

CM 520 - Case Management: Theory & Process II

Exam Instructions

Thank you for enrolling into CM 520 - Case Management: Theory & Process II. This is your online examination. Please follow these instructions:

- Before attempting, carefully read the question text.
- Then choose the correct answer.
- Click on **"Next"** to go to the next question.
- Use the **"Next"** and **"Previous"** buttons to navigate between questions.
- Bookmark difficult questions to return to them later.
- Click the **"Submit All"** button to submit your exam for grading.
- Use the Question List in the upper left corner to view and jump to a certain question.
- Within 24-48 hours, you will receive from us via e-mail, a copy of your graded examination.

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Full Name:

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1. For case managers, the bridge between legalities and ethics in patient care is:

- A) patient confidentiality
- B) patient advocacy
- C) patient consent
- D) none of the above

2. The impact of the "case of Nancy Cruzan" resulted in:

- A) the Patient Self-Determination Act of 1990
- B) the President's Commission for the study of Ethical Problems
- C) the establishment of the Right to Life Association
- D) all of the above

3. The issues regarding withdrawal of treatment and withholding treatment are the same.

- A) True
- B) False

4. Which of the following is NOT considered a "tool" for use by Ethics Committees?

1. contemporary thought
2. theories of ethical thought
3. current legal theories
4. honesty
5. listening skills

- A) 3
- B) 1, 2
- C) 4, 5
- D) 1, 2, 3
- E) none of the above

5. Ethical issues today are focused on clinical/medical care issues only.

- A) True
- B) False

6. In 1994, a landmark study found that most dying patients and their families decide for resuscitation efforts.

- A) True
- B) False

7. A health care team is required to undertake interventions that cannot help.

- A) True
- B) False

8. Expert poll outcomes show that the Majority of ethicists, administrators, physicians, and insurance administrators feel that rationing of health care to the poor is NOT ethical.

- A) True
- B) False

9. Nonmaleficence means:

- A) refrain from doing harm to others
- B) being honest and truthful
- C) facilitating patient autonomy
- D) doing what is right and fair
- E) none of the above

10. Your patient, John Doe, presents with the following health care needs status:

- 1). he is medically stable,
- 2). requires some assistance with self-feeding,
- 3). requires routine, non-sterile suctioning.

For which level of care does he most likely meet the criteria for?

- A) skilled nursing care
- B) rehabilitation care
- C) intermediate care
- D) assisted living

11. Case managers deal with rationing of care on a daily basis.

- A) True
- B) False

12. The case manager's role as patient advocate and role as gatekeeper can NOT be balanced.

- A) True
- B) False

13. Which of the following statements are correctly related to "health care ethics?"

- A) The relationship between law and ethics is "nebulous."
- B) The case management bridge between law and ethics is: patient advocacy
- C) The President's Commission for the study of ethics in medicine declared that a justification that is adequate for not commencing treatment is also sufficient for ceasing it.
- D) all of the above statements are correct

14. A "Quality Improvement" model is proactive and a "Risk Management" model is reactive.

- A) True
- B) False

15. Risk Management and Quality Improvement both stress monitoring of trends to identify risk patterns or problems in patient care.

- A) True
- B) False

16. What is an accident or the discovery of a hazardous condition that is inconsistent with standards of care?

- A) variance
- B) adverse occurrence
- C) reportable event
- D) incident

17. Quality Review processes screen patient care documentation to determine what?

- A) if professionally recognized standards of care were met
- B) if cost savings initiatives were used in the delivery of care
- C) if the patient was terminal or not
- D) the complexity of care delivery

18. With regard to documentation, which of the following are TRUE?

- 1. it is permissible to document patient non-compliance
- 2. patient threats and complaints should not be documented
- 3. the use of "white-out" on a patient's chart is acceptable in court
- 4. it is permissible to document communications between the case manager and the physician
- 5. the use of restraints should not be documented

- A) 1, 5
- B) 2, 4
- C) 3, 5
- D) 1, 4

19. Quality Indicators are:

- A) standards published by HCFA
- B) always incorporated into clinical pathways
- C) guides to monitor important aspects of patient care
- D) developed and mandated for use by the JCAHO

20. Which of the following discharge planning regulations are required by HCFA?

- 1. Discharge planning evaluations must be timely
- 2. Discharge planning evaluations must be in the medical record
- 3. an RN or Social Worker must develop or supervise the plan
- 4. the hospital must initiate discharge planning
- 5. an HMO must certify its members discharge plans

- A) 1, 3
- B) 2, 3, 4, 5
- C) 1, 2, 3, 4
- D) all the above

21. An important discharge planning issue is that many insurance plans only cover home health care if the patient is:

- A) on supplemental Medicaid
- B) unable to climb steps
- C) homebound
- D) comatose

22. One of the primary causes for readmission to the acute care setting is what?

- A) improper medication administration
- B) inadequate discharge planning
- C) missed diagnosis
- D) lack of family support

23. Medicare does NOT cover which of the following?

- A) home care services
- B) custodial care, if that is the only care needed
- C) all of the above
- D) none of the above

24. Beneficiaries are guaranteed a right to independent review by the PRO or the now referred to QIO, in event they are being asked to leave a hospital too soon.

