



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

Plan of Correction

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| Program Name: Rosebud Sioux Tribe Meth Treatment Program | Date Due: May 11, 2023 |
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Administrative POC-1

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| Rule #: 67:61:04:02 | Rule Statement: Statistical Data. Each agency shall submit accurate statistical data on each client receiving services to the division in a manner agreed upon by the division and agency. The agency shall provide statistical data on all services in accordance with the state Management Information System (MIS), and the agency shall provide any other data required by the division and state and federal requirements. |
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Area of Noncompliance: *Rosebud Sioux Tribe Meth Treatment Program is entering client names into the STARS system but is not correctly entering any other statistical data. The Office of Licensing and Accreditation has also been informed by the Division of Behavioral Health that the Rosebud Sioux Tribe Meth Treatment Program has not been correctly entering billing information or statistical data into STARS. The Division of Behavioral Health attempted to schedule STARS training with the Rosebud Sioux Tribe Meth Treatment Program two times in 2022, with no response from the program. Additionally, STARS training was scheduled with the Rosebud Sioux Tribe Meth Treatment Program two times in 2022, and the program did not attend either training. The Rosebud Sioux Tribe Meth Treatment Program needs to work with the Division of Behavioral Health for technical assistance in correctly entering statistical data into STARS.*

This was also an area of noncompliance in February 2022.

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| Corrective Action (policy/procedure, training, environmental changes, etc): The program will schedule and attend STARS training with the Division of Behavioral Health. Following this training, program staff will upload the needed data on each client into the STARS data base | Anticipated Date Achieved/Implemented: Date 6/15/23 |
| Supporting Evidence: Clinical Supervisor will contact the Division of Health to schedule STARS Training by June 15 th , 2023. The Clinical Supervisor will train new staff and will schedule yearly STAR training with the Division of Behavioral Health. The anticipated date will be July 1 st , 2023. | Position Responsible: Health Director |
| How Maintained: Continuing to train new staff and schedule yearly STARS training. | Board Notified: Y <input type="checkbox"/> N <input type="checkbox"/> n/a <input type="checkbox"/> |

Administrative POC-2

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| Rule #: 67:61:04:06 | Rule Statement: Fees for Service. Each agency shall adopt a schedule of fees for services. Each agency shall base fees on the client's ability to pay. The agency shall make every effort to collect payment from clients for services in accordance with its fee schedule. The agency shall make every effort to collect reimbursement for costs of services for all clients from other third-party sources. |
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| The agency shall provide its clients, referral sources, the public, and the division with up to date fees for service. The information shall include the fee per unit of service and any standard fees not included in the unit rate charged by the agency. | |
| Area of Noncompliance: <i>The Rosebud Sioux Tribe Meth Treatment Program does not have a schedule of fees for services. The Rosebud Sioux Tribe Meth Treatment Program needs to adopt fees for service and make it available to their clients, the public, their referral sources and the Department of Social Services.</i> | |
| Corrective Action (policy/procedure, training, environmental changes, etc): The fee schedule will be adopted, and a copy will be provided to the Department of Social Services. | Anticipated Date Achieved/Implemented: Date 7/1/23 |
| Supporting Evidence: The Meth Treatment Program will initiate to visit other outside entities for future referencing and adopt the fees for service with availability to the clients, public, referral sources, and DSS by 7/1/23. | Position Responsible: Health Director |
| How Maintained: Copy of the Fee Schedule will be in common areas of the Agency. | Board Notified: Y <input type="checkbox"/> N <input type="checkbox"/> n/a <input type="checkbox"/> |

| Administrative POC-3 | |
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| Rule #: 67:61:04:09 (3) | Rule Statement: Staffing, training and hours of operation. Each agency shall have policies and procedures in place to respond to potential medical emergencies that clients may encounter while residing at the facility. Each agency providing treatment services shall provide adequate staffing, training, and hours of operation at the following levels: 3. Day treatment with residential services and clinically-managed low-intensity residential treatment programs shall operate 7 days a week, 24 hours a day. The agency shall have a staff member trained to respond to fires and other natural disasters as well as to administer emergency first aid and CPR on duty at all times. An addiction counselor or counselor trainee shall be available to the clients at least 8 hours a day, 5 days a week, and available on call, 24 hours a day. The agency shall have written staff schedules which shall be available to the division at the time of the accreditation survey. |
| Area of Noncompliance: <i>The Rosebud Sioux Tribe Meth Treatment Program does not have a policy regarding having a staff member trained to respond to fires and natural disasters and administer CPR on duty at all times. The Rosebud Sioux Tribe Meth Treatment Program must add this policy and ensure they are enforcing the policy by training the necessary staff on CPR and emergency response.</i> | |
| Corrective Action (policy/procedure, training, environmental changes, etc): Already in the policies and procedures manual. | Anticipated Date Achieved/Implemented: Date 5/9/23 |
| Supporting Evidence: The following policy is in the policies and procedures manual: SECTION I: Program Services | Position Responsible: Health Director |

