



Commission for Case Manager Certification

CERTIFICATION GUIDE *to the* CCM[®] EXAMINATION

Commission for Case Manager Certification

ACCREDITED BY:
THE NATIONAL COMMISSION FOR CERTIFYING AGENCIES



BEFORE YOU BEGIN YOUR ON-LINE APPLICATION:

For the best on-line user experience, please use the current versions of **Google Chrome** or **Mozilla Firefox**. **Internet Explorer** has known incompatibilities with the functionality of the **CCMC Dashboard** site.

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SECTION 1: THE CERTIFICATION PROGRAM

To earn the designation of board-certified case manager (CCM®), persons who seek this credential must be of good moral character consistent with the CCMC Code of Professional Conduct, meet eligibility requirements, meet acceptable standards of quality in their practice, and must demonstrate that they possess an acceptable minimum level of basic knowledge with regard to the case management process based on the criteria described in this guide.

The certification is valid for five years. It is achieved by satisfying employment requirements, achieving a passing score on the CCM examination and by meeting specific licensure/certification and/or education requirements. The examination is based on a body of knowledge that encompasses laws, public regulations, and the delivery of case management services as practiced within the United States.

In granting the CCM designation, it is not the intent of CCMC to guarantee that a specific individual is suitable for employment or to impose restrictive staffing requirements on any agency. Rather, the objective is to establish a national certification process that can be used with confidence by any interested party as a measure of an individual's basic knowledge of case management.

CCMC does not discriminate on the basis of race, religion, national origin, gender, age, disability, or marital status. Information submitted as part of the application, certification, and certification renewal processes becomes the property of CCMC and will not be released to outside parties unless authorized by the applicant/certificant or unless required by law. Individual pass/fail results are released to the candidate and are not released to any institution or employer. For research and statistical purposes only, data resulting from the certification process may be used in an anonymous/unidentifiable manner.

CCMC provides a database listing all certificant on its website. This resource is updated periodically for the use of the public. CCMC also receives and responds to requests for information about the certification status of those holding its credential.

The certification can be renewed at five-year intervals if the individual demonstrates ongoing professional development either through documentation of participation in approved programs of continuing education or by retaking the certification examination and achieving a passing score. Applicants for certification renewal must also meet all other eligibility criteria in place at the time of renewal. Certification renewal is considered an essential part of an effective credentialing process and is intended to promote acceptance of the CCM credential by employers, clients, peers, health care professionals, and health care consumers.

DEFINITION OF CASE MANAGEMENT

Case management is a collaborative process that assesses, plans, implements, coordinates, monitors and evaluates the options and services required to meet the client's health and human services needs. It is characterized by advocacy, communication, and resource management and promotes quality and cost-effective interventions and outcomes. The acronym CCM is used throughout this guide to refer to the designation board-certified case manager. CCMC is used to refer to the Commission for Case Manager Certification.

PHILOSOPHY OF CASE MANAGEMENT

Case management is an area of specialty practice within the health and human services profession. Its underlying premise is that everyone benefits when clients* reach their optimum level of wellness, self-management, and functional capability: the clients being served; their support systems; the healthcare delivery systems; and the various payer sources.

Case management facilitates the achievement of client wellness and autonomy through advocacy, assessment, planning, communication, education, resource management, and service facilitation. Based on the needs and values of the client, and in collaboration with all service providers, the case manager links clients with appropriate providers and resources throughout the continuum of health and human services and care settings, while ensuring that the care provided is safe, effective, client-centered, timely, efficient, and equitable. This approach achieves optimum value and desirable outcomes for all—the clients, their support systems, the providers, and the payers.

Case management services are optimized best if offered in a climate that allows direct communication among the case manager, the client, the payer, the primary care provider, and other service delivery professionals. The case manager is able to enhance these services by maintaining the client's privacy, confidentiality, health, and safety through advocacy and adherence to ethical, legal, accreditation, certification, and regulatory standards or guidelines.

