Plan of Correction

Program Name: Human Service Agency

Date Submitted: 10/25/2020

Administrative POC-1

<table>
<thead>
<tr>
<th>Rule #: 67:61:04:01</th>
<th>Policies and procedures manual. Each agency shall have a policy and procedure manual to establish compliance with this article and procedures for reviewing and updating the manual.</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td><strong>Area of Noncompliance:</strong> The agency has a policy and procedure manual however it still references 46:05 and 46:20 in some policies and should be updated to reflect the new Administrative Rules in Articles 67:61 and 67:62 that went into effect in Dec 2016.</td>
</tr>
<tr>
<td></td>
<td><strong>Corrective Action (policy/procedure, training, environmental changes, etc):</strong> HSA Executive Director will rewrite all policies and procedures updating with current administrative rules.</td>
</tr>
</tbody>
</table>

**Anticipated Date Achieved/Implemented:**

Date: 12/01/2020

**Person Responsible:**

Kari Johnston

**Supporting Evidence:**

Will send upon completion

**How Maintained:** Reviewed annually and updated as needed

Board Notified:

Y ☐ N ☐ X ☐ n/a ☐

Administrative POC-2

| Rule #: 67:61:05:01 | Tuberculin screening requirements. Tuberculin screening requirements for employees are as follows:
|---------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

(1) Each new staff member, intern, and volunteer shall receive the two-step method of tuberculin skin test or a TB blood assay test to establish a baseline within 14 days of employment. Any two documented tuberculin skin tests completed within a 12-month period before the date of employment can be considered a two-step or one TB blood assay test completed within a 12-month period before employment can be considered an adequate baseline test. Skin testing or TB blood assay tests are not required if a new staff, intern or volunteer provides documentation of the last skin testing completed within the prior 12 months. Skin testing or TB blood assay tests are not required if documentation is provided of a previous positive reaction to either test;

(2) A new staff member, intern, or volunteer who provides documentation of a positive reaction to the tuberculin skin test or TB blood assay test shall have a medical evaluation and chest X-ray to determine the presence or absence of the active disease;

Updated 2/24/2016
(3) Each staff member, intern and volunteer with a positive reaction to the tuberculin skin test or TB blood assay test shall be evaluated annually by a licensed physician, physician assistant, nurse practitioner, clinical nurse specialist, or a nurse and a record maintained of the presence or absence of symptoms of *Mycobacterium* tuberculosis. If this evaluation results in suspicion of active tuberculosis, the licensed physician shall refer the staff member, intern, or volunteer for further medical evaluation to confirm the presence or absence of tuberculosis; and

(4) Any employee confirmed or suspected to have infectious tuberculosis shall be restricted from employment until a physician determines that the employee is no longer infectious.

**Area of Noncompliance:** Personnel files reviewed did not all have the TB tests documented within 14 days of hire.

**Corrective Action (policy/procedure, training, environmental changes, etc):** All employee files were reviewed and have been corrected to have updated TB sign offs. Upon further review, the issue appeared to be a sign off issue. The employee received the shot within the 14 day window and the reading was conducted by the computer did not hold the supervisor's signature. This computer glitch has been resolved.  

**Supporting Evidence:** Attached please find our policy.

**Anticipated Date Achieved/Implemented:**

**Date** 10/15/2020

**Person Responsible:**
Kari Johnston  
Jessica DeYoung

**How Maintained:** HR/supervisor and Executive Director will quarterly review the HR training files to ensure compliance.

**Board Notified:**
Y ☐ N X n/a ☐

### Administrative POC-3

**Rule #:**  
67:61:05:05 and  
67:62:06:04

**Rule Statement:**

67:61:05:05. **Orientation of personnel.** The agency shall provide orientation for all staff, including contracted staff providing direct clinical services, interns, and volunteers within ten working days after employment. The orientation must be documented and must include at least the following items:

(1) Fire prevention and safety, including the location of all fire extinguishers in the facility, instruction in the operation and use of each type of fire extinguisher, and an explanation of the fire evacuation plan and agency's smoking policy;

(2) The confidentiality of all information about clients, including a review of the confidentiality of alcohol and drug abuse patient records, 42 C.F.R. Part 2 (June 9, 1987), and the security and privacy of HIPAA, 45 C.F.R. Parts 160 and 164 (April 17, 2003);
(3) The proper maintenance and handling of client case records;

(4) The agency’s philosophical approach to treatment and the agency’s goals;

(5) The procedures to follow in the event of a medical emergency or a natural disaster;

(6) The specific job descriptions and responsibilities of employees;

(7) The agency’s policies and procedure manual maintained in accordance with § 67:61:04:01; and

(8) The agency’s procedures regarding the reporting of cases of suspected child abuse or neglect in accordance with SDCL 26-8A-3 and 26-8A-8.

