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)?

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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.