

# Partners in Recovery

## Verification of Skills and Knowledge Interview Questions

Staff Member Name: \_\_\_\_\_

Title: \_\_\_\_\_  BHT  BHPP

Name five client rights and their potential to impact a recipient's treatment. Please give some examples of how client rights are protected and where client rights are posted in each facility.

Please define the basic principles of the "recovery model" and examples of how this philosophy is integrated into a recipient's care at the Direct Care Clinics. How does this philosophy promote a recipient's dignity, independence, individuality, strengths, privacy, and choice?

Name at least two symptoms of the following Axis I or II disorders:

- a) Schizophrenia:
- b) Bipolar Disorder:
- c) Antisocial Personality Disorder:
- d) Alcohol Abuse:

Please discuss the purpose of Magellan's Provider Manual and how it may be accessed.

Name at least two distinguishing characteristics of a serious mental illness (SMI) disorder and how this impacts recipient care.

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*\*Check box for each response that meets Skills & Knowledge requirements. For any unchecked boxes, please note recommendations on last page.*

*Revised 12/30/2008*

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- What type of federally protected health information should be excluded under “coordination of care activities” with a contracted provider without an Authorization to Use or Disclose (AUD) or Consent to Release Protected Health Information?
- a) Substance Abuse; and
  - b) HIV
- An Authorization to Use or Disclose (AUD) or Consent to Release Protected Health Information (PHI) must contain eight data elements to be valid in releasing a recipient’s PHI to an individual, agency, or entity. Name four of them.
- a) Name of agency disclosing the client record or information;
  - b) The purpose of the disclosure;
  - c) The individual, agency, or entity requesting or receiving the record or information;
  - d) A description of the client record or information to be released or disclosed;
  - e) A statement indicating authorization and understanding that authorization may be revoked at any time;
  - f) The date or condition when the authorization expires;
  - g) The date the authorization was signed; and
  - h) The signature of the client or the client’s parent, guardian, custodian, or agent.
- Please give examples of how a recipient’s strengths and cultural preferences may be implemented into their service plan.
- Please discuss the appropriate clinical intervention and resources for the following crisis situations:
- a) A recipient who is a danger to self or others;
  - b) A recipient who behaves in an aggressive or destructive manner;
  - c) A recipient experiencing a crisis situation; or
  - d) A recipient experiencing a medical emergency.

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- What are the three domains that must be addressed in the long-term view as part of the service plan?
  - a) Living situation;
  - b) Social/leisure; and
  - c) Vocational/educational.
  
- Please give some examples and methods of assisting a recipient with accessing community services and resources.
  
- Please discuss the documentation elements for documenting progress notes in ClaimTrak and how each element relates to the intervention or service provided.
  - a) Problem;
  - b) Progress;
  - c) Case Management; and
  - d) Plan.
  
- Please identify the correct procedure for amending a recipient's medical record?
  - a) The information to be amended is struck out with a single line that allows the struck information to be read; and
  - b) The amended entry is signed, initialed, or authenticated with a computer code by the individual making the amended entry.
  
- Please give three examples of unethical behavior with a recipient and the methods for preventing each identified behavior.

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*Revised 12/30/2008*

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Please discuss three commonly prescribed psychotropic medications, the symptoms they target, and the potential side effects for each.

Please identify the procedures at your site for recognizing and responding to a fire, disaster, hazard, or medical emergency.

Please discuss your training and experience with providing the activities and behavioral health services identified in your job description.

Recommendations for providing clinical supervision sessions or additional training on Skills and Knowledge areas identified for improvement:

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Signature and Professional Credential or Job Title of individual verifying Skills & Knowledge

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Date Skills & Knowledge Verified

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