

Plan of Correction

Program Name: Community Counseling Services	Date Due: 10/20/2021
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Administrative POC-1	
Rule #: 67:62:06:10	Rule Statement: Office of Inspector General Medicaid exclusion list. Each facility 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: <i>The Medicaid exclusion list was checked upon hire but there was no documentation of the list being checked after the initial hire date.</i>	
Corrective Action (policy/procedure, training, environmental changes, etc): All CCS employee Office of Inspector General Medicaid Excluded Individuals and Entities report were run and placed in personnel files.	Anticipated Date Achieved/Implemented: Achieved Date 9/17/2021
Supporting Evidence: The Office of Inspector General Medicaid Excluded Individuals and Entities report will be run: at hire, after 90 days of employment, and annually thereafter in June. This report will be run for each CCS employee by the HR Department.	Position Responsible: Human Resources Dept.
How Maintained: This procedure will be maintained by adding a checks and balance system to support the completion of this task. This task is prompted on Human Resources new employee orientation checklist, 90 day review form, and an Outlook invite reminder annually. The Outlook invite reminder is sent to Human Resources Department, the CCS Deputy Director and the CCS CEO.	Board Notified: Y <input type="checkbox"/> N <input type="checkbox"/> n/a <input checked="" type="checkbox"/>

Client Chart POC-1	
Rule #: 67:61:07:10	Rule Statement: 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: <i>Four out of ten client charts reviewed did not have a discharge summary completed. The clients were CJI program.</i>		
Corrective Action (policy/procedure, training, environmental changes, etc): Discharge Summary education/training/review regarding administrative rule was provided to all CCS SUD providers.	Anticipated Date Achieved/Implemented: Achieved Date 9/27/2021	
Supporting Evidence: SUD Workflow, Administrative Rule and the Compliance Review instrument will be completed per Policy # 67:61:04:03. Corrective action procedures will be followed per this Policy for missing Discharge Summaries.	Position Responsible: SUD Clinical Supervisor	
How Maintained: SUD Workflow processes will be reviewed with SUD staff quarterly as a group and during individual supervision meetings. Compliance Review instruments will be completed per Policy # 67:61:04:03 to ensure adherence to Discharge Summary Administrative Rule is followed. SUD Trainee documentation will be signed off by a Clinical Supervisor or staff member that meets the requirements of a Clinical Supervisor.	Board Notified: Y <input type="checkbox"/> N <input type="checkbox"/> n/a <input checked="" type="checkbox"/>	



Signature of Agency Director: Belinda Nelson, CEO	Date: 9/29/2021
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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.

Signature of Licensing Staff: 	Date: 
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