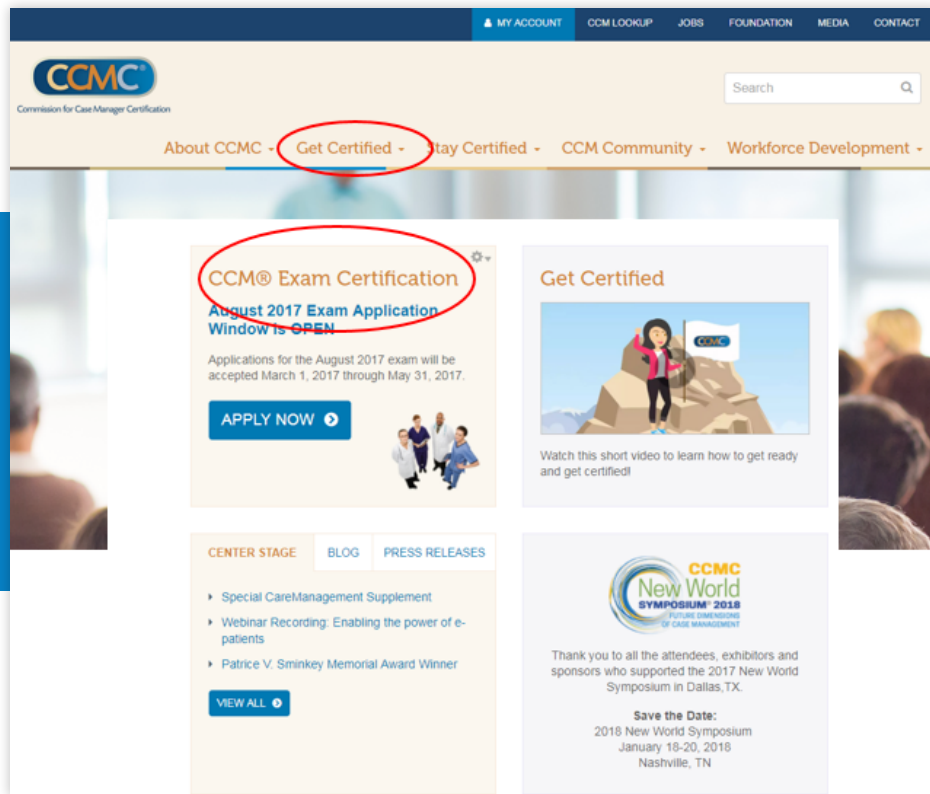
Certification determines that the case manager possesses the education, skills, knowledge, and experience required to render appropriate services delivered according to sound principles of practice.

* "Client" refers to the recipient of case management services, and can include (but is not necessarily limited to) consumer, client, or patient.

SECTION 2: THE APPLICATION PROCESS

Completing your application is easier than ever. The entire application can be done online where you will find everything you need to complete your application. And don't forget, we are standing by to help you every step of the way.

During open application windows, visit www.ccmcertification.org and click on “Get Certified” or “CCM Exam Certification” to apply. The application should be viewed in the current versions of Mozilla Firefox or Google Chrome.



CCMC will verify the information you provide in your application. This information is needed to take a consistent, objective approach to evaluating each application on its own merits.

Once your application is submitted, payment is made, and employer verification(s) are completed, your application will be reviewed in a fair and consistent manner to determine that you satisfy all of CCMC's currently published eligibility criteria. All applicants will receive approval or denial notification by email. Denied applicants will receive an explanation of the decision along with information on appealing the decision.

Applicant Responsibilities:

- » Read the entire Certification Guide to determine if you are eligible to apply
- » Complete the online application, including uploading your license/certification or Attestation of Degree Form, and inputting correct information for your work experience that meets CCMC guidelines

- » Provide your supervisor's correct email address so that they can receive CCMC's online work verification form to verify your employment
- » Your employer may be asked to complete an employment verification online form
- » CCMC notifies you via email of your eligibility status
- » If you are denied, you may appeal that decision online by the deadline posted on your dashboard
- » If approved, information on what to do next will be sent via email
- » Check "My CCM Dashboard" in your account via www.ccmcertification.org for your examination result status

SECTION 3: ARE YOU ELIGIBLE TO APPLY?

To be eligible for the CCM Exam, you must:

1. Meet the specified licensure or education qualifications (Section 4)
2. Qualify within one of CCMC's employment experience categories (Section 5)
3. Be of good moral character, consistent with the CCMC Code of Professional Conduct (Section 6)

SECTION 4: QUALIFICATIONS

In the application, you will be asked to Apply with your License/Certification or Degree:

You must select the License/Certification option if you have a current, active, and unrestricted license or certification in a health or human services discipline that, within its scope of practice, allows you to conduct an assessment independently. If applying with your license, you will need to upload a scanned copy of your professional license/certification to your application. If you don't have a scanner, you can go to your local Staples, Office Max or Kinkos to create a scanned copy. Your local library may also have a scanner that you can use. You may also take a clear photo of your license with a camera phone or digital camera and upload that into your application. If your licensing body does not issue a paper license, please upload an electronic copy of the proof of licensure that you would provide an employer. **License must be active through the last date of test administration.** Licenses or certifications on probationary status will not be considered eligible unless documentation has been provided that all terms of the probation have been met.

