

Practice Exam Questions



CMGT-BC

Nursing Case Management



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Total Question: 175 QAs

Question No: 1

The five components of a nursing case management framework identified by the American Nurses Credentialing Center are:

- A. planning, organizing, coordinating, advocacy, and monitoring.
- B. assessment, planning, implementation, evaluation, and interaction.
- C. communication, planning, facilitation, advocacy, and monitoring.
- D. evaluation, linking, coordination, advocacy, and monitoring.

Answer: B

Explanation: Nursing case management is a process of meeting an individual's health care needs through collaboration and coordination. It requires assessment to determine client needs, planning to identify and engage resources, timely implementation to reduce service fragmentation, evaluation to ensure quality care and effective clinical outcomes, and interaction in an ongoing fashion to realize all client goals and outcomes.

Question No: 2

The "Pareto Principle," as related to nursing case management, indicates that:

- A. resource allocation must be multidisciplinary to be cost effective.
- B. a systematic and dynamically adaptable framework is required.
- C. about 80% of all health resources are used by 20% of the population.
- D. no professional discipline owns the practice of case management.

Answer: C

Explanation: The "Pareto Principle" (also known as the "80-20 rule," the law of the "vital few," and the principle of "factor sparsity") states that, for many real-world events, roughly 80% of the effects come from 20% of the causes. Applied to case management, it means that approximately 20% of all patients consume 80% of all medical resources.

This resource-intensive population must be identified and carefully "case managed" so that their health care is of high quality, efficiently delivered (i.e., meeting expected outcomes), and cost-effective.

Question No: 3

Client assessment in case management is best described as:

- A. completion of a thorough physical exam to identify all health issues.
- B. interviews of collateral contacts to understand the client better.
- C. a thorough client interview to evaluate identified needs.
- D. an in-depth evaluation, including interviews and record reviews.

Answer: D

Explanation: Clients identified for case management assessment are at-risk for or in need of intensive services either because of complex health problems or high-resource use. Thus, assessment for purposes of case management involves an in-depth evaluation of a client and his or her complete situation. It incorporates interviews with the client and other relevant sources, along with an intensive review of all pertinent records from health care institutions, involved professionals, employers, caregivers, school and military sources, and health care providers, among others. The goal is to obtain insights into a client's physical, psychosocial, cultural, developmental, economic, lifestyle, and spiritual circumstances sufficient to uncover all significant

health care issues.

Question No: 4

Case management systems should be adapted to accommodate all of the following EXCEPT the:

- A. political or cultural views of the case manager.
- B. organizational setting in which the services are provided.
- C. socioeconomic needs of the population being served.
- D. developmental characteristics of the clients being seen.

Answer: A

Explanation: The focus of case management is on optimum client care, regardless of the political, cultural, or other personal views of any given case manager. While broad guidelines for case management are provided by credentialing bodies, the specific features of the case management system used should be tailored to meet the age, function, developmental capabilities, mental illnesses, economics, cultural characteristics, and capacities of the clients who are served and the service delivery organization that is involved.

Question No: 5

A pediatric theorist who focused on the social environment of children is:

- A. B. F. Skinner.
- B. Alfred Adler.
- C. Erik Erikson.
- D. Jean Piaget.

Answer: C

Explanation: Erik Erikson's theories incorporated insights into the social environment of children, illuminating issues, such as peer pressure, that may influence their willingness to adhere to prescribed treatment regimens and medication usage. B. F. Skinner emphasized behavioral issues that were treated with rewards, bargaining, and other behavioral modification techniques. Jean Piaget developed cognitive theories of pediatric interaction, clarifying, for example, the need of children for comfort and parental support more than reasoning, explaining, and rationally addressing the need for any given procedure or intervention. Alfred Adler was not a pediatric theorist.

Question No: 6

A financial evaluation is completed for all of the following reasons EXCEPT to:

- A. identify available resources for health care and stability.
- B. determine the client's eligibility for case management services.
- C. ensure any requisite preapprovals for proposed health care treatments and services.
- D. assist a client and family to apply for additional benefits that may be necessary for health care needs.

