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:
Oglala Sioux Tribe Native Healing Program

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 #: **67:61:03:04**	**Rule Statement: Non-Discrimination Policy.** No agency may deny any person equal access to its facilities or services on the basis of race, color, religion, gender, ancestry, or national origin. No agency may deny any person equal access to its facilities or services on the basis of mental or physical illness, or disability, unless the illness or disability makes treatment offered by the agency non-beneficial or hazardous. Each agency shall ensure that it complies with the Americans with Disabilities Act, 42. U.S.C. 12101 et seq., in effect on September 25, 2008, and 28 C.F.R. Part 36, in effect on January 17, 2017. The agency shall provide referral services to individuals no admitted to treatment.

Area of Noncompliance: Native Healing Program's non-discrimination policy states "The program will accept tribally enrolled members residing in the Rapid City area according to terms between Indian Health Services and the Oglala Sioux Tribe. In compliance with the Oglala Sioux Tribe regulation and State regulation for tribally enrolled members, the Native Healing Program will assist only those people eligible for I.H.S. services. Eligibility is specified as tribal people who are experiencing alcohol/drug addiction, abuse, or related problems and in need of outpatient treatment".

The Native Healing Program must provide services to all people, regardless of their tribal membership or lack thereof. The Native Healing Program may not require tribal enrollment or proof of Indian blood to provide services to a client. The Native Healing Program must amend its non-discrimination policy and procedures.

Additionally, Native Healing Program's website indicates that a person must provide proof of tribal enrollment before an assessment will be completed. Their informational flyer indicates a person must provide tribal ID before beginning any treatment or program.

This was also out of compliance at the Native Healing Program's 2022 accreditation review. Native Healing signed a plan of correction agreeing that they would amend their policy and procedures to indicate they would provide services to all people regardless of race, color, religion, gender, gender expression, age, national origin, disability, marital status, sexual orientation, or military status. Despite agreeing to amend their policy, this change had not been completed by the 2024 accreditation review.

Corrective Action (policy/procedure, training, environmental changes, etc): Made changes to Policy/procedure plan, Informed staff, The website is under construction, Flyer updated to reflect change The Program oversite board has been notified.	**Anticipated Date Achieved/Implemented:** **Date** 04/25/24

Supporting Evidence: Copy added in attachments	**Position Responsible:** Stanley LaRoque Director
How Maintained: Will be available on our site for review. Added in Manual Program oversite board was notifed..	**Board Notified:** Y ☒ N ☐ n/a ☐

Plan of Correction 2	
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 and 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 safely 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 fourteen days for intensive outpatient services and thirty calendar days for outpatient programs.
Area of Noncompliance: All reviewed files that required continued service criteria were missing the progress and reasons for retaining the client at the present level of care and the individualized plan of action that addresses the reasons for retaining the client in the present level of care.	
Corrective Action (policy/procedure, training, environmental changes, etc): Created Continued stay review to add to client file and added update to Policy/Procedure	**Anticipated Date Achieved/Implemented:** **Date** 4/25/24
Supporting Evidence: Two page Adult Continued service criteria and treatment plan review with drop downs for ASAM, Level of care. In attachment Ad to CHR(your Way).	**Position Responsible:** Stanley W. LaRoque MSW,LAC
How Maintained: Permanent placement in file and legend Training and weekly meetings. Staffing with clinical Supervisor. Who will assure its in compliance.	**Board Notified:** Y ☒ N ☐ n/a ☐

Plan of Correction 3	
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 the client is transferred or discharged, regardless of the reason for the transfer or discharge. A transfer or a 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: All reviewed files in which clients were unsuccessfully discharged were missing a summary of the client's problems, course of treatment, and progress toward planned goals and objectives. These must be documented even if the client does not successfully discharge.

Corrective Action (policy/procedure, training, environmental changes, etc): policy/procedure manual states that there is to be documented phone call, Then a letter of intent to engage third letter to report intent to discharge if no contact to re-engage.	**Anticipated Date Achieved/Implemented:** **Date** 4/25/2024
Supporting Evidence: Written in Policy/procedure Manual. Supporting document sent in e4mail	**Position Responsible:** Stanley W. LaRoque MSW,LAC Director
How Maintained: Included with CHR (Your Way)	**Board Notified:** Y ☒ N ☐ n/a ☐

Signature of Agency Director: Stanley W LaRoque MSW,LAC	Date: 4/26/24

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: [redacted] Kuny	Date: 5/3/24