

Name: Title: County:
Phone: E-mail: Fax:

Instructions: This test contains 25 multiple choice questions. Take as much time as you need to complete the test. Click on the box next to the correct answer, and an X will appear in that box. When you are finished, please print the test and either fax it to 919 715-9025, Attn: Jennifer Brest, or mail it to Division of Medical Assistance, Attn: CAP/C, 2501 Mail Service Center, Raleigh, NC 27699-2501. Your test will be scored, and the correct answer, with an explanation, will be provided for any incorrect answers.

Questions 1-16 are based on the following situation:

You receive a phone call from a parent. She and her child, Mary, live in New York and will soon be moving to North Carolina. Mary is on the Katie Beckett program in New York. Without it, her parents' income would prevent her from being eligible for Medicaid. Her mother is calling you to inquire about services in North Carolina.

Mary is 7 years old and has spastic quadriplegic cerebral palsy. She is on seizure medication, but she still has on average about two seizures per day characterized by muscle rigidity and eye deviation. They last only a few seconds, and require only monitoring. She is moderately developmentally delayed. She uses AFOs, a stander, and a wheelchair. She is incontinent. She is fed orally with aspiration precautions and uses oral Peditasure as a nutritional supplement. She requires extensive to total assistance with her ADLs.

Based on this information, you determine that both CAP/C and CAP-MR/DD would be able to meet Mary's needs.

1. What is the reason that you did not consider PCS services for Mary?

- A. She is not eligible for regular Medicaid.
- B. PCS does not accept children.
- C. She needs the waiver to get her oral Peditasure.

2. If Mary is accepted onto the CAP/C program, what level of care do you anticipate she will receive?

- A. IC
- B. SC with an aide
- C. SC with a nurse
- D. HC

3. Mary's father has a high-paying job (the reason they are moving to North Carolina), and Mary's mother does not work so that she can care for Mary. They don't know anyone in North Carolina. Mary's mother asks you about how many hours of care Mary would be eligible for under CAP/C. You reply:

- A. as many as she wants, as long as it fits within the budget
- B. the same amount of hours she received in New York
- C. up to 20 hours per week
- D. up to 126 hours per week

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4. Mary's mother asks about finding a physician in North Carolina. You tell her:
- A. You can not help her find a physician; you can only assist with matters related directly to CAP/C.
 - B. Once she is accepted onto the CAP/C program, Medicaid will assign her a physician.
 - C. You will be glad to give her some names to choose from and assist her with making a selection.
5. Mary's mother asks you about the differences between CAP/C and CAP-MR/DD. You tell her that
- A. CAP-MR/DD has no age limit, whereas CAP/C services stop when the child turns 19.
 - B. CAP-MR/DD services are habilitative in nature.
 - C. there are often long waiting lists for the CAP-MR/DD program.
 - D. All of the above.
6. Mary's mother decides she would like to apply for the CAP/C program. You submit the referral, and it is approved. Mary and her family are still in New York. Your next course of action is to:
- A. place Mary on a waiting list
 - B. begin the expedited initial process
 - C. keep in touch with Mary's family, and instruct them to contact you when they arrive in North Carolina
7. Mary's family is now in North Carolina. You instruct Mary's mother that
- A. she will need to apply for Medicaid in North Carolina.
 - B. she does not need to apply for Medicaid in North Carolina; it will transfer from New York.
 - C. she does not need to apply for Medicaid in North Carolina because the income requirements don't count anyway for CAP recipients.
8. Mary's FL-2 gets approved on September 1. Mary's CNR will be due every
- A. September 1
 - B. September 5
 - C. October 1
 - D. October 5
9. Mary's FL-2 gets approved on September 1. For next year's CNR, the FL-2 will need to be signed by the physician
- A. any time between August 1 and October 5.
 - B. on or before September 1
 - C. any time in September
 - D. you do not need to get the FL-2 signed

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10. You have received a letter from your DMA CAP/C Nurse Consultant approving Mary's initial plan of care. You may start services now, based on your FL-2 approval and your DMA plan of care approval.

- A. True
- B. False

11. Mary's approved plan of care contains the following 24 hour coverage schedule.

	Time Covered/Name of Person Covering
Monday	MN- 8AM, parents 8AM-3:30PM. school 3:30PM-6:30PM CAP/C NA 6:30PM-MN, parents
Tuesday	same as Monday
Wednesday	same as Monday
Thursday	same as Monday
Friday	same as Monday
Saturday	MN- MN, parents
Sunday	same as Saturday

Which of the following is true?

- A. This schedule needs to be adhered to exactly; as case manager, you need to approve any/all changes
- B. The family may change the times of their care as needed, but must not exceed three hours per day or use any hours on the weekend
- C. Mary's family can use their 15 hours per week any way they want to
- D. Mary's family can change this schedule as needed, as long as they don't go over 15 hours per week, and there is care to be provided at the times the family chooses

12. Mary's physician is concerned about her weight and nutrition. He wants to put in a G-tube, and the family has agreed. Mary has just come out of surgery with her new tube. The most appropriate first course of action at this time is to

- A. obtain a new FL-2 and call it in to EDS for a level of care change.
- B. do nothing now; wait until her CNR is due.
- C. submit a revision to add the new feeding supplies.

13. Mary's mother is unhappy with A+ Agency. She would like to try a different agency. You tell her that

- A. she has the freedom to choose from among any and all Medicaid enrolled agencies.
- B. she can not change agencies; she must use the agency on her approved plan of care.

