

UnitedHealthcare Community Plan (UHCCP)

PEER SUPPORT AUDIT RECORD TOOL

Program Name: _____

Reviewer Name: _____

Date of Review: _____

Rating Scale: NA = Not Applicable Y = Yes N = No

Y	N	NA
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Initiation

1	Each member has a separate record.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Comments: _____				
2	Each record includes the member's address, employer or school, home and work telephone numbers including emergency contacts, relationship or legal status, and guardianship information if relevant.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Comments: _____				
3	All entries in the contact record include the responsible peer support specialist, what organization the peer works for, and is dated and signed where appropriate.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Comments: _____				
4	The peer support specialist has the name and contact information for the member's psychiatrist, therapists, treatment counselor, and/or case worker in the record.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Comments: _____				
5	The reasons for starting the peer services are indicated.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Comments: _____				
6	The goals the member has for working with the peer support specialist are stated in the record.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Comments: _____				
7	There is evidence in the member's record of an inventory of the member's strengths and other resilience factors such as the member's support network.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Comments: _____				

8	There is evidence in the member's record that the peer specialist conducted an inquiry as to whether the member has a Wellness Recovery Action Plan (WRAP), an Advanced Directive, recovery plan, and a plan for managing relapse.			
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Comments:

9	The member's perception on their current family and/or social supports is documented in the record.			
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Comments:

10	There is evidence in the contact record that the member is agreeable to receiving peer support services.			
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Comments:

11	There is evidence the peer specialist obtained appropriate consents to contact member's behavioral health clinician, medical physician, family/social supports, and/or agencies and other programs with which the member is involved.			
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Comments:

Coordination of Care

12	There is documentation in the record of the member's current behavioral health providers (e.g. psychiatrist, social worker, psychologist, counselor, treatment counselor), including contact information for each provider.			
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Comments:

13	There is evidence in the record that the peer specialist is coordinating care with the behavioral health clinician.			
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Comments:

14	There is evidence in the record that the member was asked whether they have a medical physician (PCP).			
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Comments:

15	If the member has a PCP, there is documentation that communication/collaboration occurred.			
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Comments:

Recovery Planning

16	There is evidence in the contact record of a recovery plan developed by the member with support from the peer specialist as needed.			
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Comments:

	17 The recovery plan includes a description of the member's goals, the timeframes for meeting each goal, and the steps the member wants to take to achieve his/her goals.			
Comments:				
	18 The recovery plan includes a description of how the member will engage in peer support, empowerment activities, and other community support services.			
Comments:				
	19 The recovery plan includes the development of a WRAP (if desired by the member), advance directive (if desired by the member), and/or plan for managing relapse.			
Comments:				
	20 There is evidence that the peer support specialist has offered the member a range of empowerment tools.			
Comments:				
	21 The contact record shows the peer specialist is helping the member work with their providers.			
Comments:				
	22 There is evidence the recovery plan is reviewed at regular intervals.			
Comments:				
Case Notes				
	23 Each case note includes the date of service, start and stop time, and is signed by the peer specialist.			
Comments:				
	24 Each case note identifies what recovery plan goals are being addressed during the session.			
Comments:				
	25 The case notes reflect changes in goals as new issues are identified by the member.			
Comments:				
	26 The case notes describe progress or lack of progress towards service plan goals.			
Comments:				
	27 The case notes describe/list member strengths and challenges and how those impact the member meeting or changing the recovery plan goals.			

Comments:				
	28	There is evidence that the peer specialist has offered the member access to face to face, online, or phone based support.	<input type="checkbox"/>	<input type="checkbox"/>
Comments:				
	29	The peer specialist coach describes in the case notes the progress or lack of progress towards recovery plan goals.	<input type="checkbox"/>	<input type="checkbox"/>
Comments:				
	30	The case notes document any referrals made to other agencies and/or support services when indicated.	<input type="checkbox"/>	<input type="checkbox"/>
Comments:				
Transition Planning				
	31	If the member transitioned from the service, there was evidence the peer specialist coordinated the transition with the member's primary behavioral health clinician and other appropriate agencies and/or supports.	<input type="checkbox"/>	<input type="checkbox"/>
Comments:				
	32	If the member was transitioned from the service, there was evidence that the peer specialist provided the member with a list of appropriate peer support groups and activities.	<input type="checkbox"/>	<input type="checkbox"/>
Comments:				
Records				
	33	The case notes document the date of next agreed upon appointments.	<input type="checkbox"/>	<input type="checkbox"/>
Comments:				
	34	The record is clearly legible to someone other than the writer.	<input type="checkbox"/>	<input type="checkbox"/>
Comments:				