Answer: B

Explanation: Clients are referred for case management services based on need, risk, and resource usage, not on their ability to pay for the services. While the extent of services offered may correlate with an ability to pay for those services, financial status is not a prerequisite to case management. A failure to evaluate a client's financial status properly can lead to overlooked resources, services, and even available treatments. Further, failure to complete an evaluation of insurance benefits and coverage may lead to denials of referrals, treatments, and services, and even to costs unnecessarily billed to patients because of a failure to identify,

preauthorize, or bill properly for needed treatments and services.

Question No: 7

If a necessary medical treatment or service is denied to a patient, a case manager's options include all of the following EXCEPT:

- A. editing the client's financial status to meet benefit eligibility.
- B. requesting a benefit plan exception for circumstances of hardship.
- C. seeking community resources to provide coverage as needed.
- D. advocating for a longer stay to meet patient needs, pending the availability of other options.

Answer: A

Explanation: It would be unethical for a case manager to misrepresent (or to coach a client to misrepresent) the client's financial status regardless of cause or need. Such misrepresentation constitutes fraud and can lead to civil and even criminal liability. All other options noted above, however, are within the case manager's purview. Indeed, they are obligations of quality practice and proper client advocacy, as they represent the full development of a patient-centered plan that seeks evidence-based interdisciplinary facilitated outcomes.

Question No: 8

Implementation of a plan of care involves all the following EXCEPT:

- A. goal setting.
- B. negotiation.
- C. contracting.
- D. delegation.

Answer: D

Explanation: A plan that is developed and approved by all involved parties (including the treating physician, the patient and family, and the payer) is not delegated but is implemented by the nurse case manager. While various aspects of treatment and service provision may be delegated to the various disciplines involved, the case manager must not abdicate his or her responsibility to continue the implementation and management of the treatment and service plan. To this end, the case manager uses necessary skills and education in critical thinking, knowledge, evaluation, negotiating, contracting, and decision-making. Goals must be patient-specific and relevant. Negotiation involves building relationships, trust, and flexibility. Contracting is required to engage organizations and vendors to provide the necessary treatments and services.

Question No: 9

The tendency of health care professionals to work in "silos" means:

- A. having a multidisciplinary perspective and appreciation.
- B. referring clients to other providers as needed.
- C. working independently and without collaboration.
- D. accepting and receiving consultation as needed.

Answer: C

Explanation: Professional training has the effect of focusing practitioners primarily on their specialized knowledge base. Thus, there is a natural tendency to practice independently and without collaboration. Consequently, a primary goal of nursing case management is to bring diverse specialties together to address common patient treatment goals and to share unique expertise to meet the identified goals of care. This process of collaboration is primarily carried out by consultation and referral.

Question No: 10

Polypharmacy is best defined as:

- A. having medications dispensed from more than one pharmaceutical source.
- B. the pharmaceutical compounding of medicinal blends to provide individually tailored medications and dosages.
- C. using a team of pharmacists when addressing patient medication issues.
- D. using multiple medications in a single patient.

Answer: D

Explanation: The situation tends to result from the involvement of multiple physician providers who have little or no interactions with each other and who, thus, prescribe medications without full regard for the other medications the patient is already taking.

Polypharmacy situations readily arise in situations of complex chronic conditions and increase the risk of problematic drug interactions, sensitivity, and unanticipated overdose. Issues of unnecessary cost also arise. Competent case managers are uniquely positioned to reduce untoward polypharmacy.

Question No: 11

Appropriate methods of professional and interdisciplinary communication include all of the following EXCEPT:

- A. chart notes.
- B. cafeteria consults.
- C. telephone discussions.
- D. team meetings.

Answer: B

Explanation: The phrase "cafeteria consults" suggests communications about privileged patient information in a public setting. Principles of confidentiality require professionals to take reasonable steps to prevent the untoward dissemination of patient information to uninvolved or otherwise inappropriate parties. Other appropriate venues of information sharing include properly directed emails and faxes, written narratives, teleconferences, face-to-face discussions, and multidisciplinary rounds. Accurate information sharing, summarization without distortion, and ethnically and culturally sensitive communication that is tailored to the hearer's educational level is very important.

Question No: 12

The process of identifying key issues, understanding each party's perspective, considering possible solutions and outcomes, determining best options, agreeing on contingencies, and monitoring and evaluating outcomes is known as:

- A. critical thinking and problem-solving.
- B. brainstorming and collaboration.
- C. program evaluation and implementation.
- D. goal setting and assessment.

