

Program Name: Bartels Counseling Services
Due Date: March 14, 2024

Recommendations

The following administrative rules were found to be out of compliance in low numbers, or were in compliance, but the Office of License and Accreditation saw potential for future noncompliance and is recommending changes to procedure. In some cases, if recommendations are not corrected, they may become plans of corrections in the future.

Recommendation 1
<p>Area of Recommendation: Bartels Counseling Services appeared to lack individuality in a few of their integrated assessments. For example, some assessments had scales that ranged from 1-10 in which the client listed a positive trait, such as self-confidence, as a 10. However, after the rating scale, the clinician documented the client acknowledged a need for improvement in that area. Bartels Counseling Services should be careful to individualize their documentation and not copy and paste language from prior documentation.</p>

Plan of Correction Items

The following administrative rules were found to be out of compliance. In a State accreditation review, Administrative Rule requires a plan by the agency to bring these items into compliance in order for accreditation to be renewed. Failure to provide a plan could result in suspension or revocation of accreditation.

Plan of Correction 1	
<p>Rule #: 67:61:07:06 (3)</p>	<p>Rule Statement: An addiction counselor or addiction counselor trainee shall develop an individualized treatment plan, based upon the integrated assessment for each client admitted to an outpatient treatment program, an intensive outpatient treatment program, a day treatment program, a clinically-managed low-intensity residential treatment program, or a medically-monitored intensive inpatient treatment program. Evidence of the client’s meaningful involvement in formulating the plan must be documented in the client’s clinical record and contain:</p> <p>3. Measurable objectives or methods leading to the completion of short-term goals.</p>
<p>Area of Noncompliance: All treatment plans reviewed did not contain measurable objectives for short term goals. Goals usually had language such as “reduction in symptoms” followed by the diagnoses. A recommendation for correcting this is to add “as evidenced by…” to the goals.</p>	
<p>Corrective Action (policy/procedure, training, environmental changes, etc): Staff Training (discuss area of Non-Compliance, notify of change in Integrated Mental Health Assessment template document); Modify/update Integrated Mental Health Assessment template document.</p>	<p>Anticipated Date Achieved/Implemented: Date 02-15-2024</p>

<p>Supporting Evidence: See Attached Screenshot from Integrated Mental Health Assessment template document.</p> <p><u>INITIAL TREATMENT PLAN</u></p> <p><u>READINESS TO CHANGE</u></p> <p><u>Diagnostic Statement</u> There is an identified need for therapeutic information, interventions, and directives related to DX.</p> <p><u>Long-Term Goal</u> Reduce the overall frequency, intensity, and duration of DX as evidenced by [redacted].</p> <p><u>Short-Term Objective & Therapeutic Intervention</u> Learn and implement skills to reduce the overall frequency, intensity, and duration of DX.</p> <p><u>Achievement Timeframe</u> A review of progress indicators and timeframes for the achievement of treatment plan goals shall be documented in clinical progress notes. Estimated timeframe for initial treatment goal achievement: 6 months.</p>	<p>Position Responsible: Executive Director - Sherry L. Bartels</p>
<p>How Maintained: Staff will be responsible to begin utilizing updated Integrated Mental Health Assessment template document. Sherry L. Bartels will monitor compliance.</p>	<p>Board Notified: Y <input type="checkbox"/> N <input type="checkbox"/> n/a <input checked="" type="checkbox"/></p>

<p>Signature of Agency Director: Sherry L. Bartels, MA, LPC-MH, LAC, ACS, ASS, NCC</p>	<p>Date: 02-15-2024</p>
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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.

<p>Signature of Licensing Staff: </p>	<p>Date: 2/15/24</p>
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