

Program Name:
iRecover.US
Due Date: August 31, 2023

Plan of Correction Items

The following administrative rules were found to be out of compliance. In a State of South Dakota 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.

Administrative POC-1	
Rule #: 67:61:04:09(1)	Rule Statement: Staffing, Training, and Hours of Operation. Early intervention, outpatient programs, and intensive outpatient programs shall ensure that counseling staff is on duty at all times during scheduled hours of program operation or available by phone. The agency shall post the hours that the agency is open to the general public in a prominent place on the premises. The agency shall have a 24-hour-a-day, 7-day-a-week, on-call system for client access to program services in the event of an emergency.
Area of Noncompliance: iRecover.US did not have their hours of operation posted in a prominent place on the premises at the time of the review.	
Corrective Action (policy/procedure, training, environmental changes, etc): [redacted] Window decals have been ordered to be permanently added to entrance windows with hours of operation and office hours listed	Anticipated Date Achieved/Implemented: Date 09/14/2023
Supporting Evidence: [redacted] Order invoice available upon request	Position Responsible: Admin
How Maintained: [redacted] Permanently affixed	Board Notified: Y <input type="checkbox"/> N <input type="checkbox"/> n/a <input type="checkbox"/>

Administrative POC-2	
Rule #: 67:61:04:10	Rule Statement: Support Services Directory. The agency shall maintain an electronic or written directory complete with the name, address, and telephone number of credentialed service providers available to provide the agency’s clients with support services such as: <ul style="list-style-type: none"> 1. Alcohol and other drug services; 2. Social and mental health services; 3. Medical services; 4. Employment services; 5. Education and educational counseling; 6. Vocational evaluation and counseling; 7. Continuing care services;

	<p>8. Legal services; and 9. Pastoral services.</p> <p>The agency shall make the directory available to clients at all times and to the division at the time of inspection.</p>
<p>Area of Noncompliance: iRecover.US did not have a support services directory at the time of the review.</p>	
<p>Corrective Action (policy/procedure, training, environmental changes, etc): █ A list of support services has been made available to staff and put up on the wall in both the nursing station and ACT office</p>	<p>Anticipated Date Achieved/Implemented:</p> <p>Date 08/07/2023</p>
<p>Supporting Evidence: █ Copies available upon request</p>	<p>Position Responsible: Admin</p>
<p>How Maintained: █ As new support services become available, they will be added to the list accordingly.</p>	<p>Board Notified: Y <input type="checkbox"/> N <input type="checkbox"/> n/a <input type="checkbox"/></p>

Administrative POC-3

<p>Rule #: 67:61:05:12</p>	<p>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.</p>
<p>Area of Noncompliance: iRecover.US did not have documentation of Medicaid Exclusion List checks in any of the reviewed personnel files. In order to meet the “routine” requirement, the list should be checked at least annually.</p> <p>https://exclusions.oig.hhs.gov/?AspxAutoDetectCookieSupport=1</p>	
<p>Corrective Action (policy/procedure, training, environmental changes, etc): █ Policies are to be updated to include the annual exclusion list checks as well as at the time of employment for new employees</p>	<p>Anticipated Date Achieved/Implemented:</p> <p>Date 09/07/2023</p>
<p>Supporting Evidence: █</p> <p>A copy of the updated policies and procedures manual is available upon request</p>	<p>Position Responsible: Director</p>
<p>How Maintained: █</p>	<p>Board Notified: Y <input type="checkbox"/> N <input type="checkbox"/> n/a <input type="checkbox"/></p>

Administrative POC-4

<p>Rule #: 67:61:05:03</p>	<p>Rule Statement: Qualifications of Addiction Counselors. All agency staff providing addiction counseling shall meet the standards for addiction counselors or addiction counselor trainees in accordance with BAPP requirements. A certificate and identification card issued by BAPP is evidence of meeting the standards for an addiction counselor or a certificate of</p>
--	--

	recognition for an addiction counselor trainee. Counselor certification or trainee recognition shall be obtained before performing any addiction counseling functions.
Area of Noncompliance: iRecover.US employs one Licensed Addiction Counselor who completes all of the assessments and treatment plans, but there are a number of employees providing group counseling sessions who are not addiction counselors or addiction counselor trainees.	
Corrective Action (policy/procedure, training, environmental changes, etc): [REDACTED] All facilitators have been registered as ACT's with BAPP	Anticipated Date Achieved/Implemented: Date 08/17/2023
Supporting Evidence: [REDACTED] ACT certificates available upon request	Position Responsible: Director
How Maintained: [REDACTED] Policies and Procedures updated to reflect ACT as minimum requirement	Board Notified: Y <input type="checkbox"/> N <input type="checkbox"/> n/a <input type="checkbox"/>