Answer: A

Explanation: Critical thinking and problem-solving use the processes identified in the question. Successful critical thinking and problem-solving require creativity, flexibility, quality assessment, communication skills, and organizational proficiency. Applying critical thinking and problem-solving skills enables nurse case managers to anticipate and recognize problems before they become overwhelming, develop workable

solutions, and maintain high-quality continuity of care.

Question No: 13

The process of establishing patient goals, continuously gathering provider information, measuring progress, and modifying interventions as needed is called:

- A. evaluation.
- B. outcomes measurement.
- C. clinical assessment.
- D. monitoring.

Answer: D

Explanation: Nurse case management involves the monitoring of established plans, their goals, patients' progress, intervention outcomes, and cost and service delivery. When goals are not met, the treatment or intervention plans must be modified. Involved providers must be kept informed about their collaborative role in the treatment process so that they can optimize their services and maximize the benefits to their patients. The monitoring process is integral to the continuous quality improvement required of health care entities for purposes of accreditation, and it formalizes the role of the nurse case manager.

Question No: 14

From a case management perspective, the difference between gross savings and net savings with reference to a service plan is:

- A. any savings realized.
- B. the sum of all potential charges less realized charges.
- C. the inclusion of case management fees.
- D. the difference between costs and benefits.

Answer: C

Explanation: Gross savings can be calculated by subtracting actual charges from the known potential charges realized without case management benefits (i.e., usual costs minus avoided charges, discounts, and negotiated charges). Net savings is defined as gross savings less the fees from case management. Gross savings and net savings are the primary parts of an overall "cost-benefit" analysis.

Question No: 15

The extent to which patient behavior follows the recommendations of a health care provider is referred to as:

- A. care plan concurrence.
- B. patient adherence.
- C. treatment synergy.
- D. protocol attention.

Answer: B

Explanation: To maximize care plan adherence, health care providers and patients should develop a consensus on what guidelines the patient can and will follow, given issues of lifestyle, treatment burdens, culture, environment, costs, cognitive capacity, and support systems. An important activity of case managers is to identify issues of noncompliance and any associated barriers to be able to develop alternate care plans, minimizing the barriers and maximizing care plan adherence.

This typically involves careful observation, interviewing, motivation mapping, options exploration, teaching, and re-committing the patient to the plan of care.

Question No: 16

Factors that influence a case manager's approach to a case include all of the following EXCEPT:

- A. case manager fees.
- B. community resources.
- C. payer systems.
- D. referral sources.

Answer: A

Explanation: While sliding-scale service fees may be necessary, this fee structure should not influence the case manager's approach to a case. However, available community resources and client eligibility, the benefits available (or limited) through a payer, and the referral source and rationale all can influence a case manager's management of a case. The need to advocate for a client in need of specific service's and/or resources may arise. The case manager remains responsible for quality care and outcomes once a referral has been accepted or a client has been admitted to a facility where case managers provide services.

Question No: 17

The greatest portion of health care costs and resources is directed to:

- A. perinatal and pediatric care issues.
- B. geriatric care issues.
- C. traumatic accidents and injuries.
- D. chronic diseases in all age-groups.

Answer: D

Explanation: Chronic conditions consume over 60% of all medical care costs in the United States, and more than 90 million Americans suffer from one or more chronic conditions.

Chronic conditions are defined as those conditions that are prolonged in nature and that fail to resolve independently. Because of the disproportionate consumption of resources and high costs, chronic conditions are often in need of case management to reduce their burden on the overall health care system.

Question No: 18

Disease management programs primarily focus on the:

- A. insurance costs of a particular disease.
- B. research on a particular disease.
- C. pathophysiological components of a disease.
- D. funding options for a particular disease.

Answer: C

Explanation: A thorough understanding of a given disease process better enables the management of the disease and its impact on the patient. To this end, case managers often specialize in certain high-risk diseases. By doing so, they may develop unique insights into the disease, as well as build efficient relationships with necessary providers and organizations that offer optimum treatments and resources. Areas of specialization include organ transplant recipients, AIDS patients, and patients with respiratory conditions, such as asthma and chronic obstructive pulmonary disease.