If licensure or certification is not required for your discipline, you will select Degree if you have earned a baccalaureate or graduate degree in a health or human services field that promotes the physical, psychosocial, and/or vocational wellbeing of the persons being served. The degree must be from an institution that is fully accredited by a nationally recognized educational accreditation organization, and the individual must have completed a supervised field experience in case management, health, or behavioral health.

Education obtained in Puerto Rico or the US Territories is required to be from a nationally accredited social and health science degree program or by a major behavioral health science board validated by the same accrediting bodies as the United States.

Any cost to validate eligibility outside of current practices will be at the cost of the applicant.

DEFINITIONS

Licensure:

CCMC considers licensure to be a process by which a government agency within the United States grants permission to an individual to engage in a given occupation, provided that person possesses the minimum degree of competency required to reasonably protect public health, safety, and welfare. To meet CCMC's requirements, an applicant's **license must be current, and active through the last date of test administration, in the state in which he or she practices, and the holder classified as being in good standing by the state.** If an applicant has successfully obtained licensure through the state, CCMC recognizes each state's criteria for licensure as fulfilling the licensure requirement.

Certification:

CCMC considers certification to be a process by which a government or non-government agency within the United States grants recognition to an individual who has met certain predetermined qualifications set by a credentialing body. To meet CCMC's requirements, an applicant's **certification must be current and active through the last date of test administration, in the state in which he or she practices, and the holder classified as being in good standing by the credentialing body.** The certification awarded upon completion of the educational program MUST have been obtained by the applicant having taken an examination in his or her area of specialization.

Among other conditions which result in the denial of eligibility to an individual are the following:

- » Licenses or certifications granted by countries **outside of the United States, Puerto Rico or the US Territories unless it is a US government facility.** RN licensure obtained in the US Territories must be by way of the NCLEX or SBTE (State Board Test Pool Exam). This would exclude RN licensure obtained in Puerto Rico by way of the Nursing Board Examiners Spanish Exam. In addition to NCLEX and SBTE, the Nursing Board Examiners Spanish Exam will be accepted for the state of Florida only when RN licensure is obtained in Puerto Rico.
- » Individuals who practice case management in countries **other than the United States, Puerto Rico or the US Territories** unless it is a US government facility.
- » Individuals who **practice case management in a state other than that for which they are licensed or certified and for which there is not multistate agreement**

SECTION 5: EMPLOYMENT EXPERIENCE

Employment experience requirements must be fully satisfied **at the time the application is SUBMITTED.** To be eligible for the CCM Exam, you must attest that you qualify within one of these categories:

Category 1: 12 months of acceptable full-time case management employment experience supervised by a board-certified case manager (CCM®) who has been certified for at least 12 months. **Supervision is defined as the systematic and periodic evaluation of the quality of the delivery of the applicant's case management services.**

or

Category 2: 24 months of acceptable full-time case management employment experience. (Supervision by a CCM is not required under this category).

or

Category 3: 12 months of acceptable full-time case management employment experience as a supervisor of individuals who provide case management services.

Acceptable employment experience **MUST** meet the following conditions:

1. **At least 20% of qualified work time** must focus primarily on case management practice.
2. Perform **at least four** of The Five Core Components of Case Management (Page 6). Within each of the four of the five core components, you must:
 - » Perform **all** Eight Essential Activities with Direct Client Contact (Page 6)
 - » Provide services across a continuum of care, beyond a single episode of care that addresses the ongoing needs of the individual being served
 - » Be responsible for interacting with other relevant parties within the client's healthcare system
3. Your qualifying case management experience **MUST be obtained in the United States, Puerto Rico or the US Territories.**

All employment experience, within the past five years, may be considered by CCMC in determining your eligibility for certification but you do not need to enter five years' worth of employment into the application. You only need to enter as many employment entries into the application that will meet one of the above requirements. Please do NOT enter your entire work history into the application.

Part-time employment experience will be pro-rated based on a 37 hour full-time work week.

Internship, preceptor-ship, practicum, and volunteer activities are **NOT** acceptable employment experience.

