~—— **Law Implemented:** SDCL 1-36A-1.26.~~

~~—— **46:20:16:18. New admission and readmission.** A new admission occurs when an individual is admitted to any nursing facility for the first time or when an admission does not qualify as a readmission. With the exception of certain hospital discharges described in § 46:20:16:14, new admissions are subject to a preadmission screening. A readmission occurs when an individual is admitted for the second time to any nursing facility from a hospital. A readmission is not subject to a preadmission screening.~~

~~—— **Source:** 29 SDR 80, effective December 10, 2002.~~

~~—— **General Authority:** SDCL 1-36A-1.26(4).~~

~~—— **Law Implemented:** SDCL 1-36A-1.26.~~

## CHAPTER 46:20:17

## SAFETY, SANITATION, AND PHYSICAL FACILITIES STANDARDS

### (Repealed)

#### Section

- ~~46:20:17:01 — Safety and sanitation plan.~~
- ~~46:20:17:02 — Life safety codes.~~
- ~~46:20:17:03 — New construction or remodeling.~~
- ~~46:20:17:04 — Physical facility standards.~~
- ~~46:20:17:05 — Food storage.~~
- ~~46:20:17:06 — Cleaning and sanitizing kitchen equipment.~~
- ~~46:20:17:07 — Kitchen equipment and utensil handling.~~
- ~~46:20:17:08 — Other hazardous conditions.~~
- ~~46:20:17:09 — Personal cleanliness.~~

~~—— **46:20:17:01. Safety and sanitation plan.** The center must have a health, safety, sanitation, and disaster plan approved by the division which ensures the health and safety of the consumers. The plan shall include:~~

- ~~—— (1) Procedures for responding to a medical emergency;~~
- ~~—— (2) Procedures for responding to a missing consumer from a room and board setting;~~
- ~~—— (3) Procedures for responding to fire and natural disaster, including evacuation plans, training, and regularly scheduled drills;~~
- ~~—— (4) Procedures to ensure that staff and consumers are free from communicable disease; and~~
- ~~—— (5) Procedures to ensure sanitation of all settings in which services are provided.~~

~~—— **Source:** 29 SDR 80, effective December 10, 2002.~~

~~—— **General Authority:** SDCL 1-36A-1.26(2), 27A-5-1(5).~~

~~—— **Law Implemented:** SDCL 27A-5-1.~~

~~—— **46:20:17:02. Life safety codes.** For each building the center rents, owns, or leases, the center must be in compliance with the applicable fire safety standards in the 1997 edition of the Life Safety Code.~~

~~—— **Source:** 29 SDR 80, effective December 10, 2002.~~

~~—— **General Authority:** SDCL 1-36A-1.26(2), 27A-5-1(5).~~

~~—— **Law Implemented:** SDCL 27A-5-1.~~

~~—— **Reference:** **Life Safety Code 101**, National Fire Protection Association, 1997 edition. Copies may be obtained from the National Fire Protection Association, 1 Batterymarch Park, P.O. Box 9101, Quincy, MA 02269-9904. Cost: \$39.50~~

~~—— **46:20:17:03. New construction or remodeling.** A center seeking initial accreditation and any accredited agency relocating into new physical facilities must show compliance with the Americans with Disabilities Act of 1990 before receiving, or in order~~

to maintain, an accredited status. Any addition or expansion to existing physical facilities must also meet the requirements of the Americans with Disabilities Act of 1990.

—— ~~Source: 29 SDR 80, effective December 10, 2002.~~

—— ~~General Authority: SDCL 1-36A-1.26(2), 27A-5-1(5).~~

—— ~~Law Implemented: SDCL 27A-5-1.~~

—— ~~46:20:17:04. Physical facility standards.~~ The following standards apply to each building the center rents, owns, or leases:

—— (1) Hot and cold water must be supplied through a mixing faucet to all lavatories, showers, or tubs. Maximum water temperatures may not exceed 120 degrees Fahrenheit;

—— (2) The water heater must be capable of providing a continuous supply of water heated to 120 degrees Fahrenheit during peak periods of hot water usage. The hot water supply system must be large enough to meet the peak hot water demands of the center;

—— (3) Any food service area must have light fixtures that contain shielded or shatterproof bulbs;

—— (4) Food must be free from spoilage, filth, or other contamination and must be safe for human consumption;

—— (5) The use of home canned food is prohibited;

—— (6) Food must be protected at all times from potential contamination, including dust, insects, rodents, unclean equipment and utensils, unnecessary handling, coughs, sneezes, flooding, drainage, and overhead leakage or dripping from condensation;

—— (7) The temperature of potentially hazardous food, as defined in § 44:02:07:18, must be 41 degrees Fahrenheit or below or 140 degrees Fahrenheit or above at all times except as otherwise provided in this chapter;

—— (8) Effective measures must be taken to minimize the presence of rodents, flies, cockroaches, and other insects on the premises. The premises must be maintained so as to prevent the harborage or feeding of insects or rodents;

—— (9) All parts of the facility must be kept clean, neat, and free of litter and rubbish;

—— (10) Bleach or a disinfectant must be used in the laundering process if the facility provides laundry service for common-use linens or if more than one consumer's clothing is laundered together and if the water temperature of the washing machine is less than 160 degrees Fahrenheit;

—— (11) Garbage and refuse must be kept in durable, easily cleanable, insect-proof, and rodent-proof containers that do not leak and do not absorb liquids; and

—— (12) Carpeting, walls, and ceilings must be maintained in good repair.

—— ~~Source: 29 SDR 80, effective December 10, 2002.~~

~~— **General Authority:** SDCL 1-36A-1.26(2), 27A-5-1(5).~~

~~— **Law Implemented:** SDCL 27A-5-1.~~

~~— **Cross-Reference:** Potentially hazardous food, § 44:02:07:18.~~

~~— **46:20:17:05. Food storage.** For each building the center rents, owns, or leases, the following are general requirements for food storage:~~

~~— (1) Food, whether raw or prepared, if removed from the original container or package, must be stored in a clean, covered container except during necessary periods of preparation or service. Container covers must be impervious and nonabsorbent with the exception of linens or napkins which may be used for lining or covering bread or roll containers;~~

~~— (2) Containers of food must be stored a minimum of six inches above the floor in a manner that protects the food from splash and other contamination and that permits easy cleaning of the storage area;~~

~~— (3) Metal pressurized beverage containers and cased food packaged in cans, glass, or other waterproof containers need not be elevated when the food container is exposed to floor moisture;~~

~~— (4) Food and containers of food may not be stored under exposed or unprotected sewer lines or water lines except for automatic fire protection sprinkler heads that may be required by law. The storage of food in toilet rooms or vestibules is prohibited;~~

~~— (5) Food not subject to further washing or cooking before serving must be stored in a way that protects it against cross-contamination from food requiring washing or cooking; and~~

~~— (6) Unless its identity is unmistakable, bulk foods such as cooking oil, syrup, salt, sugar, or flour, not stored in the product container or package in which it was obtained, must be stored in a container identifying the food by its common name.~~

~~— **Source:** 29 SDR 80, effective December 10, 2002.~~

~~— **General Authority:** SDCL 1-36A-1.26(2), 27A-5-1(5).~~

~~— **Law Implemented:** SDCL 27A-5-1.~~

~~— **46:20:17:06. Cleaning and sanitizing kitchen equipment.** For each building the center rents, owns, or leases, any kitchen equipment and utensils must be cleaned, rinsed, and sanitized after each use as provided in § 67:42:11:07. Utensils and equipment must be air dried. Kitchenware and food contact surfaces of equipment must be washed, rinsed, and sanitized by washing with a solution ratio of one ounce of household bleach to two gallons of water. Sanitize dining tables and other surfaces after each use and following any interruptions of operations during which contamination might have occurred to keep the equipment free of accumulated dust, dirt, food particles, and other debris.~~

~~— **Source:** 29 SDR 80, effective December 10, 2002.~~

~~— **General Authority:** SDCL 1-36A-1.26(2), 27A-5-1(5).~~

~~Law Implemented: SDCL 27A-5-1.~~

~~**46:20:17:07. Kitchen equipment and utensil handling.** For each building the center rents, owns, or leases, cleaned and sanitized kitchen equipment and utensils must be handled in a way that protects them from contamination. Spoons, knives, and forks may only be touched by their handles. Cups, glasses, bowls, plates, and similar items must be handled without contact with inside surfaces or surfaces that contact the user's mouth.~~

~~Source: 29 SDR 80, effective December 10, 2002.~~

~~General Authority: SDCL 1-36A-1.26(2), 27A-5-1(5).~~

~~Law Implemented: SDCL 27A-5-1.~~

~~**46:20:17:08. Other hazardous conditions.** For each building the center rents, owns, or leases, the division may direct a center to remove or correct other hazardous conditions not covered in this chapter if the division considers the conditions to have the potential to cause injury or illness to consumers or staff.~~

~~Source: 29 SDR 80, effective December 10, 2002.~~

~~General Authority: SDCL 1-36A-1.26(2), 27A-5-1(5).~~

~~Law Implemented: SDCL 27A-5-1.~~

~~**46:20:17:09. Personal cleanliness.** For each building the center rents, owns, or leases, all persons involved with food preparation shall thoroughly wash their hands and the exposed portions of their arms with soap and warm water before starting and as often as necessary during the food preparation to keep them clean. They shall also wash after smoking, eating, drinking, or using the toilet. They shall keep their fingernails and outer clothing clean.~~

~~Source: 29 SDR 80, effective December 10, 2002.~~

~~General Authority: SDCL 1-36A-1.26(2), 27A-5-1(5).~~

~~Law Implemented: SDCL 27A-5-1.~~

## **CHAPTER 46:20:18**

### **DEFINITIONS**

#### Section

46:20:18:01 Definitions.

**46:20:18:01. Definitions.** Terms used in this article mean:

(1) “Agency,” an entity seeking to be accredited as a mental health center through the Department of Human Services;

(2) “Child or youth and family services” or “CYF services,” comprehensive, child-centered and family-focused, resiliency-oriented treatment services and supports provided to a child or youth with SED and the child or youth’s family, including a child or youth with a co-occurring disorder;

(3) “Client,” a child, youth or adult receiving services from a mental health center;

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

(5) “Collateral contacts,” telephone or face-to-face contact with individuals other than the identified client to plan appropriate treatment, assist others so they can respond therapeutically regarding the client’s difficulty or illness, or link the client, family, or both, to other necessary and therapeutic community supports;

(6) “Community partners,” any agency, organization or individual that collaborates or has the potential to collaborate within a local level system of care;

(7) “Comprehensive assistance with recovery and empowerment” or “CARE services,” comprehensive, person-centered, recovery-focused services providing medically necessary related treatment, rehabilitative, and support services to clients with SMI, including those with co-occurring disorders;

(8) “Continuous quality improvement plan” or “CQI plan,” pursuant to §46:20:22:06;

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

(10) “Department,” the Department of Human Services;

(11) “Direct assistance,” services that ensure that the client obtains the basic necessities of daily life and performs basic daily living activities;

(12) “Division,” the Division of Mental Health, a division of the Department of Human Services;

(13) “DSM-IV,” the Diagnostic and Statistical Manual of Mental Disorders;

(14) “Emergency services,” services available 24 hours a day, seven days a week, for clients experiencing a mental health emergency or crisis;

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

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

(17) “Liaison services,” services which must be consistent with treatment goals and intended to shorten the length of hospitalization or to facilitate treatment planning and coordination of services between a center, in-patient psychiatric hospitals, residential programs, local hospitals, correctional facilities, and in-patient drug and

alcohol treatment programs. These services may include the development of community resources, coordination with other support networks, and contacts with the client's family to assure that changing needs are recognized and appropriately met;

(18) "Mental health center" or "center," as defined in SDCL subdivision 27A-1-1(13);

(19) "Mental illness," a diagnosis regarding schizophrenia; mood, paranoid, panic, or other severe anxiety disorder; somatoform disorder; personality disorder; other psychotic disorder per the diagnostic criteria specified within the DSM-IV. DSM-IV "V" codes, substance use disorders, and developmental disorders do not constitute mental illness;

(20) "Recovery," a personal journey that may involve developing hope, a secure base and sense of self, supportive relationships, empowerment, social inclusion, coping skills, meaning, and regaining functional levels to reside and thrive in one's community;

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

(22) "Serious emotional disturbance" or "SED,";

(23) "Serious mental illness" or "SMI,";

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

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

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

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

**Source:**

**General Authority:** SDCL 1-36A-1.26(3)(4)(5), 27A-5-1(3)(5).

**Law Implemented:** SDCL 1-36A-1.26(3)(4)(5), 27A-5-1(3)(5).

**Reference: DSM-IV -- Diagnostic and Statistical Manual of Mental Disorders,**

Fourth Edition, Text Revision, published by the American Psychiatric Association, 1400 K Street, NW, Washington, DC 20005. Cost: \$57.95.

**CHAPTER 46:20:19**

**ACCREDITATION**

**Section**

46:20:19:01 Definitions.

46:20:19:02 Application for accreditation.

46:20:19:03 Approval needed for receipt of government funds.

- 46:20:19:04 Center application for state or federal assistance.
- 46:20:19:05 Provisional accreditation and review.
- 46:20:19:06 Denial of accreditation.
- 46:20:19:07 Reconsideration of application for accreditation.
- 46:20:19:08 Policies and procedures subject to approval.
- 46:20:19:09 Renewal of accreditation -- Comprehensive survey.
- 46:20:19:10 Extension of accreditation period.
- 46:20:19:11 Accreditation report -- Improvement plan.
- 46:20:19:12 Delay in meeting requirements.
- 46:20:19:13 Reasons for placing a center on probation.
- 46:20:19:14 Probation procedures.
- 46:20:19:15 Suspension or revocation procedures.
- 46:20:19:16 Access by the division.
- 46:20:19:17 Appeal procedure.
- 46:20:19:18 Time and place of hearing -- Time extension.

**46:20:19:01. Definitions.** Terms used in this chapter mean:

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

(2) "Division director" or "director," the individual appointed by the secretary of the Department of Human Services to oversee the activities of the Division of Mental Health pursuant to SDCL 1-36A-1.6;

(3) "Improvement plan," 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 that require corrective action or improvement to meet the requirements of this article.

**Source:**

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

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

**46:20:19:02. Application for accreditation.** An agency seeking to operate as an accredited mental health center must submit an application for accreditation to the division. The division will make accreditation application forms available upon request to agencies seeking initial accreditation. All information requested in the application must be submitted with the application. An incomplete application will be returned and will not be considered.

