Optum Idaho

Peer Support Site Audit Tool

Facility Name:

Reviewer Name:

Date of Review:

Rating Scale: NA = Not Applicable Y = Yes N = No	Y	N	NA
Rights and Responsibilities			
1 There is a policy and procedure about member rights, responsibilities, and ethics.			
2 There is a policy and procedure about member involvement in care and services.			
3 There is a policy and procedure about family involvement in member care.			
4 There is a policy and procedure about confidentiality.			
Environment of Care			
5 The agency location is easily identifiable from the street.			
6 There is a policy addressing safety and security.			

7	There is a policy addressing control of hazardous materials, cleaning supplies/chemicals, and wastes, including management of any spills of bodily fluids (This question applies to all facilities).			■
8	There is a comprehensive disaster plan , including plans for continuation of care when services are disrupted.			■
9	There is a fire safety plan.			
10	There is evidence of compliance with fire safety procedures/regulations, including inspection by the fire department/marshall.			
11	There are fire extinguishers in the facility or there is a fire suppression system.			
12	The exits are well marked and free of obstruction.			
13	The agency appearance is reasonably neat and clean.			
14	The waiting room and member areas are of adequate size and reasonably comfortable.			
15	The furnishings and décor are appropriate.			
16	There are no culturally insensitive or offensive materials posted.			

Continuum of Care

17	There is a policy/written criteria about expectations and limitations for services being provided.	
18	The program description is recovery focused.	
19	There is a policy/written criteria outlining any exclusionary criteria for the program.	
20	There is a policy/written criteria regarding the continuing service needs of members at the time of their transition from the program.	

Continuum of Care

21	The policy/written criteria for initiation procedures includes an inventory of member strengths and resiliency factors.	
22	The policy/written criteria for initiation procedures includes a review of the member's family and support network.	
23	The policy/written criteria for initiation procedures includes that a review is conducted with the member to determine if they have or would like to complete a Personal Wellness Plan and a psychiatric advanced directive.	
24	The policy/written criteria for obtaining appropriate consents to contact the member's behavioral health clinician, medical physician, family/social supports, and or agencies and other programs with which the member is involved.	
25	There is a policy/written criteria for the development of a recovery plan, which is developed with the member.	

26	There is a policy/written criteria for the review and update of the recovery plan at regular intervals.	

Provider Performance

27	There is a Quality Improvement Process in place for the program.	

Management of Information

28	The program has a process in place to ensure the availability of contact records to the peer support specialist.	

29	The program has a policy for making the contact record available to the member upon request in a reasonable amount of time.	

30	The program has an organized system of filing information in the contact records.	

31	The program must have an established procedure to maintain the confidentiality of contact records in accordance with any applicable statutes and regulations.	

32	If contact records need to be transported to another service location, there is a protocol in place to maintain confidentiality of records throughout the transportation process.	

Human Resources

33	There is evidence of on-going assessment of peer staff competency through performance evaluations and training.	

34	Personnel files include: resume, background checks, job description, appropriate license or certification for peer support specialists, and annual evaluations.			
35	There is a specific policy/written criteria addressing initial and ongoing training of peer support specialists.			
36	There is evidence that staff have received training related to agency policies and procedures.			
37	There is a specific policy/written criteria addressing staff supervision of peer support specialists.			
38	There is documentation of on-going supervision of peer support specialists.			
39	The peer support specialist job description lists essential knowledge and skills consistent with the work to be completed.			
40	The agency has a protocol to notify the certifying entity/program of any violations of certification standards.			
41	Verification of appropriate certification for peer support specialists is completed. Certification must be obtained through an approved program (for example, Mountain States Group.) *(During initial credentialing, this verification is completed by the network manager).*			

Credentialing Practitioners

42	A sample of the peer support specialist employee files were reviewed and the files contained documentation of hiring consistent with program policy.			

Infection Control

43	There is a policy and procedure regarding infection control at the agency which includes written protocols for communication with local public health authorities.	

44	There are written protocols for the treatment of members with infectious diseases.	

Handicap Accessibility

45	The agency has parking for handicapped vehicles.

46	The agency has a ramp allowing entrance into the building.

47	The agency has wide doorways for wheelchair access.

48	The agency has handicap accessible restroom(s).

49	If the agency is not handicap accessible, does the program staff screen for handicap needs prior to initiation of services?

Member Complaints

50	There is a protocol for dealing with complaints.	

51	The agency documents that members/families are informed of methods of resolving complaints.			

Recovery and Resiliency

52	The mission statement of the agency is recovery-oriented.			