

## Plan of Correction

**Program Name:** Linking the Gap Counseling

**Date Due:** 10/16/2021

### 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.

#### Administrative Recommendation-1

**Rule #:**  
**67:61:05:01**

**Rule Statement: 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 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 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 Recommendation:** 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 employee must receive both steps of the TB test.

If LTG is to hire another Therapist in the future- the way we would address the requirement of TB is to have form for them to fill out prior to their first day which indicates that they have

completed both steps to TB testing- this will then be placed in their personnel file.

**Clinical Recommendation-1**

**Rule #:**  
**67:61:07:08**

**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.

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 service.

**Area of Recommendation:** 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. This will be addressed by adding plan at the end of each progress note.

**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

**Administrative POC-1**

**Rule #:**  
**67:61:04:05**

**Rule Statement: Accounting Systems, Cost Reporting, and Annual Audit.** 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.

	<p>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.</p> <p>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.</p>
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**Area of Noncompliance:** Linking the Gap Counseling did not have a financial audit completed at the time of the review.

<b>Corrective Action (policy/procedure, training, environmental changes, etc):</b> LTG will complete annual audit each year- all financial statements will be provided to Andrew Lobein MBA at the end of each fiscal year. Andrew will complete annual audit for LTG in order to ensure that LTG is operating in accordance with state requirements for accreditation. This will be filed and kept in "LTG team" records.	<b>Anticipated Date Achieved/Implemented:</b>  <b>Date</b> 1/30/2023
<b>Supporting Evidence:</b> Form will be found in LTG team records	<b>Position Responsible:</b> Jen Walker and Nikki Roth business owners
<b>How Maintained:</b> There will be a live/active record that is maintained by clinicians and then submitted for review by auditor at the end of each fiscal year.	<b>Board Notified:</b> Y <input type="checkbox"/> N <input type="checkbox"/> n/a <input type="checkbox"/>

<b>Clinical POC-1</b>	
<b>Rule #:</b> <b>67:61:07:07</b>	<p><b>Rule Statement: Continued Service Criteria.</b> 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:</p> <ol style="list-style-type: none"> <li>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</li> <li>2. The client is not yet 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</li> <li>3. New problems have been identified that are appropriately treated at the present level</li> </ol>

	<p>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.</p> <p>The individualized plan of action to address the reasons for retaining the individual in the present level of care shall be documented every:</p> <p>a) 30 calendar days for an outpatient treatment program.</p>
<p><b>Area of Noncompliance:</b> Two out of three applicable reviewed files were missing continue 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 document continued service criteria every 30 days, even when the client has not been seen for more than 30 days.</p>	
<p><b>Corrective Action (policy/procedure, training, environmental changes, etc):</b> To meet recommendations LTG will develop continued care form that will have documentation to reflect review of Treatment plan every 30 days. This form will be kept in their client file- and uploaded into system at the end of their program.</p>	<p><b>Anticipated Date Achieved/Implemented:</b></p> <p><b>Date</b> 1/16/2023</p>
<p><b>Supporting Evidence:</b> This form will be found in their fil</p>	<p><b>Position Responsible:</b> Clinicians- Primary therapist</p>
<p><b>How Maintained:</b> Form will be kept in file and uploaded into their EHR client file at the end of their program.</p>	<p><b>Board Notified:</b> Y <input type="checkbox"/> N <input type="checkbox"/> n/a <input type="checkbox"/></p>

<p>Signature of Agency Director: <i>Nikki Roth LPC-MH, LPCC, LAC, QMHP</i></p>	<p>Date: 1/16/2023</p>
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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: <i>Chi Kungu</i>	Date: <i>1/25/23</i>
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