**Source:**

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

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

**46:20:19:03. Approval needed for receipt of government funds.** Neither federal or state funds generated through the provisions of SDCL chapter 27A-5 nor any federal funds administered under SDCL chapter 28-1 may be used by any agency not accredited by the department under the rules contained in this article.

**Source:**

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

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

**46:20:19:04. Center application for state or federal assistance.** Any center submitting applications for state or federal assistance to supplement services provided under a purchase of service agreement with the department must 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:**

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

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

**46: 20:19:05. Provisional accreditation and review.** Provisional accreditation is used for an agency seeking accreditation for the first time or for an agency previously accredited and wanting to regain accreditation. A provisional accreditation certificate may only be issued upon submission of a completed application and a preliminary review by the division. The agency must be in compliance with this article.

A provisional accreditation shall expire after six months and may not be extended except with the approval of the division to accommodate division review scheduling delays not to exceed an additional three months. A follow-up review shall be conducted

prior to the expiration of the provisional accreditation to determine if the requirements have been met.

Upon completion of the final review the division shall either grant a one year accreditation certificate or deny the accreditation.

**Source:**

**General Authority:** SDCL 1-36A-1.26(1), 27A-5-1(1)(2)(3)(4)(5).

**Law Implemented:** SDCL 1-36A-1.26(1), 27A-5-1(1)(2)(3)(4)(5).

**46:20:19:06. Denial of accreditation.** If accreditation is denied, the division shall notify the agency by certified mail, return receipt requested, within 60 days of the final review that the denial becomes effective 15 days after receipt of the notification.

**Source:**

**General Authority:** SDCL 1-36A-1.26(1), 27A-5-1(1)(2)(3)(4)(5).

**Law Implemented:** SDCL 1-36A-1.26(1), 27A-5-1(1)(2)(3)(4)(5).

**46:20:19:07. Reconsideration of application for accreditation.** The agency may request in writing that the division reconsider the application within 15 days after receipt of denial of accreditation.

**Source:**

**General Authority:** SDCL 27A-5-1(1)(2)(3)(4)(5).

**Law Implemented:** SDCL 27A-5-1(1)(2)(3)(4)(5).

**46:20:19:08. Policies and procedures subject to approval.** All center policies,

procedures, and other requirements of this article are subject to the approval of the division as part of the accreditation process.

**Source:**

**General Authority:** SDCL 1-36A-1.26(1)(2)(3)(4)(5), 27A-5-1(1)(2)(3)(4)(5).

**Law Implemented:** SDCL 1-36A-1.26(1)(2)(3)(4)(5), 27A-5-1(1)(2)(3)(4)(5).

**46:20:19:09. Renewal of accreditation -- Comprehensive survey.** Any center

currently accredited by the division shall participate in a comprehensive survey to determine compliance with the requirements of this article. The division shall notify the center of the date of the comprehensive survey.

The division shall notify the center of their approval category within 90 days of the on-site review. The division may take one of the following actions regarding center accreditation:

(1) Issue a three-year accreditation certificate if a center is in compliance with at least 90 percent of the requirements and submits an improvement plan approved by the division that addresses any areas of concern;

(2) Issue a two-year accreditation certificate if a center is in compliance with 70 to 89 percent of the requirements and submits an improvement plan approved by the division that addresses any areas of concern;

(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 an improvement plan approved by the division, addresses the areas of

concern, and attains at least 70 percent compliance, the division may issue a two year accreditation certificate; or

(4) Deny accreditation if the center fails to meet the requirements set forth in this article or fails to submit an improvement plan approved by the division.

**Source:**

**General Authority:** SDCL 1-36A-1.26(1), 27A-5-1(1)(2)(3)(4)(5).

**Law Implemented:** SDCL 1-36A-1.26(1), 27A-5-1(1)(2)(3)(4)(5).

**46:20:19:10. Extension of accreditation period.** The division director may extend the period of accreditation to accommodate division on-site scheduling delays. The reasons for the extension shall be documented and maintained by the division. No extensions may exceed a period of one year beyond the certification expiration date.

**Source:**

**General Authority:** SDCL 1-36A-1.26(1), 27A-5-1(1)(2)(3)(4)(5).

**Law Implemented:** SDCL 1-36A-1.26(1), 27A-5-1(1)(2)(3)(4)(5).

**46:20:19:11. Accreditation report -- Improvement plan.** If a center is not in compliance with the requirements of this article, the division shall notify the center of the areas of concern through an accreditation report. The center shall submit an improvement plan to the division within 30 days of receipt of the accreditation report that details the action to be taken to correct any areas of concern and the date the action shall be completed. The improvement plan is subject to acceptance or rejection in whole or in part by the division. The division shall notify the center within 30 days of receipt of the

improvement plan of its decision regarding approval of the improvement plan and the accreditation status of the center. The division may conduct on-site reviews to evaluate progress on the improvement plan. Failure to submit an improvement plan or failure to have the improvement plan approved by the division may result in probation, suspension, or revocation of accreditation.

**Source:**

**General Authority:** SDCL 1-36A-1.26(1), 27A-5-1(1)(2)(3)(4)(5).

**Law Implemented:** SDCL 1-36A-1.26(1), 27A-5-1(1)(2)(3)(4)(5).

**46:20:19:12. Delay in meeting requirements.** The division may grant a delay in meeting the requirements of this article if meeting the requirements immediately would cause undue hardship on the center, and if the division determines that allowing such a delay would be in the best interests of the clients.

**Source:**

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

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

**46:20:19:13. Reasons for placing a center on probation.** The division may place the center on probation for any of the following reasons:

(1) The center is in compliance with less than 70 percent of the requirements pursuant to subdivision 46:20:19:09(3);

(2) The center fails to follow through with the improvement plan to address the areas of concern noted by the division 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 for accreditation or funding purposes;

(5) The center participates in, condones, or permits illegal acts or is associated with fraud, deceit, or coercion;

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

(7) The center refuses to allow the division access for comprehensive survey, complaint reviews or any necessary follow-up review.

**Source:**

**General Authority:** SDCL 27A-5-1(1)(2)(3)(4)(5).

**Law Implemented:** SDCL 27A-3-1, 27A-5-1(1)(2)(3)(4)(5), 27A-5-6.

**46:20:19:14. Probation procedures.** When the division determines that it has sufficient cause to place a center on probation, the following actions shall occur:

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

(2) The center shall submit an improvement plan pursuant to §46:20:19:11 within 30 days of notice of probationary status;

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

(4) The division may conduct an on-site visit at least one time during the probationary period not to exceed six months, and at the end of the probationary period.

At the end of the probationary period the division may grant a two-year accreditation certificate or suspend or revoke the center's accreditation.

**Source:**

**General Authority:** SDCL 27A-5-1(1)(2)(3)(4)(5).

**Law Implemented:** SDCL 27A-3-1, 27A-5-1(1)(2)(3)(4)(5).

**46:20:19:15. Suspension or revocation procedures.** The division shall provide written notice to the center of the division's intent to suspend or revoke the center's accreditation.

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

A request for reconsideration must be in writing and received by the division within 15 days of receipt of notification of suspension or revocation.

**Source:**

**General Authority:** SDCL 27A-5-1(1)(2)(3)(4)(5).

**Law Implemented:** SDCL 27A-3-1, 27A-5-1(1)(2)(3)(4)(5).

**46:20:19:16. Access by the division.** The division shall monitor for continued compliance with this article regardless of the term of a center's accreditation certificate. A center is subject to review with or without notice by the division. The division's right to

access shall 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 of this article. The division may review and copy records in compliance with this article.

**Source:**

**General Authority:** SDCL 27A-5-1(1)(2)(3)(4)(5).

**Law Implemented:** SDCL 27A-3-1, 27A-5-1(1)(2)(3)(4)(5), 27A-5-6.

**46:20:19:17. Appeal procedure.** A center may appeal to the secretary of the Department of Human Services any denial, revocation, suspension of certification or placement on probation by the division, by notifying the department by certified mail within 15 calendar days of receipt of the notification of the division's action and requesting a fair hearing pursuant to SDCL chapter 1-26.

**Source:**

**General Authority:** SDCL 27A-5-1(1)(2)(3)(4)(5).

**Law Implemented:** SDCL 27A-5-1(1)(2)(3)(4)(5).

**46:20:19:18. Time and place of hearing --Time extension.** A fair hearing by an impartial hearing officer shall be held within 45 days after the department receives request for a fair hearing. The hearing officer shall set a time and place for hearing to be held at the earliest reasonable time. The hearing officer may continue the hearing at the request of any parties involved and upon agreement by the parties to a specific extension of time.

**Source:**

**General Authority:** SDCL 27A-5-1(1)(2)(3)(4)(5).

**Law Implemented:** SDCL 27A-5-1(1)(2)(3)(4)(5).

**CHAPTER 46:20:20**

**GOVERNANCE**

**Section**

**46:20:20:01** Nonprofit center – Article of incorporation.

**46:20:20:02** Center bylaws.

**46:20:20:03** Board responsibilities.

**46:20:20:01 Nonprofit center – Article of incorporation.** Any center accredited by the department must be established as a nonprofit organization incorporated in the state of South Dakota. A copy of the articles of incorporation of a nonprofit organization shall be filed with the department before a certificate of approval is issued. A nonprofit center shall submit a copy of the letter of exemption from the Internal Revenue Service to the department.

**Source:**

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

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

**46:20:20:02. Center bylaws.** The center must adopt bylaws which state its

purpose and must:

(1) Provide for a rotating board composed of members who reside or work in the center's catchment area and who, as a group, represent the residents of that area, taking into consideration their employment, age, sex, ethnicity, place of residence, and other demographic characteristics of the area;

(2) Describe the qualifications for membership on the board;

(3) Describe procedures for selection and tenure of office for members of the board;

(4) Describe methods of amending bylaws;

(5) Provide that the board shall be responsible for approving overall policy;

(6) Provide that the members of the governing board serve without pay;

(7) Provide that no financial benefit accrue as a result of membership on the board;

(8) Provide that the board meets quarterly or more often as necessary for the proper administration of the center;

(9) Provide that the minutes of all official meetings of the board be maintained;

(10) Provide that the board arrange for an annual audit of the center's accounts;

(11) Describe the process to be used to handle potential conflicts of interest;

(12) Describe the body of parliamentary procedure to be followed in the conduct of business meetings; and

(13) Include current or past clients of mental health services and family members on the board of directors and describe formal procedures for obtaining

client and family member feedback and input, such as through the use of subcommittees or focus groups.

**Source:**

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

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

**46:20:20:03. Board responsibilities.** The board is responsible for taking the following actions:

(1) Employ an executive director whose qualifications, authority, and duties, are defined in writing, and delegate to the executive director authority and responsibility for the daily management of the operations of the center according to established policies, including the hiring or designation of a clinical director;

(2) Employ or designate a clinical director, if the center does not have a current executive director and if the board determines the services of a clinical director are immediately needed, and delegate to the clinical director authority and responsibility for the management of the clinical operations of the center according to established policies;

(3) Exercise general supervision and establish policy regarding personnel, property, funds, administrative job descriptions, operations, and program;

(4) Approve a plan of financing which assures sufficient funds to provide care for clients and carry out the stated purpose of the center on a continuing basis;

(5) Ensure that capital commitments are not made to the detriment of services to the client; and

(6) Approve initiation, expansion or modification of the center's program based on service needs of the community and the capability of the center to have an effect on those needs within its established goals and objectives.

The board may employ one person to serve as both executive director and the clinical director if the person is qualified pursuant to §§ 46:20:25:02 and 46:20:25:03 and the board determines that a full-time clinical director is not needed.

**Source:**

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

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

**CHAPTER 46:20:21**

**CORE SERVICE RESPONSIBILITIES**

**Section**

46:20:21:01 Definitions.

46:20:21:02 Range of services.

46:20:21:03 Welcoming, availability, and accessibility of services.

46:20:21:04 Seamless continuum of services for clients and families.

46:20:21:05 Systems of care development.

46:20:21:06 Refusal to serve a child with SED or an adult with SMI – Alternative provider.

46:20:21:07 Center's right to appeal.

**46:20:21:01. Definitions.** Terms used in this chapter mean:

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

**Source:**

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

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

**46:20:21:02. Range of services.** Community mental health centers serve the counties designated to them by the division 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 46:20:18:01(9). A center must provide services to children, youth, adults, and elderly residents of the catchment area assigned to the center either directly or by affiliation with other agencies. The following services must be available:

- (1) Emergency services available 24 hours per day, seven days per week;
- (2) Assessment services in order to determine the best service match;
- (3) Outpatient services pursuant to chapter 46:20:29;
- (4) Specialized outpatient services for children or youth pursuant to chapter 46:20:30; and
- (5) Specialized outpatient services for adults pursuant to chapter 46:20:31.

Optional services may include room and board as defined in subdivision 46:20:21:01(1) and IMPACT pursuant to chapter 46:20:32.

**Source:**

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

**Law Implemented:** SDCL 27A-3-1, 27A-5-1(3), 27A-5-7.

**46:20:21:03. Welcoming, availability, and accessibility of services.** A center's services shall be designed to be welcoming, particularly for those clients who have complex mental health issues and co-occurring disorders as defined in subdivision 46:20:18:01(9), or who experience cultural or linguistic barriers or both that impede access. The center shall ensure:

- (1) Services be available and accessible to the general public;
- (2) Services be without arbitrary barriers to access or continuity due to the presence of an active co-occurring disorder;
- (3) The location of center offices and hours of service be posted and publicized at all of the center's locations;
- (4) That staff be able to provide clinical attention to persons with immediate needs during regular center hours;
- (5) The availability of staff in the case of an emergency when the center is closed;  
and
- (6) That a plan be on file at the center describing how the center makes its services available in the catchment area.

**Source:**

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

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

**46:20:21:04. Seamless continuum of services for clients and families.** There should be policies, procedures, or other provisions to ensure that clients and families experience a smooth transition between different types of services within the range of mental health services provided by the center. Services should be designed so that clients and families can move smoothly into more or less intensive services when needed in order to support progress towards recovery. Services provided to youth nearing adulthood should promote smooth transitions into appropriate adult services when indicated.

**Source:**

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

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

**46:20:21:05. Systems of care development.** Each center should include in its CQI plan a description of how it engages in partnership with the local system and plans for continually improving the function of the local system. Consultation, education, and support to community partners should be prioritized by each center.

