# *QMHA Exam Study Materials*

**Introduction:** The QMHA Exams are "competency-based" exams. In other words, experience hours working as a QMHA is the primary way professionals prepare for this examination. Most of the questions are based on clinical activities that occur within the scope of practice of a QMHA. The exam has questions related to KSAs (Knowledge, Skills & Attitudes). Portions of the exam that do require knowledge are primarily derived from regulations that govern the delivery of mental health services in Oregon and the United States.

## *Helpful Study Materials*

1. **The MHACBO QMHA Competencies:** The MHACBO QMHA Competencies are derived from Federal standards detailed below, and the CES scientific Role Delineation Analysis of Qualified Mental Health Associates. mhacboqmhaguidecompetencies.pdf   Comprehensive Examination Services (CES) is a research-based testing company that is contracted with the Substance Abuse and Mental Health Association Services Administration. (SAMHSA) Gather, Assess, Integrate, Network, and Stimulate (GAINS) Center and Mental Health America. CES produces psychometric examinations for the mental health associate and mental health professional examinations. Content from the Behavioral Health Scientific Role Delineation Analysis Examination Blueprint© (CES, 2018 ) was evaluated by the MHACBO research team and included in this MHACBO guide.

2. **DSW Core Competencies, Centers for Medicaid & Medicare Services (CMS):** In 2014, the Centers for Medicaid and Medicare Services (CMS) released the publication titled, National Direct Service Workforce (DSW) Resource Center: Final Competency Set (CMS, 2014). This report included a detailed summary of empirically-based findings drawn from a multiphased research study involving a large sample of workforce stakeholders, competency development experts, direct service workers, service recipients, and family members (CMS, 2014). Analysis of the data yielded the following general competency categories: (1) communication; (2) person-centered practices; (3) evaluation and observation; (4) crisis prevention and intervention; (5) safety; (6) professionalism and ethics; (7) empowerment and advocacy; (8) health and wellness; (9) community living skills and supports; (10) community inclusion and networking; (11) cultural competency; and (12) education, training, and self-development (CMS, 2014). DSW Core Final Competency Set, Appendix E (medicaid.gov)

3. **Core Competencies for Integrated Behavioral Health & Primary Care, SAMHSA-HRSA:** In 2014 the SAMHSA-HRSA Center for Integrated Health Solutions released the publication titled, Core Competencies for Integrated Behavioral Health and Primary Care (Hoge, Morris, Laraia, Pomerantz, & Farley, 2014). The following competency categories were finalized upon analysis of data gathered through review of scholarly publications, review of other competency sets, and semi-structured interviews with experts on integrated care: (1) interpersonal communication, (2) collaboration and teamwork, (3) screening and assessment, (4) care planning and care coordination, (5) intervention, (6) cultural competence and adaptation, (7) systems oriented practice, (8) practice-based learning and quality improvement, and (9) informatics (Hoge, Morris, Laraia, Pomerantz, & Farley, 2014). [Core Competencies for Integrated Behavioral Health and Primary Care (thenationalcouncil.org)](thenationalcouncil.org)

4. Regulations:
   a. Oregon Administrative Rules governing the delivery of behavioral health. Questions are primarily derived from the Division 19 Outpatient rules. [Oregon Secretary of State Administrative Rules]
   b. HIPAA: Privacy/Confidentiality rules [Microsoft Word - MO02PBf_pdf.rtf (hhs.gov)]
   c. Medicaid, Waste, Fraud and Abuse: [Health Share of Oregon | Fraud, Waste, + Abuse (healthshareoregon.org)]
   d. Mandatory Reporting: [State of Oregon: Abuse - How to Report Abuse and Neglect]
   e. ADA: [A Guide to Disability Rights Laws (ada.gov)]
   f. The MHACBO Code of Conduct: [mhacbo_code_of_conduct_03-11-2019.pdf]
   g. CFR 42 PII: [Substance Abuse Confidentiality Regulations | SAMHSA]

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# *Sample Questions*

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1. If a QMHA reports they met with a client, when in fact, they did not, and the program bills for that meeting, that is typically considered Medicaid fraud. If a QMHA reports meeting with a client for an hour, when they only met with the client for 7 minutes, that is typically considered:
   a. A training issue requiring corrective action with the QMHA.
   b. A supervision issue, because the QMHA needs support in learning how to better engage with clients to maintain contact.
   c. Medicaid Fraud.

2. Which of the following is a violation of the MHACBO Code of Conduct:
   a. Engaging in an intimate/sexual relationship with a client at your agency who is on your caseload to whom you are providing direct services.
   b. Engaging in an intimate/sexual relationship with a client at your agency who is NOT on your direct caseload, to whom you have NOT provided any direct services.
   c. All of the above.

3. The primary difference between Casemanagement and Care Coordination is:
   a. Casemanagement provides referrals, linkages and follow-up with clients and other resources, while Care Coordination facilitates communication between various providers involved in the client's care.
   b. Casemanagement is more directive and requires QMHAs to be assertive with clients in order to achieve goals on the client's service plan.
   c. Care coordination involves setting clients up with appointments with other providers and assisting them in getting to those appointments, including arranging transportation.

4. An example of active listening is:
   a. Listening to clients, reflecting upon what they have stated, drawing logical conclusions, and stating those conclusions to the client.
   b. Paraphrasing what you heard, repeating it back to the client, to ensure that you accurately understand what the client is attempting to convey.
   c. Listening to the client and accurately documenting their statements.

5. When should a QMHA consider the application of CFR 42 part 2 rules?
   a. If the client presents suicidal ideation.
   b. If the client is taking antipsychotic medication.
   c. If the client is also receiving substance use disorder services at your agency.

6. One of the easiest ways to implement a strength-based approach with clients is to:
   a. Ask clients about their prior success and how they achieved them.
   b. Observe both the client's strengths and weaknesses and review those with the client in a fair and honest assessment.
   c. Give the client an assignment to write down all of their strengths and bring that homework assignment in for review.

7. Which of the following is the BEST example of an open-ended question:
   a. Did you have a good day today?
   b. Are you feeling suicidal?
   c. Can you tell me how you've been doing over the past week?

8. Which of the following is within the QMHA scope of practice?
   a. Making recommendations for alternative medications to discuss with their prescriber when clients are dissatisfied with their current medications.

    b. Interviewing clients and family members, collecting data, to be used in the formulation of a QMHP diagnostic assessment.
    c. Assessing the legitimacy of a client's statements regarding alleged child abuse and if deemed legitimate making a report of those allegations to the authorities.

9. Trauma informed care means:
    a. Processing a client's traumatic history in a structured way that helps facilitate insight and interpersonal growth.
    b. Being mindful of agency and service procedures that may re-traumatize clients as a result of their traumatic histories.
    c. Exploring a client's traumatic life events to uncover how it impacts their current functioning.

10. Informed consent is:
    a. The same thing as a Mental Health Declaration.
    b. Forms that a client must sign to enter services, which gives consent to contact payors to receive reimbursement for services.
    c. Explaining the nature of services before the client agrees to participate.

Answers: 1)c, 2)c, 3)a, 4)b, 5)c, 6)a, 7)c, 8)b, 9)b, 10)c