

Program Name: Capital Area Counseling
Mental Health Services
Due Date: March 6, 2024

Recommendations

The following administrative rules were found to be out of compliance in low numbers, or were in compliance, but the Office of License and Accreditation saw potential for future noncompliance and is recommending changes to procedure. In some cases, if recommendations are not corrected, they may become plans of corrections in the future.

Recommendation 1	
<p>Rule #: 67:62:06:04</p>	<p>Rule Statement: The center shall provide orientation for all employees, including contracted staff providing direct clinical services, interns, and volunteers within ten working days after employment. The orientation shall be documented and shall include at least the following items:</p> <ol style="list-style-type: none"> 1. Fire prevention and safety, including the location of all fire extinguishers in the center, instruction in the operation and use of each type of extinguisher, and an explanation of the fire evacuation plan and center’s smoking policy; 2. The confidentiality of all information about clients, including a review of requirements in this article and 45 C.F.R. Parts 160 and 164 (October 7, 2009); 3. The proper maintenance and handling of client case records; 4. The center’s philosophical approach to treatment and the center’s goals; 5. The procedures to follow in the event of a medical emergency or natural disaster; 6. The specific job descriptions and responsibilities of the employee; 7. The center’s policies and procedures are maintained in accordance with ARSD 67:62:05:01; and 8. The center’s procedures regarding the reporting of cases of suspected child abuse or neglect in accordance with SDCL 26-8A-3 and 26-8A-8.
<p>Recommendation: The above requirements were found in all reviewed personnel files. However, the placement of the requirements within each file was not consistent, making them difficult to find at times. It is recommended that Capital Area Counseling places all of the above requirements in the same place in each personnel file, or create a checklist with the above requirements to ensure that everything is being completed.</p>	

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	Rule Statement: 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 first day the intake process begins.
Area of Noncompliance: Three of seven reviewed outpatient mental health assessments were not completed within thirty days of the first day of intake. Capital Area Counseling must outline a plan to ensure assessments are completed on time.	
Corrective Action (policy/procedure, training, environmental changes, etc): Staff will be trained on requirements of admin rule. Staff will be provided a newly implemented document tracking tool to help maintain and met deadlines. Clinical Supervisors will review at staffing on an on-going basis.	Anticipated Date Achieved/Implemented: Date March 4, 2024
Supporting Evidence: N/A	Position Responsible: Clinicians, Clinical Director, Clinical Supervisors and Compliance Officer
How Maintained: Chart audits will be conducted to review compliance with this requirement. Training will be provided as needed	Board Notified: Y N X n/a <input type="checkbox"/>

Plan of Correction 2	
Rule #: 67:62:08:07	Rule Statement: The initial treatment plan must be completed within thirty days of the first day the intake process begins and must include the mental health staff's signature and credentials, the date of the signature, and the clinical supervisor's signature and credentials, if the mental health staff member does not meet the criteria of a clinical supervisor.
Area of Noncompliance: Three of seven reviewed outpatient mental health treatment plans were not completed within 30 days of the first day of the intake process. Capital Area Counseling must outline a plan to ensure treatment plans are completed on time.	
Corrective Action (policy/procedure, training, environmental changes, etc): Staff will be trained on requirements of admin rule. Staff will be provided a newly implemented document tracking tool to help maintain and met deadlines. Clinical Supervisors will review at staffing on an on-going basis.	Anticipated Date Achieved/Implemented: Date March 4, 2024
Supporting Evidence: N/A	Position Responsible: Clinicians, Clinical Director, Clinical Supervisors and Compliance Officer

<p>How Maintained: Chart audits will be conducted to review compliance with this requirement. Training will be provided as needed</p>	<p>Board Notified: Y <input type="checkbox"/> NX n/a <input type="checkbox"/></p>
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Plan of Correction 3	
<p>Rule #: 67:62:08:08</p>	<p>Rule Statement: A mental health staff member shall review the treatment plan at least once every six months and update, if needed. The treatment plan review must include documentation of any progress made toward treatment goals or objectives, significant changes to the treatment goals or objectives, and a justification for a continuation of mental health services. Treatment plan reviews may be documented in the progress notes or case record. Changes in the client's treatment plan goals or objectives must be documented in the treatment plan. Treatment plan reviews must include the mental health staff's signature and credentials, and the date.</p>
<p>Area of Noncompliance: Three of five applicable outpatient mental health files and two of eight applicable CARE files did not have six month reviews completed every six months. Additionally, three of five applicable outpatient mental health and two of eight applicable CARE files did not have documentation of justification for continued need for mental health services.</p> <p>Capital Area Counseling must outline a plan to ensure six month reviews are completed every six months. They must also outline a plan to ensure justification for continued need for mental health services is documented.</p>	
<p>Corrective Action (policy/procedure, training, environmental changes, etc): Staff will be trained on requirements of admin rule. Staff will be provided a newly implemented document tracking tool to help maintain and met deadlines. Clinical Supervisors will review at staffing on an on-going basis. Provide examples of how to write up justification for continued needed for mental health services per CMS guidelines. Use the Golden Thread Training Model</p>	<p>Anticipated Date Achieved/Implemented:</p> <p>Date April 15th, 2024</p>
<p>Supporting Evidence: N/A</p>	<p>Position Responsible: Clinicians, Clinical Director, Clinical Supervisors and Compliance Officer</p>
<p>How Maintained: Chart audits will be conducted to review compliance with this requirement. Training will be provided as needed</p>	<p>Board Notified: Y <input type="checkbox"/> NX n/a <input type="checkbox"/></p>

<p>Signature of Agency Director: <i>Jennifer Gray</i></p>	<p>Date: <i>2/23/2024</i></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: 2/23/24
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