



Program Name:
Southeastern Behavioral Health Mental Health Services
Due Date:

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 #:
67:62:08:05
and
67:62:08:07
and
67:62:08:08
and
67:62:08:09

Rule Statement: 67:62:08:05 states that a mental health staff member shall meet with the client and the client's family if appropriate, to complete an integrated assessment within thirty days of the day the intake process begins.

67:62:08:07 states that the initial treatment plan must be completed within thirty days of the day the intake process begins.

67:62:08:08 states a mental health staff member shall review the treatment plan at least once every six months and update it if needed.

67:62:08:09 states that staff meeting clinical supervisory criteria as defined in subdivision 67:62:01:01(8), shall conduct one treatment plan review at least annually

Area of Noncompliance: One of three CARE assessments and two of eight CYF assessments were late.

Two of three CARE treatment plans, three of eight CYF treatment plans, three of five outpatient mental health treatment plans, and one of two IMPACT treatment plans were late.

Two of seven CYF 6 month reviews, one of two Outpatient mental health 6 month reviews, and one of seven IMPACT 6 month reviews were either late or missing.

Two of eight CARE supervisory reviews, four of four CYF supervisory reviews, one of one Outpatient mental health supervisory reviews, and two of seven IMPACT supervisory reviews were either late or missing.

In total, 33% of applicable assessments, treatment plans, 6 month reviews, and supervisory reviews were either late or missing. Southeastern Behavioral Health must create a plan on how they will complete their documentation on time.

Corrective Action (policy/procedure, training, environmental changes, etc):

1. Southeastern will provide paperwork training and written instructions to CARE, IMPACT, CYF, and Outpatient employees.

Anticipated Date Implemented:

Date: 1/15/2024

<ol style="list-style-type: none"> 2. Employees will receive monthly "To Do" lists 30 days prior to due date that will include reminders for the following items: <ol style="list-style-type: none"> a. Integrated Assessment (needs assessment) b. Treatment Plan c. 6-month review d. Annual review e. Supervisory review f. Releases of Information g. Means h. Mental Health Outcomes 3. Supervisors will spot check 2% of the "To Do" lists each week to ensure completion. 4. Southeastern will utilize automated daily email reminders on ClaimTrak that will start 10 days prior to the paperwork due date. 5. Supervisors will hold monthly supervision with staff to review "To Do" list progress and offer help. 6. Southeastern will increase monthly staff meetings to bi-monthly, with a meeting during the first week of the month and third week of the month. 7. Welcome Letters will be given to every new client at intake to ensure all new clients and parents/guardians of minors understand paperwork and client expectations. 8. Clinicians within the Counseling and Children's services will continue to utilize school contacts and counselors for assistance in getting parent/guardians signatures. 9. Southeastern will utilize DocuSign to obtain signatures. 10. Supervisors will complete a work improvement plan with the employee and move to corrective action when needed. 	
<p>Supporting Evidence:</p> <ol style="list-style-type: none"> 1. Sample "To Do" list 2. Screen shot of reminder emails on ClaimTrak 3. Email providing information on ePrompt notifications 4. Welcome Letter for CCS and CSS 5. Training Documents for Needs Assessment, Treatment Plan, 6 Month Review, and Annual Paperwork which includes supervisory reviews 	<p>Position Responsible:</p> <p>Kim Hanson Suzanne Keizer</p>

<p>How Maintained: Supervisors will spot check clinician's "To Do" lists to ensure the following have been completed:</p> <ol style="list-style-type: none"> 1. Integrated assessments are completed within thirty days of the day the intake process begins. 2. The initial treatment plan is completed within thirty days of the day the intake process begins. 3. The treatment plan is reviewed every six months and updated as needed. 4. The staff meeting clinical supervisory criteria as defined in subdivision 64:62:01:08(8), shall conduct one treatment plan review at least annually. <p>Supervisors will provide monthly supervision to all staff to ensure that staff are completing items on their monthly "To Do" lists. If "To Do" lists are not at 100% completion and attempts to complete have not been made, after two months supervisors will do a work improvement plan with employees and move to corrective action when needed. SBH will provide ongoing paperwork and ClaimTrak training.</p>	<p>Board Notified: Yes – on 1/24/2024</p>
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Plan of Correction 2

