

Plan of Correction

Program Name: Action for the Betterment of Our Community	Date Due: 4/26/2022
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Administrative POC-1	
Rule #: 67:61:05:12	Rule Statement: Office of Inspector General Medicaid exclusion list. Each agency shall routinely check the Office of Inspector General’s List of Excluded Individuals and Entities to ensure that each new hire as well as any current employee is not on the excluded list. No payment may be provided for services furnished by an excluded individual. Documentation that this has been completed shall be placed in the employee’s personnel file.
Area of Noncompliance: Action for the Betterment of Our Community did not have documentation of “periodic” checks of the Medicaid exclusion list in any of the reviewed employee files. To meet the “periodically” requirement, ABC must check the list for all employees at least annually.	
Corrective Action (policy/procedure, training, environmental changes, etc): HR staff will implement on the yearly review dates of current and new staff. Already implemented on March annual reviews.	Anticipated Date Achieved/Implemented: Date 3/28/2022
Supporting Evidence: Included on annual review form and google calendar reminder.	Position Responsible: Human Resources
How Maintained:	Board Notified: Y <input type="checkbox"/> N <input type="checkbox"/> n/a <input type="checkbox"/>

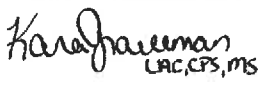
Client Chart POC-1	
Rule #: 67:61:07:07	Rule Statement: Continued Service Criteria. The program shall document for each client the progress and reasons for retaining the client at the present level of care; and an individualized plan of action to address the reasons for retaining the individual in the present level of care. This document is maintained in the client case record. It is appropriate to retain the client at the present level of care if: <ol style="list-style-type: none"> 1. The client is making progress, but has not yet achieved the goals articulated in the individualized treatment plan. Continued treatment at the present level of care is assessed as necessary to permit the client to continue to work toward his or her treatment goals; or 2. The client is not yet making progress, but has the capacity to resolve his or her problems. He or she is actively working toward the goals articulated in the individualized treatment plan. Continued treatment at the present level of care is assessed as necessary to permit the client to continue to work toward his or her treatment goals; or

	<p>3. New problems have been identified that are appropriately treated at the present level of care. The new problem or priority requires services, the frequency and intensity of which can only safely be delivered by continued stay in the current level of care. The level of care in which the client is receiving treatment is therefore, the least intensive level at which the clients' new problems can be addressed effectively.</p> <p>The individualized plan of action to address the reasons for retaining the individual in the present level of care shall be documented every 14 calendar days for early intervention services.</p>
<p>Area of Noncompliance: All three applicable reviewed early intervention (0.5) files were missing continued service criteria.</p>	
<p>Corrective Action (policy/procedure, training, environmental changes, etc): Sent an email immediately to staff regarding CSR dates, and Deadlines have been implemented into our EHR where it provides clinicians with a reminder of due dates</p>	<p>Anticipated Date Achieved/Implemented: Date 4/1/22</p>
<p>Supporting Evidence: Once we get it started, we will send screenshots if needed for implementation from Electronic Health Records.</p>	<p>Position Responsible: Clinical Staff</p>
<p>How Maintained:</p>	<p>Board Notified: Y <input type="checkbox"/> N <input type="checkbox"/> n/a <input type="checkbox"/></p>

<p align="center">Client POC-2</p>	
<p>Rule #: 67:61:07:10</p>	<p>Rule Statement: Transfer or discharge summary. An addiction counselor or counselor trainee shall complete a transfer or discharge summary for any client within five working days after the client is discharged regardless of the reason for discharge. A transfer or discharge summary of the client's problems, course of treatment, and progress toward planned goals and objectives identified in the treatment plan is maintained in the client case record. A process shall be in place to ensure that the transfer or discharge is completed in the MIS.</p> <p>When a client prematurely discontinues services, reasonable attempts shall be made and documented by the agency to re-engage the client into services if appropriate.</p>
<p>Area of Noncompliance: All three applicable reviewed early intervention (0.5) files were missing discharge summaries.</p>	
<p>Corrective Action (policy/procedure, training, environmental changes, etc): Sent an email immediately to staff regarding CSR dates, and Deadlines have been implemented into our EHR where it provides clinicians with a reminder of due dates</p>	<p>Anticipated Date Achieved/Implemented: Date 4/1/22</p>
<p>Supporting Evidence: Once we get it Started, we will send screen shots if needed for implementation from Electronic Health Records.</p>	<p>Position Responsible: Clinical team</p>
<p>How Maintained:</p>	<p>Board Notified: Y <input type="checkbox"/> N <input type="checkbox"/> n/a <input type="checkbox"/></p>

Client Chart POC-3

Rule #: 67:61:07:06	Rule Statement: Treatment Plan. An addiction counselor or counselor trainee shall develop an individualized treatment plan based upon the integrated assessment for each client admitted to an outpatient treatment program, intensive outpatient treatment program, day treatment program, clinically-managed low-intensity residential treatment program, or medically-monitored intensive inpatient treatment program. Evidence of the client's meaningful involvement in formulating the plan shall be documented in the file. The treatment plan shall be recorded in the client's case records. The individualized treatment plan shall be developed within ten calendar days of the client's admission for an intensive outpatient treatment program, day treatment program, clinically-managed low-intensity residential treatment program, or medically-monitored intensive inpatient treatment program.
Area of Noncompliance: Three out of eight applicable reviewed clinically-managed low-intensity residential treatment plans were not completed within ten calendar days of admission.	
Corrective Action (policy/procedure, training, environmental changes, etc): Deadlines have been implemented into our EHR where it provides clinicians with a reminder of due dates for Treatment Plans.	Anticipated Date Achieved/Implemented: Date 4/1/22
Supporting Evidence: Once we get it started, we will send screenshots if needed for implementation from Electronic Health Records.	Position Responsible: HR and Clinicians
How Maintained:	Board Notified: Y <input type="checkbox"/> N <input type="checkbox"/> n/a <input type="checkbox"/>

Signature of Agency Director: 	Date: 3/28/22
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Please email or send Plan of Correction to:

Department of Social Services
 Office of Licensing and Accreditation
 3900 West Technology Circle, Suite 1
 Sioux Falls, SD 57106

Email Address: DSSLicAccred@state.sd.us

The Department of Social Services, Office of Licensing and Accreditation has reviewed and accepted the above plan.

Signature of Licensing Staff:

Chir Kuyge

Date:

3/30/22