**Source:**

**General Authority:** SDCL 27A-5-1(1)(2)(3)(4)(5).

**Law Implemented:** SDCL 27A-3-1, 27A-5-1(1)(2)(3)(4)(5).

**46:20:21:06. Refusal to serve a child with a SED or an adult with a SMI --**

**Alternate provider.** A center must serve any client who meets SED or SMI criteria pursuant to §46:20:30:02 or 46:20:31:02 and financial eligibility criteria. If a center refuses services to a client who meets these criteria, the division has the authority to reduce the contract for this center in order to purchase necessary services from an alternative provider. A center may not refuse services to any child with a SED or an adult with a SMI unless:

(1) The center provides written notice of the refusal to the division 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:**

**General Authority:** SDCL 27A-5-1(2)(3)(4)(5).

**Law Implemented:** SDCL 27A-3-1, 27A-5-1(2)(3)(4)(5), 27A-5-2.

**46:20:21:07. Center's right to appeal.** Within thirty days of the refusal to serve, the center's director may submit a letter of appeal to the division director stating the center's cause for maintaining their contract funds. The division director will review the facts, make a determination, and respond to the provider within two working weeks of receiving the letter of appeal.

**Source:**

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

**Law Implemented:** SDCL 27A-3-1, 27A-5-1(2)(4)(5), 27A-5-2.

## **CHAPTER 46:20:22**

### **GENERAL MANAGEMENT REQUIREMENTS**

#### **Section**

**46:20:22:01** Definitions.

**46:20:22:02** Participation in state plan.

**46:20:22:03** Policies and procedures manual.

**46:20:22:04** Statistical data.

**46:20:22:05** Compliance -- Case record review.

**46:20:22:06** Continuous quality improvement.

**46:20:22:07** Quality improvement team.

**46:20:22:08** Confidentiality of records.

**46:20:22:09** Retention of records.

**46:20:22:01. Definitions.** Terms in this chapter mean:

(1) **“STARS” or “State treatment activity reporting system,”** a computerized management information system designed to collect individual demographics and service information on all persons receiving mental health services.

**Source:**

**General Authority:** SDCL 1-36-A-1.26(3), 27A-5-1(2).

**Law Implemented:** SDCL 1-36-A-1.26(3), 27A-3-1, 27A-5-1(2), 27A-5-5.

**46:20:22:02. Participation in state plan.** Each center must participate in the state's comprehensive mental health service plan and submit information to the division when requested or as required.

**Source:**

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

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

**46:20:22:03. 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:**

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

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

**46:20:22:04. Statistical data.** Each center shall submit accurate statistical data on each client receiving services to the division in a form and at times agreed upon by the division and the center. Statistical data shall be provided on all services in accordance with STARS, and any other data required by state and federal laws and regulations.

**Source:**

**General Authority:** SDCL 1-36-A-1.26(3), 27A-5-1(2).

**Law Implemented:** SDCL 1-36-A-1.26(3), 27A-3-1, 27A-5-1(2), 27A-5-5.

**46:20:22:05. Compliance -- Case record review.** Each center must establish an ongoing compliance review process for the review of case records to assure the quality and appropriateness of services. Center staff must be informed of the review process, and it must be made a part of the center's policies and procedures manual. In addition, there must be a procedure to address any issues that are discovered during the compliance review process.

**Source:**

**General Authority:** SDCL 27A-5-1(1)(2)(3)(4)(5).

**Law Implemented:** SDCL 27A-3-1, 27A-5-1(1)(2)(3)(4)(5).

**46:20:22:06. Continuous quality improvement.** The continuous quality improvement process should be a systemic approach affecting the entire center. A center's process should cross all service provisions and may focus on quality improvements for:

- (1) Welcoming;
- (2) Access to care;
- (3) Service delivery;
- (4) Coordination and integration of services;
- (5) Workforce development;
- (6) Outcomes for individuals;
- (7) Cultural competency;

(8) Co-occurring capability; and

(9) Recovery oriented services.

A CQI plan shall be created from the continuous quality improvement process outlined in this section. Each center must establish an ongoing process to continue quality improvement.

**Source:**

**General Authority:** SDCL 27A-5-1(1)(2)(3)(4)(5).

**Law Implemented:** SDCL 27A-3-1, 27A-5-1(1)(2)(3)(4)(5).

**46:20:22:07. Quality improvement team.** An organized quality improvement team shall be identified and must:

(1) Consist of center staff from various service areas and include methods of obtaining input from stakeholders, such as youth and adult clients, family members, and community partners;

(2) Meet on a regular basis and be involved in developing measurable goals and action steps towards the center's implementation of a comprehensive continuous integrated system of care; and

(3) Monitor progress, updating the center's CQI plan and goals, as needs and competencies dictate.

**Source:**

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

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

46:20:22:08. Retention of records. Each center must retain all financial records, client case records, and documentation of services provided for at least six calendar years post-treatment for adults and 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:**

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

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

**CHAPTER 46:20:23**

**ENVIRONMENTAL SANITATION SAFETY AND FIRE PREVENTION**

**Section**

46:20:23:01 Safety and sanitation plan.

46:20:23:02 Life safety codes.

46:20:23:03 New construction or remodeling.

**46:20:23:01. Safety and sanitation plan.** The center must have a health, safety, sanitation, and disaster plan approved by the division. The plan shall include:

(1) 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:**

**General Authority:** SDCL 1-36A-1.26(2), 27A-5-1(5).

**Law Implemented:** SDCL 1-36A-1.26(2), 27A-3-1, 27A-5-1(5).

**46:20:23:02. Life safety codes.** Each building that the center owns, rents, or leases shall be in compliance with applicable fire safety standards in the 2000 edition of the NFPA 101 Life Safety Code.

**Source:**

**General Authority:** SDCL 1-36A-1.26(2), 27A-5-1(5).

**Law Implemented:** SDCL 1-36A-1.26(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, 1 Batterymarch Park, P.O. Box 9101, Quincy, MA 02269-9904; Cost \$75.

**46:20:23:03. New construction or remodeling.** An agency seeking initial accreditation and any accredited center relocating into a new physical facility must show

compliance with this chapter and the Americans with Disabilities Act of 1990 and any amendments. Any addition or expansion to existing facilities must also meet the requirements of this chapter and the Americans with Disabilities Act of 1990 and any amendments.

**Source:**

**General Authority:** SDCL 1-36A-1.26(2), 27A-5-1(5).

**Law Implemented:** SDCL 1-36A-1.26(2), 27A-3-1, 27A-5-1(5).

**CHAPTER 46:20:24**

**FISCAL MANAGEMENT**

**Section**

**46:20:24:01 Insurance.**

**46:20:24:02 Accounting system, cost reporting, and annual audit.**

**46:20:24:03 Fees for services.**

**46:20:24:04 Co-payments.**

**46:20:24:05 Donations.**

**46:20:24:01. Insurance.** Each center must carry insurance that includes general and professional liability, fire, worker's compensation, and fidelity bonding insurance.

**Source:**

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

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

**46:20:24:02. Accounting systems, cost reporting, and annual audit.** An

accredited center shall maintain an accounting system pursuant to generally accepted accounting principles (GAAP). If required by the department, the center must 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 to perform the audit.

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:**

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

**Law Implemented:** SDCL 27A-3-1, 27A-5-1(2), 27A-5-6.

**Reference: Office of Management and Budget (OMB) Circular A-133, "Audits of States, Local Governments, and Non-Profit Organizations"**, June 27, 2003. Copies are available free of charge from the following website: [www.whitehouse.gov/omb/circulars](http://www.whitehouse.gov/omb/circulars).

**46:20:24:03. Fees for services.** Each center's board shall adopt a schedule of fees for services. Fees shall be charged on the basis of 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.

**Source:**

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

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

**46:20:24:04. Co-payments.** Co-payments may not be charged for CYF services pursuant to chapter 46:20:30, CARE services pursuant to chapter 46:20:31 or IMPACT services pursuant to chapter 46:20:32, for any client whose services are paid for by the division or Medicaid.

**Source:**

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

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

**46:20:24:05. Donations.** Each center must have a written procedure for acknowledging donations and sending receipts to the donors of any gift, contribution, or

bequest which has a value of \$500 or more. Procedures must be in effect to assure the trust of the public by protecting against the misappropriation of contributed materials. These procedures must include reporting to contributors on the use of contributed resources.

**Source:**

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

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

**CHAPTER 46:20:25**

**PERSONNEL**

**Section**

**46:20:25:01** Definitions.

**46:20:25:02** Requirements for executive director.

**46:20:25:03** Requirements for clinical director.

**46:20:25:04** Requirements for staff providing direct services and supports to clients.

**46:20:25:05** Supervision.

**46:20:25:06** Orientation of personnel.

**46:20:25:07** Volunteers.

**46:20:25:08** Workforce development and training.

**46:20:25:09** Personnel policies and records.

**46:20:25:01. Definitions.** Terms used in this chapter mean:

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

**Source:**

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

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

**46:20:25:02. Requirements for executive director.** The executive director shall be appointed by the board of directors. This individual shall possess:

- (1) Knowledge of mental health services;
- (2) Administrative skills; and
- (3) At the time of employment, knowledge of the administrative rules pertaining to community mental health services and programs.

**Source:**

**General Authority:** SDCL 1-36A-1.26(5), 27A-5-1(1)(2).

**Law Implemented:** SDCL 1-36A-1.26(5), 27A-3-1, 27A-5-1(1)(2).

**46:20:25:03. Requirements for clinical director.** The clinical director employed or designated by a center's executive director or the board must meet the qualifications of a

clinical supervisor as defined in subdivision 46:20:18:01(4), and have an additional two years experience in a mental health setting.

**Source:**

**General Authority:** SDCL 1-36A-1.26(5), 27A-5-1(1)(2).

**Law Implemented:** SDCL 1-36A-1.26(5), 27A-3-1, 27A-5-1(1)(2).

**46:20:25:04. Requirements for staff providing direct services and supports to clients.** Staff, hired on or after January 1, 2011, providing direct mental health services and supports to clients shall:

(1) Possess at least an associate's degree in the social sciences or human services field to provide:

(a) Intake services;

(b) Case management;

(c) Family education and support;

(d) Liaison services;

(e) Direct assistance;

(f) Psychosocial rehabilitative services; and

(g) Recovery support services; or

(2) Possess at least a master's degree in psychology, social work, counseling, or nursing; a social work license as defined in SDCL 36-26-15; or a bachelor's degree in a human services field and two year's related experience to provide any of the services listed in subdivision (1) above or any other mental health services; or

(3) Be a licensed physician or psychiatrist, or a resident operating within the Board of Medical and Osteopathic Examiners guidelines, or be a licensed physician assistant or licensed certified nurse practitioner practicing within their scope of practice, to provide psychiatric services; or

(4) Be at a minimum a registered nurse or licensed practical nurse to provide psychiatric nursing services.

**Source:**

**General Authority:** SDCL 1-36A-1.26(5), 27A-5-1(1).

**Law Implemented:** SDCL 1-36A-1.26(5), 27A-3-1, 27A-5-1(1).

**46:20:25:05. Supervision.** Any center staff providing direct services to clients, other than those staff who meet the criteria of a clinical supervisor as defined in subdivision 46:20:18:01(4), shall be supervised by a clinical supervisor.

The amount and type of supervision shall be based on the center's staff needs for such supervision and their level of education, training, and experience. Clinical supervisors are also responsible for ensuring center staff who do not meet clinical supervisor criteria are operating within the scope of their education, training, and competencies.

**Source:**

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

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

**46:20:25:06. Orientation of personnel.** The center shall provide orientation for all employees, interns, and volunteers within ten working days after employment. The orientation shall be documented and shall include at least the following items:

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

(2) The confidentiality of all information about clients, including a review of requirements in this article and 45 C.F.R. Parts 160 and 164 (October 7, 2009);

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

(4) The center's philosophical approach to treatment and the center'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 center's policies and procedures including the center's CQI plan pursuant to §46:20:22:06; and

(8) The center'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:**

**General Authority:** SDCL 27A-5-1(1)(2)(3)(4)(5).

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

**46:20:25:07. 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 volunteer.

**Source:**

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

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

**46:20:25:08. Workforce development and training.** A center shall provide for ongoing training and consultation to enable staff and supervisors to carry out their responsibilities effectively. Center staff must be oriented to the center's continuous quality improvement process and plan.

**Source:**

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

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

**46:20:25:09. Personnel policies and records.** Written personnel policies and records for all employees must be maintained by the center. Personnel policies must include position descriptions for each employee at the center with a statement of duties

and responsibilities and the minimum qualifications and competencies necessary to fulfill these duties. The policies must include provisions for equal employment opportunities. Individual personnel records must include the application filed for employment, resume, and statement of qualifications, transcripts, and continuing education.

**Source:**

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

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

**CHAPTER 46:20:26**

**CLIENT RIGHTS**

Section

46:20:26:01 Client rights.

46:20:26:02 Discrimination prohibited.

46:20:26:03 Guaranteed rights.

46:20:26:04 Policy on abuse, neglect, and exploitation.

46:20:26:05 Grievance procedures.

46:20:26:06 Appeal of ineligibility or termination of services.

**46:20:26:01. Client rights.** Each center shall ensure that client rights are fully protected. The center shall give the 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 client 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 or guardian.

The client 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 client rights and responsibilities statements available to the division. 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:**

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

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

**46:20:26:02. Discrimination prohibited.** An individual with a disability qualifying for services under this article may not, solely by reason of a disability, be excluded from participation in, be denied benefits of, or be subjected to discrimination by any center. In addition, no client shall be discriminated against or denied access to services solely due to the presence of an active co-occurring disorder or medical condition.

**Source:**

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

**Law Implemented:** SDCL 27A-5-1(4), 29 U.S.C. §794.

**46:20:26:03. 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-12-3.20 and 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) The right to confidentiality of all records, correspondence, and information relating to assessment, diagnosis, and treatment pursuant to SDCL 27A-12-26 and 45 C.F.R., Parts 160 and 164 (October 7, 2009); and

(5) The right to participate in decision making, related to treatment, to the greatest extent possible.

