TEST: Statewide Transition Plan

Name: **Score:** /10

*Need **8/10** to pass

1. Who completes the member-controlled settings assessment?
    a. Direct Care Worker
    b. LPN
    c. Agency Director
    d. Case Manager or Wraparound Facilitator
2. A Member-Controlled Setting is a :
    a. House or apartment that is owned or leased by the Medicaid waiver participant or someone in their family
    b. Day program
    c. Assisted Living Facility
    d. Foster care home
3. Members who live in a Provider Controlled Setting must have a current signed lease that protects them from unlawful eviction.
    a. Yes
    b. No
4. CMS mandated the Integrated Settings Rule to make sure the participant's experience is considered when deciding if the place where they receive Medicaid services is a home or community-based setting.
    a. Yes
    b. No
5. How often are Settings Assessments done?
    a. Every 6 months
    b. Once a year unless the member moves or makes significant changes to their home
    c. Every 30 days
    d. Every 90 days
6. CMS requires that waiver participants receive services only in formal settings, such as hospitals.
    a. Yes
    b. No
7. The Settings Assessment helps to ensure that members have control over their Person-Centered Plan and the right to make choices in their lives, such as:
    a. Deciding day-to-day activities
    b. Having privacy including locks on doors
    c. Having control of their finances
    d. All of the above

8. If an answer to one or more questions on the Settings Assessment is “no”, then the participant’s Case Manager or Wraparound Facilitator must work with the member to correct the issue:
    a. Yes
    b. No
9. How long does it take to complete the Settings Assessment?
    a. A few minutes
    b. One day
    c. One week
    d. One month
10. The questions on the Settings Assessment are easy—the participant will not have to look up the answers.
    a. Yes
    b. No