

Optum Idaho

Peer Support Record Tool

Facility Name:

Reviewer Name:

Member Name:

Member Age:

Diagnosis:

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"/>
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"/>
3	All entries in the contact record include the responsible peer support specialist's name, what organization the peer works for and is dated and signed where appropriate.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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"/>
5	The reasons for starting the peer support services are indicated.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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"/>

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.			
8	There is evidence in the member's record that the peer specialist conducted an inquiry as to whether the member has or would like to complete a Personal Wellness Plan and psychiatric advanced directive.			
9	Comments on the member's perception on their current family and/or social supports is included in the record.			
10	There is evidence in the contact record that the member confirms that member wants services.			
11	There is evidence the peer support 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.			
Coordination of Care				
12	There is evidence in the contact record of the member's behavioral health clinician (e.g. psychiatrist, social worker, psychologist, counselor, treatment counselor), including contact information			
13	There is evidence in the contact record that the peer support specialist is coordinating care with the behavioral health clinician.			
14	There is evidence in the contact record that the member was asked whether they have a primary care (medical) physician (PCP).			
15	If the member has a PCP there is documentation that communication/collaboration occurred.			

Recovery Planning			
16	There is evidence in the contact record of a recovery plan, developed by the member with support from the peer support	<input type="checkbox"/>	<input type="checkbox"/>
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.	<input type="checkbox"/>	<input type="checkbox"/>
18	The recovery plan includes a description of how the member will engage in peer support, empowerment activities and other community support services.	<input type="checkbox"/>	<input type="checkbox"/>
19	The recovery plan includes the development of an Action Plan for Recovery (if desired by the member), advance directive (if desired by the member), and/or plan for managing relapse.	<input type="checkbox"/>	<input type="checkbox"/>
20	There is evidence that the peer support specialist has offered the member a range of empowerment tools.	<input type="checkbox"/>	<input type="checkbox"/>
21	The contact record shows the peer support specialist is helping the member work with their providers.	<input type="checkbox"/>	<input type="checkbox"/>
22	There is evidence the recovery plan is reviewed at regular intervals.	<input type="checkbox"/>	<input type="checkbox"/>
Case Notes			
23	Each case note includes the date of service, start and stop time, and is signed by the peer support specialist.	<input type="checkbox"/>	<input type="checkbox"/>
24	Each case note identifies what recovery plan goals are being addressed during the session.	<input type="checkbox"/>	<input type="checkbox"/>

25	The case notes reflect changes in goals as new issues are identified by the member.	<input type="checkbox"/>	<input type="checkbox"/>
26	The case notes describe/list member strengths and challenges and how those impact the member meeting or changing the recovery plan goals.	<input type="checkbox"/>	<input type="checkbox"/>
27	There is evidence that the peer support specialist has offered the member access to face to face support.	<input type="checkbox"/>	<input type="checkbox"/>
28	The peer support specialist describes in the case notes the progress or lack of progress towards recovery plan goals.	<input type="checkbox"/>	<input type="checkbox"/>
29	The case notes document any referrals made to other agencies and/or support services when indicated.	<input type="checkbox"/>	<input type="checkbox"/>
Transition Planning			
30	If the member transitioned from the service, there was evidence the peer support 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"/>
31	If the member was transitioned from the service there was evidence that the peer support specialist provided the member with a list of appropriate peer support groups and activities.	<input type="checkbox"/>	<input type="checkbox"/>
Records			
32	The case notes document the date of next agreed upon appointments.	<input type="checkbox"/>	<input type="checkbox"/>

The record is clearly legible to someone other than the writer.