Administrative POC-5	
Rule #: 67:61:05:07	Rule Statement: Clinical Supervision. The board of directors or the agency director shall designate an addiction counselor to be responsible for supervising clinical services, including supervision required for trainees. Supervising clinical services includes: <ul style="list-style-type: none"> 1. Case staffing; 2. Individual case supervision; 3. Consultation with other clinical professionals; 4. Review of case record maintenance; and 5. Other clinically appropriate supervision methods determined by agency policy. <p>If an addiction counselor is not available within the trainee's employing agency, supervision may be obtained on a contractual or consultant basis from an outside party meeting the required qualifications.</p>
Area of Noncompliance: iRecover.US did not have an addiction counselor providing clinical supervision at the time of the review.	
Corrective Action (policy/procedure, training, environmental changes, etc): [REDACTED] Since we now have registered ACT's, our LAC has qualified as clinical supervisor in order to provide supervision to the ACT's	Anticipated Date Achieved/Implemented: Date 08/22/2023
Supporting Evidence: [REDACTED] Letter from BAPP/DSS stating our LAC is supervising ACT's	Position Responsible: LAC
How Maintained: [REDACTED]	Board Notified: Y <input type="checkbox"/> N <input type="checkbox"/> n/a <input type="checkbox"/>

Clinical POC-1

<p>Rule #: 67:61:07:07</p>	<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 her 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; or 3. New problems have been identified that are appropriately treated at the present level of care. The new problem or priority requires services, the frequency and intensity of which can only safely be delivered by a 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>The individualized plan of action to address the reasons for retaining the individual in the present level of care shall be documented every:</p> <ol style="list-style-type: none"> 1. Two calendar days for: <ol style="list-style-type: none"> a. Clinically managed residential detoxification 2. 14 calendar days for: <ol style="list-style-type: none"> a. Early intervention services b. Intensive outpatient services c. Day treatment services d. Medically monitored intensive inpatient treatment 3. 30 calendar days for: <ol style="list-style-type: none"> a. Outpatient treatment program b. Clinically managed low intensity residential treatment.
---------------------------------------	--

Area of Noncompliance: All applicable reviewed files were missing continued service criteria as well as the individualized plan of action to address the reasons for retaining the client.

<p>Corrective Action (policy/procedure, training, environmental changes, etc): [REDACTED] Continued service reviews have been added to the list of items to be completed by the LAC and ACT's and has been added as part of the treatment planning process.</p>	<p>Anticipated Date Achieved/Implemented: Date 08/08/2023</p>
<p>Supporting Evidence: [REDACTED] New treatment plan and review documents available upon request</p>	<p>Position Responsible: LAC</p>
<p>How Maintained: [REDACTED] Annual intake and client paperwork reviews</p>	<p>Board Notified: Y <input type="checkbox"/> N <input type="checkbox"/> n/a <input type="checkbox"/></p>

Clinical POC-2

Rule #:
67:61:07:12

Rule Statement: Tuberculin Screening requirements. A designated staff member shall conduct a tuberculin screening for the absence or presence of symptoms with each client newly admitted to outpatient treatment, intensive outpatient treatment, day treatment, clinically-managed low intensity residential treatment, clinically managed detoxification, and intensive inpatient treatment within 24 hours of admission to determine if the client has had any of the following symptoms within the previous three months:

1. Productive cough for a two to three week duration,
2. Unexplained night sweats,
3. Unexplained fevers; or
4. Unexplained weight loss.

Any client determined to have one or more of the above symptoms within the last three months shall immediately referred to a licensed physician for a medical evaluation to determine the absence or presence of active disease. A Mantoux skin test may or may not be done during this evaluation based on the opinion of the evaluating physician. Any client confirmed or suspected to have infectious tuberculosis shall be excluded from services until the client is determined to no longer be infectious by the physician. Any client in which infectious tuberculosis is ruled out shall provide a written statement from the evaluating physician before being allowed entry for services.

Area of Noncompliance: All reviewed files were missing a tuberculin screening.

Corrective Action (policy/procedure, training, environmental changes, etc): Tuberculin screening questions have been added to the nursing intake paperwork in line with State law.

Anticipated Date Achieved/Implemented:

Date 08/08/2023

Supporting Evidence: Paperwork available upon request

Position Responsible:

Nursing Director

How Maintained: Policies and procedures have been updated to reflect this addition.

Board Notified:

Y N n/a


Clinical POC-3

Rule #:
67:61:05:07

Rule Statement: Intensity of Services. A medically-monitored intensive inpatient treatment program for adults shall provide daily to each client a combination of individual, group, or family counseling which shall total a minimum of 21 hours per week. The program shall also provide a minimum of nine hours of additional services on specialized topics that address the specific needs of the client. The additional services shall be identified on the client's treatment plan or continued stay review. These services shall be provided by an individual trained in the specific topic presented.

Area of Noncompliance: All 8 reviewed medically monitored intensive inpatient treatment files were missing 21 hours of counseling and 9 hours of counseling on specialized topics per week. While all files had 30 hours of total counseling documented, the counseling was not conducted by licensed addiction counselors, certified addiction counselors, or addiction counselor trainees, and thus could not count toward the required hours.

Corrective Action (policy/procedure, training, environmental changes, etc): [REDACTED] All facilitators have been registered as ACT's with BAPP. This will ensure compliance with provided counseling hours.	Anticipated Date Achieved/Implemented: Date 08/17/2023
Supporting Evidence: [REDACTED] ACT Certificates available upon request	Position Responsible: Director
How Maintained: [REDACTED] Policies and Procedures updated to reflect ACT as minimum requirement	Board Notified: Y <input type="checkbox"/> N <input type="checkbox"/> n/a <input type="checkbox"/>

Signature of Agency Director: [REDACTED] 	Date: [REDACTED] 09/07/2023
--	--------------------------------

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: 9/7/23
---	--------------