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**THIS PACKET MUST
 BE RETURNED TO
 TRAINING DEPT. WHEN
 COMPLETED.**

245D INTENSIVE SERVICES ANNUAL TRAINING (5+ YEARS)

Employee Name: _____

Program Name: _____

Annual training requirements: A minimum of **12 hours** of annual training must be completed for direct support staff with 5 or more years of documented experience. Below is the breakdown of your 12 hours.

TRAINING SUBJECT:	DATE:	HOURS:	INSTRUCTOR:
• Data Privacy Requirements (HIPAA)		0.50	Chad Stellenwerf
• Service Recipient Rights Requirements		0.50	Chad Stellenwerf
• Maltreatment Reporting (VA and MoMA)		0.50	Megan Gooden
• Person-Centeredness		1.00	Megan Gooden
• Emergency Use of Manual Restraint		0.50	Megan Gooden
• Prohibited Procedures & Behavior Modification		2.00	Megan Gooden
• Mileage & Expense Reimbursement Approvals		0.50	Chad Stellenwerf
• Sanitation		0.50	Chad Stellenwerf
• Basic First Aid (Packet)		0.50	Megan Gooden
• Safe Transportation (Packet)		0.50	Chad Stellenwerf
• Alliance Health Care Policies & Procedures (Packet)		0.50	Human Resources
• Severe & Persistent Mental Illness (Packet)		1.00	Megan Gooden
• Boundaries (Packet)		0.50	Megan Gooden
• Documentation Training (Packet)		0.50	Chad Stellenwerf
• Universal Precautions (Packet)		0.50	Megan Gooden
• Techniques of Daily Living Skills (Packet)		1.00	Megan Gooden
• Shaping & Graduated Guidance (Packet)		0.50	Megan Gooden
• Nutrition & Healthy Living (Packet)		0.50	Megan Gooden
• 245D Guiding Statutes (Packet)		0.50	Megan Gooden
• Client CSSP Addendum Review (Packet)		0.50	Chad Stellenwerf
TOTAL HOURS:		12.00	

By signing here, I verify that the above training has been provided to me.

 Employee Signature Date

Training Department signs below once all trainings are completed and passed.

 Training Department Signature Date

DATA PRIVACY REQUIREMENTS (HIPAA) SIGNATURE PAGE

By signing below, I agree that I have read through and understand the data privacy components that guard the safety of the recipients in my program. I agree to uphold and advocate for client privacy throughout my employment and will seek clarification from my direct supervisor whenever these confidentiality practices or their implementation is unclear.

Staff Name

Date

Staff Signature

Date

SERVICE RECIPIENT RIGHTS REQUIREMENTS TEST**Name:** _____ **Date:** _____

- 1.) Recipients have the right to be free from staff trying to do which of the following;
 - a. Put them in time out or seclusion
 - b. Verbally redirect them
 - c. Look out for their health, safety and well-being
 - d. None of the above

- 2.) A recipient's informed consent is not required when there is the opportunity to participate in any research or experimental treatment.

True False

- 3.) A recipient should have access to, or know the names, addresses, and phone numbers of;
 - a. People who can help them
 - b. The Ombudsman
 - c. The Office of Health Facility Complaints
 - d. All of the above

- 4.) A recipient has the right to personal privacy.

True False

- 5.) The only rights that a program may restrict, after documenting the need, include;
 - a. The right to refuse
 - b. The right to know what services this program provides and their cost
 - c. The right to engage in activities that they choose
 - d. All of the above

- 6.) Before a recipient's right may be restricted in any way, what information must be documented?

- 7.) Residential services and supports have additional rights, including but not limited to;
 - a. Access to firearms after undergoing safety classes
 - b. Receive and send mail and emails and not have them opened by anyone else unless asked to
 - c. Have a pet
 - d. None of the above

- 8.) Service recipients have the right to;
- a. Be free from prejudice and harassment regarding race, gender, age, disability, spirituality, and sexual orientation
 - b. Choose their own friends and spend time with them
 - c. Take part in planning and evaluating the services that will be provided to them
 - d. All of the above
- 9.) A program can restrict a recipient's rights without the approval of the individual or their guardian;
- True False
- 10.) A service recipient's rights can be restricted only if it is determined necessary to ensure their;
- a. Well being
 - b. Happiness
 - c. Ability to make money
 - d. None of the above

MALTREATMENT REPORTING (VULNERABLE ADULTS & MALTREATMENT OF MINORS) TEST

Name: _____ Date: _____

- 1.) A Vulnerable Adult is which of the following;
 - a. A facility resident
 - b. Someone who is 18 years of age
 - c. A recipient of Licensed home health care services or MA- funded Personal Care Attendant (PCA) services
 - d. All of the above

- 2.) If staff suspects abuse of a recipient, to whom should they report it?
 - a. Internally, within Alliance Health Care
 - b. The police department
 - c. The case manager
 - d. The SVU
 - e. Externally, to the Minnesota Adult Abuse Reporting Center (MAARC)
 - f. A and/or E

- 3.) Neglect is a failure to provide for a recipient's basic needs.

