
Accreditation Report – Linking the Gap Counseling

Date of Review: December 6, 2022

Accreditation Outcome: Three Year Accreditation

REVIEW PROCESS:

Linking the Gap Counseling was reviewed by The Department of Social Services, Office of Licensing and Accreditation for adherence to the Administrative Rules of South Dakota (ARSD) on December 6th, 2022. This report contains the following:

- Agency Summary
- Interview Results
- Stakeholder Results
- Areas of Recommendations
- Areas Requiring a Plan of Correction
- Prior Areas Addressed in Previous Review
- Accreditation Results

The accreditation results are derived from an administrative score which includes the scoring of policies and procedures, personnel files, the client case record scores, and an overall cumulative score.

AGENCY SUMMARY:

Linking the Gap is a counseling agency in Sioux Falls, South Dakota that provides substance use disorder services and mental health counseling to adults and adolescents. Linking the Gap provides services to address addiction, trauma, developmental disabilities and eating disorders, among other needs. Linking the Gap is a partnership between two counselors. Nicole Roth serves as the director and clinical supervisor for substance use disorder services.

Linking the Gap's mission statement is, "We strive to provide our clientele with the tools they need to embark on their journey to better mental health. We strive to build their sense of value, dignity, and self-worth. Linking the Gap Counseling is dedicated to being the missing link, guiding you in the process of bridging the gaps within yourself, and fostering a compassionate, respectful, and accepting environment for you to heal, grow, and bloom. Life might decide to throw difficult situations at you, but we are here to show that you don't have to let them define you. Our goal is to walk beside you and let you know you are not alone on your journey to growth and self-acceptance."

Linking the Gap is seeking full accreditation for outpatient substance use disorder services.

INTERVIEW RESULTS:

Description: The Department of Social Services, Office of Licensing and Accreditation completes confidential interviews with consenting clients and staff of the agency as part of the accreditation process. The interviews are not a scored component of the accreditation review. However, the information obtained in the interviews is used for quality improvement of the agency.

The Office of Licensing and Accreditation interviewed the director of Linking the Gap. The director shared there was a small adjustment when they went from three counselors to two counselors, but have handled it well. She stated that they currently have a comfortable number of clients and feel positive about their work.

There were no clients available to be interviewed for this review.

STAKEHOLDER SURVEY:

Description: Stakeholder Survey data is collected once a year for all accredited mental health and substance use disorder agencies. As part of the survey process, accredited agencies are asked to share the survey with at least three stakeholders in their community. In addition, feedback is gathered from the Department of Corrections (DOC), Unified Judicial System (UJS), and Child Protection Services (CPS) regarding the accredited agencies. The surveys are not a scored component of the accreditation review. However, the information obtained in the survey results is used for quality improvement of the agency.

There are currently no stakeholder survey results available, as Linking the Gap Counseling does not have a contract with the Division of Behavioral Health.

AREAS OF RECOMMENDATION FOR SUBSTANCE USE DISORDER SERVICES:

Description: The following area is identified as an area that the agency is recommended to review and ensure that the area is corrected. The area identified met minimum standards which do not require a plan of correction at this time, however if they continue to be found out of compliance on the next accreditation review, could become future areas of non-compliance requiring a plan of correction.

1. According to ARSD 67:61:05:01, 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 on TB blood assay test complete within a 12 month period before employment can be considered an adequate baseline test. Skin testing or TB blood assay test 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 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;
 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 Myobacterium tuberculosis. If the 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 confined or suspected to have infectious tuberculosis shall be restricted from employment until a physician determines tha the employee is no longer infectious.

One of the two reviewed employee files only had one step of the TB test completed. Linking the Gap has not hired any new employees in the past

year, but if they hire in the future, the new employees must receive both steps of the TB test.

2. According to 67:61:07:08, 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 clients' 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 clients' substance use disorder.

A progress note must be included in the file for each billable service provided. Progress notes must include the following for the services to be billed:

1. Information identifying the client receiving the services, including the client's name and unique identification number;
2. The date, location, time met, units of service of the counseling session, and the duration of the session;
3. The service activity code or title describing the service code or both;
4. A brief assessment of the client's functioning;
5. A description of what occurred during the session, including the specific action taken or plan developed to address unresolved issues for the purpose of achieving identified treatment goals or objectives;
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; and
7. The signature and credentials of the staff providing the services.

The Office of Licensing and Accreditation reviewed progress notes from three client files. While most progress notes were completed with all above requirements, a small number of progress notes did not contain plans on what the client and provider would work on for the next session. Linking the Gap needs to make sure they are including a plan for next session in every progress note.

AREAS REQUIRED FOR PLANS OF CORRECTION FOR SUBSTANCE USE DISORDER SERVICES:

Description: The following areas will require a plan of correction to address the rule of non-compliance which shall include an updated policy and/or procedure, a time frame for implementation of this procedure, the staff position or title responsible for implementation and the staff position or title responsible for ensuring continued compliance of the rule.

1. According to ARSD 67:61:04:05, an accredited agency shall maintain an accounting system pursuant to generally accepted accounting principles. If requested by the department, the agency shall submit to the department a copy of an annual entity wide, independent financial audit. The audit shall be completed and filed with the department by the end of the fourth month following the end of the fiscal year being audited.

Audits shall contain as part of the supplementary information, a cost report as outlined by the department. If applicable, the audit shall be conducted in accordance with the Federal Office of Management and Budget (OMB) Circular A-133 by an auditor approved by the Auditor General.

For either an entity wide, independent financial audit or an A-133 audit, the agency shall assure resolution of all interim audit findings. The agency shall facilitate and aid any such reviews, examinations, and agreed upon procedures the department or any contractor may perform.

Linking the Gap Counseling did not have a financial audit completed at the time of the review.

2. 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 at 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 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
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 individuals in the present level of care shall be documented every:

- a. *30 calendar days for an outpatient treatment program.*

Two out of three applicable reviewed files were missing continued service criteria at least every 30 days. In both instances, continued service criteria failed to be documented after the client had been absent from treatment for more than 30 days. Linking the Gap Counseling must be documented continued service criteria every 30 days, even when the client has not been seen for more than 30 days.

PRIOR AREAS REQUIRING A PLAN OF CORRECTION FOR SUBSTANCE USE DISORDER SERVICES:

Description: Linking the Gap Counseling was last reviewed by the Office of Licensing and Accreditation in December 2021. They had five items requiring a plan of correction. One of those items remains on their plan of correction for 2022, specifically regarding continued service criteria.

SUBSTANCE USE DISORDER ACCREDITATION RESULTS:

x	Three Year Accreditation
	Two Year Accreditation
	Probation