

**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

**Initiation**

**1** Each member has a separate record.

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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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.

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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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.

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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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.

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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**Comments:** \_\_\_\_\_

**5** The reasons for starting the peer services are indicated.

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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**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"/>
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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.

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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**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.			
<b>Comments:</b>				
	18 The recovery plan includes a description of how the member will engage in peer support, empowerment activities, and other community support services.			
<b>Comments:</b>				
	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.			
<b>Comments:</b>				
	20 There is evidence that the peer support specialist has offered the member a range of empowerment tools.			
<b>Comments:</b>				
	21 The contact record shows the peer specialist is helping the member work with their providers.			
<b>Comments:</b>				
	22 There is evidence the recovery plan is reviewed at regular intervals.			
<b>Comments:</b>				
<b>Case Notes</b>				
	23 Each case note includes the date of service, start and stop time, and is signed by the peer specialist.			
<b>Comments:</b>				
	24 Each case note identifies what recovery plan goals are being addressed during the session.			
<b>Comments:</b>				
	25 The case notes reflect changes in goals as new issues are identified by the member.			
<b>Comments:</b>				
	26 The case notes describe progress or lack of progress towards service plan goals.			
<b>Comments:</b>				
	27 The case notes describe/list member strengths and challenges and how those impact the member meeting or changing the recovery plan goals.			

<b>Comments:</b>			
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"/>
<b>Comments:</b>			
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"/>
<b>Comments:</b>			
30	The case notes document any referrals made to other agencies and/or support services when indicated.	<input type="checkbox"/>	<input type="checkbox"/>
<b>Comments:</b>			
<b>Transition Planning</b>			
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"/>
<b>Comments:</b>			
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"/>
<b>Comments:</b>			
<b>Records</b>			
33	The case notes document the date of next agreed upon appointments.	<input type="checkbox"/>	<input type="checkbox"/>
<b>Comments:</b>			
34	The record is clearly legible to someone other than the writer.	<input type="checkbox"/>	<input type="checkbox"/>
<b>Comments:</b>			