True False

- 4.) Once you become aware of suspected maltreatment, how long do you have as a mandated reporter before you must report it?
 - a. 38 hours from initial knowledge of the incident
 - b. Immediately, which is further defined as within 24 hours
 - c. The first regular business day afterwards
 - d. Any of the above, as long as it's reported

- 5.) The title "Mandated Reporter" only includes professional delegates.

True False

- 6.) There is no legal protection available for a mandated reporter.

True False

- 7.) What are the penalties for adult maltreatment?
 - a. The individual may lose the right to work in a facility or agency
 - b. The individual may lose their professional license
 - c. The individual may be subject to criminal penalties
 - d. All of the above

8.) An individual who knowingly or recklessly makes a false report is liable in a civil suit for actual and punitive damages, costs, and attorney fees.

True

False

9.) Physical abuse is conduct which produces or could be expected to produce pain or injury and is not accidental, and is not therapeutic.

True

False

10.) Name five people responsible for a child's care according to the Maltreatment of Minors Act.

i. _____

ii. _____

iii. _____

iv. _____

v. _____

11.) Your adult client lives in Dakota County but an alleged incident of maltreatment occurred in Scott County. Where will you report it?

12.) Name five forms of abuse:

i. _____

ii. _____

iii. _____

iv. _____

v. _____

13.) Name three forms of sexual abuse under the Maltreatment of Minors Act:

i. _____

ii. _____

iii. _____

14.) Failure to comply with a recipient's Risk Management Plan is not grounds for a Maltreatment report.

True

False

15.) Financial exploitation is where there is a willful use, withholding or disposal of a vulnerable adult's money and/or assets.

True

False

16.) MAARC stands for: _____

17.) You may make an external report directly to the MAARC if you feel that the situation warrants it.

True

False

18.) "Immediately", in terms of reporting requirements, means: _____

19.) Are you a mandated reporter? _____

20.) When should you report known or suspected maltreatment?

- a. Within 72 hours
- b. Within 5 working days
- c. Within an hour
- d. As soon as possible, but no longer than within 24 hours from the time you became aware

21.) Give an example for each of the following:

Financial Exploitation: _____

Neglect: _____

Verbal Abuse: _____

Physical Abuse: _____

22.) You must report an incident if you have _____ of the abuse/neglect.

- a. Evidence
- b. Knowledge
- c. Suspicion
- d. Any of the above

23.) What are the signs and symptoms that staff should be observant of when suspecting maltreatment?

- a. Possible accident injuries do not match the accident description
- b. There is a fear of reprisal from the consumer making the claim of abuse
- c. Evidence of injuries in various stages of healing
- d. All of the above

24.) Match the following pairs correctly:

- | | | |
|--------------------|-------|---|
| (A) Physical Abuse | _____ | Staff refusing to change a consumer's soiled brief |
| (B) Verbal Abuse | _____ | Responding to a recipient's verbal aggression in kind |
| (C) Neglect | _____ | Pushing a wheelchair bound consumer while they're putting on their brakes |

PERSON-CENTEREDNESS TEST**Name:** _____ **Date:** _____

- 1.) When you introduce a recipient that you serve, you should;
 - a. Address the person's disability first
 - b. Focus on what that person cannot do
 - c. Emphasize abilities, not limitations
 - d. All of the above

- 2.) When addressing someone with a seizure disorder, it is fine to refer to them as "epileptic".

True False

- 3.) In your own words, what is the difference between "impairment", "disability", and a "handicap" in relation to the individuals that you serve?

- 4.) When you meet a person with a disability, what do you see first?
 - a. The person
 - b. Their disability
 - c. Their potential areas of need
 - d. None of the above

- 5.) In your own words, what concerns do you have when working with "person first language"?

- 6.) Person centered planning is not;
 - a. A focus on the person
 - b. Programs designed for the person
 - c. Changes in services based on the organization's decisions
 - d. None of the above

- 7.) To you, how would you define a "disability"?

8.) People who choose personal outcomes...

- a. Live in integrated environments
- b. Choose their daily routines
- c. Are satisfied with their services
- d. All of the above

9.) Traditional planning methods always look at the service recipients as an equal to everyone on the team when it comes to decision making.

True

False

10.) Disability is;

- a. Often a consequence of the environment
- b. Like gender and ethnicity, it is one of many natural characteristics of being human
- c. Natural, and can be defined as “a body part that works differently”
- d. All of the above

11.) A person-centered plan has a team that only meets once a year.

