

# Contract Community Residential Habilitation Provider Pre-Test

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Title: Community Residential Habilitation Provider Facility: Community Services, Inc.

- 1) Which of the following defines developmental disability?
  - A disability that occurred after the developmental years.
  - A disability that occurred at birth or during the developmental years.
- 2) A developmental disability can occur during pregnancy, before birth, or after birth?
  - True  False
- 3) Check all that apply to developmental disabilities:
  - Developmental disabilities results in limitations in three or more areas of major life activity.
  - We know all the causes of developmental disabilities.
  - Developmental disabilities result in the need for extended or lifelong services.
- 4) List 3 examples of developmental disabilities:  
\_\_\_\_\_  
\_\_\_\_\_
- 5) Check all that apply to mental retardation:
  - Results in an IQ of 70 or below.
  - Mental retardation results in impairments/deficits in adaptive functioning.
  - The onset is before age 20.
- 6) With appropriate supports over a sustained period, the life functioning of the person with mental retardation will generally improve.
  - True  False

Name: \_\_\_\_\_

- 7) Mental retardation means the person cannot learn.  
 True                       False
- 8) Mental retardation affects more people than any other developmental disability.  
 True                       False
- 9) Mental illness is another term for mental retardation.  
 True                       False
- 10) Check the examples below that demonstrate people first language:
- |                                                           |                                                                |
|-----------------------------------------------------------|----------------------------------------------------------------|
| <input type="checkbox"/> He is handicapped or disabled.   | <input type="checkbox"/> She has a cognitive disability.       |
| <input type="checkbox"/> She suffers from cerebral palsy. | <input type="checkbox"/> He is wheelchair bound.               |
| <input type="checkbox"/> People with disabilities.        | <input type="checkbox"/> He is special.                        |
| <input type="checkbox"/> She is crippled.                 | <input type="checkbox"/> He has a need for an adaptive device. |
- 11) The way we think about people with developmental disabilities and the stereotypes we grew up with have a profound effect on the way services are delivered.  
 True                       False
- 12) “Normalization” means making people normal.  
 True                       False
- 13) Normalization means having a range of \_\_\_\_\_,  
\_\_\_\_\_, and \_\_\_\_\_, which are respected and  
considered.
- 14) Clients you provide services to have the same human and civil rights as you do.  
 True                       False

Name: \_\_\_\_\_

15) Striving to build and support relationships, stressing community involvement, being active in respectful partnerships with families and providing and educating to real choices are examples of \_\_\_\_\_ & Awareness.

16) One way of advocating for individuals with disabilities is taking the time to teach them how to do things, instead of doing it for them.

True                       False

17) Protection to have medical care, to be able to vote, to be free from exclusion and sexual expression/marriage are all examples of : \_\_\_\_\_ .

18) Only staff working with a specific individual should review that person's record.

True                       False

19) Before giving out information about a person, a signed \_\_\_\_\_ of information form must be obtained.

20) List 2 different kinds of abuse:

\_\_\_\_\_

21) Neglect can include, but is not limited to hazardous or unsafe living conditions (i.e fleas, lice on people, soiled bedding, fecal/urine odor, inadequate clothing).

TRUE                       FALSE

21) Possible signs of abuse or neglect could include (mark all that apply) :

Bruises on body                       Not allowing kids to have a dog

No running water in home                       Not enough food in home

Welts on body                       Unauthorized withdrawals from an adult's ATM card

22) List at least 1 sign of sexual abuse: \_\_\_\_\_

23) As a CRH provider, you are what is defined as a "Mandatory Reporter" and must report any incidents of real or suspected abuse/neglect you may be witness to?

TRUE                       FALSE

Name: \_\_\_\_\_

24) The terms APS and CPS refer to:

Adult and/or Child \_\_\_\_\_ Services

25) When should a verbal report of suspected incidents of abuse and/or neglect be made to your local DHHR office?

- Within 2 days
- Only Monday through Friday when the office is open
- Immediately

26) Positive behavior support reflects \_\_\_\_\_-centered values that honor the dignity and preferences of the individual.

27) Behavior is anything people say or \_\_\_\_\_.

28) Which of these are descriptions of behavior?

- Has a bad attitude.
- Hits.
- Is upset.
- Pushes chair in front of hallway.

29) Why is it important to know the function of a behavior? (Mark all that apply).

- To predict when/where behavior(s) will occur.
- To make the person hit themselves.
- To identify alternative behavior.

30) The ABCs of Behavior Are:

A= \_\_\_\_\_

B= \_\_\_\_\_

C= \_\_\_\_\_

31) Antecedents are what happens \_\_\_\_\_ the behavior(s).

- Before
- During
- After

32) Person centered planning/self-determination \_\_\_\_\_ the individual, family and team.

Name: \_\_\_\_\_

33) \_\_\_\_\_ involves the development of person-centered plans and individual budgets to allow people with disabilities lead the lives they chose in the places they want.

34) Match the service to the best definition provided:

Service Name	Match #	Definition
Service Coordination		1. Professional services provided directly or indirectly to meet behavioral, therapeutic & person specific training needs.
Day Habilitation Services		2. A benefit for non medical care, supervision, and socialization provided to an adult who has a disability. The primary intent is to support individuals in non-training activities.
Therapeutic Consultant Services		3. A focus on activities to establish a potentially life long, person centered, goal oriented process for coordinating the range of services, instruction and assistance for persons with developmental disabilities.
Adult Companion Services		4. A program of skills instruction and supervision designed to assist individuals to increase independence or maintain his/hers current skills in daily living, adaptive behaviors, and skills. This takes place away from a persons home, and shall include activities in the community.

35) There is a limit of \_\_\_\_\_ units of community residential habilitation per month without prior authorization.

- 496
- 1300
- 744

36) Units for community residential habilitation must be authorized annually by APS Healthcare.

- TRUE
- FALSE

Name: \_\_\_\_\_

37) Community Residential Habilitation services are support services delivered in a participant's residence and in the community which provide \_\_\_\_\_ and \_\_\_\_\_ to enable him/her to acquire and maintain skills which will allow him/her to live and socialize more independently.

38) How does a CRH provider document the service they are providing?

- On notebook paper                       On a progress report (DD-12)
- Documentation is not required       Discuss with the service coordinator

39) Mark all information that should be included in the CRH documentation:

- Start Time of Service       Client's Name       Total Units Per Day
- Month/Year of Service       Color of Clothing       Provider's Name
- Date of Birth       Mileage       Stop Time of Service
- # of Training Objective(s)

40) CRH documentation should include a specific description of the service provided?

- TRUE                       FALSE

41) It is ok to bill for transportation for personal errands as long as the client is in the car with you.

- TRUE                       FALSE

42) Of the three choices below, choose the best one for documentation of mileage.

- Mileage FROM: Home TO: Doctors Office
- Mileage FROM: Clients Home, Charleston, WV TO: Dunbar Medical, Dunbar, WV
- Mileage FROM: Charleston TO: Dunbar

Name: \_\_\_\_\_

43) Providers for community residential habilitation can only be reimbursed for services that are considered extraordinary via the extraordinary care assessment.

TRUE

FALSE

44) Community Residential Habilitation providers may not bill for overnight supervision and monitoring.

TRUE

FALSE

45) The \_\_\_\_\_  
must assess and have oversight for CRH training goals.

