Plan of Correction

Program Name: Community Counseling Services  
Date Submitted:  
Date Due: 09/13/19

Client Chart POC-1

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<th>Rule #:</th>
<th>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 year 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:</th>
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| 67:62:08:05 | 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 dates 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. |

Area of Noncompliance: In review of the charts 5 out of 19 assessments were not completed within 30 days of intake.

Corrective Action (policy/procedure, training, environmental changes, etc):

Anticipated Date Achieved/Implemented:

Date
**Supporting Evidence:**

**Person Responsible:**

**How Maintained:**

**Board Notified:**

| Rule #: | Rule Statement: Mental Health 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. The treatment plan shall:

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 and the client's family if applicable.

A copy of the treatment plan shall be provided to the client, and to the client's parent or guardian if applicable.

**Substance Use Disorder 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 record and includes:

1) A statement of specific client problems, such as co-occurring disorders, to be addressed during treatment with supporting evidence;
2) A diagnostic statement and a statement of short- and long-term treatment goals that relate to the problems identified;
3) Measurable objectives or methods leading to the completion of short-term goals including:
   a) Time frames for the anticipated dates of achievement or completion of each objective, or reviewing progress towards objectives;
   b) Specification and description of the indicators to be used to assess progress;
   c) Referrals for needed services that are not provided directly by the agency; and
   d) Include interventions that match the client's readiness for change for identified issues; and
4) A statement identifying the staff member responsible for facilitating the methods or treatment procedures.

The individualized treatment plan shall be developed within 30 calendar days of the client's admission for a counseling services program.

All treatment plans shall be reviewed, signed, and dated by the addiction counselor or counselor.
Area of Noncompliance: In the review, 5 out of 20 mental health treatment plans and 2 out of 8 substance use disorder treatment plans were not completed within 30 days of intake.

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**Rule #:** 67:62:08:08  
**Rule Statement:** Treatment plan review -- Six month review. Treatment plans shall be reviewed in at least six month intervals and updated if needed. Treatment plan reviews shall include a written review of any progress made toward treatment goals or objectives, significant changes to the treatment goals or objectives, and a justification for the continued need for mental health services. Treatment plan reviews may be documented in the progress notes or other clinical documentation; however, any changes in the client's treatment plan goals or objectives shall be documented in the treatment plan. Treatment plan reviews shall include the mental health staff's signature, credentials, and date.

Area of Noncompliance: In review of the mental health charts 11 out of the 21 charts did not have treatment plan reviews completed on time.

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**Rule Statement:** Mental Health 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. 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.

Substance Use Disorder 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.

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.

**Area of Noncompliance:** In review of the mental health 1 out of 2 IMPACT and 6 out of 12 SUD charts were missing one of the above requirements.

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**Rule Statement:** Tuberculin screening requirements. A designated staff member shall conduct tuberculin screening for the absence or presence of symptoms with each client newly admitted to outpatient treatment, intensive outpatient, day treatment, clinically-managed low intensity residential treatment, clinically managed detoxification, and intensive inpatient treatment within 24 hours of admission to determine if the client has had any of the following symptoms within the previous three months:

1. Productive cough for a two to three week duration;
2. Unexplained night sweats;
3. Unexplained fevers; or
4. Unexplained weight loss.

Any client determined to have one or more of the above symptoms within the last three months shall be immediately referred to a licensed physician for a medical evaluation to determine the absence or presence of active disease. A Mantoux skin test may or may not be done during this evaluation based on the opinion of the evaluating physician. Any client confirmed or suspected to have infectious tuberculosis shall be excluded from services until the client is determined to no longer be infectious by the physician. Any client in which infectious tuberculosis is ruled out shall provide a written statement from the evaluating physician before being allowed entry for services.

**Area of Noncompliance:** In review of the SUD charts 5 out of the 12 charts did not have the TB screen completed within 24 hours of admission.

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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:

(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

(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 client's new problems can be addressed effectively.

