



Plan of Correction

Program Name: Choices Recovery Services	Date Due: 07/28/2022
--	-----------------------------

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: Both personnel files reviewed contained evidence of the Medicaid Exclusion List check upon hire, but neither file contained further checks of the list. To meet the "routinely" requirement, the Office of Licensing and Accreditation recommends completing the check at least annually for each employee.	
Corrective Action (policy/procedure, training, environmental changes, etc): Medical Exclusions list will initially be completed upon hire and then at review times moving forward.	Anticipated Date Achieved/Implemented: Date 08/1/2022
Supporting Evidence: [REDACTED]	Position Responsible: Director
How Maintained: Checks of employee files will be done Bi-Annually at review times and the 1 ST of the year.	Board Notified: Y <input type="checkbox"/> N <input type="checkbox"/> n/a <input type="checkbox"/>

Client Chart POC-1

Rule #: 67:61:07:05 (1)	Rule Statement: 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: (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.
Area of Noncompliance: All ten client files reviewed were missing strengths of the client.	
Corrective Action (policy/procedure, training, environmental changes, etc): Our electronic health record has a section for strengths and weakness. The strengths section requires a add button to be clicked while the weakness is a text box. <u>Training</u> on how to complete this area will be completed to ensure the	Anticipated Date Achieved/Implemented: Date 08/1/2022

strengths are being added.	
Supporting Evidence: [REDACTED]	Position Responsible: Counseling Staff
How Maintained: Training will be gone over during staffing and staff will complete a training form to signify they have learned this area will continue forward with this implementation.	Board Notified: Y <input type="checkbox"/> N <input type="checkbox"/> n/a <input type="checkbox"/>

Client Chart POC-2	
Rule #: 67:61:07:06	<p>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.</p> <p>The individualized treatment plan shall be developed within ten calendar days of the client's admission for an intensive outpatient treatment program.</p> <p>The individualized treatment plan shall be developed within 30 calendar days of the client's admission for a counseling services program.</p>
<p>Area of Noncompliance: All ten reviewed client files contained completed treatment plans, however:</p> <p>Four out of six reviewed intensive outpatient treatment files did not have treatment plans completed within ten calendar days of intake.</p> <p>Two out of four reviewed outpatient treatment files did not have treatment plans completed within 30 days of intake.</p>	
Corrective Action (policy/procedure, training, environmental changes, etc): Choices Recovery Services will complete an interim treatment plan if the client misses their treatment planning individual session until the client is able to attend a session to develop their treatment plan.	<p>Anticipated Date Achieved/Implemented:</p> <p>Date 09/01/2022</p>
Supporting Evidence: [REDACTED]	Position Responsible: Counseling Staff
How Maintained: Treatment plan will be documented in client file as a precursor to their full treatment plan.	Board Notified: Y <input type="checkbox"/> N <input type="checkbox"/> n/a <input type="checkbox"/>

Client POC-3	
Rule #: 67:61:07:10	<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</p>

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.	
Area of Noncompliance: All seven applicable reviewed client files contained completed discharge summaries, however three out of seven of those discharge summaries were not completed within five working days of discharge.	
Corrective Action (policy/procedure, training, environmental changes, etc): Choices Recovery Services will implement scheduled time to complete discharge summaries to ensure they are completed within the 5 day time frame.	Anticipated Date Achieved/Implemented: Date 09/01/2022
Supporting Evidence: [REDACTED]	Position Responsible: Counseling Staff
How Maintained: [REDACTED]	Board Notified: Y <input type="checkbox"/> N <input type="checkbox"/> n/a <input type="checkbox"/>

Signature of Agency Director: [REDACTED] 	Date: [REDACTED] 7/5/2022
--	------------------------------

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: 	Date: 7-5-22
---	--------------