True

False

EMERGENCY USE OF MANUAL RESTRAINTS (EUMR) TEST

Name: _____ Date: _____

1.) What is the purpose of Aversive & Deprivation Procedures?

2.) Define an “aversive procedure”:

3.) Define a “deprivation procedure”:

4.) An advocate is an individual who makes decisions for the consumer regardless of circumstances.

True

False

5.) Staff may place a person in seclusion as an aversive or deprivational procedure.

True

False

6.) Emergency use of controlled procedures can be used if a client is about to cause severe property damage which in turn would be an immediate threat to the physical safety of themselves or others.

True

False

7.) Within three calendar days after an emergency use of controlled procedures, the staff member who implemented the emergency use shall report in writing to the designated staff member.

True

False

8.) Informed consent must be obtained every 30 days in order to continue use of controlled procedures.

True

False

9.) Informed consent must be obtained every 30 days in order to continue use of controlled procedures.

True

False

10.) What is "positive practice overcorrection"?

11.) In your own words, what are some examples of "positive reinforcement"?

12.) What are the fundamental differences between the use of "approved room time out" and "seclusion"?

13.) Name five "prohibited actions":

- i. _____
- ii. _____
- iii. _____
- iv. _____
- v. _____

14.) Name the "exempted actions" and explain their use:

15.) Name three permitted controlled procedures:

- i. _____
- ii. _____
- iii. _____

16.) List controlled procedures that can be implemented on an emergency basis regarding Rule 40 according to the EUMR Report:

- i. _____
- ii. _____
- iii. _____
- iv. _____
- v. _____

17.) Does Alliance Health Care currently serve any clients who have a Rule 40? _____

PROHIBITED PROCEDURES AND BEHAVIOR MODIFICATION TEST

Name: _____ Date: _____

1.) All behaviors are negative.

True

False

2.) Define the term "behavior" for the purpose of this lesson:

3.) What do each of the letters in the word "SPACES" stand for?

S _____
P _____
A _____
C _____
E _____
S _____

4.) Name the three ways to decrease negative behavior:

- i. _____
-
- ii. _____
-
- iii. _____

5.) Name the three ways to increase positive behavior:

- i. _____
-
- ii. _____
-
- iii. _____

6.) If a person is behaving negatively as a result of a skill deficit, you should use neutral interaction.

True

False

7.) If a person is behaving negatively as a result of attention seeking, you should use neutral interaction.

True

False

8.) Behavior modification is the act of physically correcting negative or inappropriate behaviors.

True

False

9.) In the case of an emergency, and when verbal redirection has not been successful, staff may use a simple escort in order to assist in saving a person from immediate danger. In your own words, describe how you would execute a "simple escort".

10.) Name three situations in which it would be justified to use a simple escort on a recipient.

- i. _____
- ii. _____
- iii. _____

11.) If a situation warrants the use of a simple escort, once the client is safe what is your next responsibility?

- a. Contact the client's guardian to let them know what happened
- b. Contact your supervisor to report the use of an escort
- c. Ask the client not to tell anyone that you physically redirected them
- d. All of the above

12.) A service recipient is exhibiting a negative behavior in the form of attention seeking. This has been going on for 10 full minutes, without stopping. What is your next step?

- a. Use neutral interaction until the attention seeking behavior stops
- b. Use a simple escort to get the individual to their room
- c. State to the individual, "I can see that you're frustrated, we'll talk when you're calm."
- d. Follow your instincts and react accordingly

13.) If someone is on the right mood stabilizer medications, they will not have any negative behaviors.

True False

14.) As a professional, you should react differently if your client displays negative behaviors in public than you would if they display the negative behaviors in a non-public place.

True False

15.) You are responsible for the behaviors of the person that you serve. For example, if they steal an item while you are with them, you will be the one to get arrested because you should've stopped it.

True False

MILEAGE AND EXPENSE REIMBURSEMENT APPROVALS

Name: _____ Date: _____

Client Name: _____

Pre-approval is needed for all mileage and expenses incurred during the provision of services. Additionally, every expense and mile must be incurred in order to help our clients meet the goals that are listed on their CSSP Addendum. Please review the CSSP Addendum enclosed for your service recipient(s) and fill out your request for mileage and expense reimbursement below.

Remember, this is just a request, not an approval! These miles and expenses are not approved for any reimbursement until you have heard back from your supervisor that they are approved. These will be approved, at minimum, annually – or more frequently should the need arise. Please fill out all of the blanks in order to be considered for approval.

Requesting approval for _____ miles a week / month in order to help this client meet their CSSP Addendum goal of _____.

Requesting approval for \$_____ expense reimbursement every week / month for the purpose of _____ (e.g. “parking fees”, “admission costs”, etc.) in order to help this client meet their CSSP Addendum goal of _____.