**Source:**

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

**Law Implemented:** SDCL 27A-5-1(4), 27A-12-3.20, 27A-12-3.22, 27A-12-26.

**46:20:26:04. Center policy on abuse, neglect, and exploitation.** Each center

must have a policy approved by the division which prohibits abuse, neglect, and exploitation of a client. The policy must contain the following:

(1) Definitions of abuse, neglect, and exploitation pursuant to SDCL 22-46-1;

(2) A requirement to report to the division any incidents of abuse, neglect, or exploitation;

(3) A requirement to report to the Department of Social Services pursuant to SDCL 26-8A-3 and 26-8A-8;

(4) A procedure for disciplinary action to be taken if staff engage 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 unless the person is accused of the alleged incident; 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:**

**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.

**46:20:26:05. Grievance procedures.** Each center shall have written grievance policies and procedures.

The center shall inform the client, the client's parent or guardian, in writing or in an accessible format, of the grievance procedures during the intake process. The grievance procedure shall be posted in a place accessible to clients and copies shall be available in locations where clients can access them without making a request to center staff.

The center shall periodically review the grievance procedure with the client or the client's parent or guardian. The procedure must include the ability to appeal the center's decision regarding ineligibility or termination of services to the division as provided in §46:20:26:06.

**Source:**

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

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

**46:20:26:06. 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, if any, may appeal the center's decision regarding ineligibility or termination of services to the division. An appeal shall be made in writing to the division within 30 days of receipt of the notice regarding ineligibility or termination. The division shall provide a determination within 30 days of receipt of request for appeal. A client, the client's parent or guardian dissatisfied with the division's determination regarding ineligibility or termination of services may request a fair hearing by notifying the department in writing within 30 days of receipt of the division's decision. When termination is being appealed, the client shall continue receiving services from the center until a decision is reached after a hearing pursuant to SDCL chapter 1-26.

**Source:**

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

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

**46:20:26:07. Time and place of hearing -- Time extension.** A fair hearing by an impartial hearing officer shall be held within 90 days after receipt for a request by the appellant. 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:**

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

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

**CHAPTER 46:20:27**

**FINANCIAL ELIGIBILITY**

Section

46:20:27:01 Definitions.

46:20:27:02 Financial eligibility requirements.

46:20:27:03 False reporting or failure to report financial information.

46:20:27:04 Household composition.

46:20:27:05 Consideration of income.

46:20:27:06 Income exempt from consideration.

46:20:27:07 Hardship considerations.

46:20:27:08 Appeal of financial ineligibility.

46:20:27:09 Time and place of hearing -- Time extension.

**46:20:27:01. Definitions.** Terms used in this chapter mean:

(1) “Children’s health insurance program, non-Medicaid,” or “CHIP-NM,” the non-Medicaid children’s health insurance program for children eligible under the provisions of chapter 67:46:14;

(2) “Earned income,” income from personal services as distinguished from income generated by property or other sources. Earned income includes all amounts received as wages, tips, bonuses, other employee compensation, and self-employment income, whether in the form of money, services, or property;

(3) “Federal poverty level,” the poverty guidelines updated periodically in the Federal Register by the United States Department of Health and Human Services under the authority of 42 U.S.C. 9902(2);

(4) “Unearned income,” taxable income other than earned income. Unearned income includes income received from the investment of money or other property, such as interest, dividends, and royalties. It also includes pensions, alimony, unemployment compensation, Social Security Income, Social Security Disability Income, child support, and other income that is not earned; and

(5) “Yearly gross income,” income from salaries, net business profit, net farm income, investment income, insurance or compensation, Old Age Survivor’s Insurance, Social Security Disability Insurance, Supplemental Security Income, public assistance, unemployment insurance, aid from family members, or any other resources available to an individual or a family.

**Source:**

**General Authority:** SDCL 1-36A-1.26(1), 27A-5-1(2).

**Law Implemented:** SDCL 1-36A-1.26(1), 27-5-1(2), 27A-5-18.

**46:20:27:02. Financial eligibility requirements.** A client with a mental health disorder or a family with a member who has a mental health disorder is eligible for financial assistance from the division for payment of services under the provisions of this chapter while receiving services pursuant to chapters 46:20:29 to 46:20:32, inclusive, and if the client or family meets the following criteria:

(1) Is not eligible for the state's Medicaid or CHIP-NM program;

(2) Has a yearly gross income, minus allowable deductions, that does not exceed 185 percent of the federal poverty level for a family of comparable size or has a hardship consideration approved pursuant to §46:20:27:07; and

(3) Has submitted claims to all third party reimbursement sources and the division has been determined to be the payor of last resort.

**Source:**

**General Authority:** SDCL 1-36A-1.26(1), 27A-5-1(2).

**Law Implemented:** SDCL 1-36A-1.26(1), 27A-3-1, 27A-5-1(2), 27A-5-18.

**Cross-References:** Eligibility for Medical Services, art 67:46; Children's health insurance (CHIP-NM), ch 67:46:14.

**46:20:27:03. False reporting or failure to report financial information.**

Reporting of false information or failure to report changes in circumstances which affect

financial eligibility, could result in the client or family being responsible for reimbursement of services provided or ineligibility for services, or both.

**Source:**

**General Authority:** SDCL 1-36A-1.26(1), 27A-5-1(2).

**Law Implemented:** SDCL 1-36A-1.26(1), 27A-3-1, 27A-5-1(2), 27A-5-18.

**46:20:27:04. Household composition.** Any person who lives with the individual receiving services and is dependent upon the household income is a member of the household. If a member of a household is included as part of the household composition, that person's income must be counted in determining eligibility for division-funded services, except for any income from a child under the age of 18 or any dependent attending school.

**Source:**

**General Authority:** SDCL 1-36A-1.26(1), 27A-5-1(2).

**Law Implemented:** SDCL 1-36A-1.26(1), 27A-3-1, 27A-5-1(2), 27A-5-18.

**46:20:27:05. Consideration of income.** The division shall consider the earned and unearned income of the household when determining whether an individual is eligible for assistance under this chapter.

**Source:**

**General Authority:** SDCL 1-36A-1.26(1), 27A-5-1(2).

**Law Implemented:** SDCL 1-36A-1.26(1), 27A-3-1, 27A-5-1(2), 27A-5-18.

**46:20:27:06. Income exempt from consideration.** The following income is

exempt from consideration:

- (1) Income earned by a child under the age of 18 or any dependent attending school;
- (2) Twenty percent of the individual's or family's earned income;
- (3) Childcare expenses up to \$6,000 per year per household;
- (4) The annual amount of child support paid;
- (5) Medication costs and related lab work for the client receiving services, if related to the client's mental health diagnosis;
- (6) Cost of insurance premiums for the client receiving services or cost of dependent coverage for a family policy, if the client is a child; and
- (7) Cost of assistive devices purchased by the client or family unit, or both, if related to the client's mental health diagnosis.

The household's annual net income shall be determined by taking the reported household yearly gross income and subtracting the allowable deductions.

**Source:**

**General Authority:** SDCL 1-36A-1.26(1), 27A-5-1(2).

**Law Implemented:** SDCL 1-36A-1.26(1), 27A-3-1, 27A-5-1(2), 27A-5-18.

**46:20:27:07. Hardship considerations.** Any client or family who is found ineligible for funding of services by the division, based on a net yearly income of 185 percent of the federal poverty level, may apply to the division for a hardship consideration. This process

shall take into account any hardship that the client or a family may have that would make paying for services an undue financial burden. The division is responsible for determining eligibility based on hardship considerations. These considerations may be based on the following:

- (1) Responsibility for the care of extended family members or other household members;
- (2) Debt from illness or other out-of-pocket medical expenses;
- (3) Unforeseen or uncontrollable expenses other than medical expenses;
- (4) Two or more persons in the household have a disability;
- (5) A member of the household has more than one disability;
- (6) Extraordinary housing expenses or costs of care, such as paying rent during hospitalization;
- (7) Excessive transportation costs;
- (8) Mental health services exceed two or more units per month for CARE services;
- (9) Mental health services exceed eight or more units per month for CYF services;
- (10) Imminent risk of hospitalization, out-of-home placement, or potential for involvement or increased involvement with other systems such as law enforcement, Child Protection Services, Department of Corrections, or the Unified Judicial System;
- (11) An emergency situation exists, such as a client is suicidal or acutely psychotic;

(12) A person 18 years of age or older with a mental illness diagnosis who lives with a parent or sibling because no other satisfactory living arrangement is available; or

(13) Other expenses that would make paying for mental health services an undue financial burden.

**Source:**

**General Authority:** SDCL 1-36A-1.26(1), 27A-5-1(2).

**Law Implemented:** SDCL 1-36A-1.26(1), 27A-3-1, 27A-5-1(2), 27A-5-18.

**46:20:27:08. Appeal of financial ineligibility.** A client, a client's parent if the client is under 18 years of age, or a client's guardian, if any, may appeal a decision regarding ineligibility for funding of services to the division. An appeal shall be made in writing to the division within 30 days of receipt of the notice regarding ineligibility. The division shall provide a determination within 30 days of receipt of request for appeal. The client, or the client's parent or guardian, dissatisfied with the division's determination regarding ineligibility for funding of services may request a fair hearing pursuant to SDCL chapter 1-26, by notifying the department in writing within 30 days of receipt of the division's decision. Any client or family currently receiving funding of services from the division, and subsequently found ineligible, shall continue receiving funding of services from the division until a decision is reached after a hearing.

**Source:**

**General Authority:** SDCL 1-36A-1.26(1), 27A-5-1(2)(4).

**Law Implemented:** SDCL 1-36A-1.26(1), 27A-5-1(2)(4).

**46:20:27:09. Time and place of hearing -- Time extension.** A fair hearing by an impartial hearing officer shall be held within 90 days after receipt for a request by the appellant. 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:**

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

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

**CHAPTER 46:20:28**

**CLINICAL PROCESSES FOR MENTAL HEALTH SERVICES**

**Section**

**46:20:28:01** Definitions.

**46:20:28:02** Clinical record.

**46:20:28:03** Client identification data.

**46:20:28:04** Initial assessment.

**46:20:28:05** On-going assessment.

**46:20:28:06** Treatment plan.

**46:20:28:07** Treatment plan review.

**46:20:28:08** Supervisory review.

46:20:28:09 Crisis intervention plan.

46:20:28:10 Transition planning.

46:20:28:11 Progress notes.

46:20:28:12 Group therapy notes.

46:20:28:13 Discharge summary.

**46:20:28:01. Definitions.** Terms used in this chapter mean:

(1) “Strength-based,” a systematic approach which emphasizes identifying, exploring, utilizing, and maximizing individual and system coping mechanisms, demonstrated successes, and natural and informal support systems to create and sustain individual recovery and functional levels;

(2) “Unit of service,” a measurement of time consisting of 15 minutes.

**Source:**

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

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

**46:20:28:02. Clinical record.** The clinical records for services provided according to this article shall meet the criteria outlined in this chapter and be available for review during an on-site visit by a division or department representative.

**Source:**

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

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

**46:20:28:03. Client identification data.** Client identification data collected shall be

kept in the clinical record and shall include:

- (1) Client's name;
- (2) Client's identification number;
- (3) Date of birth;
- (4) Primary race;
- (5) Ethnicity;
- (6) Gender; and
- (7) Service start date

**Source:**

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

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

**46:20:28:04. Initial assessment.** A mental health staff shall meet with the client and the client's family if appropriate, to complete an integrated initial assessment, within 30 days of intake. The integrated initial assessment shall include both functional and diagnostic components. For children under 18 years of age, the mental health staff must obtain permission from the parent or guardian, if any, to meet with the child, and at least one parent or guardian must participate in the initial assessment. The initial assessment shall include 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;
- (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) Relevant treatment history, including attention to previous mental health and substance abuse treatment and periods of success, psychiatric hospital admissions, psychotropic and other medications, physical illness, and hospitalization;

(5) Relevant family history, including family relationship dynamics and family psychiatric 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 with regards to physical acting out or health conditions;

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

(12) Vocational and financial history and needs;

(13) Behavioral observations or mental status;

(14) Formulation of a diagnosis per DSM-IV, including documentation of co-occurring medical, developmental disability, or substance abuse issues or a combination of these based on integrated screening;

(15) Eligibility determination, including documentation regarding sufficient information to determine SMI or SED, if applicable;

(16) Mental health staff'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 mental health staff does not have the education and training to make a diagnosis.

**Source:**

**General Authority:** SDCL 1-36A-1.26(3)(4), 27A-5-1(3)(5).

**Law Implemented:** SDCL 1-36A-1.26(3)(4), 27A-3-1, 27A-5-1(3)(5).

**46:20:28:05. On-going assessment.** On-going assessment and identification of changes in the client's needs and strengths must occur throughout treatment and must be documented in progress notes or other clinical documentation.

**Source:**

**General Authority:** SDCL 1-36A-1.26(3)(4), 27A-5-1(2)(3)(5).

**Law Implemented:** SDCL 1-36A-1.26(3)(4), 27A-3-1, 27A-5-1(2)(3)(5).

**46:20:28:06. Treatment plan.** The initial treatment plan must 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 46:20:18:01(4). Evidence of the client's or the client's parent or guardian's participation and meaningful involvement in formulating the plan must 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 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 appropriate.

**Source:**

**General Authority:** SDCL 1-36A-1.26(3)(4), 27A-5-1(2)(3)(4)(5).

**Law Implemented:** SDCL 1-36A-1.26(3)(4), 27A-3-1, 27A-5-1(2)(3)(4)(5).

**46:20:28:07. Treatment plan review -- Six month review.** Treatment plans shall be reviewed at 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 must be documented in the treatment plan. Treatment plan reviews shall include the mental health staff's signature, credentials, and date.

**Source:**

**General Authority:** SDCL 1-36A-1.26(3)(4), 27A-5-1(2)(3)(5).

**Law Implemented:** SDCL 1-36A-1.26(3)(4), 27A-3-1, 27A-5-1(2)(3)(5).

**46:20:28:08. Supervisory reviews.** Staff meeting clinical supervisory criteria as defined in subdivision 46:20:18:01(4), must conduct one treatment plan review on at least a 12 month interval. 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 §46:20:28:07. The annual supervisory review shall include the clinical supervisor's signature, credentials, and date.

**Source:**

**General Authority:** SDCL 1-36A-1.26(3)(4), 27A-5-1(1)(2)(5).

**Law Implemented:** SDCL 1-36A-1.26(3)(4), 27A-3-1, 27A-5-1(1)(2)(5).

**46:20:28:09. Crisis intervention plans.** Crisis intervention planning must be provided to any client who has safety issues or risks or has frequent crisis situations or recurrent hospitalizations. Crisis intervention planning must 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 related to co-occurring disorders.

