

Plan of Correction

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| Program Name: Capital Area Counseling Services | Date Submitted: 02/02/2021 | Date Due: 03/04/2021 |
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Administrative POC-1

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| Rule #: 67:62:03:02 | <p>Rule Statement: Board of director policies: The center shall adopt bylaws which state its purpose and shall:</p> <ol style="list-style-type: none"> 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 characteristic of the area; 2. Describe the qualifications for membership on the board; 3. Describe procedures for selection and tenure of office for a member of the board; 4. Describe methods of amending bylaws; 5. Provide that the board must 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. Require 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 the 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. |
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| <p>Area of Noncompliance: The following were missing from the agency bylaws:</p> <ol style="list-style-type: none"> 10. Provide that the board arrange for an annual audit of the center's accounts (this is currently located in agency policies and procedures, but not outlined in bylaws); 11. Describe the process for potential conflicts of interest; 12. Describe the parliamentary procedure 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. <p>Please amend your bylaws to reflect these points.</p> |
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| <p>Corrective Action (policy/procedure, training, environmental changes, etc): We updated the agency by-laws to include the areas noted above.</p> | <p>Anticipated Date Achieved/Implemented: Date 02/25/2021</p> |
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| Supporting Evidence: The updated by-laws are attached | Person Responsible: CEO |
| How Maintained: CEO will review as required and needed with Board of Directors. | Board Notified: Y <input checked="" type="checkbox"/> N <input type="checkbox"/> n/a <input type="checkbox"/> |

Client Chart POC-1

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| <p>Rule #: 67:62:08:05</p> | <p>Rule Statement: Integrated Assessment: A mental health staff member shall meet with the client and the client’s family if appropriate, to complete an integrated assessment, within 30 days of intake. The integrated assessment includes both functional and diagnostic components. For children under 18 years of age, the mental health staff shall obtain permission from the parent or guardian to meet with the child, and at least one parent or guardian shall participate in the assessment. The assessment includes the following components:</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 mental health services; 3. Identification of readiness for change for problem areas, including motivation and supports for making such changes; 4. Current substance use and relevant treatment history, including attention to previous mental health and substance use disorder or gambling treatment and periods of success, psychiatric hospital admissions, psychotropic and other medications, relapse history or potential for relapse, physical illness, and hospitalization; 5. Relevant family history, including family relationship dynamics and family psychiatric and substance abuse history; 6. Family and relationship issues along with social needs; 7. Educational history and needs; 8. Legal issues; 9. Living environment or housing; 10. Safety needs and risks with regards to physical acting out, health conditions, acute intoxication, or risk of withdrawal; 11. Past or current indications of trauma or domestic violence or both if applicable; 12. Vocational and financial history and needs; 13. Behavioral observations or mental status, for example, a description of whether affect and mood are congruent or whether any hallucinations or delusions are present; 14. Formulation of a diagnosis, including documentation of co-occurring medical, developmental disability, mental health, substance use disorder or gambling issues or a combination of these based on integrated screening. 15. Eligibility determination for SMI or SED for mental health services or level of care determination for substance use services, or both if applicable; 16. Clinician’s signature, credentials, and date; and 17. Clinical supervisor’s signature, credentials, and date verifying review of the assessment and agreement with the initial diagnosis or the formulation of the initial diagnosis in cases where the staff does not have the education or training to make a diagnosis. |
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Area of Noncompliance: 2 out of 5 CARE client assessments reviewed were missing the identification of readiness for change. The only IMPACT client assessment reviewed was missing the identification of readiness for change.

Corrective Action (policy/procedure, training, environmental changes, etc): Clinical Supervisor will do a more thorough review when approving the document; and clinical supervisor will highlight this requirement during training with new clinicians and during required clinical trainings.

Anticipated Date Achieved/Implemented:

Date 02/16/2021

Supporting Evidence: None

Person Responsible:
Clinician, Clinical Supervisor and compliance auditor

How Maintained: Chart audits will be conducted to review compliance with this requirement. Training will be provided as needed.