IMPORTANT - EMPLOYER VERIFICATION

Included in the information you will be required to enter into the application are: job title, employment dates, employer name/address, your direct supervisor's name and their email address so your current or previous supervisor can verify your work listed in your application.

It is required to enter your direct supervisor name and email as that is the person who can attest to your job duties while at that job. If your supervisor has left the company, please

research them on your own to obtain their email address. PLEASE NOTE: Applicants have used Facebook, LinkedIn and Google searches to contact their supervisor(s) and obtain their email address(es) if their supervisors are no longer with the company. Human resources cannot complete verification of your employment. If you cannot find their email address, do not add them onto your application.

It is the applicant's responsibility to obtain correct contact information for their supervisor(s).

IT IS STRONGLY RECOMMENDED THAT YOU notify THE INDIVIDUAL YOU LIST AS A SUPERVISOR in advance, so they know that they may receive a verification request from CCMC.

THE EIGHT ESSENTIAL ACTIVITIES WITH DIRECT CLIENT CONTACT

ASSESSMENT The process of collecting in-depth information about a client's situation and functioning to identify individual needs in order to develop a comprehensive case management plan that will address those needs. In addition to client contact, information should be gathered from other relevant sources (patient/client, professional caregivers, nonprofessional caregivers, employers, health records, educational/military records, etc.).

PLANNING The process of determining and documenting specific objectives, goals, and actions designed to meet the client's needs as identified through the assessment process. The plan should be action-oriented and time specific.

IMPLEMENTATION The process of executing and documenting specific case management activities and/or interventions that will lead to accomplishing the goals set forth in the case management plan.

COORDINATION The process of organizing, securing, integrating, modifying, and documenting the resources necessary to accomplish the goals set forth in the case management plan.

MONITORING The ongoing process of gathering sufficient information from all relevant sources and its documentation regarding the case management plan and its activities and/or services to enable the case manager to determine the plan's effectiveness.

EVALUATION The process, repeated at appropriate intervals, of determining and documenting the case management plan's effectiveness in reaching desired outcomes and goals. This might lead to a modification or change in the case management plan in its entirety or in any of its component parts.

OUTCOMES The process of measuring the interventions to determine the outcomes of case management involvement (e.g. clinical, financial, variance, quality/quality of life, client satisfaction).

GENERAL The activities/interventions that are performed across case management practice and process (e.g. maintaining client's privacy, confidentiality and safety, advocacy, adherence to ethical, legal and accreditation/regulatory standards).

THE FIVE CORE COMPONENTS OF CASE MANAGEMENT

1. Care Delivery and Reimbursement Methods
2. Psychosocial Concepts and Support Systems
3. Quality and Outcomes Evaluation and Measurements
4. Rehabilitation Concepts and Strategies
5. Ethical, Legal, and Practice Standards

SECTION 6: MORAL CHARACTER

You will need to answer the following questions:

1. Have you ever held a professional license or certification that was revoked, suspended, voluntarily relinquished, or placed on probation or otherwise been disciplined by a professional licensure or certification body?
2. Have you ever been reprimanded or discharged by an employer or supervisor for dishonesty in connection with your employment or occupation?
3. Have you ever been convicted of a felony?
4. During the last seven years, have you been arrested, accused, or convicted of violating any law or ordinance (excluding minor traffic violations)?
5. Have you ever been convicted of violating any law or ordinance dealing with the use, possession, or sale of drugs or alcohol?
6. Have you ever been convicted of violating any statute or ordinance dealing with sexual assault, abuse, molestation, indecent solicitation, obscenity, or similar acts of moral turpitude?
7. Have you ever received or been offered a grant of immunity in a grand jury proceeding?
8. Have you ever held yourself out to be a Certified Case Manager or used the initials CCM in the execution of any documents?

SECTION 7: INSTRUCTIONS FOR COMPLETING THE APPLICATION

Everything you need to complete your application can be located in your account at www.ccmcertification.org. **Please be sure to add our email addresses to your 'safe senders' list:** ccmchq@ccmcertification.org

Here are a few things to remember:

- » To complete your application, you need to **upload a scanned copy of your professional license/certification or Attestation of Degree Form to your**

application. Your license must be active through the last date of test administration. If you don't have a scanner, you can go to your local Staples, Office Max or Kinkos to make a scan of your license. Your local library may also have a scanner that you can use. You can also take a photo of your license with a camera phone or digital camera and upload that into your application.