**Source:**

**General Authority:** SDCL 1-36A-1.26(4), 27A-5-1(3)(5).

**Law Implemented:** SDCL 1-36A-1.26(4), 27A-3-1, 27A-5-1(3)(5).

**46:20:28:10. Transition planning.** Transition planning shall be provided to clients moving to different levels of services, leaving services, or for youth nearing adulthood. Goals related to transition planning must be included in the clinical documentation either as part of the treatment plan or as a separate transition plan.

**Source:**

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

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

**46:20:28:11. Progress notes.** Progress notes shall be included in the client's file and must substantiate all services provided. A progress note must be included in the file for each billable service provided. Individual progress notes do not need to reflect all goals and problems from the treatment plan; however, they must reflect goals and

problems that were relevant during the session and any progress in achieving those goals and addressing the problems. Progress notes must also include attention to any co-occurring disorder as they relate to the client's mental illness. Progress notes must 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 and location of the service provided;

(3) The service activity code or title describing the service code or both;

(4) The units of service provided and the duration of the session if this is not identifiable by the units of service;

(5) A brief assessment of the client's functioning;

(6) A description of what occurred during the session, including how the session assisted the client in making progress toward treatment plan goals or objectives;

(7) A brief description of what the client and provider plan to work on during the next session, including work that may be occurring between sessions, if applicable; and

(8) The signature and credentials of the staff providing the service.

**Source:**

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

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

**46:20:28:12. 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 and location of the service provided;

(3) The service activity code or title describing the service code or both;

(4) The units of service provided and the duration of the session if this is not identifiable by the units of service;

(5) Individualized description of the client's level of participation;

(6) Documentation of progress toward achieving individualized treatment plan goals; and

(7) The signature and credentials of the staff providing the service.

**Source:**

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

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

**46:20:28:13. Discharge summary.** A discharge summary must be completed upon termination or discontinuation of services. The discharge summary shall document the services provided and any progress made in achieving the treatment goals or objectives. When 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:**

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

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

**CHAPTER 46:20:29**  
**OUTPATIENT SERVICES**

Section

46:20:29:01 Definitions.

46:20:29:02 Eligibility criteria.

46:20:29:03 Services provided.

46:20:29:04 Reimbursable services.

46:20:29:05 Nonreimbursable services.

**46:20:29:01. Definitions.** Terms used in this chapter mean:

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

**Source:**

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

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

**46:20:29:02. Eligibility criteria.** Individuals are eligible for outpatient clinic services if they have a mental disorder that meets diagnostic criteria specified within the DSM-IV

with the exception of DSM-IV “V” codes, substance use disorders, and developmental disorders, which are excluded, unless they co-occur with another diagnosable mental illness.

**Source:**

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

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

**46:20:29:03. Services provided.** The following outpatient services shall be provided by the center:

(1) Screening, assessment, and evaluation;

(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:**

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

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

**46:20:29:04. Reimbursable services.** Reimbursable services are limited to face-to-face and collateral contacts, at a minimum of 15 minutes in length, for the purpose of

providing comprehensive mental health treatment pursuant to §46:20:29:03, including pharmacological management services provided by a physician via telemedicine.

Integrated attention to co-occurring disorders may be provided and documented within any reimbursable mental health service; however, the documentation shall reflect how attention to such conditions relates to and assists in addressing the client's mental illness.

**Source:**

**General Authority:** SDCL 1-36A-1.26(1), 27A-5-1(2)(3).

**Law Implemented:** SDCL 1-36A-1.26(1), 27A-3-1, 27A-5-1(2)(3).

**46:20:29:05. Nonreimbursable services.** Nonreimbursable services include:

- (1) Vocational counseling and vocational training at a classroom or job site;
- (2) Academic educational services;
- (3) Services which 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 incarcerated in a correctional facility;
- (6) Services provided to clients who are in juvenile detention facilities; or
- (7) Transportation services.

**Source:**

**General Authority:** SDCL 1-36A-1.26(1), 27A-5-1(3).

**Law Implemented:** SDCL 1-36A-1.26(1), 27A-3-1, 27A-5-1(3).

## **CHAPTER 46:20:30**

### **CYF SERVICES**

#### **Section**

**46:20:30:01 Eligibility criteria.**

**46:20:30:02 Services provided.**

**46:20:30:03 Reimbursable services.**

**46:20:30:04 Nonreimbursable services.**

**46:20:30:01. Eligibility criteria.** To be eligible for services the clinical record must contain documentation that:

**(1) Indicates at least one child in the family under the age of 18 meets the criteria of SED as defined in SDCL 27A-15-1.1; or**

**(2) Indicates 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 defined in SDCL 27A-15-1.1(2)(3)(4) and (5).**

**Source:**

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

**Law Implemented: SDCL 27A-3-1, 27A-5-1(2)(3), 27A-15-1.1.**

**46:20:30:02. 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 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, if applicable, and shall be responsive to cultural differences and special needs. The following CYF services shall be provided by the center according to the individualized needs of each child or youth:

(1) Integrated screening, assessment, and evaluation;

(2) Case management to ensure the delivery of a seamless continuum of highly coordinated services and to work in partnership with children and their families to assist them in gaining access to needed services and supports in each life domain;

(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:**

**General Authority:** SDCL 1-36A-1.26(4), 27A-5-1(3).

**Law Implemented:** SDCL 1-36A-1.26(4), 27A-3-1, 27A-5-1(3).

**46:20:30:03. Reimbursable services.** Reimbursable services are limited to face-to-face and collateral contacts, at a minimum of 15 minutes in length, for the purpose of providing comprehensive mental health treatment pursuant to the services one through ten listed in §46:20:30:02.

Integrated attention to co-occurring disorders may be provided and documented within any reimbursable mental health service; however, the documentation shall reflect how attention to such conditions relates to and assists in addressing the client's mental illness. In addition, pharmacological management services provided by a physician via telemedicine are reimbursable.

**Source:**

**General Authority:** SDCL 1-36A-1.26(1), 27A-5-1(3).

**Law Implemented:** SDCL 1-36A-1.26(1), 27A-3-1, 27A-5-1(3).

**46:20:30:04. Nonreimbursable services.** Nonreimbursable services include:

- (1) Vocational counseling and vocational training at a classroom or job site;
- (2) Academic educational services;
- (3) Services which are solely recreational in nature;
- (4) Services for a client other than an eligible child or youth with SED 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 incarcerated in a correctional facility;
- (7) Services provided to clients who are in juvenile detention facilities; and
- (8) Transportation services.

**Source:**

**General Authority:** SDCL 1-36A-1.26(1), 27A-5-1(3).

**Law Implemented:** SDCL 1-36A-1.26(1), 27A-3-1, 27A-5-1(3).

**CHAPTER 46:20:31**

**CARE SERVICES**

**Section**

46:20:31:01 Eligibility criteria.

46:20:31:02 Services provided.

46:20:31:03 Reimbursable services.

46:20:31:04 Nonreimbursable services.

**46:20:31:01. Eligibility criteria.** To be eligible for CARE services the client must be

18 years of age or older and must meet the following SMI criteria:

(1) The client must meet at least one of the following:

(a) The client has undergone psychiatric treatment more intensive 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 an Axis I or Axis II diagnosis per the DSM-IV pursuant to subdivision

46:20:18:01(13);

(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 must 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 which 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:**

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

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

**46:20:31:02. 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 services shall be provided by the center according to the individualized needs of the client:

(1) Integrated screening, assessment, and evaluation;

(2) Crisis assessment and intervention services available 24 hours per day, seven days per week;

(3) Case management services to ensure the delivery of a seamless continuum of highly coordinated services and to work in partnership with clients to assist them in gaining access to needed services and supports in each life domain;

(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 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:**

**General Authority:** SDCL 1-36A-1.26(4), 27A-5-1(3).

**Law Implemented:** SDCL 1-36A-1.26(4), 27A-3-1, 27A-5-1(3).

**46:20:31:03. Reimbursable services.** Reimbursable services are limited to face-to-face contacts, at a minimum of 15 minutes in length, for the purpose of providing comprehensive treatment, rehabilitation, and support services pursuant to one through eleven listed in §46:20:31:02.

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

Integrated attention to co-occurring disorders can be provided and documented within any reimbursable mental health service; however, the documentation must reflect how attention to such conditions relates to and assists in addressing the client's mental illness.

In addition, pharmacological management services provided by a physician via telemedicine are reimbursable.

**Source:**

**General Authority:** SDCL 1-36A-1.26(1), 27A-5-1(3).

**Law Implemented:** SDCL 1-36A-1.26(1), 27A-3-1, 27A-5-1(3).

**46:20:31:04. Nonreimbursable services.** Nonreimbursable services include:

- (1) Vocational counseling and vocational training at a classroom or job site;
- (2) Academic educational services;
- (3) Services which 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 incarcerated in a correctional facility;
- (8) Transportation services.

**Source:**

General Authority: SDCL 1-36A-1.26(1), 27A-5-1(3).

Law Implemented: SDCL 1-36A-1.26(1), 27A-3-1, 27A-5-1(3).

## CHAPTER 46:20:32

### COMMUNITY SUPPORT SERVICES PROGRAM -- IMPACT

#### Section

46:20:32:01 Definitions.

46:20:32:02 Eligibility criteria.

46:20:32:03 Services provided.

46:20:32:04 Requirements for designation and duty of primary provider.

46:20:32:05 IMPACT team duties.

46:20:32:06 IMPACT team meetings.

46:20:32:07 Monthly treatment planning and review meetings.

46:20:32:08 Reimbursable services.

46:20:32:09 Nonreimbursable services.

#### 46:20:32:01. Definitions. Terms used in this chapter mean:

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

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

**Source:**

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

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

**46:20:32:02. Eligibility criteria.** To be eligible for IMPACT services the client must be 18 years of age or older and meet the SMI criteria pursuant to §46:20:31:01, and the following:

(1) The client has a medical necessity to receive IMPACT services, as determined by a clinical supervisor;

(2) The client is approved by the division to receive IMPACT services;

(3) The client understands the IMPACT model and voluntarily consents to receive IMPACT services or, is under transfer of commitment from HSC;

(4) No other appropriate community-based mental health service is available for the client; and

(5) The client meets at least 4 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:**

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

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

**46:20:32:03. Services provided by the center.** 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 IMPACT services shall be provided according to the individualized needs of the client:

(1) Integrated screening, assessment, and evaluation;

(2) Crisis assessment and intervention services available 24 hours per day, seven days per week;

(3) Case management services to ensure the delivery of a seamless continuum of highly coordinated services and to work in partnership with clients to assist them in gaining access to needed services and supports in each life domain;

(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 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.

IMPACT services may not exceed a ratio of at least one primary therapist for every 12 clients served. A center must provide clients with an average of 16 contacts per month with IMPACT staff and more often if clinically appropriate.

**Source:**

**General Authority:** SDCL 1-36A-1.26(4), 27A-5-1(1)(3).

**Law Implemented:** SDCL 1-36A-1.26(4), 27A-3-1, 27A-5-1(1)(3).

**46:20:32:04. Requirement for designation and duties of primary provider. A**

primary provider must be designated for each client in the IMPACT program. The designation shall be made by the clinical supervisor, be in writing, and included in the client's file. The designation must be updated as client or personnel needs require. Each IMPACT program must 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, but are not limited to:

(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 program and with others authorized by the client;

**Source:**

**General Authority:** SDCL1-36A-1.26(5), 27A-5-1(1)(2)(3).

**Law Implemented:** SDCL 1-36A-1.26(5), 27A-3-1, 27A-5-1(1)(2)(3).

**46:20:32:05. IMPACT team duties.** The duties of the IMPACT team include, but are not limited to:

(1) Maintain a therapeutic alliance with the client;

(2) Refer and link the client to all needed services provided outside of the IMPACT program;

(3) Follow-up to ensure that all needed services provided outside of the IMPACT 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 team members;

(5) Coordinate the provision of IMPACT emergency services and hospital liaison services when 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:**

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

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

**46:20:32:06. IMPACT team meetings.** The IMPACT 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:**

**General Authority:** SDCL 1-36A-1.26(3), 27A-5-1(2)(3)(5).

**Law Implemented:** SDCL 1-36A-1.26(3), 27A-3-1, 27A-5-1(2)(3)(5).

**46:20:32:07. Monthly treatment planning and review meetings.** IMPACT 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:**

**General Authority:** SDCL 1-36A-1.26(3), 27A-5-1(1)(2)(5).

**Law Implemented:** SDCL 1-36A-1.26(3), 27A-3-1, 27A-5-1(1)(2)(5).

**46:20:32:08. Reimbursable services.** Reimbursable services are limited to face-to-face contacts, at a minimum of 15 minutes in length, for the purpose of providing comprehensive treatment, rehabilitation, and support services pursuant to one through eleven listed in §46:20:32:03.

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

Integrated attention to co-occurring disorders can be provided and documented within any reimbursable mental health service; however, the documentation must reflect how attention to such conditions relates to and assists in addressing the client's mental illness.

In addition, pharmacological management services provided by a physician via telemedicine are reimbursable.

**Source:**

**General Authority:** SDCL1-36A-1.26(1), 27A-5-1(3).

**Law Implemented:** SDCL 1-36A-1.26(1), 27A-3-1, 27A-5-1(3).

**46:20:32:09. 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 incarcerated in a correctional facility;
- (8) Transportation services.

**Source:**

**General Authority:** SDCL 1-36A-1.26(1), 27A-5-1(3).

**Law Implemented:** SDCL 1-36A-1.26(1), 27A-3-1, 27A-5-1(3).

**CHAPTER 46:20:33**

**QUALIFIED MENTAL HEALTH PROFESSIONAL (QMHP)**

**Section**

**46:20:33:01**      **Definitions.**

46:20:33:02 Eligibility.

46:20:33:03 Application for endorsement -- Fee.

46:20:33:04 Endorsement examination.

46:20:33:05 Content of examination.

46:20:33:06 Length of endorsement.

46:20:33:07 Continued endorsement contingent upon having South Dakota license or certificate.

46:20:33:08 Renewal of endorsement -- Fee.

46:20:33:09 Continuing education requirements.

46:20:33:10 Reinstatement of lapsed endorsement.

46:20:33:11 Notice of division action.

46:20:33:12 Appeal of division decision.

**46:20:33:01 Definitions.** Terms used in this chapter mean:

(1) "Applicant," an individual applying for competency-based endorsement or renewal of competency-based endorsement as a qualified mental health professional;

(2) "Endorsement," competency-based endorsement as a qualified mental health professional;

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

**Source:**

**General Authority:** SDCL 27A-1-9.

**Law Implemented:** SDCL 27A-1-3, 27A-1-7, 27A-1-9.

**46:20:33:02. Eligibility.** To be eligible for endorsement, an individual must meet the educational, licensure, and supervision requirements as defined in SDCL 27A-1-3.