- A) True
- B) False

25. Post-Acute Care includes which of the following services?

1. skilled nursing care
2. home health care
3. transitional hospitals
4. emergency department care
5. critical care

- A) 1, 2
- B) 1, 2, 3
- C) 1, 2, 3, 4
- D) all of the above

26. Which of the following are considered skilled nursing services?

1. treatment of decubitus ulcers
2. nonsterile suctioning or intermittent sterile suctioning
3. wound care requiring aseptic technique
4. physical therapy on a daily basis
5. teaching a newly diagnosed diabetic about diet

- A) 1, 3
- B) 2, 5
- C) 4, 5
- D) all the above

27. Which level of Subacute care is targeted at patients who have a medical issues and cognitive deficits?

- A) General
- B) Transitional
- C) Chronic
- D) Long-Term

28. Criteria for admission to an inpatient rehabilitation unit include:

1. ability to withstand four hours of therapies daily
2. mental ability to follow one-to-two step commands
3. ability to withstand therapies three times a week
4. stability of medical condition
5. the need for at least two different types of therapies

- A) 2, 4
- B) 1, 2
- C) 3, 5
- D) all of the above
- E) none of the above

29. Which of the following regarding Subacute Care are true?

1. the client is medically stable
2. the patient requires intensive diagnostic or invasive procedures
3. the patient requires professional nursing care
4. the patient's care requires active physician direction
5. care can be delivered in inpatient or outpatient settings

- A) 1, 3, 5
- B) 1, 2, 3
- C) 1, 3, 4, 5
- D) all of the above

30. Which of the following regarding Hospice Care are true?

1. patients must forego standard Medicare benefits in lieu of hospice benefits
2. hospice care is only authorized for terminal cancer patients
3. the patient must have only 6 months to live to qualify for hospice care
4. prescription medications to control pain are covered by Medicare
5. the deductible under the hospice benefit is \$ 500.00

- A) 2, 5
- B) 1, 2, 3
- C) 1, 4
- D) all the above

31. Under the traditional Medicare Model, covered home services would include:

1. care services must be custodial
2. care must be reasonable and necessary
3. blood transfusions
4. all needed equipment is covered with a 20% co-insurance
5. home oxygen if the PO2 is 55 or below on room air

- A) 2, 5
- B) 1, 2, 4, 5
- C) 1, 3, 5
- D) all of the above

32. When referring a patient to a home health agency, the case manager knows that:

1. all certified Medicare agencies offer the same care capabilities
2. hospitals must honor requests of certified Medicare agencies to be put on their referral list
3. it is necessary to disclose to the patient which agencies are in a patient's preferred network
4. patient's have a right to chose outside their network
5. documentation regarding discussed options with patients is not required.

- A) 1, 2, 4, 5
- B) 2, 3, 4
- C) 1, 3
- D) all of the above

33. PPS/DRG is a reimbursement system:

- A) that uses a fixed rate based on acuity of the patient
- B) that is based on actual costs of care
- C) that is based on a pre-established rates
- D) that is based on a risk arrangement and contract

34. Prospective payment in a Subacute level, tailors payment to the level of the patient's functional status.

- A) True
- B) False

35. The Prospective payment system for Home Care does NOT cap the number of visits that a patient can receive.

- A) True
- B) False

36. Respiratory Therapy for skilled care, including heat nebulizers and mechanical ventilation, may now be performed by nurses, according to Medicare guidelines.

- A) True
- B) False

37. Medicare reimbursement for transporting patients from care facility to care facility include air transportation and stretcher vans.

- A) True
- B) False

38. In today's complex health care environment, all patients need case management.

- A) True
- B) False

39. Which of the following indicators warrants screening for possible case management?

- A) the patient is in a new PPO
- B) the patient has multiple physicians
- C) the patient requests "do not resuscitate"
- D) all of the above

40. There is a direct relationship between the severity of a patient's illness and psychological functioning.

- A) True
- B) False

41. If a patient's mental capacity is in question, the case manager knows that :

- A) the family must be notified immediately
- B) the case should be referred to a judge for a guardianship hearing
- C) the patient needs referral to a psychiatrist
- D) none of the above

42. Which of the following is an external case management responsibility?

- A) assess for patient's extended benefits options
- B) provide the patient with written discharge instructions
- C) have DME delivered to the patient's home
- D) all of the above

43. Molter's study of familial needs determined that the universal need identified as extremely important was what?

- A) the need for hope
- B) the need for information
- C) the need for anxiety release
- D) the need for home care assistance

44. Outcomes evaluation is not defined in the standards of practice as developed by the Case Management Society of America.

- A) True
- B) False

45. The key purpose of measuring case management outcomes is to demonstrate the cost/benefit of the case management process.

- A) True
- B) False

46. Patients retain only approximately 30% of the information given to them in a teaching session.

- A) True
- B) False

47. "Pain" is complicated by individual tolerance differences and:

- A) cultural elements
- B) psychological factors
- C) sociologic factors
- D) all of the above

48. Case Management "Self-Care" refers to what?

- A) making sure you take a lunch break at the same time every day
- B) asking your supervisors for what you need to better perform your job
- C) making sure your supervisor understands personal issues you are dealing with
- D) telling your supervisor you need to have more break time

49. If no intervention is identified during the case management problem-solving process, the best thing for a case manager to do is what?

- A) keep scheduling case management conferences until adequate interventions are defined
- B) **ask whether the problem needs to be redefined**
- C) obtain suggestions from the patient and their family
- D) refer the problem to the medical team for evaluation

50. All of the following are recommended as information-gathering techniques for communication EXCEPT:

- A) hearing what the patient is saying to you
- B) clarifying discrepancies you noted during your interview with the client
- C) observing the client's body language

D) taking notes to avoid important omissions, but avoid taking too many notes