Area of Noncompliance: Personnel records reviewed did not document all new employee orientation is completed within 10 working days of hire.

Corrective Action (policy/procedure, training, environmental changes, etc): All HR files will be reviewed to make sure we are compliant. Edits will be created so Executive Director is notified of sign off by new employees if not complete.

Supporting Evidence: None

How Maintained: Using edits to send out reminders to staff/supervisors, director and HR manager when training is not complete.

<table>
<thead>
<tr>
<th>Anticipated Date Achieved/Implemented</th>
</tr>
</thead>
<tbody>
<tr>
<td>Date: 10/15/2020</td>
</tr>
<tr>
<td>Person Responsible:</td>
</tr>
<tr>
<td>Kari Johnston</td>
</tr>
<tr>
<td>Jessica DeYoung</td>
</tr>
<tr>
<td>Board Notified:</td>
</tr>
<tr>
<td>Y □ N X n/a □</td>
</tr>
</tbody>
</table>

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Client Chart POC-1


Rule Statement: 67:61:07:04 Closure and storage of case records. The agency shall have written policies and procedures to ensure the closure and storage of case records at the completion or termination of a treatment program including:

(1) The identification of staff positions or titles responsible for the closure of case records within the agency and the MIS;
(2) Procedures for the closure of inactive client records, that are clients who have not received services from an inpatient or residential program in three days or clients who have not received services from an outpatient program in 30 days; and
(3) Procedures for the safe storage of client case records for at least six years from closure.
67:62:08:03 Closure and storage of case records. The agency shall have written policies and procedures to ensure the closure and storage of case records at the completion or termination of services including:

(1) The identification of staff positions or titles responsible for the closure of case records within the agency and the MIS;
(2) Procedures for the closure of records for inactive clients, that are clients who have had no contact by phone or by person with the agency for a time period of no longer than six months; and
(3) Procedures for the safe storage of client case records for at least six years from closure.

Area of Noncompliance: The agency did not have a policy regarding the closure of case records that outlined the correct time frames of ARSD.

Corrective Action (policy/procedure, training, environmental changes, etc): A policy was written and added to manual to reflect 67:61:07:04 and 67:62:08:03 for closure and storage of case records.

Anticipated Date Achieved/Implemented:

Date: 10/15/2020

Person Responsible:
Kari Johnston
Jessica DeYoung

Supporting Evidence: See attached policy.

How Maintained: No maintenance needed.

Client Chart POC-2

Rule #: 67:61:17:02

Rule Statement:
Information required to be obtained at time of admission. The agency admitting the client shall obtain the information required by § 67:61:17:07(1), and record the following observations and information in the client’s case record:

(1) Blood pressure, pulse, and respiration;
(2) Presence of bruises, lacerations, cuts, or wounds;
(3) Medications the client is currently taking, particularly sedative use;
(4) Medications carried by the client or found on the client’s person;
(5) Any history of diabetes, seizure disorders including epilepsy, delirium tremens, and any client history of convulsive therapies, e.g., electroconvulsive or insulin shock treatments, and any history of exposure to tuberculosis and any current signs or symptoms of the disease;
(6) Any history of medical, psychological, or psychiatric treatment; and
(7) Any symptoms of mental illness currently present.
Area of Noncompliance: In review of the clinically managed residential detoxification charts, they were missing the following information required at time of admission:
- Medication the client is currently taking, particularly sedative use, and medication carried by the client or found on the client’s person.
- Any symptoms of mental illness.
It was noted by staff that a form was created, and the reviewers were not able to view this in the archived files.

Corrective Action (policy/procedure, training, environmental changes, etc): Attached please find the Admission form for all detoxification clients. This appears to have been unviewable during the review. This is part of the client file so is evident in all QA reviews. Highlighted as the area in question. We also will add instructions on this form to included writing “none” should the client not have any currently prescribed medications.

