

---

## **Accreditation Report – Project Recovery**

**Date of Review: March 16, 2023**

**Accreditation Outcome: Three Year Accreditation**

### **REVIEW PROCESS:**

Project Recovery was reviewed by The Department of Social Services, Office of Licensing and Accreditation for adherence to the Administrative Rules of South Dakota (ARSD) on January 12, 2022. This report contains the following:

- Agency Summary
- Interview Results
- 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:**

Project Recovery is a clinic in Rapid City, SD that provides Medication Assisted Treatment (MAT) and Outpatient Substance Use Disorder Services (SUD). The agency is seeking to renew accreditation for outpatient substance use disorder services.

Project Recovery is owned by Dr. Stephen Tamang. The Administrative Director is Dave Christensen. Project Recovery's website states they provide "medical care and compassion to patients with substance use disorders." Project Recovery wants to provide seamless services between MAT and Outpatient SUD services for those who need both. Project Recovery works with other agencies throughout western South Dakota and works with the Pennington County drug courts and diversion programs. Project Recovery has recently started providing assessments at the Pennington County Jail, as well as working with the diversion program in Rapid City and various attorneys, probation, and parole officers.

### **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, the clinical supervisor and two ACTs. Staff shared that they all work well as a team and are comfortable bouncing ideas off of each other as well as challenging each other.. Staff shared that Project Recovery's strengths include making sure clients feel safe, individualizing treatment, and holding clients accountable. Staff would like to continue their outreach into the community as they feel there is still a population in Rapid City that is being overlooked when it comes to substance use treatment.*

*The Office of Licensing and Accreditation did not interview any clients for this review.*

### **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 67:61:05:05, the agency shall provide orientation for all staff, including contracted staff providing direct clinical services, interns, and volunteers within ten working days after employment. The orientation must be documented and must include at least the following items:
  1. Fire prevention and safety, including the location of all fire extinguishers in the facility, instructions in the operation and use of each type of fire extinguisher, and an explanation of the fire evacuation plan and agency's smoking policy;
  2. The confidentiality of all information about clients, including a review of the confidentiality of alcohol and drug abuse patient records, 42 CFR, Part 2 (June 9, 1987), and the security and privacy of HIPAA, 45 CFR parts 160 and 164 (April 17, 2003);
  3. The proper maintenance and handling of client case records;
  4. The agency's philosophical approach to treatment and the agency's goals;
  5. The procedures to follow in the event of a medical emergency or a natural disaster;
  6. The specific job descriptions and responsibilities of employees;

7. The agency's policies and procedure manual maintained in accordance with ARSD 67:61:04:01; and
8. The agency's procedures regarding the reporting of cases of suspected child abuse or neglect in accordance with SDCL 26-8A-3 and 26-8A-8.

*All three personnel files, including the contracted employee's file, were missing documentation of orientation. Two of the three files contained blank orientation checklists.*

2. According to ARSD 67:61:05:08, the agency shall maintain written personnel policies and records for all staff including provisions for equal employment opportunities. Each agency shall maintain a personnel file or record or both for each staff member including contracted staff, intern, or volunteer. The file includes the following:
  1. The application filed for employment or resume and transcripts or diploma, and continuing education.
  2. The position description signed by the staff with a statement of duties and responsibilities and the minimum qualifications and competencies necessary to fulfill these duties;
  3. The completion of appropriate pre-hire screening will be evident for staff that provide direct services to vulnerable populations;
  4. The staff's current credentials in accordance with ARSD 67:61:05:05;
  5. Copies of the staff's current credentials related to job duties; and
  6. Any staff health clearances, including the tuberculin test results, if required, and any clearances from a licensed physician after an infectious or contagious disease requires the staff's absence from the program.

*All three personnel files, including the contracted employee's file, were missing requirements 1 and 4 of the above rule. Two of the files contained resumes but not transcripts.*

3. According to 67:61:05:12, each agency shall routinely check the Office of Inspector General's List of Excluded Individuals and Entities to ensure that each new hire as well as any current employee is not on the excluded list. No payment may be provided for services furnished by an excluded

individual. Documentation that this has been completed shall be placed in the employee's personnel file.

*All three personnel files were missing documentation of Medicaid exclusion list checks. To meet the "routinely" requirement, the Office of Licensing and Accreditation recommends performing the check for all employees upon hire and at least annually.*

4. According to ARSD 67:61:12:12, if the program is providing early intervention services, the program may provide each individual with a variety of services, but it must provide the following services, at a minimum:
  1. Initial screening and planning within 48 hours of initial contact. The initial screening shall be recorded in the client's case record and includes:
    - a. The client's current problems and needs;
    - b. The client's emotional and physical state including screening for the presence of cognitive disability, mental illness, medical disorders, collateral information, and prescribed medication;
    - c. The client's drug and alcohol use including the types of substances used, including prescribed or over the counter medications, age of first use, the amount used, the frequency of use, the date of last use, and the duration of use; and
    - d. A statement of intended course of action.
  2. Crisis intervention
  3. Individual or family counseling which may include:
    - a. Education regarding alcohol and drug abuse and the importance of medical care and treatment in the recovery process; and
    - b. Education regarding tuberculosis and the human immunodeficiency virus, how each is transmitted and how to safeguard against transmission;
  4. Discharge planning which may include:
    - a. Continued care planning and discharge planning;
    - b. Referral to and liaison with other resources that offer education, vocational, medical, legal, social, psychological, employment and other related alcohol and drug services; and

- c. Referral to and coordination of medical services shall include the availability of tuberculosis and human immunodeficiency virus services pursuant to 42 USC 300x-24 (Requirements Regarding Tuberculosis and Human Immunodeficiency Virus, October 27, 1992).

*The one early intervention file reviewed did not have evidence of initial screening and planning, and instead had a complete treatment plan. Project Recovery informed the Office of Licensing and Accreditation they do not have a procedure for early intervention services, specifically initial screening and planning. A procedure for initial screening and planning should be implemented for early intervention services.*

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

**Description:** Project Recovery was last reviewed by the Office of Licensing and Accreditation on January 12, 2022. There were four areas requiring plans of correction based on that review. All four of those areas were corrected for this review.

**SUBSTANCE USE DISORDER ACCREDITATION RESULTS:**

X	Three Year Accreditation (90%-100%)
	Two Year Accreditation (70%-89%)
	Probation (69% and below)
	One Year Provisional (70% and above)