Question No: 19

When dealing with the psychosocial aspects of chronic illness, the nurse case manager should do all of the

following EXCEPT:

- A. assume the role of therapist for the client and family.
- B. listen and learn about the impact of the illness on the client and family.
- C. empower clients and families to develop coping strategies.
- D. provide referrals to support groups and social services.

Answer: A

Explanation: While the nurse case manager should be sensitive to the needs of the patient and family, listen and provide support, and understand the impact of the illness or injury on family dynamics, he or she should not attempt to assume a strictly therapeutic role. Instead, referrals should be made to support groups and social services (e.g., counseling, as needed) for any in-depth psychological services. However, staying well informed, monitoring progress, and relaying essential psychosocial information to relevant members of the health care team is a crucial role of the nurse case manager.

Question No: 20

Discovering, respecting, and incorporating the values of clients and families in the health care experience refers to:

- A. sociodemographic tolerance.
- B. cultural competence.
- C. individuality integration.
- D. psychosocial acknowledgment.

Answer: B

Explanation: The term includes the collective influences from religion, ethnicity, age, gender, geography, language, and socioeconomic status. Cultural competence does not ignore the fact that there are always individual differences and idiosyncrasies from one person to another but refers to an underlying awareness and context that can inform and facilitate the process of understanding and working with each individual. Principles of "diversity" acknowledge that "religion" and "spirituality" are not always the same thing (i.e., one implies membership, while the other refers to personal practice and belief) and that variations exist in behavioral norms, rules, beliefs, values, taboos, and habits among people everywhere. Integration of a cultural assessment into the care plan can aid in issues of communication, treatment compliance, and in the identification and resolution of treatment obstacles.

Question No: 21

Medical practice standards and care algorithms are often referred to as:

- A. clinical practice guidelines.
- B. best practices or clinical protocols.
- C. care pathways or care maps.
- D. all of the above.

Answer: D

Explanation: In nursing case management, the term "clinical practice guidelines" is often used, but the other terms listed in the question also appear frequently in nursing and other medical literature.

Clinical guidelines attempt to integrate key treatment decisions with optimum outcomes as derived from research-based evidence of the risks, benefits, and costs associated with various clinical options in a given medical scenario. The research used to develop such guidelines must be "evidence-based" and "practice-based" to ensure that effective outcomes and goals are achieved. Existing clinical guidelines must be

frequently reviewed and updated (at least annually) to incorporate ongoing learning and new research findings.

Question No: 22

The health education "Stages of Change Model" was developed by:

- A. Diniz, Schmidt, and Stothers.
- B. Malcolm Knowles.
- C. James Prochaska.
- D. Hildegard Peplau.

Answer: C

Explanation: James Prochaska produced the health education plan, known as "Stages of Change Model," in 1979 and refined it later with Carlo DiClemente. The model summarizes the six stages that people tend to pass through when attempting to introduce changes in their health-related habits. Stage 1 is called the "pre-contemplation" stage: patients are oblivious to or not seriously considering the need for change. Stage 2 is the "contemplation" stage: people are thinking seriously about making a change. Stage 3 is the "preparation" stage: people make formal plans for an impending change. Stage 4 refers to the "action" stage: the plans are now applied. Stage 5 is the "maintenance" stage: people work past lapses to retain the change. Stage 6 is the "termination" stage: relapse tendencies are resolved, and the change is fully incorporated.

Question No: 23

The 1966 "Partnership for Health Act" defined health as:

- A. a state of complete well-being.
- B. an interdisciplinary enterprise.
- C. a case management outcome.
- D. the promotion of wellness.

Answer: A

Explanation: A state of complete well-being includes physical, mental, and social health. The intent of the Partnership for Health Act was to move away from prior definitions of health that focused on an absence of illness or injury. Thus, the goal was revised from providing treatment resources and access in response to illness and injury to the preemptive promotion of wellness to circumvent and prevent illness and injury. This goal remains a work in progress, as health care delivery systems in the United States continue to be oriented toward responding to situations of disease and injury as opposed to preventing them and promoting greater overall health in society.

Question No: 24

The fundamental starting point for a case manager and patient is:

- A. an understanding of the patient's disease or injury.
- B. an appreciation of the patient's sociocultural situation.
- C. a holistic understanding of the patient in all life dimensions.
- D. diagnostic clarity and a medically effective care plan.