Supporting Evidence: See Attached Admissions form

How Maintained: No maintenance needed.

Anticipated Date Achieved/Implemented:

Date 10/01/2020

Person Responsible:
Kari Johnston

Board Notified:
Y □  N X n/a □

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Client Chart POC-3

<table>
<thead>
<tr>
<th>Rule #:</th>
<th>Rule Statement:</th>
</tr>
</thead>
<tbody>
<tr>
<td>67:61:07 and 67:62:08</td>
<td></td>
</tr>
</tbody>
</table>

67:61:07:05 & 67:62:08:05 Integrated assessment: An addiction counselor or counselor trainee or mental health staff shall meet with the client and the client's family if appropriate, to complete an integrated assessment, within 30 days of intake and will include:

(16) Clinician's signature, credentials, and date; and

67:61:07:08 & 67:62:08:12. Progress notes: All programs, except prevention programs, shall record and maintain a minimum of one progress note weekly, when services are provided and will include:

(7) The signature and credentials of the staff providing the service

67:61:07:06 & 67:62:08:07 Treatment plan: An addiction counselor or counselor trainee or mental health staff shall develop an individualized treatment plan based upon the integrated assessment for each client admitted to services and includes:

All treatment plans shall be reviewed, signed, and dated by the addiction counselor or counselor trainee. The signature must be followed by the
counselor’s credentials or mental health staff credentials.

**Area of Noncompliance:** Throughout the electronic medical record, the charts reviewed were missing credentials with the staff signature on the integrated assessments, progress notes, and treatment plans. The agency should ensure these are included and viewable in the electronic record system.

**Corrective Action (policy/procedure, training, environmental changes, etc.):** Executive director reviewed each signature of service provider to ensure credentials were identifiable and legible. In two instances, case managers were missing credentials. This has been rectified.

**Supporting Evidence:** See attached email string.

**How Maintained:** No maintenance needed.

**Anticipated Date Achieved/Implemented:**

**Date:** 10/01/2020

**Person Responsible:** Kari Johnston

**Board Notified:**

Y □  N X  n/a □

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**Client Chart POC-4**

**Rule #:** 67:62:08:05

**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:

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.

**Area of Noncompliance:** In review of CYF charts three out of eight charts did not contain eligibility determination for SED. In review of outpatient MH charts three out of five charts did not contain eligibility determination for SMI.

**Corrective Action (policy/procedure, training, environmental changes, etc.):** Below find the three CYF files missing this checklist with plan of correction:

- P. Ramirez: Client is closed. No fix necessary.
- K. Waters: File was edited and fixed. See attached.
- S. Moes: File appears to be outpatient funded throughout services. Checklist was made to show "no" for CYF criteria. See attached.
- J. Determan: file was edited and fixed. See attached.

**Anticipated Date**

**Achieved/Implemented:**

| Date |
J. Wanna: file was edited and fixed. See attached.
A. Steinmetz: file was edited and fixed. See attached.

An email was also sent to staff to inform them of the need to click on these boxes and mark the correct criteria or "no" when client does not qualify. See attached.

**Supporting Evidence:** See attached assessments and email

**Person Responsible:**
Kari Johnston

**How Maintained:** Instructions indicating the need to check to show these boxes, indicating criteria or "no" were sent out and will be part of the QA process.

**Board Notified:**
Y □  N X  n/a □

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Program Director Signature: [Signature]

Date: 10/09/2020

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
06. Tuberculosis (TB) Testing of Employees

1). Each new Addictions/Prevention/Serenity Hills staff member, intern and volunteer shall receive the two-step method of tuberculin skin test or a TB blood assay test to establish a baseline within 14 days of employment. Any two documented tuberculin skin tests completed within a 12 month period before the date of employment can be considered a two step or one TB blood assay test completed within a 12 month period before employment can be considered an adequate baseline test. Skin testing or TB blood assay tests are not required if a new staff, intern or volunteer provides documentation of the last skin testing completed within the prior 12 months. Skin testing or TB blood assay test are not required if documentation is provided of a previous position reaction to either test.

2). A new Addictions/Prevention/Serenity Hills staff member, intern or volunteer who provides documentation of a positive reaction to the tuberculin skin test or TB blood assay test shall have a medical evaluation.

