

Program Name: Northeastern Mental Health Center
Substance Use Disorder 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.

Recommendation 1	
<p>Rule #: 67:61:07:08</p>	<p>Rule Statement: Progress Notes. The direct care provider must record at least one progress note in the client’s clinical record each week when services are provided for any program, other than a prevention program.</p> <p>Progress notes must be included in the client’s clinical record and substantiate all services provided. Progress notes must document counseling sessions with the client, summarize significant events, reflect goals and problems relevant to the session, and reflect any progress in achieving those goals and addressing the problems. Progress notes must include attention to any co-occurring disorder, as it relates to the client’s substance use disorder.</p> <p>A progress note must be included in the client’s clinical record for each billable service provided. In order for a service to be billed, the progress note must include:</p> <ol style="list-style-type: none"> 1. Information identifying the client receiving the services, including the client’s name and unique identification number; 2. The date, location, time met, the units of service of the counseling 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 identified treatment goals or objectives; 6. A brief description of what the client and the clinician plan to work on during the next session, and work that may occur between sessions, if applicable; and 7. The signature and credentials of the staff providing the service.
<p>Area of Noncompliance: Although all reviewed substance use disorder files contained description of what the client and clinician planned to work on during the next session, many of them were nonspecific and repetitive across multiple progress notes. For example, one file contained many progress notes that states “will address problems as they arise”. The Office of Licensing and Accreditation recommends personalizing that section of the progress note to meet the requirement outlined in Administrative Rule.</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.

Plan of Correction 1	
Rule #: 67:61:07:04	<p>Rule Statement: Closure and storage of clinical records. The agency shall establish a policy and procedures to ensure the closure and storage of clinical records upon the completion or termination of a treatment program. The policy and procedures must:</p> <ol style="list-style-type: none"> 1. Identify, by position or title, the staff members who are responsible for the closure of clinical records within the agency and the management information system; 2. Provide for the closure of a client's clinical records if the client has not received services from an inpatient or residential program in three days or if the client has not received services from an outpatient program in thirty days; and 3. Provide for the safe storage of case records for at least six years from the date of closure.
<p>Area of Noncompliance: Northeastern Mental Health's policy stated that outpatient SUD clients who have not been seen in ninety days will be closed. Additionally, there were a number of files in which clients had not received services nor been contacted in over thirty days, yet were still open and active clients.</p>	
<p>Corrective Action (policy/procedure, training, environmental changes, etc.) Clinical Supervisor will review 30-day closure policy, to ensure all required documentation is being completed on time. To also assist with timely documentation each clinician will be provided a printed monthly audit list of their clients identifying paperwork completed/paperwork due, to include due dates.</p>	<p>Anticipated Date Achieved/Implemented:</p> <p>Date August 1, 20024 1:00pm staffing.</p>
<p>Supporting Evidence: █ Please see attached policy updated to 30-day versus 90 day.</p>	<p>Position Responsible: Clinical Supervisor</p>
<p>How Maintained: █ Regular monitoring</p>	<p>Board Notified: Y <input type="checkbox"/> N <input type="checkbox"/> n/a X <input type="checkbox"/></p>

Plan of Correction 2	
Rule #: 67:61:07:07	<p>Rule Statement: Continued Service Criteria. The program staff or direct care provider shall document, for each client, the progress and reasons for retaining the client at the present level of care and create an individualized plan of action to address the reasons for retaining the client at the present level of care. This document must be 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"> 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 must be assessed, as necessary, to permit the client to continue working toward his or her treatment goals; or

client will continue to work on while in services.	
Supporting Evidence: █ Please see the attached CD group and individual progress notes for CSR enhancement.	Position Responsible: Clinical Supervisor
How Maintained: █ This will be reviewed and our EMR will add language to support this along with a CSR date.	Board Notified: Y <input type="checkbox"/> N <input type="checkbox"/> n/a X <input type="checkbox"/>

Plan of Correction 3	
Rule #: 67:61:07:10	Rule Statement: Transfer or Discharge Summary. An addiction counselor or an addiction counselor trainee shall complete a transfer or a discharge summary for a client, within five working days after the client is transferred or discharged, regardless of the reason for the transfer or discharge. A transfer or a discharge summary of the client’s problems, course of treatment, and progress toward planned goals and objectives identified in the treatment plan must be maintained in the client case record. A process must be in place to ensure that the transfer or discharge summary is completed in the management information system. When a client prematurely discontinues services, reasonable attempts must be made and documented by the agency to re-engage the client, if appropriate.
Area of Noncompliance: Five of eight applicable reviewed files did not have discharge summaries completed within five days of the client’s discharge. Additionally, some files contained “discharge” summaries, while other files contained “treatment interruption” summaries. Documents titled “discharge summary” correctly contained the client’s problems, course of treatment, and progress toward planned goals. Documents titled “treatment interruption summary” often did not contain the client’s problems, course of treatment, and progress toward planned goals. Northeastern must ensure all discharge summaries are completed within five days of the client’s discharge and that all summaries contain the necessary requirements.	
Corrective Action (policy/procedure, training, environmental changes, etc): Clinical supervisor will provide training on necessary requirements of discharge summaries/treatment interruptions & will review with clinicians during weekly team staffing & individual supervision time their client list to ensure the required documentation is being completed on time.	Anticipated Date Achieved/Implemented: Date August 1, 2024 1:00pm staffing
Supporting Evidence: █ See policy	Position Responsible: Clinical Supervisor
How Maintained: █ Regular review with individual and groups staffing. A monthly print out of paperwork	Board Notified: Y <input type="checkbox"/> N <input type="checkbox"/> n/a X <input type="checkbox"/>

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: 	Date: 7/12/24
---	---------------