

WRAP Services Summary and Recommendation

Instructions

Refer to the Wellness Recovery Action Plan (WRAP) Service Standards chapter for additional details.

- Type or handwritten responses.
- Answer all questions. If a question or section does not apply enter "Not Applicable" and explain why.
- Answers should be written in a narrative format in clear, positive, descriptive English with minimal bullet points.

Note: The Peer Support Specialist collects the information and completes this form in its entirety.

Customer Information

Customer's name:

Case ID:

Training Facts

Services were facilitated:

Only in-person

Only remotely

In person and/or remote as dependent on customer's needs

Note: Remote service delivery must be face-to-face and/or real time interaction. Voiced telephone and text communication are not acceptable. (see SFP 3.4.8)

Summary and Recommendations

- Indicate whether the customer participated in the following WRAP Sessions by checking the appropriate box
- Indicate the amount of time spent on each session, in hours, and
- Provide a description of the customer's response with recommendations.

Session	Yes	No	Time Spent	Summary and recommendations related to the customer's response to the session
<u>Wellness:</u> Wellness is a description of what an individual is like when they are presenting at their "best" by the consumer's definition.				
<u>Wellness Toolbox:</u> Wellness toolbox is a general list of things that an individual knows keeps them well and those things that they need to avoid, because they know those things make them feel less well.				
<u>Daily Maintenance:</u> The Daily maintenance section is a list of things that an individual needs to do daily, weekly or monthly to stay well.				

<p><u>Triggers:</u></p> <p>Triggers are external events or circumstances that may make a person feel less well. An individual writes their personal triggers then an action plan of what to do if they were to occur.</p>				
<p><u>Early Warning Signs:</u></p> <p>Early warning signs are the subtle internal signs of change that indicate to an individual that they are becoming less well. These personal signs of change are listed with an action plan of what to do if they occur.</p>				
<p><u>When Things Are Breaking Down:</u></p> <p>When things are breaking down, these are feelings and behaviors that indicate to an individual that things are more serious and that they need to take immediate action to prevent things from worsening. An individual writes a list of signs that things are breaking down for them and an action plan of what to do if they were to occur.</p>				
<p><u>Crisis Plan:</u></p> <p>A crisis plan is a comprehensive plan that is written when the person is well. It tells others how they would like to be cared for when they can no longer care for themselves. There are several sections to this plan and individuals are encouraged to adapt it to their needs in a time of crisis.</p>				
<p><u>Post Crisis Plan:</u></p> <p>A post crisis plan is a plan of how others will know when they no longer need to take over the care of an individual. It also includes a reducing support plan as an individual starts to take back responsibilities and recover from the crisis, reintegrating into a productive life within the community setting.</p>				
<p>Additional comments and summary:</p>				

Customer Signatures

Verification of the customer's and/or customer's authorized representative's satisfaction and service delivery obtained by:

- Handwritten signature Digital signature (See VR-SFP 3.11.1 Documentation and Signatures)
- By sending a copy of the document returned with a scanned signature
- Unable to obtain signature, describe attempts:

By signing below, I, the customer or authorized representative, agree with the information recorded within the report above. If you are not satisfied, do not sign. Contact your VR counselor.

Customer's signature: X	Date Signed:
Customer's authorized representative's signature, if any X	Date Signed:

Provider Signatures

Peer Specialist

By signing below, I, the Peer Specialist, certify that:

- the above dates, times, and services are accurate;
- services provided meet the requirements as outlined in 25 TAC 448;
- persons providing services documented the information on the form for the customer represented on this form;
- The customer's signature on this form was obtained on the date stated in the date field of the form;
- I signed my signature and the date below; and
- Staff maintains qualifications as stated in 25 TAC 488, the Standards, or Service Authorization for the services provided and documented on this form.

Typed or Printed name:	Signature: (See VR-SFP 3.11.1 Documentation and Signatures) X	Date Signed:
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Director (only required for Traditional-Bilateral Contractors)

By signing below, I, the Director, certify that:

- I ensure that the services were provided by qualified staff, met all outcomes required for payment, and services were documented, as prescribed in the VR-SFP and service authorization;
- I maintain UNTWISE Director credential, as prescribed in VR-SFP;
- I signed my signature and entered the date below.

Director Typed or Printed name:	Director Signature: (See VR-SFP 3.11.1 Documentation and Signatures) X	Date Signed:
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Select all that apply: UNTWISE Credentialed with ID:
VR3490-Waiver Proof Attached

VRS Use Only

If any question below is answered no or if the report or supporting documentation is missing or incomplete, return the invoice to the provider with the VR3460. Make a case note to document the results of the review and the date VR3460 was sent to provider, when applicable.

Technical Review to Verify Provider Qualifications

(Completed by any VR staff such as RA, CCC, VR Counselor)

Director's Credential:

UNTWISE website or attached VR3490 verifies, for the dates of service, the director listed above:
 maintained or waived the UNTWISE Director Credential
 did **not** hold a valid UNTWISE Director Credential

Verification of Service Delivery

Technical Review (completed by any VR staff such as RA, CCC, VR Counselor)

Verified that the report is accurately completed per form instructions	Yes	No
Verified that the service(s) was provided within service date of SA and as stated in the VR Standards for Providers and/or the SA	Yes	No
When applicable, verify a copy of an approved VR3472 is attached to the report?	NA	Yes No
Verified the training was provided in the environment(s) (in person, remotely or combination) indicated on the referral form.	Yes	No
Verified the training was provided without exceeding the ratio of eight customers to one WRAP trainer.	Yes	No
Verify the customer participated in a minimum of 20 hours of training;	Yes	No
Verified the training included the eight required elements described in the service definition;	Yes	No
Verified that the appropriate fee(s) was invoiced	Yes	No

Print staff member(s) names who completed technical review and/or verified the UNTWISE Credentials:

1.	Date:	2.	Date:
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VR Counselor Review

Verified all necessary accommodations, compensatory techniques, and special needs were provided, as necessary for the customer, to participate in training	Yes	No
Verified various instructional approaches were used to meet the customer's learning styles and preferences	Yes	No
Verified all supplies were provided so that the customer could participate in the training	Yes	No

By typing or printing your name, the VRC verifies:

- completion of the technical review,
- services provided met the customer's individual needs,
- services provided met specifications in the VR-SFP and on the SA, and
- customer's or legally authorized representative's satisfaction with services received.

Approve to pay invoice Do not approve to pay invoice

VR Counselor:	Date:
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