Answer: C

Explanation: A segmented understanding of a patient's diagnosis, disease, injury treatment protocols, or sociocultural context can never replace a holistic and integrated understanding of a patient in all of his or her personal life domains. For example, every medical insight and treatment advantage may fail if confounding

sociocultural factors exist. A holistic view imbues all care plan interventions with greater efficacy and value. From activity logs, to changes in health patterns, to reports of key indices of risk and outcomes, all have greater meaning and import when placed in a holistic patient context.

Question No: 25

The term "least restrictive setting" refers to:

- A. the voluntary nature of patient- provider health care delivery.
- B. a "start low and go slow" approach to treatment.
- C. protocols regarding the use of patient physical restraints.
- D. treatment in settings that promote maximal patient autonomy.

Answer: D

Explanation: Historically, patient treatment was provided in settings that optimized a health care provider's convenience and control. Over the years, it was discovered that patients could become overly dependent and even "institutionalized" by such approaches, leaving them unable to function independently or to return to normal life patterns. To counteract this historical mindset, regulations and policies were promulgated that fostered maximal patient autonomy and independence, ultimately benefiting patients, providers, and the institutional care settings.

Question No: 26

Health information and identified demographics of a single person are referred to as:

- A. individual data.
- B. personal data.
- C. singular data.
- D. prime data.

Answer: A

Explanation: Health and demographic data pertaining to a single individual consist of information necessary to understand and respond to a patient's health care situation. These data are needed to shape an effective plan of care. Inaccurate, unavailable, or lost information can lead to expensive testing redundancy and associated risks, inaccurate diagnoses, untoward reactions to treatments and interventions, and other adverse outcomes. Consequently, the collection, maintenance, and availability of this information are important.

Question No: 27

Health information and demographics gathered by repeated measurements or by combining a collection of individual data are referred to as:

- A. population data.
- B. cumulative data.
- C. aggregate data.
- D. collective data.

Answer: C

Explanation: Aggregate data are necessary to identify and understand health care trends, unique issues, and probabilities as related to health changes over time or changes related to targeted groups and populations. Aggregate data can also be used to track the overall effectiveness of various treatment approaches and other health care interventions. Consequently, aggregate data can be extremely important to nurse case managers as they work with their clients and referral sources.

Question No: 28

Quality data have all of the following characteristics EXCEPT they are:

- A. predictable.
- B. reliable.
- C. unbiased.
- D. valid.

Answer: A

Explanation: Data need not be predictable (i.e., providing results or findings that are expected). However, quality data must be reliable (i.e., with results that are consistently repeatable in subsequent measurements), unbiased (i.e., free of systematic errors that compromise the information), and valid (i.e., actually measuring what they purport to measure).

Question No: 29

Health care "registries" are defined as:

- A. systems used to admit patients to a health care facility.
- B. systems used to collect and follow patient information.
- C. case management billing programs.
- D. computer-operated waiting lists.

Answer: B

Explanation: They usually include the capacity to aggregate information by patient group, disease, and diagnosis. Examples include certain electronic medical records, certain electronic health records systems, and some electronic case management systems; however, not all of these systems include registry capacities. Sophisticated registries can only sort patients by specific health status measures (e.g., blood pressure, blood tests), but they also produce reminders for age- and health-specific tests, track treatment compliance, and produce lists of patients by care needs.

Question No: 30

The difference between computer application programs and system software is best described by which of the following statements?

- A. System software operates a computer's internal systems, while application programs provide the user with a directly applied service.
- B. System software provides the user with an applied service, while application programs operate the computer's internal systems.
- C. System software is provided to many computers through an organization's computer network, while application programs operate on a single computer.
- D. System software operates on a single computer, while application programs are provided to many computers through an organization's computer network.

Answer: A

Explanation: Systems software is managed by information technology personnel, such as computer programmers, while computer application programs are used by the individual computer users (case managers). Examples of systems software include file management tools and the computer's operating system (e.g., Windows). Examples of computer application programs include data management programs, such as Access and Excel, along with word processing programs or email programs.

Question No: 31

Data analysis is defined as:

- A. mathematical calculations, using recognized algorithms and methods.
- B. an examination of data to derive useful information.
- C. the computerized manipulation of data in an organized fashion.
- D. the collection and aggregation of data into a database.