<p>Rule #: 67:62:08:09</p>	<p>Rule Statement: Supervisory reviews. Staff meeting clinical supervisory criteria as defined in subdivision 67:62:01:01(8), shall conduct one treatment plan review at least annually. This review shall include documentation of:</p> <ol style="list-style-type: none"> 1. Progress made toward treatment goals or objectives; 2. Significant changes to the treatment goals or objectives; 3. Justification for the continued need for mental health services; and 4. Assessment of the need for additional services or changes in services, if applicable. <p>This review qualifies as a six month review pursuant to ARSD 67:62:08:08. The annual supervisory review shall include the clinical supervisor's signature, credentials, and date.</p>
<p>Area of Noncompliance: Four of four applicable reviewed outpatient mental health supervisory reviews were not completed.</p>	
<p>Corrective Action (policy/procedure, training, environmental changes, etc):</p> <ol style="list-style-type: none"> 1. SBH will provide training to all staff on the procedure to complete the Supervisory Assessment. 2. Staff will receive monthly "To Do" lists 30 days prior to due date that will include reminders for the following items: 	<p>Anticipated Date Implemented: Date: 1/15/2024</p>

<ul style="list-style-type: none"> a. Integrated Assessment (needs assessment) b. Treatment Plan c. 6-month review d. Annual review e. Supervisory review f. Releases of Information g. Means h. Mental Health Outcomes <ol style="list-style-type: none"> 3. Supervisors will spot check 2% of the "To Do" lists each week to ensure item completion. 4. Southeastern will utilize automated daily email reminders on ClaimTrak 10 days prior to due date. 5. Supervisors will hold monthly supervision with staff to review "To Do" list progress. 6. The occurrence of Staff Meetings will be increased to two times a month, once during the first week of the month and again during the third week of the month. 7. Supervisors will complete a work improvement plan with the employee and move to corrective action when needed. 	
<p>Supporting Evidence:</p> <ol style="list-style-type: none"> 1. Sample "To Do" list 2. Screen shot of reminder emails on ClaimTrak 3. Training document for Annual Review which includes supervisory reviews 	<p>Position Responsible:</p> <p>Kim Hanson Suzanne Keizer</p>
<p>How Maintained:</p> <p>Supervisors will spot check Annual treatment plan reviews to ensure completion and that the following documentation is included:</p> <ol style="list-style-type: none"> 1. Progress made towards treatment goals or objectives; 2. Significant changes to the treatment goals or objectives; 3. Justification for the continued need for mental health services; and 4. Assessment of the need for additional services or changes in services, if applicable. <p>Supervisors will verify that the annual supervisory review includes the clinical supervisor's signature, credentials, and date.</p>	<p>Board Notified:</p> <p>Yes – On 1/24/2024</p>

Supervisors will provide monthly supervision to all staff to ensure that staff are completing items on their monthly "To Do" lists. If "To Do" lists are not at 100% completion and attempts to complete have not been made, after two months supervisors will do a work improvement plan with employees and move to corrective action when needed. SBH will provide ongoing paperwork and ClaimTrak training.	
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Plan of Correction 3

Rule #: 67:62:08:12(6)	Rule Statement: Progress notes. A progress note shall be included in the file for each billable service provided. Progress notes shall include the following for the services to be billed: 6. A brief description of what the client and the provider plan to work on during the next session and work that may occur between sessions, if applicable.
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Area of Noncompliance: Seven of eight CYF files did not have a description of what the provider and client were going to work on next time in progress notes. Some notes had statements such as "will meet with client in two weeks", but that does not describe what will be worked on.

Corrective Action (policy/procedure, training, environmental changes, etc): <ol style="list-style-type: none"> SBH will provide training to employees on progress note documentation and procedures. Written training documents will be provided to employees. Supervisors will spot check 2% of completed progress notes to ensure proper documentation. Supervisors will have monthly supervision with employees to discuss paperwork. The occurrence of Staff Meetings will be increased to two times a month, once during the first week of the month and again during the third week of the month. Supervisors will utilize corrective action plans when needed. 	Anticipated Date Implemented: Date: 1/15/2024
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Supporting Evidence: <ol style="list-style-type: none"> DAP Progress Note Checklist/Training documentation 	Position Responsible: Kim Hanson Suzanne Keizer
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How Maintained: Supervisors will spot check progress notes to ensure that progress notes and all other paperwork are completed correctly. Supervisors will provide monthly	Board Notified: Yes – on 1/24/20224
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supervision to all staff to ensure that staff are completing items on their monthly "To Do" lists and that progress notes and all other paperwork is completed correctly. SBH will provide ongoing paperwork and ClaimTrak training.

Signature of Agency Director:



Date: 1/11/2024

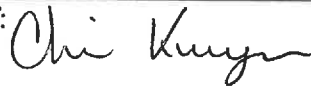
Please email or send Plan of Correction to:

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: ~~1/11/2024~~

1/16/24