

Plan of Correction

Program Name: Addiction Recovery Centers	Date Submitted: 5/18/18	Date Due: 6/18/18
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Administrative POC-1

Rule #: Contract Attachment 1	<p>Rule Statement: <u>Populations to be Served</u> It is the intent of the Division of Behavioral Health to fund services in South Dakota for residents living in South Dakota. It is the Division's expectation that state funds be targeted to those citizens of South Dakota in need of substance use disorder and gambling treatment services.</p> <p>A. Priority Populations Target populations to be served under the contract, in order of priority for State and Federal funds paid to the agency, and in accordance with 45 CFR 96.124 and 45 CFR 96.131, are as follows:</p> <ol style="list-style-type: none"> 1) Pregnant Women <ol style="list-style-type: none"> a) Agencies must ensure that each pregnant woman in the state who seeks or is referred for and would benefit from treatment is given preference in admissions to treatment facilities receiving block grant funds. b) The agency shall publicize by public service announcement or street outreach programs the availability to such women of these treatment services designed for pregnant women and women with dependent children. c) Services for pregnant women/women with dependent children must comply with the provisions set forth in 45 CFR Sec. 96.124. d) Pregnant Women who are also Intravenous Drug Users are the highest priority for services. 2) Intravenous Drug Users <ol style="list-style-type: none"> a) The agency shall develop and implement a program of outreach services to identify individuals in need of treatment for their intravenous drug use and to encourage the individual to undergo treatment for such use. b) The agency shall maintain a record of outreach services provided to intravenous drug users. c) Services for intravenous drug users must comply with the provisions set forth in 45 CFR 96.124 and 45 CFR 96.131. d) The agency shall develop and implement a policy to ensure that they will not distribute sterile needles or distribute bleach for the purpose of cleaning needles and shall develop and implement a policy to ensure they will not carry out any testing for the acquired immune deficiency syndrome without appropriate pre- and post-test counseling. 3) Adolescents <p>D. Limited English Proficiency Policy</p> <ol style="list-style-type: none"> 1) The agency shall develop and implement a Limited English Proficiency Policy (LEP), as a condition for funding under this contract agreement to ensure that LEP individuals are provided with an opportunity to participate in and understand all provided services. 2) The means of effective communication may be through interpreters or the translation of written material as deemed necessary by the Agency.
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Area of Noncompliance: Agency was missing a policy on providing priority services for pregnant women or intravenous drug users. It also did not contain any information regarding providing LEP services to clients.	
<p>Corrective Action (policy/procedure, training, environmental changes, etc): Corrective action has been taken to insure pregnant women, Intravenous drug users, or Adolescents are seen within 24 hours of contact with our agency to have an Integrated Assessment completed.</p> <p>If a pregnant woman, Intravenous drug user or Adolescents is incarcerated and request has been made to complete an Integrated Assessment the time frame will be within 48 hours.</p> <p>Interpreters or the translation of written material will be used as deemed necessary by the Agency to insure Limited English Proficiency clients are provided with an opportunity to participate in and understand all services provided.</p>	<p>Anticipated Date Achieved/Implemented:</p> <p>Date On-going</p>
<p>Supporting Evidence: The corrective action has been added to Policy 67:61:14:02.</p>	<p>Person Responsible: Director or Clinical Director or Office Manager</p>
<p>How Maintained: Administrative staff will communicate with Director or Clinical Director when the agency is contacted by pregnant woman, Intravenous drug user, adolescents/family member, and attorney and probation/parole officer. An appointment will be provided within 24 hours for an Integrated Assessment at our agency or within 48 hours if client is in a controlled environment.</p>	<p>Board Notified: Y <input checked="" type="checkbox"/> N <input type="checkbox"/> n/a <input type="checkbox"/></p>