Board Notified:
Y N n/a

Client POC-2

Rule #:

Rule Statement: Integrated Assessment: A mental health staff member shall meet with the client and the client’s family if appropriate, to complete an integrated assessment, within 30 days of intake. The integrated assessment includes both functional and diagnostic components. For children under 18 years of age, the mental health staff shall obtain permission from the parent or guardian to meet with the child, and at least one parent or guardian shall participate in the assessment. The assessment includes the following components:

1. Strengths of the client and the client’s family if appropriate, as well as previous periods of success and the strengths that contributed to that success. Identification of potential resources within the family, if applicable;
2. Presenting problems or issues that indicate a need for mental health services;
3. Identification of readiness for change for problem areas, including motivation and supports for making such changes;
4. Current substance use and relevant treatment history, including attention to previous mental health and substance use disorder or gambling treatment and periods of success, psychiatric hospital admissions, psychotropic and other medications, relapse history or potential for relapse, physical illness, and hospitalization;
5. Relevant family history, including family relationship dynamics and family psychiatric and substance abuse history;
6. Family and relationship issues along with social needs;
7. Educational history and needs;
8. Legal issues;
9. Living environment or housing;
10. Safety needs and risks with regards to physical acting out, health conditions, acute intoxication, or risk of withdrawal;
11. Past or current indications of trauma or domestic violence or both if applicable;
12. Vocational and financial history and needs;
13. Behavioral observations or mental status, for example, a description of whether affect and mood are congruent or whether any hallucinations or delusions are present;
14. Formulation of a diagnosis, including documentation of co-occurring medical, developmental disability, mental health, substance use disorder or gambling issues or a combination of these based on integrated screening.

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| | <p>15. Eligibility determination for SMI or SED for mental health services or level of care determination for substance use 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 the formulation of the initial diagnosis in cases where the staff does not have the education or training to make a diagnosis.</p> |
| <p>Area of Noncompliance: 2 of 5 Mental Health Outpatient client assessments reviewed were not completed within 30 days of intake. 2 of 5 CARE client assessments reviewed were not completed within 30 days of intake.</p> | |
| <p>Corrective Action (policy/procedure, training, environmental changes, etc): Clinical Supervisor will review administrative guidelines at clinical staffing, including deadlines for documents.</p> | <p>Anticipated Date Achieved/Implemented:</p> <p>Date 02/16/2021</p> |
| <p>Supporting Evidence: None</p> | <p>Person Responsible: Clinician, Clinical Supervisor, and Compliance Auditor</p> |
| <p>How Maintained: Chart audits will be conducted to review compliance with this requirement. Training will be provided as needed.</p> | <p>Board Notified: Y <input type="checkbox"/> N <input checked="" type="checkbox"/> n/a <input type="checkbox"/></p> |

| Client Chart POC-3 | |
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| <p>Rule #: 67:62:08:07</p> | <p>Rule Statement: Treatment Plan: The initial treatment plan shall be completed within 30 days of intake and shall include the mental health staff's signature, credentials, and date of signature, and the clinical supervisor's signature and credentials if the mental health staff does not meet the criteria of a clinical supervisor as defined in subdivision 67:62:01:01(8). Evidence of the client's or the client's parent or guardian's participation and meaningful involvement in formulating the plan shall be documented in the file. This may include their signature on the plan or other methods of documentation.</p> <p>The treatment plan shall:</p> <ol style="list-style-type: none"> 1. Contain either goals or objectives, or both, that are individualized, clear, specific, and measurable in the sense that both the client and the mental health staff can tell when progress has been made; 2. Include treatment for multiple needs, if applicable, such as co-occurring disorders that are relevant to the client's mental health treatment; 3. Include interventions that match the client's readiness for change for identified issues; and 4. Be understandable by the client by the client and the client's family if applicable. |
| <p>Area of Noncompliance: 3 of 4 Mental Health Outpatient treatment plans reviewed were not completed within 30 days of intake. 2 of 5 CARE treatment plans reviewed were not completed within 30 days of intake.</p> | |
| <p>Corrective Action (policy/procedure, training, environmental changes, etc): Clinical Supervisor will review administrative guidelines at clinical staffing, including deadlines for documents.</p> | <p>Anticipated Date Achieved/Implemented:</p> |