The individualized plan of action to address the reasons for retaining the individual in the present level of care shall be documented every:

(a) Two calendar days for:
   (i) Clinically-managed residential detoxification;

(b) 14 calendar days for:
   (i) Early intervention services;
   (ii) Intensive outpatient services;
   (iii) Day treatment services; and
   (iv) Medically monitored intensive inpatient treatment; and

(c) 30 calendar days for:
   (i) Outpatient treatment program; and

Area of Noncompliance: In review of the SUD charts 9 out of 23 charts did not have a continued service review completed on time.

Corrective Action (policy/procedure, training, environmental changes, etc):

Anticipated Date Achieved/Implemented:

Date

Supporting Evidence:

Person Responsible:

How Maintained:

Board Notified:
Y □ N □ n/a □
Program Director Signature:  
Date:  

Send Plan of Correction to:

Accreditation Program
Department of Social Services
Division of Behavioral Health
3900 W Technology Circle, Suite 1
Sioux Falls, SD 57106
DSSBHAccred@state.sd.us
1. According to ARSD 67:62:08:05 integrated assessments shall be completed within thirty days of intake. In review of the mental health charts: outpatient, CYF, CARE, and IMPACT charts there were five out of 19 assessments that were not completed within 30 days of intake. The agency needs to ensure the assessments are completed within 30 days of intake.

**Plan of correction:**

**Mental Health:**

1) All MH Providers will be educated on the ARSD expectations for completing an assessment in 30 days.

2) MH Providers will be given an initial 2 hours to complete an assessment to ensure enough time is devoted to completion.

3) MH Providers will notify their supervisor if an assessment is not completed in the first session.

4) MH Supervisor will track this document to ensure that it is completed and finalized within 30 days of the initial contact. If the assessment needs to be reviewed by a MH Supervisor, the MH Provider will assure that the assessment is completed in a timely manner so that the document may be reviewed and approved prior to the 30 day deadline.

5) The Clinical Supervisor, or their designee, will meet with each MH Provider that was out of compliance for this Administrative Rule, at the time of DBH Audit, to discuss/review the rule and the necessity of compliance.

6) Compliance with ARSD 67:62:08:05 will be reviewed on an ongoing basis per CCS Compliance – Case Record Review Policy and Procedure in accordance with Administrative Rules: (MH 67:62:05:03) and (SUD 67:61:04:03).

7) A MH Provider found to be out of compliance of ARSD 67:62:08:05 via CCS’s Quality Assurance audit will be referred to CCS’s Policy 716 – Progressive Discipline. The major purpose of any disciplinary action is to correct the immediate compliance problem, prevent recurrence, and prepare the employee for satisfactory service in the future.

**Timeframe for implementation:**

Immediately; 08/13/2018

**Staff responsible for implementation and continued compliance:**

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MH: Clinical Supervisors, Clinical Coordinator, Clinical Director or their designee.

2. According to ARSD 67:62:08:07 and ARSD 67:61:07:06, mental health and SUD treatment plans shall be completed within 30 days of intake. In review of the mental health charts: outpatient, CYF, CARE, and IMPACT charts there were five out of 20 treatment plans that were not completed within the required timeframe. In review of the SUD outpatient charts there were two out of eight treatment plans that were not completed within the required timeframe. The agency needs to ensure that all treatment plans are completed within 30 days of intake.

**Plan of correction:**

**Mental Health:**

1) All MH Providers will be educated on the ARSD expectations for completing a Treatment Plan within 30 days of intake.

2) MH Providers will notify their supervisor if a Treatment Plan is not completed within two weeks of deadline.

3) MH Providers will not schedule follow up sessions until said Treatment plan is completed and signed by all parties.

4) MH Supervisor will track this document to ensure that it is completed and finalized within 30 days of intake.

5) The Clinical Supervisor, or their designee, will meet with each MH Provider that was out of compliance for this Administrative Rule, at the time of DBH Audit, to discuss/review the rule and the necessity of compliance.