Answer: B

Explanation: While data analysis often uses mathematical calculations and frequently involves the use of a computer, these are not adequate definitions of data analysis. Indeed, "qualitative" data are frequently analyzed by descriptive means, and may not include quantitative (mathematical) analysis at all. Finally, while the collection and aggregation of data are relevant to data analysis, they precede the process of analysis and are not typically part of the analysis function.

Question No: 32

A histogram is a type of:

- A. pie chart.
- B. scattergram.
- C. monogram.
- D. bar graph.

Answer: D

Explanation: A histogram is a type of bar graph. It uses rectangular-shaped bars to create a graph of a frequency distribution in which rectangles are used to represent a given variable's number of classes and the frequencies of each. The base of the rectangle rests on a horizontal axis and is proportional to the number of classes representing the given variable, and the height (on the vertical axis) corresponds to the frequency reported for each class. The overall relationship of the bar heights to each other denotes the "shape" of the data, with a mounded, center-weighted shape suggesting a more "normal" or "bell-shaped curve." The far left and right areas of such a bell-shaped graph are referred to as "tails," and any tendency of the overall shape to accumulate more toward the overall left or right indicates data that are "skewed" in one direction or another.

Question No: 33

Data mining refers to:

- A. data collection derived from underground geological projects.
- B. the process of drawing relevant data from a larger data set.
- C. the entering of specific data into a specific computer database.
- D. data analysis that uses a hidden or background computer program.

Answer: B

Explanation: Extremely large data sets can address a broad array of variables. Not all variables in a data set are relevant to a specific area of inquiry.

Consequently, the data set is "mined" for data that addresses a specific area of interest or concern. When the necessary data have been extracted from the larger data set, they can then be analyzed to derive any possible inferences and conclusions relevant to the questions or concerns examined by the investigator.

Question No: 34

Root-cause analysis refers to:

- A. a search for causal factors producing a given outcome or result.
- B. a method of chi-square analysis used to manipulate data.
- C. a computer "subroutine" or "root" program used to analyze data.
- D. the logistic regression of data against an identified data point.

Answer: A

Explanation: This process is frequently used to investigate any deviations from expected outcomes or variations in systems or personnel performance. It is an integral part of any continuous quality improvement program and is essential in health care, where deviations from standard performance patterns or outcomes can signal issues with serious repercussions for patients and providers.

Question No: 35

Common forms of statistical analyses include all of the following EXCEPT:

- A. hypothesis testing.
- B. correlation and regression analysis.
- C. kurtosis modeling.
- D. confidence interval calculation.

Answer: C

Explanation: Kurtosis modeling is not a form of statistical analysis but is instead a method of describing the shape of graphed data. A kurtosis distribution is referred to as "high" when its graph has a sharp peak and long, fat tails. A kurtosis distribution is referred to as "low" when it has a rounded peak and tails that are short and thin. Hypothesis tests are used to validate or refute a specific postulation. Correlation and regression analyses are used to determine that a given variable can predict or induce changes in another variable. Confidence intervals are used to indicate the probability that a given finding is not the result of an analytical error.

Question No: 36

The theorist who first identified the hierarchy of needs, including (1) physiological needs; (2) safety; (3) love and belonging; (4) self-esteem; and (5) self-actualization, by which to achieve satisfaction and fulfillment was:

- A. Carl Jung.
- B. Erik Erikson.
- C. Jean Piaget.
- D. Abraham Maslow.

Answer: D

Explanation: In his 1943 paper, "A Theory of Human Motivation," Maslow first proposed his theory of hierarchical needs, which was more fully developed in his book, "Motivation and Personality," published in 1954. Understanding the hierarchical nature of human needs can help case managers more effectively focus the services and resources they bring to bear on a given case. Learning about the needs of a patient and determining how best to overcome any barriers and meet these needs is fundamental to effective resource management.

Question No: 37

Bower and Falk (1996) defined effective resource management as:

- A. doling out material goods assessed as essential for client health and well-being.
- B. coordinating the delivery of targeted goods and services identified by medical providers as necessary for client recovery from illness or injury.
- C. identifying, confirming, coordinating, and negotiating resources to meet client needs.
- D. determining the most efficient and cost-effective method of service and resource delivery to meet a client's health and recovery needs.