Policy: Staffing, training, and hours of operation

Reference: SD Administrative Rule 67:61:04:09

Reviewed: July 2021

POLICY: The program shall operate inpatient services 24/7 when clients are in treatment and will operate outpatient, reception, visitor services Monday-Friday 9:00a-5:00p. Hours of operation shall be displayed in a visible location at the front entrance and reception area. The program shall maintain staffing requirements as detailed below:

PROCEDURE:

- 1) Clients receiving early intervention, outpatient, and intensive outpatient treatment shall have counseling staff on duty during the operating hours of Monday-Friday 9:00-5:00p
- 2) Clients receiving inpatient treatment shall have counseling staff on duty during operating hours of Monday-Friday 9:00-5:00p and
- 3) There shall always be a minimum 1 counselor on staff for every 6 clients receiving treatment at any given time; a staffing ratio of 1 counselor for every 3 clients will be maintained if possible given staffing and client levels
- 4) At least one staff member trained to respond to fires and other natural disasters, administer emergency first aid and CPR shall be maintained on duty 24/7
- 5) A 24/7 on-call system for client access to program services in the event of an emergency shall be made available to clients
- 6) For when level 3.7 inpatient clients are admitted to the program, a 24/7 on-call system for access to nursing staff shall be active. The program shall coordinate with the local Indian Health Service (IHS) unit located adjacent to the treatment facility for providing 24/7 nursing staff access when there is not are not nursing staff onsite at the program
- 7) All counseling staff must be credentialed (i.e. LPC, LCPC, LMHC) with a copy of their active license on file at all times
- 8) A copy of SAMHSA's Technical Assistance Publication (TAP): *Addiction Counseling Competencies: The Knowledge, Skills, and Attitudes of Professional Practice* (<https://store.samhsa.gov/sites/default/files/d7/priv/sma12-4171.pdf>) shall be kept on-site for reference and review by counseling and management staff
- 9) All counseling staff shall continue attending continuing education units (CEU) receiving a minimum of 3 CEU each year
- 10) All staff shall attend an annual review of these policies and procedures to be conducted by the program director

How Maintained: The Program will train staff accordingly as they are hired. Review the Policy and Procedures manual yearly and updated as needed.

Board Notified:

Y N n/a

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| Administrative POC-4 | |
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| Rule #: 67:61:05:09 | Rule Statement: Organizational Chart. Each agency shall have an up-to-date organization chart indicating lines of authority from the board of directors, if the agency has a board, or the agency director, and lines of authority for all job classifications. The organizational chart shall be made available to all staff members, the board of directors, if applicable, and the division. |
| Area of Noncompliance: <i>The Rosebud Sioux Tribe Meth Treatment program has an organizational chart for the Rosebud Health Administration office, but not specifically for the meth treatment program. The Rosebud Sioux Tribe must create an organizational chart for the meth treatment program and provide it to the Department of Social Services.</i> | |
| Corrective Action (policy/procedure, training, environmental changes, etc): We will create an organizational chart specific to the meth treatment program | Anticipated Date Achieved/Implemented: Date 5/9/23 |
| Supporting Evidence: attached to this email. | Position Responsible: Health Director |
| How Maintained: Changes will be made to the organizational as needed. | Board Notified: Y <input type="checkbox"/> N <input type="checkbox"/> n/a <input type="checkbox"/> |

| Administrative POC-5 | |
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| Rule #: 67:61:06:02 | Rule Statement: Guaranteed Rights. A client has rights guaranteed under the constitution and laws of the United States and the state of South Dakota including: <ol style="list-style-type: none"> 1. The right to refuse extraordinary treatment as provided in SDCL 27A-12-3.22; 2. The right to be free of any exploitation or abuse; 3. The right to seek and have access to legal counsel; 4. The right to have access to an advocate as defined in subdivision 67:61:01:01(4), or an employee of the state's designated protection and advocacy system; 5. The right to confidentiality of all records, correspondence, and information relating to assessment, diagnosis, and treatment in accordance with the confidentiality of records requirements of Substance Abuse and Mental Health Administration, 42 U.S.C. §§ 290 dd-2 (January 7, 2011), the confidentiality of alcohol and drug abuse patient records, 42 C.F.R. Part 2, (June 9, 1987), and the security and privacy of HIPAA, 45 C.F.R. Part 160 and 164 (September 26, 2016); and 6. The right to participate in decision making related to treatment, to the greatest extent possible. |
| Area of Noncompliance: <i>The Rosebud Sioux Tribe Meth Treatment Program's client rights policy is missing the right to have access to an advocate or an employee of the state's designated protection and advocacy system.</i> | |
| <i>Additionally, the Rosebud Sioux Tribe Meth Treatment Program's client rights intake form is missing the right to refuse extraordinary treatment, the right to have access to an advocate or an employee of the state's</i> | |

designated protection and advocacy system, and the right to participate in decision making related to treatment.