Requesting approval for _____ miles a week / month in order to help this client meet their CSSP Addendum goal of _____.

Requesting approval for \$_____ expense reimbursement every week / month for the purpose of _____ (e.g. “parking fees”, “admission costs”, etc.) in order to help this client meet their CSSP Addendum goal of _____.

SANITATION TEST**Name:** _____ **Date:** _____

- 1.) Raw meat, poultry, and seafood should be washed before cooking it.
- True False
- 2.) At room temperature, pathogenic bacteria in food can double every;
- a. Hour
 - b. 30 to 40 minutes
 - c. 15 to 18 minutes
 - d. 22 to 25 minutes
- 3.) The most dangerous bacteria that will grow on food grows in temperatures between _____ degrees Fahrenheit to _____ degrees Fahrenheit.
- 4.) What is the recommended storage time for each item below:
- a. Lunch meats, unopened package: _____
 - b. Smoked fish: _____
 - c. Bacon: _____
 - d. Ham, fully cooked, whole: _____
 - e. Store-cooked convenience meals: _____
 - f. Fried chicken: _____
 - g. Gravy & meat broth: _____
 - h. Hamburger & stew meats: _____
- 5.) _____ of consumer's refrigerators are not cold enough! To discourage the growth of foodborne bacteria, your refrigerator should be set at _____ degrees Fahrenheit (or _____ degrees Celsius).
- 6.) Name three at-risk categories of people for foodborne illness:
- i. _____
 - ii. _____
 - iii. _____

7.) Freezing to 0 degrees Fahrenheit (-18 degrees Celsius) keeps food safe forever.

True

False

8.) Your home refrigerator should be set to no higher than _____ degrees Fahrenheit (_____ degrees Celsius) and the freezer unit at _____ degrees Fahrenheit (_____ degrees Celsius).

9.) Bacteria cannot grow in the hard-to-clean grooves and cracks of old, worn cutting boards.

True

False

10.) What is the "Marinating Mandate"?

11.) Bacteria can survive the cold spots in microwaved food due to uneven cooking.

True

False

12.) What are the six ways that you can prevent the spreading of cross contamination?

- i. _____
- ii. _____
- iii. _____
- iv. _____
- v. _____
- vi. _____

13.) When thawing food _____ to _____ pounds of frozen food takes about _____ hours to thaw.

14.) Alliance policy states that foods that are unlabeled or have been in the refrigerator longer than _____ days will be _____ upon finding.

15.) What is the proper cook temperature for each product?

- a. Ground Beef: _____
- b. Meat (Beef, Lamb, & Pork): _____
- c. Roasts & Steaks: _____
- d. Chicken Breasts: _____
- e. Seafood: _____

BASIC FIRST AID TEST**Name:** _____ **Date:** _____

- 1.) What are the four ways that a person can be poisoned?
- Injection, inhalation, ingestion, & scratching
 - Swallowing, absorption, inhalation, & ingestion
 - Exposure, ingestion, swallowing, & inhalation
 - Absorption, inhalation, injection, & ingestion
- 2.) In hypothermia, the body temperature drops below 95° Fahrenheit, the heartbeat becomes erratic and finally stops, and the victim dies.

True

False

- 3.) For a stroke, think STROKE. What does S.T.R.O.K.E. stand for?

S _____
T _____
R _____
O _____
K _____
E _____

- 4.) In what order should you care for a thermal burn?
- Cover the burn, cool the burn, & remove the victim from the source of heat
 - Cool the burn, remove the victim from the source of heat, & cover the burn
 - Remove the victim from the source of heat, cool the burn, & cover the burn
 - None of the above

- 5.) When a tooth is knocked out, you should place it back in the empty socket.

True

False

- 6.) Which of the following might a victim complain of before fainting?
- Feeling extremely energetic
 - Feeling nauseated
 - Feeling waterlogged
 - Feeling fantastic

7.) What are the symptoms of each type of burn?

First Degree: _____

Second Degree: _____

Third Degree: _____

8.) Heat stroke is the most common of all the heat-related illnesses.

True

False

9.) When the normal electrical activity in the brain become irregular, what condition can occur?

- a. Diabetic emergency
- b. Allergic reaction
- c. Cold related emergency
- d. Seizure

10.) When someone is choking and is unable to speak or cough, you should administer what two tactics?

11.) You should treat all injuries to bones, joints, ligaments, tendons, and muscles as if they are a

_____.

12.) When caring for someone with hypothermia, _____ to the victim too quickly, and _____ the victim in warm water.

13.) You should immediately call 911 if which of the following occurs?