**Source:**

**General Authority:** SDCL 27A-1-9.

**Law Implemented:** SDCL27A-1-3, 27A-1-7, 27A-1-9.

**46:20:33:03. Application for endorsement -- Fee.** An individual must apply to the division for endorsement and submit a fee of \$15. An application must include the following:

(1) Applicant'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-1-11; and

(4) A copy of the applicant's current South Dakota professional license or certificate.

**Source:**

**General Authority:** SDCL 27A-1-9.

**Law Implemented:** SDCL 27A-1-9, 27A-1-11.

**46:20:33:04. Endorsement examination.** Applicants for endorsement and for renewal of endorsement must participate in training and take a competency examination. Examinations are held twice each year at a time and place determined by the division.

**Source:**

**General Authority:** SDCL 27A-1-9.

**Law Implemented:** SDCL 27A-1-9.

**46:20:33:05. Content of examination.** The competency examination shall consist of questions regarding South Dakota mental health commitment procedures for both children and adults. The passing score is 75 percent.

**Source:**

**General Authority:** SDCL 27A-1-9.

**Law Implemented:** SDCL 27A-1-9.

**46:20:33:06. Length of endorsement.** An endorsement is valid for four years from the date of issuance.

**Source:**

**General Authority:** SDCL 27A-1-9.

**Law Implemented:** SDCL 27A-1-9.

**46:20:33:07. Continued endorsement contingent upon having a South Dakota license or certificate.** If an individual holding an endorsement does not sustain a current

South Dakota professional license or certificate, the endorsement becomes invalid. The applicant must meet the requirements of licensure or certification applicable to the applicant's profession.

**Source:**

**General Authority:** SDCL 27A-1-9.

**Law Implemented:** SDCL 27A-1-3, 27A-1-9.

**46:20:33:08. Renewal of endorsement -- Fee.** An individual must apply to the division for renewal of endorsement. An applicant may apply for renewal anytime within one year before the applicant's current endorsement ends. An individual must submit a copy of the current South Dakota professional license or certificate to the division with the application for renewal. The applicant for renewal must meet the continuing education requirements in § 46:20:33:09, the endorsement examination requirements in § 46:20:33:04, and must submit a renewal fee of \$15.

**Source:**

**General Authority:** SDCL 27A-1-9.

**Law Implemented:** SDCL 27A-1-9.

**46:20:33:09. Continuing education requirements.** Applicants for renewal of endorsement must complete three continuing education units during the current four-year endorsement period. The continuing education units must include information on the diagnosis and treatment of individuals who have a SMI or children who have a SED. The

applicant must submit documentation of the content of continuing education with the application for renewal.

**Source:**

**General Authority:** SDCL 27A-1-9.

**Law Implemented:** SDCL 27A-1-9.

**46:20:33:10. Reinstatement of lapsed endorsement.** An individual who fails to apply for renewal of endorsement before the end of the current endorsement may apply for a reinstatement of endorsement by submitting a copy of the current South Dakota professional license or certificate and the renewal fee specified in § 46:20:33:08, by meeting the continuing education requirements in § 46:20:33:09, and by taking the competency training and examination pursuant to § 46:20:33:04.

**Source:**

**General Authority:** SDCL 27A-1-9.

**Law Implemented:** SDCL 27A-1-3, 27A-1-9.

**46:20:33:11. Notice of division action.** The division shall either approve or deny the application for endorsement or application for renewal of endorsement. The division shall notify the applicant of the division's action within an annual average of ten working days following the application, endorsement examination, or receipt of the application for renewal. If the division denies endorsement of renewal, the division shall state the specific reasons for denial in the notice.

**Source:**

**General Authority:** SDCL 27A-1-9.

**Law Implemented:** SDCL 27A-1-9.

**46:20:33:12. Appeal of division decision.** An applicant whose endorsement or 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:**

**General Authority:** SDCL 27A-1-9.

**Law Implemented:** SDCL 27A-1-9.

**CHAPTER 46:20:34**

**PREADMISSION SCREENING AND RESIDENT REVIEWS (PASRR)**

Section

46:20:34:01 Definitions.

46:20:34:02 Level I screening.

46:20:34:03 Level II review exemptions.

46:20:34:04 Exempt hospital discharge.

46:20:34:05 Categorical determinations for Level I.

46:20:34:06 Level II review.

46:20:34:07 Level II determination -- Data requirements.

46:20:34:08 Determination of services.

46:20:34:09 Determination of specialized services.

46:20:34:10 Timeliness of determinations of Level II review.

46:20:34:11 Notification of Level II determination.

46:20:34:12 Determination may not be countermanded.

46:20:34:13 Appeal of ineligibility of Level II determination.

46:20:34:14 Length of stay.

46:20:34:15 Individuals not requiring swing bed or nursing facility services but requiring mental health services -- 30 month determination.

46:20:34:16 Significant change.

46:20:34:17 New admission and readmission.

46:20:34:18 Interfacility transfers.

46:20:34:19 Out of state placement.

**46:20:34:01. Definitions.** Terms used in this chapter mean:

(1) "Active treatment," 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," 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," as defined in subdivision 67:45:01:01(10);

(4) “Preadmission screening and resident review” or “PASRR,” a process made up of a Level I screening completed by the Department of Social Services and a Level II review completed by the division to determine eligibility when an individual with a mental illness as defined in subdivision 46:20:18:01(19), applies to reside in a Medicaid certified swing bed or nursing facility;

(5) “Specialized mental health services,” 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, and other professionals which prescribes specific therapies and activities for the treatment of individual’s experiencing an acute episode of SMI 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,” as defined in subdivision 67:45:01:01(13).

**Source:**

**General Authority:** SDCL 1-36A-1.26(4).

**Law Implemented:** SDCL 1-36A-1.26(4).

**46:20:34:02. Level I Screening.** The Department of Social Services shall conduct a Level I screening that identifies each individual who is seeking Medicaid certified swing bed or nursing facility services who may have a mental illness.

**Source:**

**General Authority:** SDCL 1-36A-1.26(4).

**Law Implemented:** SDCL 1-36A-1.26(4).

**46:20:34:03. 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 has previously been completed;
- (4) The physician identifies the need for rehabilitation following hospitalization for a duration of less than 30 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 of Social Services shall complete a Level I screening form to notify appropriate parties of the determination of the exemption.

**Source:**

**General Authority:** SDCL 1-36A-1.26(4).

**Law Implemented:** SDCL 1-36A-1.26(4).

**46:20:34:04. Exempt hospital discharge.** An individual is exempt from a PASRR 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 prior to the expiration of that 30 days.

**Source:**

**General Authority:** SDCL 1-36A-1.26(4).

**Law Implemented:** SDCL 1-36A-1.26(4).

**46:20:34:05. Categorical determinations for Level I.** A categorical determination is made by the Department of Social Services. A categorical determination may warrant Medicaid certified swing bed or nursing facility services but does not warrant mental

health services or specialized services. A situation known as categorical determinations is one of the following:

(1) A terminal illness diagnosis, determined by a physician or hospice involvement that includes a life expectancy of 6 months or less;

(2) A severe physical illness that has resulted in coma or ventilator dependence;

(3) The age of an individual is 75 years or older; or

(4) A diagnosis of dementia, including Alzheimer's disease, in a client at least 65 years old.

For any of these situations, the Department of Social Services shall complete a Level I screening form. A copy of the form shall be sent to the division and any appropriate facility.

**Source:**

**General Authority:** SDCL 1-36A-1.26(4).

**Law Implemented:** SDCL 1-36A-1.26(4).

**46:20:34:06. Level II review.** The division shall conduct a Level II review that consists of determining the appropriateness of a Medicaid certified swing bed or nursing facility and possible mental health services, including specialized mental health services, for individuals identified in the Level I screening.

Each individual is reviewed for appropriateness of placement, regardless of the source of payment for the swing bed or nursing facility services. A determination whether or not an individual requires the level of services provided by the facility and whether or not an individual can benefit from mental health services is made.

**Source:**

**General Authority:** SDCL 1-36A-1.26(4).

**Law Implemented:** SDCL 1-36A-1.26(4).

**46:20:34:07. Level II determination --Data requirements.** The data used for a

Level II determination includes:

(1) A comprehensive social and developmental history and physical, including:

(a) Medical history;

(b) Review of body systems;

(c) Evaluation of the individual's neurological system in the areas of motor functioning, sensory functioning, gait, deep tendon reflexes, cranial nerves, and abnormal reflexes; and

(d) In case of abnormal findings which are the basis for a nursing facility placement, additional evaluations conducted by appropriate specialists;

(2) A comprehensive medication history including current or immediate past use of medications that could mask symptoms or mimic mental illness;

(3) A psychosocial evaluation of the individual, including current living arrangements and medical and support systems;

(4) A comprehensive psychiatric or psychological evaluation including a complete psychiatric and developmental history; evaluation of intellectual functioning, memory functioning, and orientation; description of current attitudes and overt behaviors; affect,

suicidal, or homicidal ideation, paranoia, and degree of reality testing (presence and content of delusions) and hallucinations; and

(5) A functional assessment of the individual's ability to engage in activities of daily living and the level of support that would be needed to assist the individual to perform these activities. This assessment must conclude whether this level of support can be provided to the individual in an alternative community setting or if a nursing facility placement is warranted.

**Source:**

**General Authority:** SDCL 1-36A-1.26(4).

**Law Implemented:** SDCL 1-36A-1.26(4).

**46:20:34:08. Determination of services.** The division shall determine if the individual requires the level of services provided by a Medicaid certified swing bed or nursing facility due to the individual's physical or mental condition. If the division determines that an individual requires a Medicaid certified swing bed or nursing facility services, the facility may admit or retain the individual. If the division determines that an individual does not require Medicaid certified swing bed or nursing facility services, the individual may not be admitted.

**Source:**

**General Authority:** SDCL 1-36A-1.26(4).

**Law Implemented:** SDCL 1-36A-1.26(4).

**46:20:34:09. Determination of specialized mental health services.** If the division determines that the individual requires Medicaid certified swing bed or nursing facility services, the division shall also determine whether the individual may benefit from mental health services.

If the division determines that an individual requires both Medicaid certified swing bed or nursing facility services and specialized mental health services as defined in subdivision 46:20:34:01(5), the facility may admit or retain the individual and the state shall provide or arrange for the provision of the specialized mental health services.

**Source:**

**General Authority:** SDCL 1-36A-1.26(4).

**Law Implemented:** SDCL 1-36A-1.26(4).

**46:20:34:10. Timeliness of determinations of Level II review.** The division shall make each Level II determination within an annual average of seven to nine business days of receipt of the Level I screening and all of the data required in § 46:20:34:07.

**Source:**

**General Authority:** SDCL 1-36A-1.26(4).

**Law Implemented:** SDCL 1-36A-1.26(4).

**46:20:34:11. Notification of Level II determination.** The division shall issue a written notification of the Level II review determination. The notification shall include:

(1) The name of each professional who performed an evaluation used to make the Level II determination;

(2) The date each portion of the evaluation was administered; and

(3) Any other information used to make the Level II determination.

A copy of this notification shall be sent to the individual the Level II review was completed on, the individual's legal representative if applicable, the Medicaid certified swing bed or nursing facility, and any other party affected by the Level II determination.

**Source:**

**General Authority:** SDCL 1-36A-1.26(4).

**Law Implemented:** SDCL 1-36A-1.26(4).

**46:20:34:12. Determination may not be countermanded.** A Level II determination made by the division may not be countermanded by the Department of Social Services.

**Source:**

**General Authority:** SDCL 1-36A-1.26(4).

**Law Implemented:** SDCL 1-36A-1.26(4).

**46:20:34:13. Appeal of ineligibility of Level II determination.** The individual, or the individual's legal representative, may appeal within 30 calendar days of receipt of the notice of ineligibility pursuant to SCDL chapter 1-26 by notifying the Department of Human Services in writing. Upon request, the individual, or the individual's legal representative, will be provided with information in an accessible format. Any costs associated with legal counsel obtained to represent the individual are not the responsibility of the Department of Human Services.

**Source:**

**General Authority:** SDCL 1-36A-1.26(4).

**Law Implemented:** SDCL 1-36A-1.26(4).

**46:20:34:14. Length of stay.** For the purpose of establishing length of stay in a Medicaid certified swing bed or nursing facility, the 30 months of continuous residence in a Medicaid certified facility may include temporary absences for hospitalization or therapeutic leave and may include consecutive residences in more than one Medicaid certified swing bed or nursing facility.

**Source:**

**General Authority:** SDCL 1-36A-1.26(4).

**Law Implemented:** SDCL 1-36A-1.26(4).

**46:20:34:15. Individuals not requiring swing bed or nursing facility services but requiring mental health services -- 30 month determination.**

(1) If the individual has continuously resided in a Medicaid certified swing bed or nursing facility at least 30 months prior to a determination of eligibility being made, and determined not eligible for swing bed or nursing home services, but who requires mental health services, the Department of Social Services and Department Human Services, in consultation with the individual's family or legal representative and caregivers, shall:

(a) Offer the choice of remaining in the facility or receiving services in an alternative setting;

(b) Inform the individual of the institutional and noninstitutional alternatives covered under the state Medicaid plan;

(c) Clarify the effect on the individual's eligibility for Medicaid services under the state plan if the individual chooses to leave the Medicaid certified swing bed or nursing facility, including the effect on readmission to the Medicaid certified swing bed or nursing facility; and

(d) Provide, or arrange the provision of, mental health services for the mental illness; or

(2) If the individual has been residing in the Medicaid certified swing bed or nursing facility less than 30 months prior to a determination of eligibility being made, and determined not eligible for swing bed or nursing home services, but who requires mental health services, the Department of Social Services and Department Human Services, in consultation with the individual's family or legal representative and caregivers, shall:

(a) Arrange for the safe and orderly discharge of the individual from the facility;

(b) Prepare and orient the individual for discharge; and

(c) Provide, or arrange the provision of, mental health services for the mental illness.

**Source:**

**General Authority:** SDCL 1-36A-1.26(4).

**Law Implemented:** SDCL 1-36A-1.26(4).

**46:20:34:16. Significant change.** A significant change is a decline or improvement in an individual's status that:

(1) Will not normally resolve itself without intervention by staff or by implementing standard disease-related clinical interventions, is not "self-limiting" (for decline only);

(2) Impacts more than one area of the individual's health status; and

(3) Requires interdisciplinary review or revision of the care plan.

