



Department of Social Services
Office of Licensing and Accreditation
3900 W Technology Circle, Suite 1
Sioux Falls, SD 57106

Plan of Correction

Program Name: Martin Addiction Recovery Center

Date Due: 11/26/21

Client Charts POC-1

Rule #:
67:61:07:07

Rule Statement: Continued service criteria. 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 in 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:

- A. 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
- B. The client is not yet making progress but, has the capacity to resolve his or her problems. He or she is actively working toward 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
- C. 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 individual in the present level of care shall be documented every:

- a. Two calendar days for:
 - i. Clinically managed residential detoxification.
- b. 14 calendar days for:
 - i. Early intervention services.
 - ii. Intensive outpatient services.

	<ul style="list-style-type: none"> iii. Day treatment services; and iv. Medically monitored intensive inpatient treatment; and <p>c. 30 calendar days for:</p> <ul style="list-style-type: none"> i. Outpatient treatment program; and ii. Clinically managed low-intensity residential treatment.
<p>Area of Noncompliance: Only one reviewed file had a continued service review. The review had information the client should remain in care. The review was missing the justification and the individual plan for continued treatment. The review was divided by ASAM dimensions, but each dimension only had a box checked that the client should remain in the current level of care.</p>	
<p>Corrective Action (policy/procedure, training, environmental changes, etc): An Updated Continued Service Criteria form has been created. This changed document, in its entirety will be presented and begin being utilized by Martin Addiction Recovery staff, Morris Brewer Sr., CAC & Tracee Livermont, CAC as of October 29, 2021.</p>	<p>Anticipated Date Achieved/Implemented:</p> <p>Date 10/29/21</p>
<p>Supporting Evidence: Attached is a copy of the Update Continued Service Criteria Form.</p>	<p>Position Responsible: CAC</p>
<p>How Maintained: This form will be included in the Intake Packet for each new client and will be placed immediately on top of the Treatment Plan in each client file, with the Due Date highlighted, as a reminder for the progress and reasons for retaining the individual in the present level of care.</p>	<p>Board Notified: Y <input checked="" type="checkbox"/> N <input type="checkbox"/> n/a <input type="checkbox"/></p>

<p>Signature of Agency Director: Tracee Livermont, Director</p> 	<p>Date: 10/27/2021</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

The Department of Social Services, Office of Licensing and Accreditation has reviewed and accepted the above plan.

Signature of Licensing Staff: *Chris Kuyper*

Date: 10/27/21

**MARTIN ADDICTION RECOVERY CENTER
CONTINUED SERVICE CRITERIA**



Client Name:

Unique ID#:

Date of Initial Service:

Due Date (30 Calendar days):

Level of Care:

Level I.0 Outpatient Treatment (30 Calendar Days)

It is appropriate to retain the patient at the present level of care if:

Yes No NA The patient 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; Continued treatment at the present level of care is assessed as necessary to permit the patient to continue to work toward his or her treatment goals.

or

Yes No NA The patient is not yet making progress, but has the capacity to resolve his or her problems. He or she is actively working toward 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

Yes No NA 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.

STAGE OF CHANGE: N/A

PROGRESS:

REASONS FOR RETENTION:

PLAN OF ACTION:

Tracee Livermont, CAC

Date: _____

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This information has been disclosed to you from records whose confidentiality is protected by Federal Law. Federal regulations prohibit you from making any further disclosure of it without the specific written consent of the person to whom it pertains or as otherwise permitted by such regulation. A general authorization for the release of medical information is not sufficient for this purpose.