- » If your licensing body does not issue a paper license for you to scan, you may upload electronic verification from the website of your licensing body.
- » If your licensing body does not issue online verification, you may upload the proof of licensure you would provide an employer
- » Any application that does not meet **ALL** of the licensure or certification criteria as well as the acceptable employment experience will be denied **WITH NO REFUND OF THE APPLICATION FEE**. Persons who wish to re-apply would have to submit a new application, pay a second, non-refundable fee, and meet the eligibility criteria in effect at the time of re-application.

CCMC is committed to providing fully accessible, smoke-free testing sites and to helping those candidates who may require exam accommodations due to religious reasons or a functional limitation.

If CCMC subsequently learns that a certification was granted on the basis of false, misleading or inaccurate information, it has the right to suspend or revoke the CCM designation.

SECTION 8: ONCE THE APPLICATION HAS BEEN SUBMITTED

NOTIFICATION OF ELIGIBILITY STATUS

Eligibility decisions will be sent by email based on the **Exam Application Schedule and Notification Timeline posted on our website — <https://ccmcertification.org/get-certified/certification/exam-application-and-window-timeline>**.

Please read this carefully so you know when to expect notification about your application.

INITIAL ELIGIBILITY

The CCM examination is administered three times a year. Eligibility, once approved, is valid for the first available testing window. If you are unable or do not wish to take the exam in the first available testing window after your application is approved, you may defer only to the next exam window. If you wish to defer to the next exam window, you must pay a non-refundable fee (see fee schedule on last page). You may only defer one time, after which, if you have not taken your exam, you must submit a new application and pay all fees in place at that time.

If you defer, you must pass the exam on your first try. If you do not pass, you will need to resubmit an application and pay all fees again to take the exam again.

Candidates who are accepted to sit for the CCM examination will be provided with information via email regarding how to register for the exam and how to make a special accommodations request.

ELIGIBILITY DENIAL

Candidates who are denied eligibility for the CCM examination will have the opportunity to appeal that decision. Denial reason will be listed in your application. Requests can be made through “My CCM Dashboard” via your account at www.ccmcertification.org or contacting CCMC Certification Navigators at 856-380-6836 or ccmchq@ccmcertification.org. Candidates have 30 days from the date the eligibility denial is posted to contest a denial. Denial of Eligibility will be upheld for any candidate who does not appeal the denial within the 30 day period.

Candidates who contest their eligibility decision within the 30 day period may be required to provide additional information about themselves, their work history and experience, their licensure or certification, and/or documentation of any legal or regulatory issues that may have caused their applications to be denied.

CCMC Certification Navigators will gather all necessary information and conduct an escalated review of the application. If necessary, a volunteer peer review panel will be convened to provide a final decision. The decision contestation process can take up to four months from the deadline to complete, depending upon the levels of review required.

Candidates whose initial denials are overturned will be notified by email within one week of decision. Instructions for how to register for the exam will be emailed to the candidate.

Candidates whose denials are upheld will be notified by email within one week of decision. These individuals are welcome to reapply for the CCM Examination at any time at which eligibility criteria can be met. Candidates who have been initially denied to sit for the CCM Examination and who choose to reapply will be subject to the eligibility criteria and will be required to pay the application and examination fees in place at the time of re-application.

Candidates who are denied eligibility to sit for the CCM Examination will receive a refund of the examination fee once the examination period has ended.

THE APPLICATION FEE IS NONREFUNDABLE.

REQUEST FOR WITHDRAWAL

If you wish to withdraw and receive a refund, you need to make an official request in writing to ccmchq@ccmcertification.org no later than the last 10 days of the exam window for which you were initially approved and our certification specialists will help you.

SECTION 9: CERTIFICATION EXAMINATION

EXAMINATION CONTENT

The content of the CCM examination is based on an ongoing, nationwide validation research project. The research has identified five major domains of essential knowledge.

Additionally, each of the five domains is further defined into sub-domains. These domains are considered core knowledge areas that are used by case managers across the continuum of activities and functions typically associated with case management (i.e., assessment, planning, implementation, coordination, monitoring, and evaluation) and match the five core components discussed in Section 5.

The content of the examination remains constant for each administration of the examination. The items will vary from administration to administration, in order to protect the integrity of the examination process. The current exam administration was updated in 2020.