If a significant change occurs for an individual known or suspected to have a mental illness, the Medicaid certified swing bed or nursing facility shall make a referral to the division for a possible Level II review. This referral shall occur within 14 days of the identification of the significant change.

**Source:**

**General Authority:** SDCL 1-36A-1.26(4).

**Law Implemented:** SDCL 1-36A-1.26(4).

**46:20:34:17. New admission and readmission.** A new admission occurs when 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 § 46:20:34:04, new admissions are subject to a PASRR.

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.

**Source:**

**General Authority:** SDCL 1-36A-1.26(4).

**Law Implemented:** SDCL 1-36A-1.26(4).

**46:20:34:18. Interfacility transfers.** An interfacility transfer occurs when 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. 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 findings accompany the individual.

**Source:**

**General Authority:** SDCL 1-36A-1.26(4).

**Law Implemented:** SDCL 1-36A-1.26(4).

**46:20:34:19. 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 determination.

**Source:**

**General Authority:** SDCL 1-36A-1.26(4).

**Law Implemented:** SDCL 1-36A-1.26(4).

**ARTICLE 46:22**

**CASE MANAGEMENT OF MENTAL HEALTH SERVICES**

**(Repealed)**

Chapter

~~46:22:01 — General provisions.~~

~~46:22:02 — Case management agency certification.~~

~~46:22:03 Case manager certification.~~  
~~46:22:04 Case management service plans.~~  
~~46:22:05 Case management billing.~~

## **CHAPTER 46:22:01**

### **GENERAL PROVISIONS**

#### Section

~~46:22:01:01 Definitions.~~  
~~46:22:01:02 Severe and persistent mental illness defined.~~

#### **46:22:01:01. Definitions.** Terms used in this article mean:

~~— (1) "Case management," that function which links, mobilizes, coordinates, monitors, and reviews services and resources for mentally ill clients;~~

~~— (2) "Case management agency," an agency certified by the department that provides case management services for severely and persistently mentally ill clients;~~

~~— (3) "Case manager," an individual certified pursuant to chapter 46:22:03, providing case management services to clients through a case management agency certified pursuant to chapter 46:22:02;~~

~~— (4) "Client," a severely and persistently mentally ill individual eighteen years of age or older receiving case management services;~~

~~— (5) "Collateral contacts," services related to case management which are provided on a client's behalf through necessary telephone or personal contact with persons other than the client;~~

~~— (6) "Consultation and education services," services as defined by subdivision 46:20:02:01(11);~~

~~— (7) "Department," the department of human services;~~

~~— (8) "Emergency services," services as defined by subdivision 46:20:02:01(4);~~

~~— (9) "Human services field," the areas of psychology, sociology, social work, nursing, and human services;~~

~~— (10) "Liaison services," services as defined by subdivision 46:20:02:01(14);~~

~~— (11) "Outpatient services," services as defined by subdivision 46:20:02:01(5);~~

~~— (12) "Psychiatric rehabilitation services," services, including basic life, prevocational, vocational, recreational, or social, for persons with severe and persistent mental illness which are designed to strengthen individual skills and to develop the~~

environmental supports necessary to sustain the individual as actively and independently as possible in a community setting and prevent inpatient hospitalization;

—— (13) "~~Qualified mental health professional,~~" a mental health professional as defined in SDCL 27A-1-3;

—— (14) "~~Residential services,~~" services provided at a community transitional residential facility as defined by subdivision 46:20:01:02(8) and services provided at a community group residential facility as defined by subdivision 46:20:02:01(9); and

—— (15) "~~Unit,~~" a measurement of time consisting of 15 minutes.

—— **Source:** 18 SDR 173, effective April 21, 1992.

—— **General Authority:** SDCL 27A-5-1.

—— **Law Implemented:** SDCL 27A-5-1.

—— ~~**46:22:01:02. Severe and persistent mental illness defined.**~~ An individual is severely and persistently mentally ill if the individual meets the criteria set out in subdivisions (1) and (2) of this section:

—— (1) ~~The individual's severe and persistent emotional, behavioral, or psychological disorder causes him to meet at least one of the following criteria:~~

—— (a) ~~The individual has undergone psychiatric treatment more intensive than outpatient care more than once in a lifetime such as emergency services, alternative residential living, or inpatient psychiatric hospitalization;~~

—— (b) ~~The individual has experienced a single episode of psychiatric hospitalization during his lifetime at least six months in duration;~~

—— (c) ~~The individual has been treated with psychotropic medication for at least one year; or~~

—— (d) ~~The individual has had frequent crisis contacts with a mental health center for more than six months as a result of a severe and persistent psychiatric illness; and~~

—— (2) ~~The individual's severe and persistent emotional, behavioral, or psychological disorder meets at least three of the following criteria:~~

—— (a) ~~The individual is unemployed or has markedly limited job skills or a poor work history;~~

—— (b) ~~The individual is employed in a sheltered setting;~~

—— (c) ~~The individual exhibits inappropriate social behavior which results in concern by the community or requests for mental health or legal intervention;~~

—— (d) ~~The individual is unable to procure public services without assistance;~~

~~\_\_\_\_\_ (e) The individual requires public financial assistance for out-of-hospital maintenance;~~

~~\_\_\_\_\_ (f) The individual lacks social support systems in a natural environment, such as close friends, or the individual lives alone or is isolated;~~

~~\_\_\_\_\_ (g) The individual is unable to perform basic daily living skills without assistance;~~

~~\_\_\_\_\_ (h) The individual is in constant or cyclical turmoil with family or the social system; or~~

~~\_\_\_\_\_ (i) The individual is a noncompliance recipient of mental health services when clear need is evident.~~

~~\_\_\_\_\_ **Source:** 18 SDR 173, effective April 21, 1992.~~

~~\_\_\_\_\_ **General Authority:** SDCL 27A-5-1.~~

~~\_\_\_\_\_ **Law Implemented:** SDCL 27A-5-1.~~

## **CHAPTER 46:22:02**

### **CASE MANAGEMENT AGENCY CERTIFICATION**

#### Section

~~46:22:02:01 — Written application for certification.~~

~~46:22:02:02 — Certification requirements.~~

~~46:22:02:03 — On-site review — Initial application.~~

~~46:22:02:04 — Approval, denial, or provisional approval granted following review.~~

~~46:22:02:05 — Approved certification.~~

~~46:22:02:06 — Denial of certification.~~

~~46:22:02:07 — Provisional certification — Limits.~~

~~46:22:02:08 — Revocation of certification.~~

~~46:22:02:09 — Annual on-site review.~~

~~46:22:02:10 — Availability of agency information during annual on-site review.~~

~~\_\_\_\_\_ **46:22:02:01. Written application for certification.** A case management agency may apply to the department for certification. The application must be in writing and must contain documentation verifying that the requirements of § 46:22:02:02 have been met.~~

~~\_\_\_\_\_ **Source:** 18 SDR 173, effective April 21, 1992.~~

~~\_\_\_\_\_ **General Authority:** SDCL 27A-5-1.~~

~~\_\_\_\_\_ **Law Implemented:** SDCL 27A-5-1.~~

~~\_\_\_\_\_ **46:22:02:02. Certification requirements.** To be certified as a case management agency, the agency must meet the following requirements:~~

~~\_\_\_\_\_ (1) It must currently provide outpatient, emergency, liaison, psychiatric rehabilitation, residential, and consultation and education services;~~

~~—— (2) It must employ at least one qualified mental health professional who is certified as a case manager to supervise case managers and to direct the agency's case management program;~~

~~—— (3) It must employ at least one case manager who meets the requirements of chapter 46:22:03;~~

~~—— (4) It must have a written program plan showing how case management services will be provided, including provisions for back-up staff when needed;~~

~~—— (5) It must maintain regular office hours and must post the office hours in a location clearly visible to the general public;~~

~~—— (6) It may not exceed a ratio of at least one case manager for every 40 clients served.~~

~~—— **Source:** 18 SDR 173, effective April 21, 1992.~~

~~—— **General Authority:** SDCL 27A-5-1.~~

~~—— **Law Implemented:** SDCL 27A-5-1.~~

~~—— **46:22:02:03. On-site review -- Initial application.** Within 90 days after receipt of the documentation required in § 46:22:02:01, the department shall conduct an on-site review of an agency applying for initial certification. The purpose of the on-site review is to determine compliance with this chapter and may include a review of the agency's client case records, personnel records, statistical records, and financial records as well as interviews with professional staff members and administration personnel.~~

~~—— **Source:** 18 SDR 173, effective April 21, 1992.~~

~~—— **General Authority:** SDCL 27A-5-1.~~

~~—— **Law Implemented:** SDCL 27A-5-1.~~

~~—— **46:22:02:04. Approval, denial, or provisional approval granted following review.** Based on an on-site review and a review of the required documentation, the department may approve or deny the agency's certification request or may grant provisional approval to the agency. Within 30 days after the on-site review, the department shall notify the agency in writing of the results of the review.~~

~~—— **Source:** 18 SDR 173, effective April 21, 1992.~~

~~—— **General Authority:** SDCL 27A-5-1.~~

~~—— **Law Implemented:** SDCL 27A-5-1.~~

~~—— **46:22:02:05. Approved certification.** An agency which meets the requirements of this chapter is eligible for an approved certification. Approved certification is effective for one year from the date of the approval.~~

~~—— **Source:** 18 SDR 173, effective April 21, 1992.~~

~~—— **General Authority:** SDCL 27A-5-1.~~

~~—— **Law Implemented:** SDCL 27A-5-1.~~

~~46:22:02:06. Denial of certification.~~ The department shall deny an agency's request for certification if the agency fails to meet a requirement of this chapter and that failure constitutes a threat to clients' health, safety, or welfare.

~~Source:~~ 18 SDR 173, effective April 21, 1992.

~~General Authority:~~ SDCL 27A-5-1.

~~Law Implemented:~~ SDCL 27A-5-1.

~~46:22:02:07. Provisional certification -- Limits.~~ The department may grant a provisional certification only if the agency fails to meet a requirement of this chapter and that failure does not constitute a threat to clients' health, safety, or welfare. A provisional certification may not exceed 90 days and may be granted to an agency only once in a 12-month period.

~~Source:~~ 18 SDR 173, effective April 21, 1992.

~~General Authority:~~ SDCL 27A-5-1.

~~Law Implemented:~~ SDCL 27A-5-1.

~~46:22:02:08. Revocation of certification.~~ The department shall revoke an agency's certification if it determines that the agency fails to meet a requirement contained in this chapter and that failure may constitute a threat to clients' health, safety, or welfare. Once certification is revoked, the agency must make a new application for certification.

~~Source:~~ 18 SDR 173, effective April 21, 1992.

~~General Authority:~~ SDCL 27A-5-1.

~~Law Implemented:~~ SDCL 27A-5-1.

~~46:22:02:09. Annual on-site review.~~ The department shall conduct an annual on-site review of each certified case management agency to determine continued compliance with the requirements of this chapter. Each case management agency must apply to the department for an annual review at least 120 days before certification expires. Based on the review, the department shall issue its approval, denial, or provisional approval according to § 46:22:02:04. The department may conduct additional reviews as necessary for the protection of clients' health, safety, or welfare.

~~Source:~~ 18 SDR 173, effective April 21, 1992.

~~General Authority:~~ SDCL 27A-5-1.

~~Law Implemented:~~ SDCL 27A-5-1.

~~46:22:02:10. Availability of agency information during annual on-site review.~~ An agency must maintain and make the following information available, on request, to the department during the agency's annual on-site review:

~~(1) Documentation of each case management service provided including the date, duration, type, and location of service; the name of the client; and the name of the case manager;~~

- ~~—— (2) Documentation of the unmet service needs of individual clients and groups of clients;~~
- ~~—— (3) Documentation supporting the client's entry and transfer into services;~~
- ~~—— (4) Documentation pertaining to any difficulties encountered in the delivery of case management services;~~
- ~~—— (5) Documentation of outcomes of case management services in achieving continuity of services;~~
- ~~—— (6) Case management service plans as required by § 46:22:04:02;~~
- ~~—— (7) Case management progress notes, the results of ongoing assessments, and direct service progress notes; and~~
- ~~—— (8) Documentation of all accidents and incidents occurring to clients being serviced, with special notation of unusual incidents or accidents, serious illnesses, and deaths.~~
- ~~—— **Source:** 18 SDR 173, effective April 21, 1992.~~
- ~~—— **General Authority:** SDCL 27A-5-1.~~
- ~~—— **Law Implemented:** SDCL 27A-5-1.~~

## **CHAPTER 46:22:03**

### **CASE MANAGER CERTIFICATION**

#### Section

- ~~46:22:03:01 — Qualifications for case managers.~~
- ~~46:22:03:02 — Case management certification course.~~
- ~~46:22:03:03 — Certification.~~
- ~~46:22:03:04 — Provisional certification — Supervision.~~
- ~~46:22:03:05 — Supervision of case managers.~~
- ~~46:22:03:06 — Continuing education.~~
- ~~46:22:03:07 — Revocation or nonrenewal of certification.~~

~~—— **46:22:03:01. Qualifications for case managers.** A case manager must meet at least one of the following criteria:~~

- ~~—— (1) Be a qualified mental health professional;~~
- ~~—— (2) Possess a master's degree in a human services field;~~
- ~~—— (3) Possess a bachelor's degree in a human services field with a minimum of one year of experience in mental health or human services;~~
- ~~—— (4) Possess a bachelor's degree in a field that is not a human services field with a minimum of two years of experience in mental health or human services; or~~
- ~~—— (5) Be a registered nurse who has obtained at least a two-year nursing degree and who has a minimum of two years of experience in mental health or human services.~~

~~—— **Source:** 18 SDR 173, effective April 21, 1992.~~

— ~~**General Authority:** SDCL 27A-5-1.~~

— ~~**Law Implemented:** SDCL 27A-5-1.~~

— ~~**46:22:03:02. Case management certification course.** Persons desiring to be certified as case managers must attend a case management certification course offered by the department.~~

— ~~**Source:** 18 SDR 173, effective April 21, 1992.~~

— ~~**General Authority:** SDCL 27A-5-1.~~

— ~~**Law Implemented:** SDCL 27A-5-1.~~

— ~~**46:22:03:03. Certification.** After attending certification training conducted by the department, an individual who meets the requirements of § 46:22:03:05 shall be certified as a case manager or denied certification as a case manager.~~

— ~~Certification which is approved is effective for one year from the date of approval and must be renewed yearly. The department shall deny certification if it determines that the individual requesting certification constitutes a threat to clients' health, safety, or welfare.~~

— ~~**Source:** 18 SDR 173, effective April 21, 1992.~~

— ~~**General Authority:** SDCL 27A-5-1.~~

— ~~**Law Implemented:** SDCL 27A-5-1.~~

— ~~**46:22:03:04. Provisional certification -- Supervision.** Upon the written request of the agency, the department may grant provisional certification to a person who meets all the requirements of § 46:22:03:01 but has not attended the department's case management certification course. Provisional certification is effective only until the next case management certification course offered by the department. Provisional certification may be extended once based on a case manager's inability to attend the course because of illness or family emergency.~~

— ~~A provisionally certified case manager must be under the supervision of a qualified mental health professional who is certified as a case manager. A provisionally certified case manager shall meet at least semiweekly with his supervisor to discuss cases assigned to the case manager. The supervisor shall document the date and duration of his meetings with the case manager.~~

— ~~The department shall deny or revoke provisional certification of a case manager if the department determines that granting or continuing provisional certification constitutes a threat to clients' health, safety, or welfare.~~

— ~~**Source:** 18 SDR 173, effective April 21, 1992.~~

— ~~**General Authority:** SDCL 27A-5-1.~~

— ~~**Law Implemented:** SDCL 27A-5-1.~~

— ~~**Cross-Reference:** Case management certification course, § 46:22:03:02.~~

~~46:22:03:05. Supervision of case managers.~~ Case managers who are not qualified mental health professionals and all provisionally certified case managers must be under the supervision of a qualified mental health professional who is certified as a case manager. If the case manager is a qualified mental health professional and is not provisionally certified, the provisions of this section do not apply.

