South Dakota Department of Social Services

DEPARTMENT OF SOCIAL SERVICES
OFFICE OF LICENSING & ACCREDITATION
700 GOVERNORS DRIVE
PIERRE, SD 57501
Phone: 605.773.3165
Web: dss.sd.gov

Plan of Correction

Date Issued July 02, 2025 Status Closed

Provider Name	Main Gate Counseling Services
Provider Type	Accreditation
Accreditation #	849515363
Provider Address	325 S Monroe St Ste 110, Winner, SD 57580
Provider Contact	Cathy Mayes
Board Notified	N/A

This is the Plan of Correction for Substance Use Disorder Treatment Services. The following administrative rules have been found to be out of compliance. A plan of correction 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:

67:61:05:10

The agency shall provide for ongoing training and consultation to enable staff and supervisors to carry out their responsibilities effectively.

Summary of Non-Compliance Finding:

Main Gate Counseling Services provided the Department of Social Services with clinical documentation as a follow up to their most recent accreditation site visit and plan of correction. The types of documents that were provided were treatment plans and and continued service reviews. A significant amount of documentation was completed incorrectly and noncompliant to South Dakota Administrative Rule. Main Gate Counseling Services must complete clinical documentation correctly and must meet all standards of South Dakota Administrative Rule. In order to achieve this, the Office of Licensing and Accreditation is requiring Main Gate Counseling Services to obtain education on appropriate clinical documentation from another Licensed Addiction Counselor or Certified Addiction Counselor in the state of South Dakota. This may be in the form of long-term clinical supervision or short-term training. Main Gate Counseling services will document the supervision or training hours and make it available to the Office of Licensing and Accreditation.

Corrective Action:

Quality Of Care Reviews will be completed on a monthly basis for the ACT starting 7/15/2025 for the next 6 months, after which the reviews will be complete on a Quarterly basis thereafter.

ACTs will receive weekly training on Documentation, development of treatment plans, Progress Reviews, completing progress notes, and Discharge summaries.

Supporting Evidence:

Review 3 clinical charts for each ACT, collecting data on needed Corrections. The ACT will be provided the Quality-of-Care Review and will correct the needed items.
ACTs will then meet with this counselor & discuss why the changes were needed. Information provided to the ACTs will be "The ASAM Criteria Assessment Interview Guide; SD Medicaid Billing & Policy Manual (so they will be better able to assist their clients); ATTC: Integration Series: Treatment Planning, Service Provision & Continuity of Care; ASAM Treatment Planning Template;& other materials beneficial to their training. They will also be attending the SDAPP meetings and any other educational opportunities as they come available.

How Maintained:

Review will be scheduled each week to assure follow through. Acts will have to review and correct before a schedule session to be review.
Copies of Manuals from SAMSHA will be obtained this month and be available for training and support.
This clinician will be seeking classes for Clinical Supervision - will be contacting Sinte Gleska to see if I can state the schedule Clinical Supervision class this fall.

Position Responsible:	Expected Completion Date:	Date Completed:
Cathy Mayes, CCDC1	August 31, 2025	October 01, 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.

Cathy Mayes, CCDC1 Cathy Mayes, CCDC1

Printed Name of Provider/Agency Contact

July 11, 2025

Signature of Provider/Agency Contact 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



7/14/2025, 3:29:56 PM

Signature of DSS Staff: Date

COMPLETION DETAILS

COMPLETION DATE: October 01, 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



10/2/2025, 10:02:56 AM

Signature of DSS Staff: October 01, 2025 Date