- a. If the victim can stem the bleeding and effectively wrap the wound
- b. If you cannot control the bleeding
- c. If the wound is easily cleaned and covered
- d. All of the above

14.) Match the following type of wound with its proper example:

- | | | |
|----------------|-------|-----------------------------------|
| (A) Laceration | _____ | Stepping on a nail |
| (B) Avulsion | _____ | A scraped knee |
| (C) Puncture | _____ | Skin discoloration & swelling |
| (D) Abrasion | _____ | A finger is almost cut off |
| (E) Bruise | _____ | An arm is cut on a piece of glass |

15.) When an object is impaled in the wound, do not remove it as it could reveal an open artery which would be awfully hard to successfully manage.

True

False

16.) Only a trained and qualified person should administer CPR.

True

False

17.) Shock _____! Treat _____ injured person immediately for _____, regardless of whether or not they are exhibiting signs and symptoms.

18.) Shock deprives blood flow to what?

- a. The injury site and surrounding areas
- b. The brain and the heart
- c. The hands and the feet
- d. None of the above

19.) What are two things that you could do if you suspect a diabetic emergency?

20.) When in doubt as to the severity of the injuries, call 911 immediately.

True

False

SAFE TRANSPORTATION TEST**Name:** _____ **Date:** _____

- 1.) There is evidence that wearing a seat belt increased the chances of injury to an unborn child, so pregnant women should not wear a seatbelt.

True

False

- 2.) Each year, seat belts are estimated to save how many lives nationally?
- a. 1 million lives
 - b. 9,500 lives
 - c. 3,072 lives
 - d. 5,500 lives

- 3.) In 2001, there were _____ traffic crashes in Minnesota involving _____ vehicles. These crashes caused _____ deaths and _____ injuries.

- 4.) What are three financial ways that we all “pay” when someone is injured or is killed in a car accident?

- 5.) How does a seatbelt work?

- a. By focusing the force to certain points on the body
- b. By being so uncomfortable that it forces you to pay attention
- c. By restraining the body at its strongest points
- d. By speeding up the body so that the impact happens more rapidly

- 6.) While it is illegal to text while driving, it’s okay to make phone calls.

True

False

- 7.) Simply wearing a seatbelt reduces the risk of being killed or injured in a traffic crash by _____. In rollovers, they are _____ effective in preventing death in passenger cars.

- 8.) Of the _____ occupants of motor vehicles killed in _____, _____ were not wearing a seatbelt. It is estimated that _____ would have survived had they been buckled.

9.) Shield boosters pass the current federal standards for children over 40 pounds.

True

False

10.) _____ to _____ year olds make up to _____ of licensed drivers, yet they account for _____ of the crash-involved drivers.

11.) Minnesota seatbelt laws apply to residents only.

True

False

12.) If you have a history of no accidents then wearing a seatbelt is optional.

True

False

13.) 75% of serious and fatal injuries occur less than 25 miles from:

- a. Church
- b. Home
- c. Work
- d. The grocery store

14.) Each year, more than _____ people are killed in motor vehicle crashes and over _____ million are injured.

15.) The lap belt should:

- a. Be adjusted so that it is snug
- b. Should lie low across the hips and upper thigh
- c. Should not lie across the abdomen
- d. All of the above

16.) It is not recommended for a child under 40 pounds to use a booster seat.

True

False

17.) At _____ mph, an unbelted passenger weighing _____ lbs can crash with a force equal to falling from a _____ story building.

18.) Air bags are designed to be the primary protection and supersede the use of seat belts.

True

False

19.) Air bags, used in combination with available seat belts, provide an additional _____ % reduction in a fatality risk.

20.) The belt system in a car must be never replaced due to a driver's comfort.

True

False

POLICIES AND PROCEDURES TEST

Name: _____ Date: _____

- 1.) Which of the following is not included under the definition of “incident”?
- a. Head injuries with loss consciousness
 - b. Low grade fever
 - c. Dislocations
 - d. Injuries to the eyeball
- 2.) Alliance must provide information requested by the person or the person’s legal representative or case manager upon notice of service termination.
- True False
- 3.) An “emergency” means any event that affects the ordinary daily operation of the program, including but not limited to:
- a. No milk in the home
 - b. A flat tire on the vehicle
 - c. A head injury with loss of consciousness
 - d. Temporary closure or relocation of the program to another facility or service site for more than 24 hours
- 4.) Any employee convicted of criminal drug use or activity must notify Alliance no later than _____ days after conviction.
- 5.) When it comes to Incident Response, Reporting & Review, how is sexual “coercion” defined?
- _____
- _____
- _____
- _____
- 6.) For the purposes of Alliance policy, medication assistance and administration includes all but which of the following:
- a. Taking a client’s medication
 - b. Medication documentation and charting
 - c. Medication setup
 - d. Medication storage and security
- 7.) Staff persons automatically have access to private data about the persons served by Alliance or about other staff or agency personnel.