3). Each staff Addictions/Prevention/Serenity Hills staff member, intern, or volunteer who provides documentation of a positive reaction to the tuberculin skin test or TB blood assay test shall be evaluated annually by a licensed physician, physician assistant, nurse practitioner, clinical nurse specialist or a nurse and a record should be maintained of the response or absence of symptoms of Mycobacterium tuberculosis. If this evaluation results in suspicion of active tuberculosis the licensed physician shall refer the staff member, intern or volunteer for further medical evaluation to confirm the presence or absence of tuberculosis. The nurse shall follow up with HR as to the results.

4). Any employee confirmed or suspected to have infection tuberculosis shall be restricted from employment until a physician determines that the employee is no longer infectious.

5). Annually the Addictions/Prevention/Serenity Hills staff will complete the Tuberculosis screening which will be kept in the employee file. If "yes" is answered to any of the questions. The person's medical physician will be consulted to determine if a one-step TB Mantoux is to be administered. If the person does not have a medical physician, a one-step TB Mantoux will be performed.

(Note: On the screening form, the nurse will fill out the question "Does this person require further evaluation? with a Yes or No". If "NO" is answered, the form will auto-populate to send to the person in 1 year or April 15th whichever comes first. If "YES" is answered, a section will pop up which prompts "Contact this person's primary physician for consult of listed symptoms." ROI will be presented to the employee to allow the nurse to consult with the employee's physician.)

The Chief Operating Officer of Behavioral Health will complete an agency-wide TB risk assessment found on the DOH website.

Procedure:
When the new employee forms are made, the following prompt box will display.
**Program Question**

**Will this person work for NEPRC, Serenity Hills, or the Drug & Alcohol programs?**

- [Yes] - [No]

Upon hire of the new employee and if the employee will be working for one of the above areas, select "Yes" at the prompt which will create an ROI which will need to be filled out by the employee. The Payroll/HR assistant will also ask the new employee if they have had a TB test completed within the last 12 months. A checkbox will be selected as to whether or not the employee has or has not had the TB test.

If yes, documentation will need to be provided by the new employee to the Payroll/HR Assistant. The documentation will need to be scanned into HR Training, and the dates of the TB test would be entered on the HR training record in the same area as when we give the test so that the notices for annual screening are followed.

If no, an email notification will be sent to the Psychiatric nurse. The psychiatric nurse will direct the staff to Quick Care to schedule the 2-step TB test. The Psychiatric nurse will then enter the information into the HR training database for records.

<table>
<thead>
<tr>
<th>Who should act</th>
<th>For which Employees</th>
<th>When</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ask the employee if a 2-part TB test has been done within the past 12 months and have employee fill out an ROI if applicable</td>
<td>Payroll/HR assistant</td>
<td>Upon hire</td>
</tr>
<tr>
<td>A notice will be sent to the Psychiatric Nurse. Communication will then be made with the employee to schedule Step One of the 2-part TB Test (within 48-72 hrs of placement)</td>
<td>Psychiatric Nurse/Main Office</td>
<td>Upon hire</td>
</tr>
<tr>
<td>If an employee has a positive reading or reaction to the TB Serum, the Human Service Agency will cover costs associated for chest x-ray.</td>
<td>Psychiatric Nurse</td>
<td>After a positive reading</td>
</tr>
<tr>
<td>On Day 7-21 after the first test and with a negative result from Step One, a second PPD skin test needs to be scheduled with the Psychiatric Nurse.</td>
<td>Psychiatric Nurse/Main Office</td>
<td>Within 7-21 days</td>
</tr>
</tbody>
</table>

- [Yes] - [No]
| Complete an annual TB Screening | Employee, their supervisor, psychiatric nurse or Medical Personnel Supervisor | Employees who had their last TB test or screening one year ago | One year after the last TB test or screening |

Note: Effective as of 6/1/17 TB tests were no longer required for NH or BH mental health, psychiatric and administrative employees.
PURPOSE:
To ensure the Human Service Agency is consistent with 67:62:08:03 in terminating client files as well as deleting stored files.

PROCEDURE:

1). Each clinician will terminate the files for their identified clients. In all cases, clinicians will strive for a planned discharge at which time the file will immediately be closed. In instances where the client requests their file be left open or they have not returned calls for six months, the clinician will close the file.

2). For those clients referred to psychiatry only, the clinician will update the coversheet to change the primary therapist, assure the client is marked "outpatient" and will complete a discharge tool and discharge summary.

