South Dakota Department of Social Services

DEPARTMENT OF SOCIAL SERVICES
OFFICE OF LICENSING & ACCREDITATION
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PIERRE, SD 57501
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Plan of Correction

Date Issued	June 18, 2025	Status	Closed

Provider Name	Lewis & Clark Behavioral Health Services, Inc.
Provider Type	Accreditation
Accreditation #	1159196218
Provider Address	1028 Walnut St, Yankton, SD 57078
Provider Contact	Brenda Hoxeng
Board Notified	Yes

This is the Plan of Correction for your Community Mental Health Center Services. The following administrative rules have been found to be out of compliance. A corrective action plan is required to bring the provider into compliance. Continued non-compliance could lead to suspension or revocation of your accreditation.

POC Action #1

Administrative Rule:

67:62:08:08

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.

Summary of Non-Compliance Finding:

Six of nine applicable reviewed outpatient mental health files contained treatment plan reviews that were not completed at least every six months. Lewis & Clark Behavioral Health must ensure they will complete treatment plan reviews every six months.

Corrective Action:

Changes in the EHR that will allow enhanced tracking and automated supervisory oversight have been completed.The audit and feedback mechanisms have been put in place using existing mechanisms. The training for supervisors and staff is in the process of being completed as policy updates are being communicated.

Enhance Tracking System: The Lewis & Clark Behavioral Health Electronic Health Record (EHR) has been updated so that the responsible clinician will have a link to the treatment plan placed in their "to do" list at the same time an alert is received – 30 days prior to the due date. The treatment plan review cannot be removed from the "to do list" until the treatment plan update is completed and signed.
Automated Supervisory Oversight with Required Review During Supervision: Supervisors will be able to monitor "to do" lists and will receive alerts any time that a treatment plan remains on a "to do list" after the due date. Treatment plan review timelines will be added as a discussion point during supervision.
Staff Training: Update and clarify training and expectations regarding treatment review dates. Direction is being provided to all clinicians and supervisors related to procedures in those cases when a client is not available at the time the treatment plan review is done. This direction is being communicated by way of policy.
Audit and Feedback: The timeliness of the six-month reviews will be monitored in several ways. Administrative staff will track and report on past due treatment plans to supervisors and to the continuous quality assurance committee each month. The timeliness of treatment plans will also be part of the Quality Assurance process for the clinical record. Clinicians will receive feedback from the monitoring.

Supporting Evidence:

Screen shot of treatment plan due date alert. Attachment 1.
Screen shot of "to do" list with link to treatment plan. Attachment 2.
Screen shoot of overdue alert going to supervisor. Attachment 3.
Policy clarifying that the treatment plan reviews are required at the time of the six-month review with no exceptions. In those cases that a client is not available to participate in the review process, the requirement is that the clinician complete the review at the time the six-month review is due. The review with the client should then be conducted as opportunity allows. Attachment 4.
Policy that sets an expectation that administrative rule compliance, including compliance with six-month treatment plan review dates, will be a required part of supervision and monitoring compliance will be provided to the continuous quality assurance committee each month. Attachment 4.

How Maintained:

Compliance will be maintained by ongoing enhanced tracking and supervisory oversight, staff and supervisory training, and by enhanced auditing and feedback.

Position Responsible:	Expected Completion Date:	Date Completed:
Elizabeth Rembold, LCSW-PIP; Outpatient Program Director	June 30, 2025	August 21, 2025

POC Action #2

Administrative Rule:

67:62:08:12
A mental health staff member must record progress notes in the client's case record that substantiate all services provided. A mental health staff member must document the counseling sessions with the client, summarize significant events occurring, and reflect goals and problems relevant during the session, and any progress in achieving those goals and addressing the problems in the progress notes. A mental health staff member must also include attention to any co-occurring disorder as it relates to the client's mental disorder in the progress notes.

A progress note must be included in the client's clinical record for each billable service provided. Progress notes must include the following for the services to be billed:

(1) Information identifying the client receiving services, including the client's name and unique identification number;
(2) The date, location, time met, the units of service of the session, and the duration of the session;
(3) The service activity code or the title describing the service code;
(4) A brief assessment of the client's functioning;
(5) A description of what occurred during the session, including the specific action taken or plan developed to address unresolved issues for the purpose of achieving treatment goals or objectives;
(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; and
(7) The signature and credentials of the staff providing the service.

Summary of Non-Compliance Finding:

Numerous files across all levels of mental health services contained progress notes in which the description of what the client and provider plan to work on next session or between sessions was not specific or individualized. Often times the language was identical across multiple progress notes.

Corrective Action:

The revised progress note template will be in place by June 30, 2025.The updated progress note policy with examples of strong verses vague or over generalized plans for the next session / between session has been completed and is provided below.

Revised Progress Note Template / Required fields. LCBHS has revised the progress note template to include a required field titled “Plan for Next Session / Between Sessions. Staff will not be able to complete a progress note without explicitly addressing this field.
Provide Staff Training on an Updated Template. Conduct staff and supervisor training on updated treatment plan template with an emphasis on the plan for the next session or plan between session, including examples of strong verses vague entries.
Supervisory oversight. Additional emphasis will be placed on monitoring progress notes next session / between session documentation during supervision.
Audit and Feedback. Treatment plans will undergo an enhanced QA process. The revised fields on the treatment plan will be subject to the QA process each month with monthly feedback going to staff, supervisors and to the continuous quality assurance committee.

Supporting Evidence:

Updated Progress Note Template. Attachment 5.
Provide supervisor and staff training. Attachment 6.

How Maintained:

Compliance will be maintained by updating the in the progress note template, supervisory oversight, staff and supervisory training, and by enhanced auditing and feedback through existing quality assurance processes.

Position Responsible:	**Expected Completion Date:**	**Date Completed:**
Michelle Townsend, LCSW-PIP, Chair, QA committee	August 20, 2025	August 21, 2025

SIGNATURES

Your signature below certifies you have read and understand the non-compliance findings and agree to make corrections to be compliant with the identified administrative rules.

Brenda Hoxeng

Printed Name of Provider/Agency Contact



Signature of Provider/Agency Contact

July 22, 2025

Date

The Department of Social Services, Office of Licensing and Accreditation has reviewed and accepted the above plan.

Chris Kenyon

Printed Name of DSS Staff



7/29/2025, 8:58:07 AM

Signature of DSS Staff:

July 29, 2025

Date

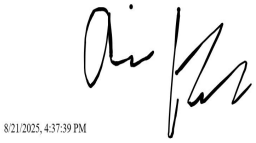
COMPLETION DETAILS

COMPLETION DATE: August 21, 2025

The Department of Social Services, Office of Licensing and Accreditation has reviewed the actions taken by the agency to resolve the above items and has accepted the above plan as completed.

Chris Kenyon

Printed Name of DSS Staff



Signature of DSS Staff:

August 21, 2025

Date