

Program Name: Capital Area Counseling
 Substance Use Disorder Services
 Due Date: March 6, 2024

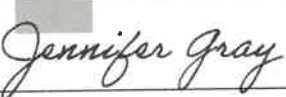

Plan of Correction Items

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 for accreditation to be renewed. Failure to provide a plan could result in suspension or revocation of accreditation.

Plan of Correction 2	
Rule #: 67:61:07:08 (6)	Rule Statement: A progress note must be included in the client’s clinical record for each billable service provided. In order for a service to be billed, the progress note must contain: (6) A brief description of what the client and the clinician plan to work on during the next session, and work that may occur between sessions, if applicable.
Area of Noncompliance: Eight of ten applicable reviewed outpatient SUD files did not have progress notes that contained plans on what the client and clinician plan to work on next session. Many progress notes had language such as “client will continue to attend IOP group” or “client will attend his next individual session in two weeks”. Such statements do not include what will be worked on during the next sessions.	
Corrective Action (policy/procedure, training, environmental changes, etc): Staff will be trained on Admin Rule requirements for progress note content. Examples will be provided. Yearly training will occur when new contracts are issued.	Anticipated Date Achieved/Implemented: Date March 4, 2024
Supporting Evidence: N/A	Position Responsible: Clinician, Clinical Director, Clinical Supervisor, Compliance officer
How Maintained: Chart audits and spot checks will be provided by clinical supervisor.	Board Notified: Y <input type="checkbox"/> N X n/a <input type="checkbox"/>

Plan of Correction 3	
Rule #: 67:61:07:10	Rule Statement: An addiction counselor or an addiction counselor trainee shall complete a transfer or a discharge summary for a client within five working days after the client is transferred or discharged, regardless of the reason for the transfer or discharge. A transfer or a discharge summary of the client’s problems, course of treatment, and a progress toward planned goals and objectives identified in the treatment plan must be maintained in the client’s case record. A process must be in place to ensure that the transfer or discharge summary is complete in the management information system. When a client prematurely discontinues services, reasonable attempts must be made and documented by the agency to re-

engage the client, if appropriate.	
Area of Noncompliance: Four of nine applicable reviewed outpatient SUD discharge summaries were not completed within five working after discharge. Capital Area Counseling must outline a plan to complete discharge summaries on time.	
Corrective Action (policy/procedure, training, environmental changes, etc): Staff will be trained on requirements of admin rule. Train staff on how to document within the chart the attempted contacts with clients and efforts to reengage client in services. 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 Supervisor, Compliance Officer
How Maintained: Ongoing chart audits and clinical supervisor will preform chart audits radomly.	Board Notified: Y <input type="checkbox"/> NX n/a <input type="checkbox"/>

Signature of Agency Director: 	Date:  2/23/2024
--	--

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: 2/23/24
---	---------------