True

False

8.) Refusal to admit a person to Alliance must be based on an evaluation of the person's assessed needs and the licensed provider's lack of capacity to meet the needs of the person.

True

False

9.) When a person receiving services has been exposed to diagnosed communicable disease, staff will:

- a. Call the CDC
- b. Cut off the exposed limb
- c. Promptly report to other licensed providers and residential settings
- d. None of the above

10.) According to Alliance's Safe Transportation policy, when the vehicle is in motion, _____ are to be worn at _____ by all passengers, including the drivers.

11.) A proper informed consent or authorization for release of information form must include which of these factors (unless otherwise prescribed by the HIPAA Standards of Privacy of Individually Identifiable Health Information 45 C.F.R. Section 164)?

- a. Contain a reasonable expiration date of no more than one year
- b. Specify the information which will be released
- c. Be dated
- d. All of the above

12.) Emergency reports will be completed using the Alliance Health Services emergency report and review form as soon as possible after the occurrence, but no later than _____ hours after the emergency has occurred or Alliance become aware of the occurrence.

13.) The use of temporary service suspension by alliance is restricted to situations in which the conduct of the person being served poses no potential risk of physical harm to others and more restrictive or negative support strategies would not achieve safety.

True

False

14.) The emergency use of manual restraint must meet which of the following conditions?

- a. The person is engaging in property destruction that does not cause imminent risk of physical harm
- b. A person's refusal to receive or participate in treatment or programming
- c. The manual restraint must end when the threat of harm ends
- d. All of the above

15.) Alliance must inform the person, or the person's legal representative, and case manager of the policies and procedures affecting a person's rights under section 245D.04, and provide copies of the following policies and procedures, within five working days of service initiation for Basic Services & Supports would include which of the following?

- a. Direct deposit policy
- b. Grievance policy and procedure
- c. Water safety policy
- d. None of the above

16.) Any written or verbal exchanges about a person's private information by staff with other staff or any other persons will be done in such a way as to preserve confidentiality, protect data privacy, and respect the dignity of the person whose private data is being shared.

True

False

17.) When completing a report, you must include which of the following?

- a. The results of the review of the incident
- b. The date, time, and location of the incident
- c. The name of the staff person or persons who responded to the incident
- d. All of the above

18.) Within _____ business days after the date of the emergency use of a manual restraint, Alliance must complete and document an internal review of the report prepared by the staff member who implemented the emergency procedure.

19.) A severe weather "warning" means that:

- a. Conditions are favorable for rain
- b. Severe weather is occurring or imminent
- c. Go about your travel plans as normal
- d. All of the above

20.) When discovered, Alliance will promptly notify the person's legal representative, if any, and the case manager of changes in a person's physical and mental health needs affecting health service needs assigned to the program in the person's CSSP or CSSP Addendum.

True

False

SEVERE AND PERSISTENT MENTAL ILLNESS TEST

Name: _____ Date: _____

- 1.) What are the three potential casual areas of SPMI?
- a. Financial, social, conceptual relationships
 - b. Physical, psychological, social factors
 - c. Dietary, health history, family history
 - d. None of the above

- 2.) What are the three neurotransmitters and what are their functions:

- 3.) Symptoms of Mania would include elevated, expansive, or irritable mood, decrease in psychomotor agitation or lack of goal-directed activity, distractibility, and a decreased need for sleep.

True

False

- 4.) Trichotillomania was included in DSM-IV, although "hair-pulling disorder" has been added parenthetically to the disorder's name in the DSM-V.

True

False

- 5.) Natural consequences _____ work, just make sure they are _____ !

- 6.) The DSM-V chapter on anxiety disorders still includes obsessive-compulsive disorder.

True

False

- 7.) Name three signs or symptoms of a Depressive episode:

8.) The DSM-IV subtypes of schizophrenia (i.e. paranoid, disorganized, catatonic, undifferentiated, and residual types) are _____ due to their limited diagnostic stability, low reliability, and poor validity. These subtypes also have not been shown to exhibit _____ or treatment response or longitudinal course. Instead, a _____ to rating severity for the _____ of schizophrenia is included in Section III to capture the important heterogeneity in symptom _____ and _____ expressed across individuals with _____ disorders.

9.) The chapter on obsessive-compulsive & related disorders, which is new in _____, reflects the increasing evidence that these disorders are related to one another in terms of a range of diagnostic _____, as well as the clinical utility of grouping these disorders in the same chapter. New disorders include _____ disorder, _____ (skin picking) disorder, substance/medication induced obsessive-compulsive and related disorder, and obsessive-compulsive and related disorder due to another medical condition.

