

**Program Name:**  
Human Service Agency (Mental Health Services)  
**Due Date:**  
**October 21, 2023**

**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.

| <b>Clinical Recommendation-1</b>   |   |
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| <b>Rule #:</b><br><b>67:62:08:05</b><br><b>(15)</b>  | <p><b>Rule Statement: Integrated Assessment.</b> 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:</p> <p style="padding-left: 40px;">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><b>Area of Noncompliance:</b> Three out of ten applicable CYF assessments did not have eligibility determination for SED.</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.

| <b>Clinical POC-1</b>                               |   |
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| <b>Rule #:</b><br><b>67:62:08:05</b><br><b>(03)</b> | <p><b>Rule Statement: Integrated Assessment.</b> 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:</p> <p style="padding-left: 40px;">3. Identification of readiness for change for problem areas, including motivation and supports for making such changes.</p> |

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| <b>Area of Noncompliance:</b> Four out ten applicable CYF assessments, and eight out of eight applicable outpatient mental health assessments did not have readiness for change identified.  |   |
| <b>Corrective Action (policy/procedure, training, environmental changes, etc):</b><br>1. MH Assessment form updated to include a section on readiness for change.<br>2. Updates discussed during MH staff training on documentation<br>3. Annual scheduled documentation trainings to include education on readiness for change. | <b>Anticipated Date Achieved/Implemented:</b><br><br><b>Date</b> 10/1/2023            |
| <b>Supporting Evidence:</b> MH Assessment form in electronic health record.<br>Attendance log from training.   | <b>Position Responsible:</b><br>OP/CYF Clinical Coordinator                           |
| <b>How Maintained:</b> Monthly Quality Assurance checks on staff documentation by clinical supervisor.   | <b>Board Notified:</b><br>Y X N <input type="checkbox"/> n/a <input type="checkbox"/> |

#### Clinical POC-2

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| <b>Rule #:</b><br>67:62:08:07(3)   | <b>Rule Statement: Treatment Plan.</b> 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 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:<br><br>3. Include interventions that match the client's readiness for change for identified issues. |
| <b>Area of Noncompliance:</b> Four out of ten applicable CYF treatment plans and eight out of eight applicable outpatient mental health treatment plans did not have interventions that matched the client's readiness for change.               |  |
| <b>Corrective Action (policy/procedure, training, environmental changes, etc):</b><br>1. MH Staff training regarding readiness for change and documentation.<br>2. Clinical supervision to reinforce use of goals matching readiness for change. | <b>Anticipated Date Achieved/Implemented:</b><br><br><b>Date</b> 10/1/2023   |
| <b>Supporting Evidence:</b> Attendance log from MH staff training.<br>Documentation from clinical supervision regarding discussion.  | <b>Position Responsible:</b><br>OP/CYF Clinical Coordinator  |
| <b>How Maintained:</b> Month Quality Assurance checks on documentation and continued discussion during training and supervision.   | <b>Board Notified:</b><br>Y X N <input type="checkbox"/> n/a <input type="checkbox"/>  |

#### Clinical POC-3

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| <b>Rule #:</b><br><b>67:62:08:12</b><br><b>(6)</b>  | <b>Rule Statement: Progress Notes.</b> Progress notes shall be included in the client's file and shall substantiate all services provided. Individual progress notes shall document counseling sessions with the client, summarize significant events occurring, and reflect goals and problems relevant during the session and any progress in achieving those goals and addressing the problems. Progress notes shall also include attention to any co-occurring disorder as they relate to the client's mental disorder. A progress note shall be included in the file for each billable service provided. Progress notes shall include:<br><br><p style="text-align: center;">6. A brief description of what the client and provider plan to work on during the next session, including work that may occur between sessions, if applicable.</p> |  |
| <b>Area of Noncompliance:</b> Eight out of ten applicable CYF files and eight out of nine outpatient mental health files did not include progress notes that included what the client and provider planned to work on the next session. Most progress notes included that the client and provider would meet again, but did not specifically say what they may work on. |  |  |
| <b>Corrective Action (policy/procedure, training, environmental changes, etc):</b><br>1. MH Staff training on documentation requirements.<br>2. Discussed during clinical supervision   | <b>Anticipated Date Achieved/Implemented:</b><br><br><b>Date</b> 10/1/2023   |  |
| <b>Supporting Evidence:</b> Attendance log from MH staff training. Documentation from clinical supervision reporting continued discussion with staff.   | <b>Position Responsible:</b><br>OP/CYF Clinical Coordinator  |  |
| <b>How Maintained:</b> Monthly quality assurance reviews on documentation. Included in training of new staff and clinical supervision of current staff.   | <b>Board Notified:</b><br>Y X N <input type="checkbox"/> n/a <input type="checkbox"/>  |  |

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| Signature of Agency Director:<br> | <b>Date:</b><br>09/25/2023 |
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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](mailto: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:  *Chris Krueger*

Date: *9/25/23*