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 Mental Health 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 #: 67:62:05:01	**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.	

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 #: 67:62:07:04	**Rule Statement: Grievance procedures.** Each center shall establish a policy and procedures for a receiving, considering, and responding to client grievances. The center shall provide, to the client and the client's parent or guardian if the client is under the age of eighteen, a copy of the policy and procedures, in writing or in an accessible format, during intake services. Verification by the client of receipt of the policy and procedures must be placed in the client's clinical record. The grievance policy and procedures must be available in locations where it can be accessed by a client, without making a request to center staff. The policy and procedures must be available to former clients upon request. The policy and procedure must include the ability to appeal the center's decision regarding ineligibility or the termination of services to the department, as provided in ARSD 67:62:07:05, and must include the telephone number and address of the department.

Area of Noncompliance: Community Counseling Services has a grievances policy and procedures, however the procedures are not available to clients without having to ask staff.	
Corrective Action (policy/procedure, training, environmental changes, etc): Policy and Procedure in place, Environmental Change and Training	**Anticipated Date Achieved/Implemented:** **Date** 1/7/2025
Supporting Evidence: The written policy and procedure is in place and used. Verification of receipt of the policy and procedure is in place. Availability of access without making contact with staff is the environmental update and training.	**Position Responsible:** CEO and IT Dept
How Maintained: Each client, at the time of their intake, is offered a copy of their signed Client Rights and the grievance procedure. They will be educated that as time passes, they are not able to locate their copy, and in lieu of asking CCS staff for another copy, they can review the Client Rights and grievance procedure policy through our posted lobby copies, download the document directly through the CCS website, and submit also a grievance via the CCS website. The waiting room and website options will have availability for a client to retain the grievance procedure without having direct contact with staff. The CEO will receive any incoming emailed grievances and determine onward course of action. 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. If this POC is accepted, then CCS staff will be trained on this availability.	**Board Notified:** Y ☒ N ☐ n/a ☐

Plan of Correction 2	
Rule #: 67:62:08:08	**Rule Statement: Treatment plan review – Six month review.** 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.
Area of Noncompliance: Eleven of twenty seven applicable reviewed files across all types of mental health services contained six month treatment plan reviews that were not completed every six months.	
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 MH Tx Plans and Tx Plan Reviews. Increased licensed staff compliance/quality reviews to ensure compliance with ARSD standard ongoing. All MH Tx Plans are signed by a Clinical Supervisor. Monthly Open Client Lists with tx plan/tx plan review due dates, bi-weekly tx	**Position Responsible:** Deputy Director, Clinical Director, MH Clinical Supervisors

plan report for supervisor to monitor and manage.	
How Maintained: Electronic Health Record alerts for all staff to remind of Tx Plan and Tx Plan Review dates. Each staff receives their open client list monthly to 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. A procedure implemented for this plans that will be late due to low client engagement or missed appointments. More frequent quality assurance reviews of licensed staff will review target dates and qualify of clinical intervention when deemed necessary. 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: Chris King	Date: 1/28/25