

Plan of Correction


Program Name: USD Student Counseling Center	Date Due: 4/4/2022
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Administrative POC-1

Rule #: Contract Attachment	Rule Statement: Publication of Priority Services. Each contracted SUD program publicizes priority services for pregnant women, women with dependent children, and IV drug users and maintains a record of the programming or outreach services.
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Area of Noncompliance: *USD Counseling Center did not have priority services for pregnant women, women with dependent children, or IV drug users publicized.*

Corrective Action (policy/procedure, training, environmental changes, etc): Input “priority services for pregnant women, women with dependent children, and IV drug” on our student counseling center brochures until we can add this statement publicly on our USD website once the updated site is launched.	Anticipated Date Achieved/Implemented: Date 3/11/2022
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Supporting Evidence: pamphlet and client handbook updated.  Updated Brochure 2022 with QR Code	Position Responsible: Madison Harrington
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How Maintained: Year review of publications is completed prior to a new academic year and websites are updated continuously. The advisory board will be notified of the plan of correction and changes made in the April (22) board meeting.	Board Notified: Y <input type="checkbox"/> N <input checked="" type="checkbox"/> n/a <input type="checkbox"/>
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Administrative POC-2

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. 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 the Substance Abuse and Mental Health Services Administration, 42 U.S.C. 290 dd-2 (January 7, 2011), the confidentiality of alcohol and drug abuse patient records, 12 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.
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Area of Noncompliance: <i>USD Counseling Center did not have the right to an advocate included in their client rights within their policy and procedures manual or client handbook.</i>	
Corrective Action (policy/procedure, training, environmental changes, etc): Add “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” on the SCC client rights document.	Anticipated Date Achieved/Implemented: Date 4/15/2022
Supporting Evidence: statement will be added to the client handbook and client rights and responsibilities document.	Position Responsible: Madison Harrington
How Maintained: All documents are reviewed in June-July prior to the new academic year. The advisory board will be notified of the plan of correction and changes made in the April (22) board meeting.	Board Notified: Y <input type="checkbox"/> N <input checked="" type="checkbox"/> n/a <input type="checkbox"/>

Administrative POC-3	
Rule #: 67:61:05:12	Rule Statement: Office of Inspector General Medicaid exclusion list. 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.
Area of Noncompliance: <i>USD Student Counseling Center did not have checks of the Inspector General’s Medicaid Exclusion List documented in any of the reviewed personnel files upon hire or routinely.</i> <i>In order for USD Student Counseling Center to meet the “routine” requirement, the exclusion list must be checked for each clinical employee at least annually.</i>	
Corrective Action (policy/procedure, training, environmental changes, etc): Every year check the Office of Inspector General’s List of Excluded for every current employee, print documentation, and add to personnel files. Add Medicaid Exclusion List to New Hire Checklist for new staff’s personnel file. Completed.	Anticipated Date Achieved/Implemented: Date 03/01/2022 and ongoing
Supporting Evidence: All employees have been checked and documentation has been printed and placed in personnel files. It will also be added to the new hire checklist.	Position Responsible: Madison Harrington
How Maintained: The database will be checked at the time of hire and during staff training in August of each year when personnel files are generally updated. The advisory board will be notified of the plan of correction and changes made in the April (22) board meeting.	Board Notified: Y <input type="checkbox"/> N <input checked="" type="checkbox"/> n/a <input type="checkbox"/>

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Client Chart POC-1

Rule #: 67:61:07:06	<p>Rule Statement: Treatment Plan. An addiction counselor or counselor trainee shall develop an individualized treatment plan based upon the integrated assessment for each client admitted to an outpatient treatment program, intensive outpatient treatment program, day treatment program, clinically-managed low-intensity residential treatment program, or medically-monitored intensive inpatient treatment program.</p> <p>The individualized treatment plan shall be developed within 30 calendar days of the client's admission for a counseling services program. All treatment plans shall be reviewed, signed, and dated by the addiction counselor or counselor trainee. A signature must be followed by the counselor's credentials.</p>
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Area of Noncompliance: *USD Student Counseling Center did not have treatment plans developed and signed within 30 days of admission in two out of two applicable client files.*

Corrective Action (policy/procedure, training, environmental changes, etc): Ensure that all treatments plans are signed by addiction counselor trainee and trainee supervisor within 30 days of the client's admission for counseling services program. Trainee will have supervisor sign appropriate documents during weekly supervisions.	<p>Anticipated Date Achieved/Implemented:</p> <p>Date 3/29/2020</p>
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Supporting Evidence: All treatment plans will be reviewed weekly during supervision for all clients entered into a level of care.	<p>Position Responsible: Madison Harrington</p>
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<p>How Maintained: Reviewed during weekly supervision. The advisory board will be notified of the plan of correction and changes made in the April (22) board meeting.</p>	<p>Board Notified: Y <input type="checkbox"/> N <input checked="" type="checkbox"/> n/a <input type="checkbox"/></p>
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Client Chart POC-2

Rule #: 67:61:07:07	<p>Rule Statement: Continued Service Criteria. The program shall document for each client the progress and reasons for retaining the client at the present level of care; and an individualized plan of action to address the reasons for retaining the individual in the present level of care. This document is 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 is assessed as necessary to permit the client to continue to work toward his or her treatment goals; or 2. The client is not yet making progress, but has the capacity to resolve his or her problems. He or she is actively working toward the goals articulated in the individualized treatment plan. Continued treatment at the present level of care is assessed as necessary to permit the client to continue to work toward his or her treatment goals; 3. New problems have been identified that are appropriately treated at the present level of
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	<p>care. The new problem or priority requires services, the frequency and intensity of which can only be safely delivered by continued stay in the current level of care. The level of care in which the client is receiving treatment is therefore the least intensive level at which the client's new problems can be addressed effectively.</p> <p>The individualized plan of action to address the reasons for retaining the individual in the present level of care shall be documented every 14 calendar days early intervention services and 30 calendar days for outpatient treatment programs.</p>
<p>Area of Noncompliance: <i>USD Student Counseling Center did not have continued service criteria or a plan of action to address the reasons for retaining the client at the present level of care every 14 days in any of the 5 applicable early intervention files reviewed.</i></p> <p><i>Additionally, individualized plans of action were documented at least every 30 days for the two applicable outpatient treatment files reviewed, however the language laid out in ARSD was not used, so it was difficult to determine if the plan of action was addressing continued service criteria specifically.</i></p> <p><i>It is recommended that USD Student Center add the continued service criteria language to their progress notes, so it is clear what their individualized plans of action are addressing.</i></p>	
<p>Corrective Action (policy/procedure, training, environmental changes, etc): Input continued service criteria language from the ARSD with a check box in SUD progress notes. This will help show cohesiveness within group notes and solidify the reasons for retaining the client at the present level of care.</p>	<p>Anticipated Date Achieved/Implemented: Date 04/01/2022</p>
<p>Supporting Evidence: Note template will be updated to reflect the changes.</p>	<p>Position Responsible: Madison Harrington</p>
<p>How Maintained: Reviewed weekly in supervision and at the time of QCR once a file is closed. The advisory board will be notified of the plan of correction and changes made in the April (22) board meeting.</p>	<p>Board Notified: Y <input type="checkbox"/> N <input checked="" type="checkbox"/> n/a <input type="checkbox"/></p>

<p>Signature of Agency Director: <u>Debra Robertson, LCSW-PIP, LAC</u></p>	<p>Date: <u>3/29/2022</u></p>
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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.

Signature of Licensing Staff: 	Date: 3/30/22
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