

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.

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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.

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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.

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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.

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Comments:

5 The reasons for starting the peer services are indicated.

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Comments:

6 The goals the member has for working with the peer support specialist are stated in the record.

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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.

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Comments:

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| | <p>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.</p> | | | |
| Comments: | | | | |
| | <p>9 The member's perception on their current family and/or social supports is documented in the record.</p> | | | |
| Comments: | | | | |
| | <p>10 There is evidence in the contact record that the member is agreeable to receiving peer support services.</p> | | | |
| Comments: | | | | |
| | <p>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.</p> | | | |
| Comments: | | | | |
| Coordination of Care | | | | |
| | <p>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.</p> | | | |
| Comments: | | | | |
| | <p>13 There is evidence in the record that the peer specialist is coordinating care with the behavioral health clinician.</p> | | | |
| Comments: | | | | |
| | <p>14 There is evidence in the record that the member was asked whether they have a medical physician (PCP).</p> | | | |
| Comments: | | | | |
| | <p>15 If the member has a PCP, there is documentation that communication/collaboration occurred.</p> | | | |
| Comments: | | | | |
| Recovery Planning | | | | |
| | <p>16 There is evidence in the contact record of a recovery plan developed by the member with support from the peer specialist as needed.</p> | | | |
| Comments: | | | | |

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| | 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. | | | |

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| 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"/> |
| Comments: | | | |
| | 29 | The peer specialist coach describes in the case notes the progress or lack of progress towards recovery plan goals. | <input type="checkbox"/> |
| Comments: | | | |
| | 30 | The case notes document any referrals made to other agencies and/or support services when indicated. | <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"/> |
| 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"/> |
| Comments: | | | |
| Records | | | |
| | 33 | The case notes document the date of next agreed upon appointments. | <input type="checkbox"/> |
| Comments: | | | |
| | 34 | The record is clearly legible to someone other than the writer. | <input type="checkbox"/> |
| Comments: | | | |