Client Chart POC-1

<p>Rule #: 67:61:07:05</p>	<p>Rule Statement: 67:61:07:05. Integrated assessment. An addiction counselor or counselor trainee shall meet with the client and the client's family if appropriate, to complete an integrated assessment, within 30 days of intake. The integrated assessment includes both functional and diagnostic components. The assessment shall establish the historical development and dysfunctional nature of the client's alcohol and drug abuse or dependence and shall assess the client's treatment needs. The assessment shall be recorded in the client's case record and includes the following components:</p> <ol style="list-style-type: none"> (1) Strengths of the client and the client's family if appropriate, as well as previous periods of success and the strengths that contributed to that success. Identification of potential resources within the family, if applicable; (2) Presenting problems or issues that indicate a need for services; (3) Identification of readiness for change for problem areas, including motivation and supports for making such changes; (4) Current substance use and relevant treatment history, including attention to previous mental health and substance use disorder or gambling treatment and periods of success, psychiatric hospital admissions, psychotropic and other medications, relapse history or potential for relapse, physical illness, and hospitalization; (5) Relevant family history, including family relationship dynamics and family psychiatric and substance abuse history; (6) Family and relationship issues along with social needs; (7) Educational history and needs;
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	<p>(8) Legal issues;</p> <p>(9) Living environment or housing;</p> <p>(10) Safety needs and risks with regards to physical acting out, health conditions, acute intoxication, or risk of withdrawal;</p> <p>(11) Past or current indications of trauma, domestic violence, or both if applicable;</p> <p>(12) Vocational and financial history and needs;</p> <p>(13) Behavioral observations or mental status, for example, a description of whether affect and mood are congruent or whether any hallucinations or delusions are present;</p> <p>(14) Formulation of a diagnosis, including documentation of co-occurring medical, developmental disability, mental health, substance use disorder, or gambling issues or a combination of these based on integrated screening;</p> <p>(15) Eligibility determination, including level of care determination for substance use services, or SMI or SED for mental health services, or both if applicable;</p> <p>(16) Clinician's signature, credentials, and date; and</p> <p>(17) Clinical supervisor's signature, credentials, and date verifying review of the assessment and agreement with the initial diagnosis or formulation of the initial diagnosis in cases where the staff does not have the education or training to make a diagnosis.</p>
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Area of Noncompliance: Out of the sixteen assessments reviewed at the agency only one contained the client's strengths.

<p>Corrective Action (policy/procedure, training, environmental changes, etc): Clinical Director will provide additional training on the Integrated Assessment that reflects that address the importance of gathering information from the client on strengths, weaknesses, problems and needs as well as information on clients families strengths that help contribute to clients success.</p>	<p>Anticipated Date Achieved/Implemented:</p> <p>Date On-going</p>
<p>Supporting Evidence: Any information related to the integrated assessment shall be verified through collateral contact, if possible, and recorded in the client's case record.</p>	<p>Person Responsible: Clinical Director</p>
<p>How Maintained: Clinical Director shall continue to review all Integrated Assessments completed by all Addiction Counselor Trainees.</p>	<p>Board Notified: Y <input checked="" type="checkbox"/> N <input type="checkbox"/> n/a <input type="checkbox"/></p>

Program Director Signature: <u>Doug Austin, Chief Executive Officer</u> 	Date: June 18, 2018
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Send Plan of Correction to:

Accreditation Program
 Department of Social Services
 Division of Behavioral Health
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 Sioux Falls, SD 57106
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POLICY & PROCEDURE MANUAL

POLICY # 67:61:14:02. SERVICES PROVIDED

REVIEWED BY: Chief Executive Officer

REVIEW DATE: _____

PROCEDURE:

ARCBH will provide Early Intervention services to eligible and appropriate clients. A description of these services will be located in the Policy and Procedure manual and be available to the staff, clients, public and SD Division of Alcohol and Drug Abuse.

If a pregnant woman, Intravenous drug user or Adolescents is incarcerated and request has been made to complete an Integrated Assessment the time frame will be within 48 hours.

Interpreters or the translation of written material will be used as deemed necessary by the Agency to insure Limited English Proficiency clients are provided with an opportunity to participate in and understand all services provided.

Administrative staff will communicate with Director or Clinical Director when the agency is contacted by pregnant woman, Intravenous drug user, adolescents/family member, and attorney and probation/parole officer. An appointment will be provided within 24 hours for an Integrated Assessment at our agency or within 48 hours if client is in a controlled environment.

67:61:14:02 Services Provided.

The program may provide its clients with a variety of treatment services, but it must provide the following services:

- (1) An integrated assessment pursuant to § 67:61:07:05;
- (2) Crisis intervention;
- (3) Individual, group, and family counseling which may include the following:
 - a. Education regarding alcohol and drug abuse and dependence, including the biomedical effects of drug and alcohol use and abuse and the importance of medical care and treatment in the recovery process; and
 - b. Education regarding tuberculosis and the human immunodeficiency virus, how each is transmitted and how to safeguard against transmission;
- (4) Discharge planning which must include the following:
 - a. Continued care planning and counseling;
 - b. Referral to and coordination of care with other resources that will assist a client's recovery, including education, vocational, medical, legal, social, mental health, employment, and other related alcohol and drug services; and
- (5) Referral to and coordination of medical services to include the availability of tuberculosis and human immunodeficiency virus services pursuant to 42 U.S.C. § 300x-24 (Requirements Regarding Tuberculosis and Human Immunodeficiency Virus, October 27, 1992).

POLICY & PROCEDURE MANUAL

Source: 43 SDR 80, effective December 5, 2016.
General Authority: SDCL 34-20A-27.
Law Implemented: SDCL 34-20A-27(1) (4) (6).