6) Compliance with this rule will be reviewed on an ongoing basis per CCS Compliance – Case Record Review Policy and Procedure in accordance with Administrative Rules: (MH 67:62:05:03) and (SUD 67:61:04:03).

7) A MH Provider found to be out of compliance of ARSD 67:62:08:07 via CCS’s Quality Assurance audit process will be referred to CCS’s Policy 716 – Progressive Discipline. The major purpose of any disciplinary action is to correct the immediate compliance problem, prevent recurrence, and prepare the employee for satisfactory service in the future.

**Substance Use Disorders:**

1) To mirror current mental health procedures, Kim Smith, Deputy Director, will have a report built that will be run monthly and distributed monthly to SUD Providers, that will show a current client caseload and when a client’s Treatment Plan is due.

2) The Clinical Supervisor, or their designee, will meet with each SUD Provider that was out of compliance for this Administrative Rule, at the time of DBH Audit, to discuss/review the rule and the necessity of compliance.

3) Compliance with this rule will be addressed on a continuing basis per CCS Compliance – Case Record Review Policy and Procedure in accordance with Administrative Rules: (MH 67:62:05:03) and (SUD 67:61:04:03).

4) A SUD Provider found to be out of compliance of ARSD 67:61:07:06 via CCS’s Quality Assurance audit process will be referred to CCS’s Policy 716 – Progressive Discipline. The major purpose of any disciplinary action is to correct the immediate compliance problem, prevent recurrence, and prepare the employee for satisfactory service in the future.
3. According to ARSD 67:62:08:08, treatment plans shall be reviewed in at least 6 month intervals and updated as needed. Mental health outpatient, CYF and CARE charts were reviewed and nine out of 17 charts did not have the treatment plans reviews completed on time. The accurate timeframes needs to be addressed to be in full compliance with the rule.

Plan of correction:

Mental Health:
1) All MH Providers will be educated on the ARSD expectations for completing a Treatment Plan every six months.
2) MH Providers will be given an Outlook invite reminder 30 days prior to the Treatment plan being due.
3) MH Providers will be given a monthly e-mail reminder of Treatment plans that are due and Treatment plans due within the next month.
4) MH Providers will notify supervisor if Treatment Plan is not completed within two weeks of deadline.
5) MH Providers will not schedule follow up sessions until Treatment plan is completed and signed by all parties.
6) MH Supervisor will track this document to ensure that it is completed and finalized within the six month time frame.
7) The Clinical Supervisor, or their designee, will meet with each MH Provider that was out of compliance for this Administrative Rule, at the time of DBH Audit, to discuss/review the rule and the necessity of compliance.
8) Compliance with this rule will be reviewed on an ongoing basis per CCS Compliance – Case Record Review Policy and Procedure in accordance with Administrative Rules: (MH 67:62:05:03) and (SUD 67:61:04:03).
9) A MH Provider found to be out of compliance of ARSD 67:62:08:08 via CCS’s Quality Assurance audit process will be referred to CCS’s Policy 716 – Progressive Discipline. The major purpose of any disciplinary action is to correct the immediate compliance problem, prevent recurrence, and prepare the employee for satisfactory service in the future

Timeframe for implementation:

Immediately: 08/13/2018
Staff responsible for implementation and continued compliance:

MH: Clinical Supervisor, Clinical Coordinator, Clinical Director or their designee

4. According to ARSD 67:62:08:14 and ARSD 67:61:07:10; transfer or discharge summaries must be completed upon termination or discontinuation of services within five working days. In review of the SUD and mental health charts six out of 12 SUD charts and 1 out of 2 IMPACT charts did not have a discharge summary completed within the appropriate timeframes. Ensure discharge or transfer summaries are completed within five working days to be in compliance with this rule.