10.) DSM-V criteria for posttraumatic stress disorder differ significantly from those in DSM-IV. As described previously for acute stress disorder, the stressor criterion (Criterion A) is more explicit with regard to how an individual experienced “traumatic” events.

True

False

11.) The criteria for personality disorders in Section II of the DSM-V have not changed from those in the DSM-IV.

True

False

12.) A person’s _____ may never change, but behavior changes are possible (only when s/he _____ it to _____).

13.) In what year did Lithium and Thorazine become more widely used with people suffering from psychoses?

- a. 1985
- b. 1890’s
- c. 1950’s
- d. None of the above

14.) Obsessions and compulsions are:

- a. Not reflective of real life problems
- b. Recognized by the sufferer as only thoughts in their mind
- c. Recurring, persistent, intrusive, & distressing
- d. All of the above

15.) In the DSM-V there have been changes to the symptom clusters for Posttraumatic Stress Disorder, what are the new four symptom clusters?

16.) In your opinion and in your own words, what is the most important historical moment for those individuals with SPMI and why?

17.) In your own words, what is the Stress Response Cycle?

18.) List three potential causal areas for SPMI, and name one sub-group within:

19.) A new specifier to indicate the presence of _____ symptoms has been added across both the _____ and the depressive disorders, allowing for the possibility of manic features in individuals with a diagnosis of _____ depression. A substantial body of research conducted over the last two decades points to the importance of _____ as relevant to prognosis and treatment decision making. The “with anxious distress” specifier gives the clinician an opportunity to rate the _____ of _____ distress in all individuals with depressive disorders.

20.) Criteria for a manic episode can be considered a mixed episode in a 24 hour time span.

True

False

BOUNDARIES TEST

Name: _____ Date: _____

- 1.) When you aren't sure what to say to a client, you should:
 - a. Speak in broad generalities
 - b. Use a very personal experience to make a counterpoint
 - c. Just listen
 - d. None of the above

- 2.) To "let to" is to:
 - a. Not to care for, but to care about
 - b. Not cut myself off, instead it is the realization that I can't control another person
 - c. Not be protective, it is instead to permit another to face reality
 - d. All of the above

- 3.) In your own words, who are you to the person or people that you serve?

- 4.) It is completely healthy if you only feel truly appreciated at work.

True

False

- 5.) In your own words, how do you make strong connections and build a quality relationship with the person that you serve while still maintaining strong and appropriate boundaries?

- 6.) You are a caretaker, not a caregiver.

True

False

7.) Your body language should reflect what:

- a. Confusion
- b. Confidence
- c. Relaxation
- d. All of the above

8.) Of the Top 10 Tips for Setting Boundaries, which three do you excel at and why?

9.) Having strong and effective boundaries with the person or people that you serve means you don't care.

True

False

10.) What is the Four Step Model for setting up effective boundaries?

DOCUMENTATION SIGNATURE PAGE

Name: _____ **Date:** _____

By signing below, I agree that I've read through the suggested materials on Documentation and feel confident in my ability to properly create objective, legal documentation as a result. Should I have any questions as to the applicability of any of these skills or their implementation, I will ask my supervisor for clarification immediately.

Signature: _____

UNIVERSAL PRECAUTIONS TEST

Name: _____ Date: _____

1.) Who protects caregivers?

- a. The client
- b. The caregiver
- c. The Department of Human Services
- d. The Office of Health Facility Complaints

2.) Gloves used in a service recipient's care should be worn only for contact with the recipient. Once used, gloves must be discarded before leaving the service recipient's home.

True

False

3.) For a sharps disposal container to be appropriate, what are the three requirements?

4.) Body substance isolation (BSI) is a more inclusive practice of isolation focused on the isolation of all moist and potentially infectious body substances (blood, feces, urine, sputum, saliva, wound drainage, and other bodily fluids) from all patients, regardless of their presumed infection status.

True

False

5.) Which of the following is a potential transmission method for HAI?

- a. Airborne
- b. Indirect contact
- c. Vector
- d. All of the above

6.) Eating, drinking, applying cosmetics, and/or handling contacts when engaged in giving care to clients is perfectly acceptable.

True

False

7.) What are the primary categories of protection?

- 8.) Bloodborne pathogens can:
- a. Be capable of causing disease
 - b. Are only found in exposed mucus membranes
 - c. Are not found in blood or blood products
 - d. Are always fatal

9.) What does OSHA stand for? _____

10.) Define Universal Precautions?

11.) Whatever you might learn about a patient's health status is _____ and _____ not to be shared beyond the circle of those involved with the patient's _____.

12.) Hand cleansing need not only be done prior to each client care interaction, but should be done prior to and after each procedure done with that particular client as well.

