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: Accord Counseling
Due Date: January 17, 2025

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 #: 67:61:07:06	**Rule Statement: Treatment Plan.** An addiction counselor or addiction counselor trainee shall develop an individualized treatment plan, based upon the integrated assessment for each client admitted to an outpatient treatment program, intensive outpatient treatment program, day treatment program, clinically managed low intensity residential treatment program, or medically monitored intensive inpatient treatment program. Evidence of the client's meaningful involvement in formulating the plan must be documented in the client's clinical record. The treatment plan must be recorded in the client's clinical record and contain: 1. A statement of specific client problems, including any co-occurring disorders, to be addressed during treatment, with supporting evidence; 2. A diagnostic statement and a state of short and long term treatment goals that relate to the problems identified; 3. Measurable objectives or methods leading to the completion of short term goals; a. Time frames for the anticipated dates of achievement or completion of each objective or for reviewing progress towards objectives; b. A specification and description of the indicators to be used to assess progress; c. Referrals for needed services that are not provided directly by the agency; and d. Interventions for identified issues that match the client's readiness for change. 4. A statement identifying the staff member responsible for facilitation the methods or treatment procedures. The individualized treatment plan must be developed within ten calendar days of the client's admission to an intensive outpatient treatment program, day treatment program, clinically managed low intensity residential treatment program, or medically monitored intensive inpatient treatment program. The individualized treatment plan must be developed within thirty calendar days of the client's admission to a counseling services program. All treatment plans must be reviewed, signed, and dated by the addiction counselor or addiction counselor trainee. The signature must be followed by the counselor's credentials.

Area of Noncompliance: Four of four reviewed outpatient treatment plans were not completed within thirty days of intake.	
Corrective Action (policy/procedure, training, environmental changes, etc): Updated Treatment Plan Development – The document highlighted in yellow and in Bold letters "shall develop an individualized treatment plan for each client within ten calendar days"	**Anticipated Date Achieved/Implemented:** **Date** December 18, 2024
Supporting Evidence: A copy of the document will be submitted.	**Position Responsible:** Agency Director
How Maintained:	**Board Notified:** Y ☐ N ☐ n/a ☐

Plan of Correction 2	
Rule #: 67:61:07:06 (3a)	**Rule Statement: Treatment Plan.** An addiction counselor or addiction counselor trainee shall develop an individualized treatment plan, based upon the integrated assessment for each client admitted to an outpatient treatment program, intensive outpatient treatment program, day treatment program, clinically managed low intensity residential treatment program, or medically monitored intensive inpatient treatment program. Evidence of the clients' meaningful involvement in formulating the plan must be documented in the client's clinical record. The treatment plan must be recorded in the client's clinical record and contain: 3a. Time frames for the anticipated dates of achievement or completion of each objective or for reviewing progress toward objectives.

Area of Noncompliance: Four of four reviewed treatment plans did not contain time frames for anticipated dates of achievement or completion of each objective. Instead, each anticipated date of achievement said "TBD".	
Corrective Action (policy/procedure, training, environmental changes, etc): Updated Treatment Plan Development – The document highlighted in yellow and in Bold letters **"This should include time frames for achieving or completing each objective, as well as indicators to assess progress. (No TBD)**	**Anticipated Date Achieved/Implemented:** **Date** 12/18/2024
Supporting Evidence: A copy of the document will be submitted.	**Position Responsible:** Agency Director
How Maintained: .	**Board Notified:** Y ☐ N ☐ n/a X☐

Plan of Correction 3	
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 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: 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: Four of four reviewed files did not have continued services reviews that contained progress and reasons for retaining the client at the present level of care or individualized plans of action to address the reason for retaining the client.

Corrective Action (policy/procedure, training, environmental changes, etc): Justification of care will be added to the Progress Notes/ Continued Care Template	**Anticipated Date Achieved/Implemented:** **Date** December 18, 2024
Supporting Evidence: A copy of the updated template will be submitted.	**Position Responsible:** Agency Director
How Maintained:	**Board Notified:** Y ☐ N ☐ n/a ☐

Signature of Agency Director:	Date: 12/18/2024

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:	Date: 12/19/24