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14. Mary's mother would like Mary to have a nurse instead of a nurse aide. Your best response is:

- A. Mary may have a nurse; it is the recipient's choice; you will submit a revision and begin looking.
- B. Mary may not have a nurse; the scope of practice of a nurse aide meets Mary's needs.
- C. Mary is unlikely to be approved for a nurse, but if she wishes, you will submit a revision and if it is denied the parents may appeal the decision.
- D. Mary can have a nurse, but she probably won't be able to get as many hours of care because the cost of that many hours of nursing will probably not fit into the budget.

15. Mary is having problems with her GT button, and the physician has recommended that it be changed every two months instead of every three months. You know from looking at the quantity limitations that Medicaid will only approve four GT buttons per year. Your most appropriate course of action is to

- A. inform the family and the physician that they cannot receive the additional two tubes unless the family is willing to pay out-of-pocket for them.
- B. add the additional two tubes to the cost summary; the child is eligible for them under EPSDT and the added cost will fit in the budget.
- C. have the DME provider submit a written request and letter of medical necessity to DMA for consideration.
- D. submit a 'request for non-covered services' form.

16. A slot in the CAP-MR/DD program has become available for Mary. After much discussion among the family, yourself, and the CAP-MR/DD case manager, the family decides to transfer Mary to the CAP-MR/DD program. You work together with the family and the CAP-MR/DD case manager to coordinate a transfer date. The best time to transfer is

- A. when the next CNR comes due.
- B. the end of one month/beginning of the next month.
- C. it doesn't matter.

Questions 17-22 are based on the following situation.

John is a 13 year old who has a traumatic brain injury because of a motor vehicle accident. He has a trach which requires suctioning about twice per hour during the day and about every one to two hours during the night. He receives bolus GT feeds during the day. He is wheelchair dependent, nonverbal, incontinent, and is totally dependent for all of his ADLs. He is on CAP/C at the hospital level of care.

John's mother is his only caregiver. She works Monday through Friday 8:00AM-4:30PM, with a 45 minute commute each way. John is in school from 8:00AM-2:30 PM..He is required to have

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a nurse with him at all times, including on the bus, which picks him up at 7:30 and drops him off at 3:00. Medicaid pays for all of his services in the school. He receives PT, OT, and ST one time per week each at school. Those therapies are supplemented by PT and OT each once weekly at home provided by Excellent Home Health Agency, and ST once weekly at home by Awesome Therapy Associates. John's mother wants CAP/C at night and while she is at work. John has private insurance which covers 10 hours of nursing per day 7 days per week.

17. Which of the following is the maximum number of hours John may receive?

- A. 106 hours per week
- B. 70 hours per week
- C. 126 hours per week
- D. none; his needs are being met by the school and by private insurance

18. This number of hours

- A. is in addition to private insurance hours and school hours
- B. is in addition to school hours, but includes private insurance hours
- C. includes both school hours and private insurance hours

19. John's grandmother is a nurse, and she is moving to be closer to John and his family. John's mother asks you if John's grandmother can be his CAP/C nurse. You tell her:

- A. Yes, absolutely.
- B. Yes, but only if she is licensed in North Carolina and employed by a CAP/C-enrolled agency.
- C. No, CAP/C cannot allow family members to be paid caregivers.

20. John has a doctor's appointment next week. John's mother tells you that the nurse is going to take him so that John's mother doesn't have to take time off from work. You tell her that

- A. the nurse will need to make sure that her agency's policies allow that.
- B. CAP/C will not allow the nurse to transport John, but the nurse can accompany him and his mother to the appointment to provide care to John during the drive.
- C. there is no problem; the nurse can take John to an appointment anytime.

21. John's father lives out of state, and per the custody arrangement, John is going to spend six weeks this summer with his father. You need to:

- A. notify your DMA Nurse Consultant to terminate CAP/C as John will be without services for more than 30 days.
- B. call the DSS eligibility worker in your county and notify him/her of the situation, suspend CAP/C services until John returns, and notify your DMA Nurse Consultant.
- C. submit a revision to take the six weeks that he won't be receiving services off of the budget.

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22. John has been in the emergency room three times in the last two months for tracheal plugs that the nurse and/or parent were unable to suction out. The appropriate course of action would be for you to:

- A. Evaluate the knowledge and competency of the nurse and parent regarding trach care, suctioning, and trach changes: Do they need additional training?
 - B. Contact the physician. Get orders for other interventions such as increased humidity to the trach, chest PT, and more frequent suctioning
 - C. Complete the critical incident reports
 - D. All of the above
 - E. None of the above; this type of thing is expected with medically fragile children.
 - F. None of the above; these types of things are not within your role as a Case Manager.
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23. Janie is 18 months old. She has congenital heart defects. Her parents want CAP/C to help Janie with her ADLs. She has lots of physician appointments, but does not require any care in her home related to her heart defects. Janie is denied for CAP/C because

- A. her ADL needs are age-appropriate.
- B. she has no needs related to her medical diagnosis.
- C. both of the above.

24. Janie's parents want to appeal the denial of CAP/C. You

- A. testify for the parents; as a case manager, you must act as a patient advocate.
 - B. testify for DMA; you are a case manager representing a program run by DMA.
 - C. act as a neutral party and liaison between the family and DMA.
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25. Mark is a 3 month old infant with failure to thrive. He receives bolus GT feedings during the day and a continuous feeding at night. He has no respiratory issues, and no other skilled needs. You provide the agency with a service authorization that includes the GT feedings on the task sheet. When you review claims, you realize that the agency has sent an aide who is not trained to do GT feeds, and the parents are doing them. Your best course of action is to:

- A. Deny the claims, as the agency is both in violation of the service authorization and providing only age-appropriate care. Inform the agency that they must provide an aide that can do the GT feeds. Suspend aide services until they find someone.
- B. Notify the agency that they must provide an aide, but continue current services until they can find one. Approve the claims they have already submitted, but inform them that from this point forward, you will not approve any more such claims.

end of test