Staff Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Care Management Agency: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Who needs SMI HH+?**

1. Anyone in the Health Home program with an SMI Diagnoses is eligible for SMI HH+ Services.

[ ]  True [ ]  False

1. Care Coordinators should mandate that Members in the HH+ program meet with their Care Coordinator at least four times per month.

[ ]  True [ ]  False

Why did you select this answer? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. It is natural and expected that Care Coordinators will have to work to get in four Core Services per month with Members in the SMI HH+ program.

[ ]  True [ ]  False

1. New Members should be immediately put into SMI HH+, prior to establishing a relationships and understanding the Member's needs.

[ ]  True [ ]  False

**SMI HH+ Eligibility**

1. Which of the following are true of the SMI HH+ Eligibility Form? *(check all that apply)*

[ ]  The form should be reviewed by a supervisor prior to finalizing and uploading.

[ ]  Supporting documentation should be attached to the form unless there is a contact note in the record explaining why the Member is eligible.

[ ]  Every Member in SMI HH+ must have an Eligibility Form that is updated annually.

[ ]  The date of eligibility on the form does not need to match the date of the Program Type entered into CareManager.

**Defining Serious Mental Illness (SMI)**

1. SMI is any mental health diagnosis listed in the DSM.

[ ]  True [ ]  False

1. Extended Impairment in Functioning is difficulties with self-care, restrictions in activities of daily living, establishing and maintaining social relationships and difficulties in concentration. List some ways to document Extended Impairment in Functioning through documentation in the CareManager.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**MCO and SPOA/LGU Clinical Discretion for SMI HH+ Eligibility**

1. Most of my SMI HH+ cases will be eligible under MCO or SPOA/LGU Clinical Discretion.

[ ]  True [ ]  False

1. Which of the following MCOs will provide clinical discretion for a Member who does not meet other established criteria for SMI HH+? *(check all that apply)*

[ ]  CDPHP [ ]  Fidelis [ ]  MVP [ ]  UnitedHealthCare [ ]  Wellcare

1. What documentation is required for MCO approval?

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**The Golden Thread in HH+ Cases**

1. Eligibility criteria for SMI HH+ needs to be on the Member's Plan of Care OR clearly documented why it is not on the Plan to support Member-centered planning.

[ ]  True [ ]  False

1. The services provided to SMI HH+ Members are the same intensity as regular Health Home Members, but at a higher frequency.

[ ]  True [ ]  False

**Program Requirements**

1. What is the minimum number of Core Services that are required per month for Members in SMI HH+? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. What is the minimum number of those Core Services that must be delivered face-to-face with the Member? \_\_\_\_\_\_\_\_\_\_
3. Once the minimum core service requirement has been met, you will not need to do any additional Core Services with that Member until the next month.
[ ]  True [ ]  False
4. Complete the following HML questions for a SMI HH+ Member in which three Core Services were delivered.

 1. Was a Core Service provided to the Member for the service month? [ ]  Yes [ ]  No

 12. Is the Member in the expanded HH+ population? [ ]  Yes [ ]  No

 12a. Were the minimum required HH+ services provided to and the caseload requirements met? [ ]  Yes [ ]  No