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| | Date 02/16/2021 |
| Supporting Evidence: None | Person Responsible: Clinician, Clinical Supervisor, and Compliance Auditor |
| How Maintained: Clinical Supervisor will review administrative guidelines at clinical staffing, including deadlines for documents. | Board Notified: Y <input type="checkbox"/> N <input checked="" type="checkbox"/> n/a <input type="checkbox"/> |

| Client Chart POC-4 | |
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| Rule #: 67:61:07:10 and 67:62:08:14 | <p>Rule Statement: Transfer or Discharge Summary: A transfer or discharge summary shall be completed upon termination or discontinuation of services within five working days. A transfer or discharge summary of the client's problems, course of treatment, and progress toward planned goals and objectives identified in the treatment plan shall be maintained in the client case record. A process shall be in place to ensure that the transfer or discharge is completed in the MIS.</p> <p>If a client prematurely discontinues services, reasonable attempts shall be made and documented by the center to re-engage the client into services if appropriate.</p> |
| Area of Noncompliance: Discharge summaries were not completed within five working days in 5 of 14 reviewed SUD files and 1 of 2 reviewed IMPACT files. | |
| Corrective Action (policy/procedure, training, environmental changes, etc): Clinical Supervisor will review administrative guidelines at clinical staffing, including deadlines for documents. | Anticipated Date Achieved/Implemented: Date 02/16/2021 |
| Supporting Evidence: None | Person Responsible: Clinician, Clinical Supervisor, and Compliance Auditor |
| How Maintained: Clinical Supervisor will review administrative guidelines at clinical staffing, including deadlines for documents. | Board Notified: Y <input type="checkbox"/> N <input checked="" type="checkbox"/> n/a <input type="checkbox"/> |

| Client Chart POC-5 | |
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| Rule #: CJI program guidelines | Rule Statement: Referral Source Communication: The CJI provider agency shall establish and document weekly communication with the referral source regarding client progress |
| Area of Noncompliance: Neither of the CJI client files reviewed showed documentation of communication with referral source. It was determined that there was weekly communication, but it was not documented in clients' charts. | |

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| Corrective Action (policy/procedure, training, environmental changes, etc): Clinical Supervisor will train clinicians at staffing, and ensure the documentation is in discharge summary when reviews are conducted. | Anticipated Date Achieved/Implemented: Date 02/18/2021 |
| Supporting Evidence: None | Person Responsible: Clinician and Clinical Supervisor |
| How Maintained: Clinical Supervisor will review this requirement when auditing SUD charts monthly. This requirement will be added to the SUD chart audit form. Training will be provided as needed. | Board Notified: Y <input type="checkbox"/> N <input checked="" type="checkbox"/> n/a <input type="checkbox"/> |

| Client Chart POC-6 | |
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| Rule #: CJI program guidelines | Rule Statement: CBISA and MRT Discharge: Upon discharge or termination from CJI services, the CJI provider will provide a discharge summary to the referral source within five (5) business days. |
| Area of Noncompliance: Neither of the CJI client files reviewed showed documentation that a discharge summary was sent to the referral source. | |
| Corrective Action (policy/procedure, training, environmental changes, etc): Clinical Supervisor will train clinicians at staffing, and ensure the documentation is in discharge summary when reviews are conducted. | Anticipated Date Achieved/Implemented: Date 02/18/2021 |
| Supporting Evidence: None. | Person Responsible: Clinician and Clinical Supervisor |
| How Maintained: Clinical Supervisor will add this requirement to the chart audit form and review charts monthly and ensure this is completed. Training will be provided to staff as needed. | Board Notified: Y <input type="checkbox"/> N <input checked="" type="checkbox"/> n/a <input type="checkbox"/> |

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| Program Director Signature:  | Date:  |
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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

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