This exam is designed to test your knowledge of care management services based on Care Management Field Guide and Utah State Preferred Practice Guidelines. The value of each question is listed in parentheses. **The total point value of this exam is 100 points.**

**True or False** (1 point per question, 40 points total for this section)

__ 1) Research has shown that an important qualification for an effective care manager is a college degree.

__ 2) Effective traditional outpatient treatment is sufficient to meet the needs of children with SED.

__ 3) The term "consumer" in services for children refers to both children and their families.

__ 4) The work of care management focuses on individual strengths rather than illnesses.

__ 5) Keeping the families culture in mind when developing a wraparound plan is not critical.

__ 6) The Utah State Hospital is apart and separate from the state mental health system.

__ 7) It is important for the care manager to maintain a professional and formal relationship with families through the use of technical terms and professional jargon in order to establish trust and credibility.

__ 8) Families are critical partners in the mental health treatment of their children.

__ 9) Targeted Case Management (TCM) is a service that assists eligible clients in the target group to gain access to needed medical, social, educational, and other services.

__ 10) Traveling to the client’s home or other location where a covered care management activity will occur is not reimbursable, nor is time spent transporting a client or a client’s family members.

__ 11) Collaboration with other agencies, family members, and community organizations is not critically essential in providing effective mental health services to children with the Utah System of Care.
12) Knowledge of crisis intervention is important for care managers in the event of a suicide threat and non-lethal problems such as eviction, divorce, or death of a loved one.

13) Termination of services occurs when the care manager feels treatment has been completed.

14) Service plans should be individualized to the needs of the child and the family.

15) Research has shown respite care and mentors to be an effective intervention in services for children.

16) TCM services provided to patients in a hospital or other institution may be covered only during the 30-day period prior to the patient’s discharge into the community.

17) The care manager must determine if other agencies are already providing targeted care management services because only one TCM provider will be reimbursed for the same service.

18) The System of Care Model focuses on the provision of services in the least restrictive and normative setting appropriate to the needs of the child and family.

19) The care manager is not allowed to visit clients who break the law and go to detention.

20) Care managers try to help children work on their social skills in order to expand their number of friends and sources of social support.

21) Care management is a community-based service.

22) Data shows that community-based services are effective in reducing hospitalization and costly out-of-home placements.

23) Once clients are placed at the Utah State Hospital, the mental health system is no longer responsible for them.

24) It is an ethical and legal responsibility to report child abuse.

25) Service plans should be very general so all clients can succeed.

26) Information gathered from the seven life domains serve as the basis for setting goals and developing a service plan.

27) Care managers should protect young people by overlooking their behaviors which are against the law.

28) Clients will sometimes stop taking their prescribed medication and prefer to “self-medicate” with alcohol or street drugs to relieve their symptoms.
29) Once the service plan is written, it does not need to be changed or altered.

30) The best service plan still cannot prevent some crises from happening.

31) Good crisis planning is a process and is not a single event.

32) Care management is often best provided in the office setting.

33) The mental health center staff should share personally identifiable information with other agencies.

34) Advocacy for children and families includes telling religious institutions to adopt beliefs which facilitate more mentally healthy attitudes and behaviors towards children.

35) HIPPA, the “privacy rule” was issued to protect the privacy of health information that identifies individuals who are living or deceased.

36) It is important for care managers to teach their own values to a client in order to help them.

37) It is critical for professionals to create an environment for partnering with families at the service plan and the system development levels.

38) Young adults are the most underserved population by both public and private resources.

39) Safety planning is the same as the Crisis Plan.

40) Assessing and documenting the client’s need for community resources and services is a Medicaid reimbursement TCM activity.
Multiple Choice

Select the best answer: (3 points each, total 60 points for this section)

1. Domains included in an assessment include:
   a. family/living environment
   b. social supports
   c. mental health services
   d. leisure/recreational
   e. vocational/educational
   f. financial
   g. health
   h. all of the above

2. Allocation of monies for children’s mental health services as a separate line item first began in:
   a. 1991
   b. 1993
   c. 1996

3. One of the most effective ways of coping with stress is:
   a. learning to adapt to a stressful situation by ignoring feelings of stress
   b. exercise
   c. yelling at someone

4. If a consumer tells a care manager that he/she is feeling suicidal, you should:
   a. save time through immediately deciding on a plan of action and not consulting with other appropriate individuals
   b. involve your supervisor as soon as possible
   c. ignore the consumer as to not reinforce attention seeking behavior
   d. link the child with his/her primary therapist
   e. both b and d

5. Which of the following are elements of the service plan:
   a. long term goals
   b. action steps
   c. signature of the client
   d. all of the above

6. Which of the following information is not confidential for a public mental health services center:
   a. Dates and times any one client has received services.
   b. Number of children served by the community mental health center
   c. Any one clients’ diagnoses.

7. Parents of children with SED:
   a. rarely want to be involved in the service plans concerning their children.
   b. can often benefit by support and education
   c. are the cause of their child's problems.
8. Which of the following locations for clients’ informational records is a good place to store those records:
   a. Locked file cabinet with limited access
   b. Unlocked desk drawer
   c. Folder on desk

9. If a client fails at meeting the service plan as written or developed:
   a. he/she must be unmotivated
   b. it is time to reassess the goal
   c. he/she no longer needs care management
   d. he/she must be given more medication

10. The following is an example of an action step:
    a. the client will behave appropriately
    b. the client will improve hygiene
    c. the client will make friends
    d. the client will walk 15 minutes, 3 times a week

11. When a care manager is unsure how to proceed, it is a good idea to consult with:
    a. their client
    b. their supervisor
    c. the Workforce Services representative
    d. the psychologist

12. Which of these is not one of the four major functions of care management:
    a. showing a client by example how to best live their lives
    b. coordinating with a client
    c. advocating for clients rights
    d. linking clients to other services

13. Which of the following would result in terminating care management services:
    a. the client has an acute hospital stay
    b. the client attains employment
    c. the client goes to jail
    d. the client moves out of state

14. Which of the following is important for the care manager to know about education:
    a. have knowledge of the local educational resources.
    b. having a working relationship with school personnel
    c. become acquainted with school rules
    d. become acquainted with the day to day processes
    e. all of the above
15. Which of these is not one of the features of an effective Crisis Plan:
   a. clearly defined roles
   b. the best predicture of a crisis is past behaviors
   c. crisis plans need to be in place as early as possible
   d. it is only a “9 to 5” plan
   e. after the crisis, evaluate the plan.

16. When conducting a Strengths Conversation, it is important to be:
   a. natural and ridgid
   b. focus on weaknesses and problems
   c. this is the time to solve problems
   d. stay with the present and go backwards
   e. it is never appropriate to involve family members
   f. none of the above

17. The preferred practice guidelines for care management for children/youth determined to be diagnosed as SED were put in place to:
   a. limit the individualization of services
   b. dictate specific services to be provided
   c. provide uniformity with practices across community mental health systems
   d. none of the above.

18. There are “stickly situations” that a care manager and their supervisor must be aware of:
   a. suspected child abuse and neglect
   b. threats and assaultive behaviors
   c. suicidal thoughts and behaviors
   d. illegals behaviors
   e. allegations of professional misconduct
   f. all of the above

19. The primary activities of a care manager are activities that provide the “unifying” element to multiple services that children and youth with SED often need. They are to:
   a. Coordinate
   b. Assess
   c. Link
   d. Monitor
   e. all of the above

20. Family partnership reduces the length of stay in:
   a. foster care
   b. residential treatment
   c. psychiatric hospitals
   d. all of the above