3). The Executive Director or Clinical Coordinator will terminate client files having no contact with the Human Service Agency for a period of one year.

4). Once client file is terminated, it will be moved to the archive database.

5). Client files will remain in the archive database for a period of seven years at which time they will be moved to "Review for Destruction."

6). The Executive Director/COO/ Clinical Coordinator will authorize the permanent destruction of client files. Exceptions may be made for minor clients.

7). Files that need to be kept indefinitely due to legal charges; age of client or special circumstance will be flagged "permanent storage" and will be reviewed for destruction annually.

8). "Client record" includes all clinical documentation; means forms; testing results and releases of information.

Effective Date:
Date Updated/Reviewed: By who:
CIDE: 23311511
Name: Tasha Labelle

Address: 70 W 2nd Ave
City, State, Zip: Waubay, SD 57273
Date: 09/18/2019
Age: 36
Phone: (605) 467-4611

Mother's First Name: Linda

Emergency Contact: D. L. Cleveland
Emergency Contact Relationship: Neighbor
Emergency Contact Phone: (605) 924-1153
Emergency Contact Referent: FAMILY/SELF-REFERENCE/FRIEND
Emergency Contact Cell Phone: (000) 000-0000

Personal Doctor: Jasmine Hypolite
Location of Doctor: IHS

Presenting Problem/Reason for Admission:
Alcohol

Strengths:
People Person, Completes tasks given, Good Listener

Admission Vitals

Assessment
Cuts/Lacerations: \[\square \text{Yes} \quad \square \text{No}\]
Bruises: \[\square \text{Yes} \quad \square \text{No}\]
Wounds: \[\square \text{Yes} \quad \square \text{No}\]
Pearl: \[\text{Yes} \quad \square \text{No}\]
Pain Present: \[\square \text{Yes} \quad \square \text{No}\]
Smoker: \[\square \text{Yes} \quad \square \text{No}\]
Have you had recent medical or psychiatric care?
If yes, explain:

Symptoms of mental illness currently present: \[\square \text{Yes} \quad \square \text{No}\]
If yes, explain:

Health History
Cardiovascular: \[\square \text{Yes} \quad \square \text{No}\]
Respiratory: \[\square \text{Yes} \quad \square \text{No}\]
GL/ Stomach: □ Yes □ No
HALLUCINATIONS: □ Yes □ No
Seizure/ Epilepsy/ DT’s: □ Yes □ No
DIABETES: □ Yes □ No
Hyper/ Hypotension: □ Yes □ No
Other: □ Yes □ No
If yes, explain: High Blood pressure, currently on meds. Prior seizure when during detox in last year.

Use History

**Drug Use History**

<table>
<thead>
<tr>
<th>Alcohol/Drug Abuse</th>
<th>Age of First Use (Must be a number)</th>
<th>Frequency of Use</th>
<th>Route of Administration</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. *66</td>
<td>*8</td>
<td>*266</td>
<td>*310</td>
</tr>
<tr>
<td>2. 69</td>
<td>8</td>
<td>265</td>
<td>312</td>
</tr>
<tr>
<td>3.</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Current Medications

<table>
<thead>
<tr>
<th>Medication:</th>
<th>Dosage:</th>
<th>Directions:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Lisinopril</td>
<td>20 MG</td>
<td>Take 1 tab po for high BP or Kidneys</td>
</tr>
<tr>
<td>Thiamine</td>
<td>100 MG</td>
<td>Take 1 tab PO QD</td>
</tr>
<tr>
<td>Gabapentin</td>
<td>100 MG</td>
<td>Take 1 capsule PO at HS</td>
</tr>
<tr>
<td>Lorazepam</td>
<td>5 MG</td>
<td>Take one tab PO TID PRN</td>
</tr>
<tr>
<td>Clonidine</td>
<td>1 MG</td>
<td>Take 1 tab PO BID <strong>Only if B/P is greater than 190/110</strong></td>
</tr>
<tr>
<td>Potassium CL</td>
<td>20 MEQ SR TAB</td>
<td>Take 1 tab PO BID</td>
</tr>
<tr>
<td>Melatonin</td>
<td>10 MG</td>
<td>Take 1 capsule at HS</td>
</tr>
</tbody>
</table>

Detox ASAM Admission Criteria

Admission to this level of service for treatment of intoxication or withdrawal requires that the client meet (a) or (b):

