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:
Southern Plains Behavioral Health
Due Date: April 21, 2024

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 #: 67:62:08:14	**Rule Statement:** A transfer or discharge summary must be completed within five working days after termination or discontinuation of services. 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 case records. A policy and procedures must be in place to ensure that the transfer or discharge is completed in the management information system. If a client prematurely discontinues services, reasonable attempts must be made by the center to re-engage the client into services, if appropriate. The attempts made must be documented in the client's clinical record.
Area of Noncompliance: Several reviewed files did not have discharge summaries completed within five working days of discharge. It was determined that Southern Plains was using their last date of contact with a client as their discharge date, rather than a date chosen by the clinician. This was causing discharge summaries to frequently be late. After discussions with Southern Plains, they have a plan in place to change the date of discharges so discharge summaries are completed on time.	

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 #: 67:62:08:08	**Rule Statement:** 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 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 clients' 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 date.

Area of Noncompliance: In six of twenty-one applicable files, six month reviews were either missing justification for the continued need of mental health services or the justification was not individualized to the client.

Corrective Action (policy/procedure, training, environmental changes, etc): Staff were informed in 4 staff meetings and by email that they must individualize the justification for continued services or explain why progress would be lost if services would cease.	**Anticipated Date Achieved/Implemented:** **Date** March 1, 2024
Supporting Evidence: Staff meeting notes explain the correction needed.	**Position Responsible:** Executive Director/Clinical Director
How Maintained: Clinical Director will continue to monitor by signing off on reviews every 6 months that the justification for continued services is explained and individualized.	**Board Notified:** Y ☒ N ☐ n/a ☐

Plan of Correction 2	
Rule #: 67:62:08:09	**Rule Statement:** Staff meeting clinical supervisory criteria as defined in ARSD 67:62:01:01 shall annually conduct at least one of the client's treatment plan reviews. This review must include documentation of: 1. Progress made toward treatment goals or objectives; 2. Significant changes to the treatment goals or objectives; 3. Justification for the continuation of mental health services; and 4. Assessment of the need for additional services or changes in services, if applicable. This review qualifies as a six-month review, pursuant to ARSD 67:62:08:08. The annual supervisory review must include the clinical supervisor's signature and credentials, and the date.

Area of Noncompliance: In six of eighteen applicable files, supervisory reviews were either missing justification for the continued need of mental health services or the justification was not individualized to the client.

Corrective Action (policy/procedure, training, environmental changes, etc): Staff were informed in 4 staff meetings and by email that they must individualize the justification for continued services or explain why progress would be lost if services would cease.	**Anticipated Date Achieved/Implemented:** **Date** March 1, 2024
Supporting Evidence: Staff meeting notes explain the correction needed.	**Position Responsible:** Executive Director/Clinical Director
How Maintained: Clinical Director will continue to monitor by signing off on reviews every 6 months that the justification for continued services is explained and individualized.	**Board Notified:** Y ☒ N ☐ n/a ☐

Signature of Agency Director: Lindsey McCarthy, CSW, QMHP Lindsey McCarthy, CSW, QMHP	Date: 4/18/2024

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: Chi Kuyu	Date: 4/22/24