Corrective Action (policy/procedure, training, environmental changes, etc): The client's rights policy shall be updated to include "The right to have access to an advocate or an employee of the state's designated protection and advocacy system."

Anticipated Date Achieved/Implemented:

Date 4/2023

Supporting Evidence: The following can now be found on page 29 of the program's policies and procedures manual:

Position Responsible:
Health Director

Policy: Listing of Clients' Rights / Residential Program Rights

Purpose: To ensure that client rights are upheld

Reviewed: April 2023

POLICY: The clients of the Rosebud Sioux Tribe Methamphetamine Rehabilitation Program (RST MRP) have the following rights:

1. All rights guaranteed under the constitution and laws of the Rosebud Sioux Tribe, of the United States and of the State of South Dakota.

a. The right to refuse extraordinary treatment.

b. The right to be free of any exploitation or abuse, including, for example, any financial or sexual.

relationship with any agency personnel or any member of the Board of Directors.

c. The right to seek and have access to legal counsel; and

d. The right to confidentiality of all records, correspondence and information relating to assessment,

diagnosis and treatment.

e. The right to have access to an advocate or an employee of the state's designated protection and advocacy system.

How Maintained: Policy and Procedure book will be updated yearly or as needed.

Board Notified:

Y N n/a

Administrative POC-6

Rule #:
67:61:06:04

Rule Statement: Grievance procedures. Each agency shall have written grievance policies and procedures for hearing, considering, and responding to client grievances.

The agency shall inform the client, and the client's parent or guardian if applicable, in writing or in an accessible format, of the grievance procedures during intake services. The grievance procedure shall be posted in a place accessible to a client and a copy shall be available in

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| <p>locations where a client can access the grievance procedure without making a request to agency staff. The grievance procedure shall be available to a former client upon request.</p> <p>The procedure shall include the ability to appeal the agency's decision regarding ineligibility or termination of services to the division as provided in § 67:61:06:05 and shall include the telephone number and address of the division.</p> | |
| <p>Area of Noncompliance: <i>The Rosebud Sioux Tribe Meth Treatment Program's grievance policy states telephone number and address of the Division of Behavioral Health will be provided to the client, however, the ability to contact the Division and the Division's phone number and address are missing from both the client handbook and grievance procedure intake form.</i></p> | |
| <p>Corrective Action (policy/procedure, training, environmental changes, etc): The grievance policy and the client's handbook will be updated to include the Division's contact information.</p> | <p>Anticipated Date Achieved/Implemented: 7/1/23 Date</p> |
| <p>Supporting Evidence: Grievance form has been created with the Divisions contact information and placed in common area. Policy and Procedure/handbook will be updated with Division contact information.</p> | <p>Position Responsible: Megan Palmer</p> |
| <p>How Maintained: Handbook will reviewed yearly and updated as needed.</p> | <p>Board Notified: Y <input type="checkbox"/> N <input type="checkbox"/> n/a <input type="checkbox"/></p> |

| Administrative POC-7 | |
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| <p>Rule #: 67:61:07:04</p> | <p>Rule Statement: Closure and storage of case records. The agency shall have written policies and procedures to ensure the closure and storage of case records at the completion or termination of a treatment program including:</p> <ol style="list-style-type: none"> 1. The identification of staff positions or titles responsible for the closure of case records within the agency and the MIS; 2. Procedures for the closure of inactive client records, that are clients who have not received services from an inpatient or residential program in three days or clients who have not received services from an outpatient program in 30 days; and 3. Procedures for the safe storage of client case records for at least six years from closure. |
| <p>Area of Noncompliance: <i>The Rosebud Sioux Tribe Meth Treatment Program's policy for closure and storage of case records states that inactive client records must be closed after one month for medically monitored intensive inpatient treatment. They do not have a time frame for clinically managed low intensity residential treatment. The Rosebud Sioux Tribe Meth Treatment Program needs to amend the policy to indicate that all inpatient case records will be closed within three days of inactivity.</i></p> <p><i>This was also an area of noncompliance in February 2022.</i></p> | |
| <p>Corrective Action (policy/procedure, training, environmental changes, etc): The time frame for clinically managed low intensity residential treatment has been added to the program's policies and procedures manual</p> | <p>Anticipated Date Achieved/Implemented: Date 5/9/23</p> |