For the August, 2020 Exam, the domains, sub-domains, and the number of questions for each domain are as follows:

KNOWLEDGE DOMAIN #OF EXAM ITEMS (+/-2)

KNOWLEDGE DOMAIN	#OF EXAM ITEMS (+/-2)
Care Delivery and Reimbursement Methods (31%)	47
» Adherence to care regimen	
» Alternative care facilities (e.g., assisted living, group homes, residential treatment facilities)	
» Case management process and tools	
» Coding methodologies (e.g., Diagnosis-related group [DRG], Diagnostic and Statistical Manual of Mental Disorders [DSM], International Classification of Diseases [ICD], Current Procedural Terminology [CPT])	
» Continuum of care/continuum of health and human services	
» Cost containment principles	
» Factors used to identify client's acuity or severity levels	
» Financial resources (e.g., waiver programs, special needs trusts, viatical settlements)	
» Goals and objectives of case management practice	
» Healthcare delivery systems	
» Healthcare providers including behavioral health and community vendors	
» Hospice, palliative, and end of life care	
» Insurance principles (e.g., health, disability, workers compensation, long term care)	
» Interdisciplinary care team (ICT)	
» Levels of care and care settings	
» Managed care concepts	
» Management of acute and chronic illness and disability	
» Management of clients with multiple chronic illnesses	
» Medication therapy management and reconciliation	
» Military benefit programs (e.g., TRICARE, VA, CHAMPVA, TRICARE for Life)	
» Models of care (e.g., patient centered medical home [PCMH], accountable care organization, health home, special needs plan [SNPs], chronic care model)	
» Negotiation techniques	

KNOWLEDGE DOMAIN #OF EXAM ITEMS (+/-2)**Care Delivery and Reimbursement Methods (31%) 47
(Continued)**

- » Physical functioning and behavioral health assessment
- » Private benefit programs (e.g., pharmacy benefits management, indemnity, employer-sponsored health coverage, individual-purchased insurance, home care benefits, COBRA)
- » Public benefit programs (e.g., SSI, SSDI, Medicare, Medicaid)
- » Reimbursement and payment methodologies (e.g., bundled, case rate, prospective payment systems, value-based purchasing)
- » Roles and functions of case managers in various settings
- » Roles and functions of other providers in various settings
- » Transitions of care / transitional care
- » Utilization management principles and guidelines

Psychosocial Concepts and Support Systems (27%) 40

- » Abuse and neglect (e.g., emotional, psychological, physical, financial)
- » Behavioral change theories and stages
- » Behavioral health concepts (e.g., dual diagnoses; substance use, abuse, and addiction)
- » Client activation
- » Client empowerment
- » Client engagement
- » Client self-care management (e.g., self advocacy, self-directed care, informed decision making, shared decision making, health education)
- » Community resources (e.g., elder care services, fraternal/religious organizations, government programs, meal delivery services, pharmacy assistance programs)
- » Conflict resolution strategies
- » Crisis intervention strategies
- » End of life issues (e.g., hospice, palliative care, withdrawal of care, Do Not Resuscitate)
- » Family dynamics
- » Health coaching
- » Health literacy assessment
- » Interpersonal communication (e.g., group dynamics, relationship building)
- » Interview techniques
- » Multicultural, spiritual, and religious factors that may affect the client's health status
- » Psychological and neuropsychological assessment
- » Psychosocial aspects of chronic illness and disability
- » Resources for the uninsured or underinsured
- » Spirituality as it relates to health behavior
- » Support programs (e.g., support groups, pastoral counseling, disease-based organizations, bereavement counseling)
- » Wellness and illness prevention programs, concepts, and strategies

KNOWLEDGE DOMAIN #OF EXAM ITEMS (+/-2)**Quality and Outcomes Evaluation and Measurements (18%) 27**

- » Accreditation standards and requirements
- » Case load calculation
- » Cost-benefit analysis
- » Data interpretation and reporting
- » Health care analytics (e.g., health risk assessment, predictive modeling, Adjusted Clinical Group [ACG]®)
- » Program evaluation and research methods
- » Quality and performance improvement concepts
- » Quality indicators techniques and applications
- » Sources of quality indicators (e.g., Centers for Medicare and Medicaid Services [CMS], Utilization Review Accreditation Commission [URAC], National Committee for Quality Assurance [NCQA], National Quality Forum [NQF], Agency for Healthcare Research and Quality [AHRQ])
- » Types of quality indicators (e.g., clinical, financial, productivity, utilization, quality, client experience)

