

Program Name:
Human Service Agency (Substance Use 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 correction in the future.

Clinical Recommendation-1	
Rule #: 67:61:16:04	<p>Rule Statement: Admission Medical Examination. A person admitted to a clinically-managed low-intensity residential treatment program shall have received a medical examination conducted by or under the supervision of a licensed physician within three months before admission. The agency shall require that the results of the examination be provided to the program before or at the time of admission.</p> <p>If an examination has not been conducted or the results are not available, the program shall ensure that a medical examination occurs within five calendar days after admission. The results of all medical examinations shall be placed in the case record. The staff shall consider the client’s medical health in the development of the treatment plan.</p>
<p>Area of Noncompliance: Two of six reviewed clinically-managed low-intensity residential treatment program files did not have evidence of completed admission medical examinations.</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.

Clinical POC-1	
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. The treatment plan shall be recorded in the client’s case record.</p> <p>The individualized treatment plan shall be developed within ten calendar days of the client’s admission for an intensive outpatient treatment program, day treatment program, clinically-</p>

	managed low intensity residential treatment program, or medically monitored intensive inpatient treatment program.
Area of Noncompliance: Five out of six reviewed low intensity residential treatment program files did not have treatment plans completed within ten days of admission.	
Corrective Action (policy/procedure, training, environmental changes, etc): Flags will be assigned to each client indicating a need to have the treatment plan done and signed within 8 days of admission. All files reviewed had treatment plans within 10-12 days upon admission which included weekends. Flags for reminder of tx plans will be expected earlier to avoid falling into 10 th day falling on a holiday or weekend.	Anticipated Date Achieved/Implemented: Date 10/01/2023
Supporting Evidence: None; Internal computer request.	Position Responsible: SH Clinical Coordinator
How Maintained: QA reviews; supervisory oversight.	Board Notified: Y X N <input type="checkbox"/> n/a <input type="checkbox"/>

Clinical POC-2	
Rule #: 67:61:07:08(6)	<p>Rule Statement: Progress Notes. All programs, except prevention programs, shall record and maintain a minimum of one progress note weekly when services are provided. Progress notes are included in the client’s file and substantiate all services provided. Individual progress notes must 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 must include attention to any co-occurring disorder as they relate to the client’s substance use disorder.</p> <p>A progress note must be included in the file for each billable service provided. Progress notes must include:</p> <p style="padding-left: 40px;">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>
Area of Noncompliance: Ten out of sixteen applicable outpatient treatment files did not have descriptions of what the client and provider plan to work on consistently documented in progress notes. Many notes had statements such as “client will schedule treatment for next week” or “client will continue to attend sessions”. These statements do not indicate what the client plans to work on.	
Corrective Action (policy/procedure, training, environmental changes, etc): Documentation training regularly. Indicate area on QA review form to indicate this is reviewed in progress notes.	Anticipated Date Achieved/Implemented: Date 10/01/2023
Supporting Evidence: : Attendance log from SH staff training. QA form.	Position Responsible: SH Clinical coordinator
How Maintained: QA reviews.	Board Notified: Y X N <input type="checkbox"/> n/a <input type="checkbox"/>

Signature of Agency Director:  Lori Johnson LPL-MH	Date: 09/25/2023
--	---------------------

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:  Chr Kuygen	Date: 9/25/23
--	---------------