Answer: C

Explanation: Effective resource management requires that the case manager assesses a client's situation and needs, using a multidisciplinary goal-oriented approach. Adequate understanding of the client's situation and his or her needs requires careful listening and observation. Effective case managers also require a repertoire of reliable providers to ensure continuity of care and high-quality outcomes.

Question No: 38

Three nationwide referral resources for senior services include which of the following?

- A. Eldercare Locator, Snap for Seniors, and the 211 telephone information and referral.
- B. Just for Seniors, Senior Connections, and the Golden Lions.
- C. Grey Panthers, American Association of Retired Persons, and Senior Living.
- D. Senior Connections, Retired Referrals, and Elder Advantage.

Answer: A

Explanation: The number 211 is a 24-hour telephone information and referral source serving communities nationwide through a United Way collaboration. Eldercare Locator (www.eldercare.gov) is a national network of senior care resources. Snap for Seniors (www.snar2forseniors.com) is a searchable database of senior services and providers. Another well-known resource for assisting seniors is the "Case Management Resource Guide," which is available as a printed book or online (see: www.cmrg.com). Other referral resources above are either nonexistent agencies, local organizations, or national organizations grouped with one or more other entities that did not meet the full definition provided.

Question No: 39

All of the following are social service agencies that can assist case managers in obtaining community resources for their patients EXCEPT:

- A. Centers for Medicaid eligibility.
- B. Centers for Independent Living.
- C. Department of Social Services.
- D. Agency on Aging.

Answer: A

Explanation: Centers for Medicaid eligibility authorize state-funded medical care coverage. They do not represent local community resources for patients. Centers for Independent Living provide training and transitional support for individuals seeking to regain independent living skills. Local Departments of Social Services can assist with patient assessments, resource identification, and links to services. Area Agency on Aging offices are another setting for resource referrals, along with caregiver and support group referrals, all of which address senior issues.

Question No: 40

Free or low-cost vaccinations, health screenings, health education classes, tracking and reporting of

communicable diseases and collection of local health statistics for prevention and regulatory programs are all functions typically carried out by:

- A. acute care hospitals.
- B. public health services.
- C. urgent care clinics.
- D. health insurers.

Answer: B

Explanation: These state- and locally funded programs operate free or sliding-scale payment clinics where primary care and public health issues are addressed. Well-baby screenings and immunizations, testing for genetic diseases, screening of food, water, and medications to ensure public safety are all functions carried out by public health services and clinics. Other functions include adult inoculations (i.e., flu, pneumonia), health education regarding substance abuse, weight-loss, domestic abuse, and communicable disease reporting and tracking (e.g., tuberculosis, sexually transmitted diseases, HIV, meningitis). These centers are invaluable resources for case managers.

Question No: 41

The 1975 federal Education for All Handicapped Children Act requires all of the following EXCEPT:

- A. free public education with equal opportunity for handicapped children.
- B. the development of proper evaluation and classification procedures.
- C. individualized education programs based on evaluation.
- D. private in-home education based on disability severity.

Answer: D

Explanation: Public education is provided in community settings, not in private in-home settings. However, an individualized education program may recommend that educational endeavors be augmented by student participation in early intervention programs, such as occupational, physical, and speech therapies. Special medical needs may also be accommodated in certain specialized educational settings, such as nursing support and on-site medications management.

Question No: 42

Vocational services are primarily intended to assist individuals who have sustained a catastrophic illness or injury with:

- A. socialization skills to develop interpersonal relationships.
- B. in-home activities of daily living for personal independence.
- C. employment that accommodates physical and mental challenges.
- D. the achievement of self-actualized goals and aspirations.

Answer: C

Explanation: The primary goal of vocational services (e.g., education, rehabilitation, medical services) is to assist an individual to return to employment in a work setting that optimizes his or her maximum capacities. This requires ongoing multidisciplinary assessments (e.g., behavioral, functional, aptitude, achievement) to identify individual capacity and "transferable skills" (i.e., when a return to prior work is not possible), as well as professional intervention and work setting trials until optimum potential is achieved.

Question No: 43

The five basic "levels of care" in the health care system include which of the following?