South Dakota Department of Social Services

Department of Social Services
Office of Licensing and Accreditation
3900 W Technology Circle, Suite 1
Sioux Falls, SD 57106

Program Name:
Community Counseling Services Substance Use Disorder Services
Due Date: February 3, 2025

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	
Rule #: 67:61:06:04	**Rule Statement: Policy and procedures manual.** Each center must have a policy and procedure manual to ensure compliance with this article and have procedures for reviewing and updating the manual.
Area of Noncompliance: Community Counseling Services has a policies and procedures manual, however there are several policies that simply quote the administrative rule and do not contain a specific Community Counseling Services procedure to go along with the quoted administrative rule. It is recommended that Community Counseling Services reviews their policies and procedures manual and add procedures where appropriate.	

Recommendation 2	
Rule #: 67:61:11:08	**Rule Statement: Quality assurance and evaluation.** An agency shall conduct a quality assurance review of its programming to monitor, protect, and enhance the quality and appropriateness of its programming and to identify qualitative problems and recommend plans for correcting each problem. The agency shall conduct: 1. Annual satisfaction surveys of all individuals or stakeholders who requested and participated in prevention services; 2. Participant evaluations after each prevention presentation the agency provides; and 3. Pre and post tests for all evidence based curricula presented to individuals. A summary of the quality assurance review must be made available to the board of directors or agency staff annually, and to the department and community members, upon request.
Area of Noncompliance: Community Counseling Services completed a quality assurance evaluation for the Prevention Program in the 2023-2024 year. Although the summary focused on the effectiveness of the curriculum, Community Counseling Services did not appear to assess the effectiveness of their service delivery. The Office of Licensing and Accreditation recommends adding more analysis of activities and service delivery, rather than only the curriculum.	

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 #: 67:61:07:07	**Rule Statement: Continued Service Criteria.** The program staff or direct care provider shall document, for each client, the progress and reasons for retaining the client at the present level of care and create an individualized plan of action to address the reasons for retaining the client at the present level of care. This document must be maintained in the client case record. It is appropriate to retain the client at the present level of care if: 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 must be assessed, as necessary, to permit the client to continue working toward his or her treatment goals; or 2. The client is not yet making progress, but has the capacity to resolve his or her problems. The client is actively working toward the goals articulated in the individualized treatment plan. Continued treatment at the present level of care must be assessed, as necessary, to permit the client to continue working toward his or her treatment goals; or 3. A new problem or priority that is appropriately treated at the present level of care has been identified. The new problem or priority requires services, the frequency and intensity of which can only be delivered by continuing to stay at the current level of care. The client's level of care must be the least intensive level at which the client's new problem or priority can be addressed effectively. The individualized plan of action to address the reasons for retaining the individual at the present level of care must be documented every: 1. Two calendar days for clinically-managed residential detoxification; 2. Fourteen calendar days for early intervention services, intensive outpatient services, day treatment services, and medically-monitored intensive inpatient treatment; and 3. Thirty calendar days for outpatient treatment programs and clinically-managed low-intensity residential treatment.
Area of Noncompliance: Five of eight applicable reviewed outpatient and intensive outpatient files contained continued service reviews that were not completed in the required timeframes.	
Corrective Action (policy/procedure, training, environmental changes, etc): Training of staff, Implementation of increased chart compliance/quality reviews, bi-weekly and monthly reports	**Anticipated Date Achieved/Implemented:** **Date** 1/21/2025
Supporting Evidence: Training of staff in each clinical staff meeting as a reminder of ARSD expectations for SUD Tx Plans and Continued Stays. Increased licensed staff compliance/quality reviews to ensure compliance with ARSD standard ongoing. Monthly Open Client Lists with continued stay due date, bi-weekly continued stay report for supervisor to monitor and manage.	**Position Responsible:** Deputy Director, Clinical Director, SUD Clinical Supervisor
How Maintained: Electronic Health Record alerts all staff to Tx Plan and Continued Stay due dates. Each staff receives their open client list monthly to	**Board Notified:** Y ☒ N ☐ n/a ☐

review these due dates as a secondary safety net. This report highlights what is due and what is due in the next month. The third safety net is the bi-weekly treatment plan report that the supervisor will monitor and have clinical conversations regarding the client conversation and barriers to completion on time as well as the stage matched intervention appropriate for the client. More frequent quality assurance reviews of licensed staff will review target dates and qualify of clinical intervention. The CCS Board of Directors were informed during their 01/06/2025 meeting that we received a POC on 01/03/2025 regarding this matter and they that will also receive an update in their next meeting in April 2025 as to how the matter was corrected.	

Plan of Correction 2	
Rule #: 67:61:07:10	**Rule Statement: Transfer or discharge summary.** An addiction counselor or an addiction counselor trainee shall complete a transfer or a discharge summary for a client, within five working days after a client is transferred or discharged, regardless of the reason for the transfer or discharge. A transfer or discharge summary of the client's problems, course of treatment, and 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 completed 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: Three of eight applicable reviewed files did not have discharge summaries completed within five working days of the client's discharge.	
Corrective Action (policy/procedure, training, environmental changes, etc): Training of direct staff and Report	**Anticipated Date Achieved/Implemented:** **Date** 1/7/2025
Supporting Evidence: Training of staff regarding this ARSD expectation and how to directly meet this. Open client lists are completed with the "last seen date" to assist in completing this as directed. Completion of documentation showing evidence of reaching out to schedule.	**Position Responsible:** Deputy Director, Clinical Director, SUD Clinical Supervisor
How Maintained: Training will be completed ongoing to ensure this component is improved and managed. Open client lists and tx plan reports will have the "last seen date" to assist in showing engagement of client and ability to complete the Discharge or Transfer completed within deadline expectations. Documentation regarding ability to re-engage with clients will be reviewed with each quality review. The CCS Board of Directors were informed during their 01/06/2025 meeting that we received a POC on 01/03/2025 regarding this matter and they that will also receive an update in their next meeting in April 2025 as to how the matter was corrected.	**Board Notified:** Y ☒ N ☐ n/a ☐

Signature of Agency Director: Belinda Grave	Date: 01/23/2025

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: 1/28/25