

EXAMPLE 3 Families CARE, Inc.
Record Audit for Peer Support Services – Accredited
 __ Parent Peer Support (PPS) __ Transitional Youth Advocate

Audit date: _____ Service Location: Kearney Reviewer: Tammy Fiala Page ____ of ____

Consumer Name: _____ **Consumer SS #:** _____

MONTH(S) REVIEWED: _____

EXCEPTION	CODE	SPECIFIC REASON FOR EXCEPTION
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Note: Each circled/blank box equals an exception

Admission Guidelines Intake Date: _____ Date of First Contact: _____	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4	Participant meets the admission guidelines (hardcopy – Program Referral form) An assessment has been completed (hardcopy–Youth: BASIS-24) Adult - assessment An assessment has been completed within the required timeframe If unable to obtain the document there is documentation regarding refusal to complete assessment and why Comments:
Code of Ethics	<input type="checkbox"/> 5	Ensure consumer receives and is oriented to the Peer Support & Wellness Specialist Code of Ethics. (hardcopy – Orientation Manual, Verification and Parent Refusal form)
The Core Values of Peer Support	<input type="checkbox"/> 6	Ensure consumer receives and is oriented to The Core Values of Peer Support. (hardcopy – Orientation Manual, Verification and Parent Refusal form)
WRSP Initial WRSP Date: _____ WRSP Review Date: _____ WRSP Review Date: _____ Clinical Review Date: _____	<input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 10 <input type="checkbox"/> 11 <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16	Wellness Recovery Service plan (WRSP) is completed (hardcopy-Family Plan) Initial WRSP is completed within 30 days of the first contact with participant (look at date completed) WRSPs include Certified Peer Support Specialist (CPSS) signature and credentials WRSPs include participant’s/parents signature (Treatment Plan signature page) If WRSPs do not include participant signature, there is documentation re: refusal to sign & why WRSPs include clinicians signature & credentials (Tom Maxson’s signature @ bottom of WRSP) WRSPs include clinician’s signature and credentials every 90 days or as often as necessary to update progress or revise the WRSP (look for 2 WRSP reviews w/in the fiscal year to demonstrate completed every 90 days. List dates competed on audit worksheet) The WRSPs identify specific areas to be addressed; clear and realistic goals and objectives; strategies, and recovery support services to be implemented; criteria for achievement; target dates; methods for evaluating the individuals progress; a discharge plan, and crisis prevention plan that includes defining early warning signs and triggers and response. (hardcopy – intake packet, Crisis Prevention Plan) The WRAP plan is incorporated into the WRSP, as applicable The WRSP includes a Discharge Plan (hardcopy – Discharge Plan, as applicable) Comments:

<p>Contact Notes Date: _____ Date: _____</p>	<ul style="list-style-type: none"> <input type="checkbox"/> 17 <input type="checkbox"/> 18 <input type="checkbox"/> 19 <input type="checkbox"/> 20 <input type="checkbox"/> 21 <input type="checkbox"/> 22 <input type="checkbox"/> 23 <input type="checkbox"/> 24 	<p>Contact Notes (CN) (electronic) CN indicates date (face to face-FF), (Family Team Meeting FTM), (Court CT) CN indicates the location of meeting. CN indicates whether the meeting was w/the individual/family/ group or by phone CN Indicates what the peer participant shared. CN Indicates what kind of support was provided? (Ex: validation, shared lived experience, hope, wellness tools, world view, advocacy). May include authentic engagement, conscious exploration, personal wellness, empowered advocacy, possible together, motivational interviewing, WRAP and WHAM CN is reflective of the WRSP CN is signed by CPSS, including credentials. Comments:</p>
<p>Discharge Summary Date: _____</p>	<ul style="list-style-type: none"> <input type="checkbox"/> 25 <input type="checkbox"/> 26 <input type="checkbox"/> 27 	<p>Copy of completed discharge summary is in participant file (hardcopy- Discharge Summary) Discharge summary includes CPSS signature Discharge summary was timely per required timeframe Comments:</p>