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

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

**Who needs HIV HH+?**

1. Anyone in the Health Home program with HIV is eligible for HIV HH+ Services.

[ ]  True [ ]  False

1. Care Coordinators should mandate that Members in the HIV 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 HIV HH+ program.

[ ]  True [ ]  False

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

[ ]  True [ ]  False

**HIV HH+ Eligibility**

1. Which of the following are true of the HIV 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 HIV 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) as an Eligibility Criteria for HIV HH+**

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 Medical Provider Discretion for HIV HH+ Eligibility**

1. Most of my HIV HH+ cases will be eligible under MCO or Medical Provider Discretion.

[ ]  True [ ]  False

1. Medical Providers Discretion request must include what two pieces of information about the Member?
2. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
3. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**The Golden Thread in HH+ Cases**

1. Eligibility criteria for HIV 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 HIV 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 HIV HH+? \_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. What is the minimum number of those Core Services that must be delivered face-to-face with the Member per month? \_\_\_\_\_\_\_\_\_\_
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 HIV 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

1. The required six-month assessment to evaluate viral load status and progress towards Plan of Care Objectives can occur over the phone.

[ ]  True [ ]  False

1. What is the other six-month mark requirement for HIV HH+ case (in addition to the assessment referenced in the previous question)?

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

1. Home visits are **required** with HIV HH+ Members at which milestones? *(check all that apply)*

[ ]  At the time of warm handoff to the HH+ Care Coordinator.

[ ]  At the time of assessment for HIV HH+ services (when eligibility is determined).

[ ]  At the time of Plan of Care development and reviews.

[ ]  At the time of any case conferences.

[ ]  At the time of the six- month re-assessment.

[ ]  At the time of HML assessment completion.