

## **West Virginia HCBS State-Wide Transition Plan Competency Post-Test Answer Key**

- 1. D. Case Manager or Wraparound Facilitator**
- 2. A. House or apartment that is owned or leased by the Medicaid waver member or someone in their family**
- 3. True**
- 4. True**
- 5. B. Once a year unless the member moves or makes significant changes to their home**
- 6. False**
- 7. D. All of the above**
- 8. True**
- 9. A. A few minutes**
- 10. True**