Plan of correction:

Mental Health and Substance Use Disorder:
1) All MH and SUD Providers will be educated on the ARSD expectations for completing transfer and/or discharge summaries within five working days upon completion, termination, or discontinuation of services.
2) The MH or SUD Clinical Supervisor, or their designee, will meet with each Provider that was out of compliance for this Administrative Rule, at the time of DBH Audit, to discuss/review the rule and the necessity of compliance.
3) Compliance with this rule will be addressed on a continuing basis per CCS Compliance – Case Record Review Policy and Procedure in accordance with Administrative Rules: (MH 67:62:05:03) and (SUD 67:61:04:03).
4) A MH or SUD Provider found to be out of compliance of ARSD 67:62:08:14 or ARSD 67:61:07:10 via CCS’S Quality Assurance audit process will be referred to CCS’S Policy 716 – Progressive Discipline. The major purpose of any disciplinary action is to correct the immediate compliance problem, prevent recurrence, and prepare the employee for satisfactory service in the future.

Timeframe for implementation:

MH and SUD: Starting the week of September 4, 2018 and ongoing as needed.

Staff responsible for implementation and continued compliance:

MH: Clinical Supervisor, Clinical Coordinator, Clinical Director or their designee
SUD: The Clinical Supervisor of SUD unit or their designee.

5. According to ARSD 67:61:07:12 Tuberculin screening requirements, a designated staff member shall conduct tuberculin screening for the absence or presence of symptoms with each client newly admitted to outpatient treatment within 24 hours of admission to determine if the client has had any of the following symptoms within the previous three months:

☐ Productive cough for a two to three week duration;
☐ Unexplained night sweats;

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Unexplained fevers; or
Unexplained weight loss.
In review of the agency’s SUD outpatient charts five out of the 12 charts did not have the TB screen completed within 24 hours of admission. The agency will ensure this is completed within 24 hours in order to be in compliance with the rule.

Plan of correction:

Substance Use Disorder:
1) All SUD Providers will be educated on the ARSD expectations for completing a TB screen within 24 hours of admitting a client to a level of care.
2) The Clinical Supervisor, or their designee, will meet with each SUD Provider that was out of compliance for this Administrative Rule, at the time of DBH Audit, to discuss/review the rule and the necessity of compliance.
3) Compliance with this rule will be addressed on a continuing basis per CCS Compliance – Case Record Review Policy and Procedure in accordance with Administrative Rules: (MH 67:62:05:03) and (SUD 67:61:04:03).
4) A SUD Provider found to be out of compliance of ARSD 67:61:07:12 via CCS’s Quality Assurance audit process will be referred to CCS’s Policy 716 – Progressive Discipline. The major purpose of any disciplinary action is to correct the immediate compliance problem, prevent recurrence, and prepare the employee for satisfactory service in the future.

Timeframe for implementation:

SUD: Starting the week of September 4, 2018 and ongoing as needed.

Staff responsible for implementation and continued compliance:

SUD: The Clinical Supervisor of SUD unit or their designee.

6. According to ARSD 67:61:07:07, 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. In review of the SUD outpatient charts, nine out of 23 charts did not have a continued service review completed on time. The agency shall ensure the continued service reviews are completed on time to be in full compliance with the rule.

Plan of correction:

Substance Use Disorder
1) All SUD Providers will be educated on the ARSD expectations for documenting the client’s progress and an individualized plan of action and/or reasons for retaining a client at a specific level of care.
2) The Clinical Supervisor, or their designee, will meet with each Provider that was out of compliance for this Administrative Rule, at the time of DBH Audit, to discuss/review the rule and the necessity of compliance.
3) Compliance with this rule will be addressed on a continuing basis per CCS Compliance – Case Record Review Policy and Procedure in accordance with Administrative Rules: (MH 67:62:05:03) and (SUD 67:61:04:03).

4) A SUD Provider found to be out of compliance of ARSD 67:61:07:07 via CCS’s Quality Assurance audit process will be referred to CCS’s Policy 716 – Progressive Discipline. The major purpose of any disciplinary action is to correct the immediate compliance problem, prevent recurrence, and prepare the employee for satisfactory service in the future.

**Timeframe for implementation:**

SUD: Starting the week of September 4, 2018 and ongoing as needed.

**Staff responsible for implementation and continued compliance:**

SUD: The Clinical Supervisor or their designee.