South Dakota Department of Social Services

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

Program Name: Northeastern Mental Health Center
Mental Health Services
Due Date:

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.

<table>
<tr><th colspan="2">Recommendation 1</th></tr>
<tr><td>Rule #:
67:62:08:12</td><td>Rule Statement: Progress Notes. A mental health staff member must record progress notes in the client's case record that substantiate all services provided. A mental health staff member must document the 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 in the progress note. A mental health staff member must also include attention to any co-occurring disorder as it relates to the client's mental disorder in the progress notes.

A progress note must be included in the client's clinical record for each billable service provided. Progress notes must include the following for the services to be billed:

1. Information identifying the client receiving services, including the client's name and unique identification number;
2. The date, location, time met, the units of service of the session, and the duration of the session;
3. The service activity code or the title describing the service code;
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 treatment goals or objectives;
6. A brief description of what each client and the provider plan to work on during the next session and any work that may occur between sessions, if applicable; and
7. The signature and credentials of the staff providing the service.</td></tr>
<tr><td colspan="2">Area of Noncompliance: Several progress notes across all types of mental health services lacked individuality. For example, one file had progress notes that stated "continue processing thoughts and emotions" as the plan for next session across multiple progress notes in a row. The Office of Licensing and Accreditation recommends making progress notes more specific and individualized. This also applies to group progress notes.</td></tr>
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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.

<table>
<tr><th colspan="2">Plan of Correction -1</th></tr>
<tr><td>Rule #:
67:62:08:05</td><td>Rule Statement: Integrated Assessment. A mental health staff member shall meet with the client and, if appropriate, the client's family if appropriate, to complete an integrated assessment, within thirty days of the first day the intake process begins. The integrated assessment must include both functional and diagnostic components. For a client under the age of eighteen, the mental health staff must obtain permission from the parent or guardian to meet with the child, and at least one parent or guardian must participate in the assessment. The assessment must contain:

1. Strengths of the client and the client's family, if appropriate, as well as previous periods of success, the strengths that contributed to that success, and the 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 regarding problem areas, including motivation and supports for making such changes;
4. Current substance use and relevant treatment history of any 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 regard to physical acting out, health conditions, acute intoxication, or withdrawal;
11. Past or current indications of trauma or domestic violence;
12. Vocational and financial history and needs;
13. Behavioral observations or mental status;
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 mental health services based on a serious mental illness or serious emotional disturbance, and a level of care determination for substance use services, or both;
16. Clinician's signature and credentials, and the date; and
17. Clinical supervisor's signature and credentials, and the date, to verify review of the assessment and if there is agreement with:
a. The initial diagnosis; or
b. The formulation of the initial diagnosis, if the staff member conducting the integrated assessment does not have the education or training to make a diagnosis.</td></tr>
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<tr><td colspan="2">Area of noncompliance: Five of eight reviewed CYF files, five of nine reviewed outpatient files, five of ten reviewed CARE files, and three of three reviewed IMPACT files did not have assessments completed within thirty days of intake.</td></tr>
<tr><td>Corrective Action (policy/procedure, training, environmental changes, etc): NEMHC will hold a mandatory clinical staff training to go over the content required and 30-day time frame of completion to be in compliance of the administrative rules.</td><td>Anticipated Date Achieved/Implemented:

Date July 31, 2024 9:00am</td></tr>
<tr><td>Supporting Evidence: This training will be held on July 31, 20024 at 9:00 am. Staff will be required to attend and if out will meet with their supervisor to complete this.

Additionally, all files that were reviewed during the site review will be evaluated during individual staffing.</td><td>Position Responsible:
Clinical Director and other Clinical Supervisors.</td></tr>
<tr><td>How Maintained: Supervisors will go over paperwork due monthly with clinical staff to try and ensure that they meet the 30-day time frame for completion.</td><td>Board Notified:
Y☐ N☐ n/a X☐</td></tr>
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<tr><th colspan="2">Plan of Correction 2</th></tr>
<tr><td>Rule #:
67:62:08:07</td><td>Rule Statement: Treatment Plan. The initial treatment plan must be completed within thirty days of the first day of the intake process begins and must include the mental health staff's signature, and the clinical supervisor's signature and credentials, if the mental health staff member does not meet the criteria of a clinical supervisor, as defined in ARSD 67:62:01:01. Evidence of the client's or the client's parent or guardian's participation and meaningful involvement in formulating the plan must be documented in the client's clinical record.

The treatment plan must:

1. Contain goals or objectives which are individualized, clear, specific, and measurable, so that both the client and the mental health staff can determine when progress has been made;
2. Address multiple client needs, if applicable, that are relevant to the client's mental health treatment;
3. Include interventions that match the client's readiness for change with respect to identified issues; and
4. Be understandable by the client and the client's parent or guardian, if applicable.

A copy of the treatment plan must be provided to the client, and to the client's parent or guardian if applicable.</td></tr>
<tr><td colspan="2">Area of Noncompliance: Five of eight reviewed CYF files, five of nine reviewed outpatient files, five of ten reviewed CARE files, and three of three reviewed IMPACT files did not have treatment plans completed within thirty days of intake.</td></tr>
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Corrective Action (policy/procedure, training, environmental changes, etc): NEMHC will hold a mandatory clinical staff training to go over the content required and 30-day time frame of completion to be in compliance of the administrative rules.	**Anticipated Date Achieved/Implemented:** **Date** July 31, 2024 9:00 am
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How Maintained: Supervisors will go over paperwork due monthly with clinical staff to try and ensure that they meet the 30-day time frame for completion.	**Board Notified:** Y ☐ N ☐ n/a X☐

Signature of Agency Director: Susan Kornder	Date: July 9, 2024

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: [signature]	Date: 7/12/24