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| <p>Supporting Evidence: The following can now be found on page 37 of the program's policies and procedures manual:</p> <p>Policy: Closure and Storage of Case Records</p> <p>Purpose: To define time frames for closure and storage of client case records</p> <p>Reviewed: April 2023</p> <p>POLICY:</p> <p>Rosebud Sioux Tribe Methamphetamine Rehabilitation RST MRP will ensure that the case records of inactive clients are closed in a timely matter. The time frames for closure of the inactive clients are as follows:</p> <ol style="list-style-type: none"> 1. Early Intervention - 6 months 2. Medically monitored intensive inpatient - 1 month 3. Medically monitored low intensity residential treatment – 30 days 4. Outpatient - 3 months 5. Intensive Outpatient - 3 months 6. Clinically managed residential detoxification or early intervention - 6 months | <p>Position Responsible: Health Director</p> |
| <p>How Maintained: Clinical Supervisor will be checking files as clients are discharged.</p> | <p>Board Notified: Y <input type="checkbox"/> N <input type="checkbox"/> n/a <input type="checkbox"/></p> |

| Clinical POC-1 | |
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| <p>Rule #: 67:61:07:05(1)</p> | <p>Rule Statement: Integrated Assessment. An addiction counselor or counselor trainee shall meet with the client and the clients' family if appropriate to complete an integrated assessment, within 30 days of intake. The integrated assessment includes both functional and diagnostic components. The assessment shall establish the historical development and dysfunctional nature of the client's alcohol and drug abuse or dependence and shall assess the client's treatment needs. The assessment shall be recorded in the client's case record and includes the following component:</p> <ol style="list-style-type: none"> 1. Strengths of the client and the client's family if appropriate, as well as previous periods of success and the strengths that contributed to that success. Identification of potential resources within the family, if applicable. |
| <p>Area of Noncompliance: <i>All three reviewed integrated assessments were missing strengths of the client. The Rosebud Sioux Tribe Meth Treatment Program needs to include strengths of the client in all integrated assessments.</i></p> <p><i>This was also an area of noncompliance in February 2022.</i></p> | |

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| <p>Corrective Action (policy/procedure, training, environmental changes, etc): Clinical Supervisor will review all assessments. This will be completed by May 30th, 2023. The reporting evidence for the assessments will have clients strengths.</p> | <p>Anticipated Date Achieved/Implemented:</p> <p>Date 5/30/23</p> |
| <p>Supporting Evidence: Counselors will have clients strengths listed in the assessments.</p> | <p>Position Responsible: Health Director</p> |
| <p>How Maintained: the clients and policy and handbook will be reviewed and updated yearly when needed. Grievance forms will be placed in common areas and accessible to clients.</p> | <p>Board Notified: Y <input type="checkbox"/> N <input type="checkbox"/> n/a <input type="checkbox"/></p> |

| Clinical POC-2 | |
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| <p>Rule #: 67:61:16:04</p> | <p>Rule Statement: Admission medical examination. A person admitted to a clinically-managed-low intensity residential treatment program shall have received a medical examination conducted by or under the supervision of a licensed physician within three months before admission. The agency shall require that the results of the examination be provided to the program before or after the time of admission.</p> <p>If an examination has not been conducted or the results are not available, the program shall assure that a medical examination occurs within five calendar days after admission. The results of all medical examinations shall be placed in the case record. The staff shall consider the clients' medical health in the development of the treatment plan.</p> |
| <p>Area of Noncompliance: <i>Two out of four reviewed client files were missing documentation of medical examinations. The two files that contained examinations showed the examinations were completed before admission into the program. Interviews with staff confirmed that the Rosebud Sioux Tribe Meth Treatment Program are not completing medical examinations on clients who have not received one prior to entering the program.</i></p> <p><i>The Rosebud Sioux Tribe Meth Treatment Program needs to complete medical examinations for every client who has not received one prior to entering treatment, within 5 calendar days of entering the program.</i></p> | |
| <p>Corrective Action (policy/procedure, training, environmental changes, etc): Client will have a physical completed prior to admission and for treatment.</p> | <p>Anticipated Date Achieved/Implemented:</p> <p>Date 7/1/23</p> |
| <p>Supporting Evidence: Clinical Supervisor will review clients' physicals prior to be admitted to treatment.</p> | <p>Position Responsible: Health Director</p> |
| <p>How Maintained: clients will submit physicals prior to treatment and Clinical Supervisor will review.</p> | <p>Board Notified: Y <input type="checkbox"/> N <input type="checkbox"/> n/a <input type="checkbox"/></p> |

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| Signature of Agency Director: <i>Styla Fara Horse</i> | Date: <i>5/10/23</i> |
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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.

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| Signature of Licensing Staff: <i>Chie Kruger</i> | Date: <i>5/10/2023</i> |
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