~~Source:~~ 18 SDR 173, effective April 21, 1992.

~~General Authority:~~ SDCL 27A-5-1.

~~Law Implemented:~~ SDCL 27A-5-1.

~~46:22:03:06. Continuing education.~~ Case managers certified under this chapter must attend continuing education sessions pertaining to case management offered by the department.

~~Source:~~ 18 SDR 173, effective April 21, 1992.

~~General Authority:~~ SDCL 27A-5-1.

~~Law Implemented:~~ SDCL 27A-5-1.

~~46:22:03:07. Revocation or nonrenewal of certification.~~ The department may revoke or refuse to renew an individual's case manager certification for any of the following reasons:

~~(1) Continued certification is found by the department to constitute a threat to clients' health, safety, or welfare;~~

~~(2) Noncompliance with § 46:22:03:06;~~

~~(3) Noncompliance with § 46:22:04:01;~~

~~(4) Noncompliance with § 46:22:04:02;~~

~~(5) Noncompliance with § 46:22:04:03.~~

~~Source:~~ 18 SDR 173, effective April 21, 1992.

~~General Authority:~~ SDCL 27A-5-1.

~~Law Implemented:~~ SDCL 27A-5-1.

## CHAPTER 46:22:04

### CASE MANAGEMENT SERVICE PLANS

#### Section

~~46:22:04:01—Development of individual case service plan.~~

~~46:22:04:02—Requirement for written individual case service plan.~~

~~46:22:04:03—Review of individual case service plans.~~

~~46:22:04:01. Development of individual case service plan.~~ A case manager shall develop and update a written individual case service plan for each client served. The individual case service plan must be completed within 30 days after client intake and must be current, be consistently organized, and contain a complete and accurate narrative record of case management services provided.

~~—— To develop a written individual case service plan as required by § 46:22:04:02, a case manager must:~~

~~—— (1) Access provider records of all known physical and mental health providers involved in the client's care;~~

~~—— (2) Assess the client's case management needs based on documentation relating to medical, social, educational, and vocational services; and~~

~~—— (3) Document client input pertaining to the formulation of the individual case service plan.~~

~~—— **Source:** 18 SDR 173, effective April 21, 1992.~~

~~—— **General Authority:** SDCL 27A-5-1.~~

~~—— **Law Implemented:** SDCL 27A-5-1.~~

~~—— **46:22:04:02. Requirements for written individual case service plan.** At a minimum, an individual case service plan must contain:~~

~~—— (1) Client identifying data;~~

~~—— (2) Presenting problems;~~

~~—— (3) Case management goals pertaining to the client, services to be provided to attain those goals, and time frames for goal attainment;~~

~~—— (4) Names and titles of service providers;~~

~~—— (5) Documentation showing compliance with § 46:22:04:01; and~~

~~—— (6) The signatures of the case manager; the qualified mental health professional supervising the case manager, if applicable; the client or the client's representative; and other service providers participating in the development of the case service plan.~~

~~—— **Source:** 18 SDR 173, effective April 21, 1992.~~

~~—— **General Authority:** SDCL 27A-5-1.~~

~~—— **Law Implemented:** SDCL 27A-5-1.~~

~~—— **46:22:04:03. Review of individual case service plans.** Case managers must review individual case service plans at least every six months to determine if revisions are required. Reviews and changes must be documented in writing and must be signed and dated by the case manager and by the qualified mental health professional supervising the case manager, if applicable. Individual case service plans must be readily available for review by the department.~~

~~—— **Source:** 18 SDR 173, effective April 21, 1992.~~

~~—— **General Authority:** SDCL 27A-5-1.~~

~~—— **Law Implemented:** SDCL 27A-5-1.~~

## **CHAPTER 46:22:05**

### **CASE MANAGEMENT BILLING**

Section

~~46:22:05:01 — Requirements for covered case management services.~~  
~~46:22:05:02 — Covered case management services -- Limits.~~  
~~46:22:05:03 — Services not covered.~~  
~~46:22:05:04 — Payment limited to covered services.~~  
~~46:22:05:05 — Payment restricted to case management agencies under contract.~~  
~~46:22:05:06 — Claim requirements.~~

~~—— **46:22:05:01. Requirements for covered case management services.** Case management services listed in § 46:22:05:02 are covered services when the following requirements have been met:~~

~~—— (1) The case management agency has an approved or provisionally approved certification under chapter 46:22:02;~~

~~—— (2) The case management services are provided by a case manager certified or provisionally certified under chapter 46:22:03;~~

~~—— (3) The client provided case management services is severely and persistently mentally ill as defined by § 46:22:01:02; and~~

~~—— (4) The individual is at least 18 years old and is not eligible for Medicaid.~~

~~—— The agency must maintain documentation which substantiates that the requirements of this section are met.~~

~~—— **Source:** 18 SDR 173, effective April 21, 1992.~~

~~—— **General Authority:** SDCL 27A-5-1.~~

~~—— **Law Implemented:** SDCL 27A-5-1.~~

~~—— **46:22:05:02. Case management services -- Limits.** Case management services are limited to face-to-face or telephone contacts with a severely and persistently mentally ill individual and face-to-face or telephone collateral contacts on behalf of the severely and persistently mentally ill individual. Covered case management services are limited to the following:~~

~~—— (1) Client identification and follow-up limited to assisting individuals entering the mental health service system to obtain needed services, supports, and entitlements; informing individuals of their rights related to mental health treatment, including the right to select an alternative case manager; and following up on those individuals who decline treatment services or who are unable to access needed services;~~

~~—— (2) Coordination of needs assessment limited to assessing an individual's needs based on identifying information, physical health, substance abuse, activities of daily living, social status, emotional status, social support network, family support network, physical environment, vocational status, educational status, and legal status; determining the individual's need for and willingness to receive clinical and social services; participating in the treatment and planning process; and ensuring coordination of medical, mental health, and support services;~~

~~—— (3) Case management service plan development limited to developing and implementing an individual case management service plan, performing periodic review, and, if necessary, revising the case management service plan;~~

~~—— (4) Referral or discharge planning limited to participating in the facility's service planning process; visiting the facility and meeting with the individual on a regular basis; providing on-going case management services on behalf of the individual in order to establish and maintain the individual's supports within the community and within the community mental health program; establishing and maintaining contact with community agencies and individuals to develop community resources, to foster access to services other than those offered through the state mental health system, and to encourage community support for the individual when he returns to the community; participating with the individual and the facility in making discharge plans and in securing access to available community resources of choice in order to foster smooth transition from the facility to the community; and advising case management agency administrators of the individual's progress and discharge conditions; and~~

~~—— (5) Service mobilization, linkage, and monitoring limited to coordinating services with other agencies, resources, and support systems; documenting unmet or changing needs; assisting and following through on appropriate referrals; assisting the individual to access 24-hour crisis services; monitoring service delivery and continually evaluating the individual's status and the quality of services needed; monitoring the individual's continuing need for case management services; and acting as an advocate for the individual so that providers and community members respond to the individual's needs.~~

~~—— The case manager must provide at least four units of face-to-face contact with a client each month for the services to be reimbursed. Telephone contacts with clients are limited to four units each month. Telephone collateral contacts made on behalf of a client are limited to eight units each month.~~

~~—— **Source:** 18 SDR 173, effective April 21, 1992.~~

~~—— **General Authority:** SDCL 27A-5-1.~~

~~—— **Law Implemented:** SDCL 27A-5-1.~~

~~—— **46:22:05:03. Services not covered.** The following services are not covered under case management:~~

~~—— (1) Case management services provided for individuals residing at the South Dakota human services center;~~

~~—— (2) Any case management service which is provided simultaneously with another provider agency service and the other service is billed;~~

~~—— (3) Group case management services;~~

~~—— (4) Transportation costs;~~

~~—— (5) Vocational activity; and~~

~~—— (6) Recreational activity.~~

~~—— **Source:** 18 SDR 173, effective April 21, 1992.~~

~~—— **General Authority:** SDCL 27A-5-1.~~

~~—— **Law Implemented:** SDCL 27A-5-1.~~

~~46:22:05:04. Payment limited to covered services.~~ Payment for case management services is limited to those services covered under chapter 67:16:38 or this chapter. Payment shall be made at a prospective negotiated rate based on the agency's cost reported to the department.

~~Payment for telephone contact with the client being served is limited to four units per month.~~

~~Payment for collateral contact is limited to eight units per month for each client service.~~

~~Source: 18 SDR 173, effective April 21, 1992.~~

~~General Authority: SDCL 27A-5-1.~~

~~Law Implemented: SDCL 27A-5-1.~~

~~46:22:05:05. Payment restricted to case management agencies under contract.~~ A case management agency meeting the requirements of this article may bill the department for case management services only if the case management agency has entered into a contract with the department for the provision of case management services. Contracts entered into between case management agencies and the department must indicate the maximum total dollar amount the case management agency may bill during the contract period.

~~Source: 18 SDR 173, effective April 21, 1992.~~

~~General Authority: SDCL 27A-5-1.~~

~~Law Implemented: SDCL 27A-5-1.~~

~~46:22:05:06. Claim requirements.~~ A case management agency must submit a claim for case management services at its prospective negotiated rate. A case management agency must submit a claim indicating the total number of units in one month for face-to-face contacts with the client. No claim may be submitted unless at least four units of face-to-face contact were provided during the month.

~~A case management agency may not submit a claim for services provided beyond the limits set in § 46:22:05:02 or for services listed in § 46:22:05:03 as not covered.~~

~~A claim for services provided under this chapter must be submitted using the following activity codes:~~

~~700 Targeted case management -- face-to-face with individual being served -- client identification and follow-up.~~

~~701 Targeted case management -- face-to-face with individual being served -- coordination of needs assessment.~~

~~702 Targeted case management -- face-to-face with individual being served -- service plan development and review.~~

~~703 Targeted case management -- face-to-face with individual~~

- ~~\_\_\_\_\_ being served - service mobilization, linkage, and  
\_\_\_\_\_ monitoring.~~
- ~~\_\_\_\_\_ 704 Targeted case management -- face-to-face with individual  
\_\_\_\_\_ being served - referral or discharge planning.~~
- ~~\_\_\_\_\_ 710 Targeted case management -- telephone contact with  
\_\_\_\_\_ individual being served - client identification and  
\_\_\_\_\_ follow-up.~~
- ~~\_\_\_\_\_ 711 Targeted case management -- telephone contact with  
\_\_\_\_\_ individual being served - coordination of needs  
\_\_\_\_\_ assessment.~~
- ~~\_\_\_\_\_ 712 Targeted case management -- telephone contact with  
\_\_\_\_\_ individual being served - service plan development  
\_\_\_\_\_ and review.~~
- ~~\_\_\_\_\_ 713 Targeted case management -- telephone contact with  
\_\_\_\_\_ individual being served - service mobilization, linkage,  
\_\_\_\_\_ and monitoring.~~
- ~~\_\_\_\_\_ 714 Targeted case management -- telephone contact with  
\_\_\_\_\_ individual being served - referral or discharge  
\_\_\_\_\_ planning.~~
- ~~\_\_\_\_\_ 720 Targeted case management -- face-to-face collateral  
\_\_\_\_\_ contact - client identification and follow-up.~~
- ~~\_\_\_\_\_ 721 Targeted case management -- face-to-face collateral  
\_\_\_\_\_ contact - coordination of needs assessment.~~
- ~~\_\_\_\_\_ 722 Targeted case management -- face-to-face collateral  
\_\_\_\_\_ contact - service plan development and review.~~
- ~~\_\_\_\_\_ 723 Targeted case management -- face-to-face collateral  
\_\_\_\_\_ contact - service mobilization, linkage, and monitoring.~~
- ~~\_\_\_\_\_ 724 Targeted case management -- face-to-face collateral  
\_\_\_\_\_ contact - referral or discharge planning.~~
- ~~\_\_\_\_\_ 730 Targeted case management -- telephone collateral-  
\_\_\_\_\_ client identification and follow-up.~~
- ~~\_\_\_\_\_ 731 Targeted case management -- telephone collateral-  
\_\_\_\_\_ coordination of needs assessment.~~
- ~~\_\_\_\_\_ 732 Targeted case management -- telephone collateral-  
\_\_\_\_\_ service plan development and review.~~

~~733 Targeted case management -- telephone collateral-  
service mobilization, linkage, and monitoring.~~

~~734 Targeted case management -- telephone collateral-  
referral or discharge planning.~~

~~740 Targeted case management -- development or review of  
written case management service plan -- service plan  
development and review.~~

~~**Source:** 18 SDR 173, effective April 21, 1992.~~

~~**General Authority:** SDCL 27A-5-1.~~

~~**Law Implemented:** SDCL 27A-5-1.~~