(a) The client is experiencing signs and symptoms of withdrawal or there is evidence (based on chemical use history, previous withdrawal history, physical condition, etc.) that withdrawal is imminent: □ Yes □ No

The client is intoxicated: □ Yes □ No

The client is assessed as not being at risk of severe withdrawal syndrome, and moderate withdrawal is safety manageable at this level of service: □ Yes □ No

(b) The client is assessed as not requiring medication, but requires this level of service to

Admission Form for Tasha Labelle
complete detoxification and enter into continued treatment or self-recovery because of inadequate home supervision or support structure, as evidenced by (1), (2), or (3):

(1) The client recovery environment is not supportive of detoxification and entry into treatment, and the client does not have sufficient coping skills to safely deal with the problems in the recovery environment: ☒ Yes ☐ No

(2) The client has a recent history of detoxification at less intensive levels of service that is marked by inability to complete detoxification or to enter into continuing addiction treatment, and the client continues to have insufficient skills to complete detoxification: ☐ Yes ☐ No

(3) The client recently has demonstrated an inability to complete detoxification at a less intensive level of service, as by continued use of other-than-prescribed drugs or other mind-altering substances: ☐ Yes ☐ No

Comments:

Staff Signature: [Signature]

Date: 09/19/2019

Admission Form for Tasha Labelle
Subject: Sig
From: William Nash
To: Kari Johnston
Date: 10/02/2020 03:19 PM

Susan Arvidson’s signature has been redone with credentials now also.

WN

Will Nash
Network Administrator
Human Service Agency
(605)886-0123
willn@humanserviceagency.org

Subject: Re: signatures
From: William Nash
To: Kari Johnston
Date: 10/02/2020 11:46 AM

FYI - Jennifer is done.

Will Nash
Network Administrator
Human Service Agency
(605)886-0123
willn@humanserviceagency.org
To: Outpatient On Call Staff,

Cc: 

Bcc: 

Subject: plan of correction

One area we got dinged on in our recent review is not indicating in the client's assessment if he/she is SMI or CYF. Please be sure you are clicking on the below icon and marking "yes" or "no". If the client is outpatient, you still need to open this up and click "no".

- Evaluation Status Unknown
  - Show SED Criteria
  - Show SPMI Criteria

Then follow the prompts, marking NO if they do not meet any criteria:

SED Criteria:  

- Yes □ No □  (Please check those that apply)

1. Between 0 and 18 years of age; or is between 18 and 21 years of age and needs a continuation of services that were started before the age of 18 in order to realize specific service goals or during transition to adult services; and

2. The individual exhibits behavior resulting in functional impairment which substantially interferes with or limits the individual's role or functioning in the community, school, family or peer group; and

3. Mental disorder diagnosed under DSM III-R or DSM IV (V codes not included); and

4. The individual demonstrates a need for one or more social care services in addition to mental health services; and

5. The individual has problems with a demonstrated or expected longevity of at least one year or has an impairment of short duration and high severity.
Has a severe mental disability: The individual's severe and persistent emotional, behavioral, or psychological disorder has resulted in at least one of the following:

☐ _ A single episode of psychiatric hospitalization with an Axis I or Axis II diagnosis; or
☐ _ Frequent crisis contacts with the center for more than six months as a result of severe and persistent psychiatric symptomology; or
☐ _ Has undergone psychiatric treatment more intensive than outpatient care more than once in a lifetime (e.g., emergency services; alternative residential living; or inpatient hospitalization); or
☐ _ Maintained with psychotropic medication for at least one year.

Has impaired role functioning: The individual's severe and persistent emotional, behavioral or psychological disorder has resulted in at least three of the following:

☐ _ Exhibits inappropriate social behavior which results in concern by the community and/or requests for mental health services by the judicial/legal systems; or
☐ _ Inability to procure appropriate public support services without assistance; or
☐ _ Is employed in a sheltered setting; or
☐ _ Is unable to perform basic living skills without assistance; or
☐ _ Is unemployed or has markedly limited job skills and/or poor work history; or
☐ _ Lack of social support systems in a natural environment (e.g., no close friends; lives alone, isolated); or
☐ _ Requires public financial assistance for out of hospital maintenance; or

Kari Johnston, LPC-MH
Chief Executive Officer
Human Service Agency

CONFIDENTIALITY NOTICE