Rehabilitation Concepts and Strategies (9%) 13

- » Assistive devices (e.g., prosthetics, text telephone device [TTD], teletypewriter [TTY], telecommunication device for the deaf, orientation and mobility services)
- » Functional capacity evaluation
- » Rehabilitation post an injury, including work-related
- » Rehabilitation post hospitalization or acute health condition
- » Vocational and rehabilitation service delivery systems
- » Vocational aspects of chronic illness and disability

Ethical, Legal, and Practice Standards (15%) 23

- » Affordable Care Act (ACA)
- » Case recording and documentation
- » Critical pathways, standards of care, practice guidelines, and treatment guidelines
- » Ethics related to care delivery (e.g., advocacy, experimental treatments and protocols, end of life, refusal of treatment/services)
- » Ethics related to professional practice (e.g., code of conduct, veracity)
- » Health care and disability related legislation (e.g., Americans with Disabilities Act [ADA], Occupational Safety and Health Administration [OSHA] regulations, Health Insurance Portability and Accountability Act [HIPAA])
- » Legal and regulatory requirements
- » Meaningful use (e.g., electronic exchanges of summary of care, reporting specific cases to specialized client registries, structured electronic transmission of laboratory test results, use of electronic discharge prescriptions)
- » Privacy and confidentiality
- » Risk management
- » Self-care and well-being as a professional
- » Standards of practice

For exam administrations beginning December, 2020 the new exam blueprint will be in effect, the domains, sub-domains, and the number of questions for each domain are as follows:

KNOWLEDGE DOMAIN #OF EXAM ITEMS (+/-2)

Care Delivery and Reimbursement Methods (28%) 42

- » Accountable care organizations
- » Adherence to care regimen
- » Differences in and application of age specific care
- » Life span considerations
- » Alternative care facilities (e.g., assisted living, group homes, residential treatment facilities)
- » Case management models, process, and tools
- » Coding methodologies (e.g., Diagnosis-Related Group, Diagnostic and Statistical Manual of Mental Disorders, International Classification of Diseases, Current Procedural Terminology)
- » Continuum of care/continuum of health and human/social services
- » Cost containment principles
- » Factors used to identify client's acuity or severity levels
- » Financial resources (e.g., waiver programs, special needs trusts, viatical settlements)
- » Goals and objectives of case management practice
- » Healthcare delivery systems
- » Hospice, palliative, and end of life care
- » Insurance principles (e.g., health, disability, workers compensation, long term care)
- » Interdisciplinary/interprofessional care team
- » Levels of care and care settings
- » Managed care concepts
- » Management of clients with acute and chronic illness(es)
- » Management of clients with disability(ies)
- » Medication safety assessment, reconciliation and management
- » Military and veteran benefit programs (e.g., TRICARE and Veterans Administration)
- » Models of care delivery (e.g., patient-centered medical home, health home, chronic care)
- » Population health
- » Negotiation techniques
- » Physical functioning and behavioral health assessment
- » Private benefit programs (e.g., pharmacy benefits management, indemnity, employer-sponsored health coverage, individually purchased insurance, home care benefits, COBRA)
- » Public benefit programs (e.g., SSI, SSDI, Medicare, Medicaid)
- » Employer-based health and wellness programs
- » Reimbursement and payment methodologies (e.g., bundled payment, case rate, prospective payment systems, value-based care, financial risk models)
- » Roles and functions of case managers in various care/practice settings
- » Roles and functions of other healthcare providers in various care/practice settings
- » Transitions of care/transitional care
- » Utilization management principles and guidelines

KNOWLEDGE DOMAIN #OF EXAM ITEMS (+/-2)

Care Delivery and Reimbursement Methods (28%) 42 (Continued)

- » Collaborative/comprehensive/integrated/holistic case management services
- » Caseload considerations
- » Alternative care sites (e.g., non-traditional sites of care, telehealth, virtual care)