True

False

13.) Name five HAI's:

14.) In 1983 the CDC authored the Guidelines for Isolation Precautions in Hospitals. Later in the decade, and particularly in response to the _____ epidemic, " _____ " were instigated to prevent the spread of pathogens responsible for diseases such as _____, _____, and _____ transmitted in blood, other bodily fluids containing visible blood, semen and vaginal secretions.

15.) Always remember the simplest rule of thumb:

TECHNIQUES OF DAILY LIVING SKILLS SIGNATURE PAGE

Name: _____ **Date:** _____

By signing below, I agree that I've read through the suggested materials for Techniques of Daily Living Skills and feel confident in my ability to assist my client in these and other areas listed on their CSSP Addendum.

Should I have any questions as to the applicability of these skills or their implementation, I will ask my supervisor for clarification immediately.

Signature: _____

SHAPING & GRADUATED GUIDANCE SIGNATURE PAGE**Name:** _____ **Date:** _____

By signing below, I agree that I've read through the suggested materials for Shaping & Graduated Guidance and feel confident in my ability to assist my client in shaping their behaviors by implementing graduated guidance through the use of chaining.

Should I have questions as to the applicability of any of these skills or their implementation, I will ask my supervisor for clarification immediately.

Signature: _____

NUTRITION AND HEALTHY LIVING SIGNATURE PAGE

Name: _____ **Date:** _____

By signing below, I agree that I've read through the suggested materials Nutrition and Healthy Living and feel confident in my ability to assist my client in making healthy choices for themselves and others by being informed.

Should I have questions as to the applicability of these skills or their implementation, I will ask my supervisor for clarification immediately.

Signature: _____

245D GUIDING STATUTES TEST

Name: _____ **Date:** _____

- 1.) According to the standards of Program Coordination, Evaluation, & Oversight, what is the license holder responsible for?
- a. Program management and oversight that includes evaluation of the program quality and program improvement for services provided by the license holder
 - b. The projected starting date for implementing the supports and methods and the date by which progress towards accomplishing the outcomes will be reviewed and evaluated
 - c. Specialized or intensive medical or nursing supervision
 - d. None of the above

- 2.) Which of the following is not a Restricted Procedure in the Protection Standards?
- a. Permitted actions and procedures subject to the requirements in subdivision 7
 - b. Emergency use of manual restraint subject to the requirements in section 245D.061
 - c. Procedures identified in a positive support transition plan subject to the requirements in subdivision 8
 - d. Any changes or modifications to the physical or social environments necessary when the service supports are provided

- 3.) Staff qualifications would include, but are not limited to;
- a. Demonstrated competency in the orientation and training areas
 - b. Be over the age of 18
 - c. Have a four-year degree
 - d. All of the above

- 4.) What is the definition of "seclusion"?

- 5.) When it comes to emergencies, the license holder must have written plans for responding to emergencies as defined in section 245D.02, subdivision 8, to ensure the safety of persons served in the facility.

True

False

- 6.) Which of the following, according to 245D standards, help to make up Person-Centered Planning and Service Delivery?
- a. Opportunities for self-sufficiency as well as developing and maintaining social relationships and natural supports
 - b. Identifies and supports what is not important to the provider, including preferences for when, how, and by whom direct support service is provided
 - c. Within 21 days of service initiation, the license holder must complete a preliminary coordinated service and support plan addendum based on the coordinated service and support plan
 - d. All of the above

7.) "Time Out" is defined as:

8.) The Positive Support Transition Plan means that the plan suggested in section 245B.06 subdivision 2, paragraph (f), to be developed by the expanded support team to implement positive support strategies to eliminate the use of prohibited procedures as identified in section 245B.06, subdivision 9, paragraph (g); avoid the emergency use of manual restraint as identified in section 245B.099; and prevent the person from physically harming themselves or others.

True

False

9.) The license holder must establish policies and procedures that promote service recipient rights by providing a simple complaint process for persons service by the program and their authorized representatives to bring a grievance that requires the license holder to promptly respond to all complaints affecting a person's health and safety. For all other complaints, the license holder must provide an initial response within _____ calendar days of receipt of the complaint. All complaints must be resolved within _____ calendar days off receipt or the license holder must document the reason for the delay and a plan for resolution.

10.) A license holder must provide annual training to direct support staff on the topics identified in subdivision 4, clauses (3) to (7), and subdivision 4a. A license holder must provide a minimum of _____ hours of annual training to direct service staff with fewer than _____ years of documented experience, and _____ hours of annual training to direct service staff with _____ or more years of documented experience.

CLIENT(S) CSSP ADDENDUM SIGNATURE PAGE**Name:** _____ **Date:** _____

By signing below, I agree that I've read through my client's CSSP Addendum(s) and feel confident in my ability to assist my client(s) in meeting their goals.

Should I have questions as to the applicability of these expectations or their implementation, I will ask my supervisor for clarification immediately.

Signature: _____