Psychosocial Concepts and Support Systems (25%) 38

- » Abuse and neglect (e.g., emotional, psychological, physical, financial)
- » Behavioral change theories and stages
- » Behavioral health concepts and symptoms (e.g., diagnosis, dual diagnoses, co-occurring disorders, substance use)
- » Client activation and readiness to change
- » Client empowerment
- » Client engagement
- » Client self-care management (e.g., self advocacy, self-directed care, informed decision making, shared decision making, health education)
- » Community resources (e.g., elder care services, transportation, fraternal/religious organizations, meal delivery services, pharmacy assistance programs)
- » Conflict resolution strategies
- » Crisis intervention strategies
- » Client support system dynamics
- » Health coaching and counseling
- » Health literacy
- » Interpersonal communication (e.g., group dynamics, relationship building)
- » Interview tools and techniques (e.g., motivational interviewing)
- » Multicultural, spiritual, and religious factors that may affect the client's health
- » Psychological and neuropsychological assessment
- » Psychosocial aspects of chronic illness and disability
- » Resources for the uninsured or underinsured
- » Supportive care programs (e.g., support groups, pastoral counseling, disease-based organizations, bereavement counseling)
- » Wellness and illness prevention programs, concepts, and strategies
- » Social determinants of health
- » Gender health (e.g., sexual orientation, gender expression, gender identity)

Quality and Outcomes Evaluation and Measurements (19%) 29

- » Accreditation standards and requirements
- » Cost-benefit analysis
- » Data interpretation and reporting
- » Health care analytics (e.g., health risk assessment, predictive modeling, Adjusted Clinical Group)
- » Program evaluation methods
- » Quality and performance improvement concepts
- » Quality indicators and applications

KNOWLEDGE DOMAIN #OF EXAM ITEMS (+/-2)

Quality and Outcomes Evaluation and Measurements (19%) (Continued) 29

- » Sources of quality indicators (e.g., Centers for Medicare and Medicaid Services, URAC, National Committee for Quality Assurance, National Quality Forum, Agency for Healthcare Research and Quality, National Quality Strategy)
- » Types of quality indicators (e.g., clinical, financial, productivity, utilization, client experience of care)
- » Evidence-based care guidelines related to case management

Rehabilitation Concepts and Strategies (11%) 16

Adaptive technologies (e.g., text telephone device, teletypewriter, telecommunication device for the deaf, orientation and mobility services)
Functional capacity evaluation
Rehabilitation post hospitalization or acute health condition
Vocational and rehabilitation service delivery systems
Vocational aspects of disability(ies) and illness (e.g., job analysis and accommodation, life care planning)
Rehabilitation concepts (e.g., medical rehabilitation, substance use rehabilitation, vocational rehabilitation, return to work strategies)

Ethical, Legal, and Practice Standards (17%) 25

- Case recording and documentation
- » Ethics related to care delivery (e.g., principles, advocacy, experimental treatments, end of life, advance directives, refusal of treatment/services)
 - » Ethics related to professional practice (e.g., cultural and linguistic sensitivity, code of professional conduct, veracity)
 - » Health care and disability related legislation (e.g., Americans with Disabilities Act, Occupational Safety and Health Administration regulations, Health Insurance Portability and Accountability Act, Affordable Care Act, HITECH Act)
 - » Legal and regulatory requirements applicable to case management practice
 - » Privacy and confidentiality
 - » Risk management
 - » Self-care, safety and well-being as a professional
 - » Standards of practice (e.g., Case Management Society of America Standards of Practice for Case Management, National Association of Social Work Standards for Case Management)

EXAMINATION STRUCTURE

The exam structure is a total of 180 multiple choice items. The exam is administered in one session, with no predefined breaks. Your exam appointment is four hours. This includes time to get seated, confirm that you have the right exam on your computer, view the tutorial, and complete an end survey. Time allowed for the actual exam is 3 hours. Please remember that while the appointment is 4 hours, the exam runs for 3 hours. **Candidates who do not finish the exam in the allotted 3 hours will not be given a refund.**

The exam is constructed to ensure that it is consistent with minimal competency requirements and criteria referenced testing concepts. Standards for item selection include: item difficulty (between .39 and .95 with a median in the .60-.70 range); a positive point biserial; and appropriate content distribution. Using an intensive written field-testing process, CCMC has developed a pool of items that contains a comprehensive selection of statistically validated examination items. A task force of case management subject matter experts is charged with continually adding to and upgrading this “item pool.” The certification exam consists of 180 multiple-choice items drawn from CCMC’s item pool. All candidates seeking certification must take this exam, which is based on a body of knowledge encompassing the laws, public regulations and existing delivery systems for case management services in the United States.

Of the 180 items on the exam, 150 are operational items and 30 are pretest items. The 30 pretest items are not used in the scoring of the examination. Of the 150 scoreable items used for each examination; approximately 20% are included in every administration of the examination as “anchor items.” The examination is comprised of 5 major domains and multiple subdomains as referenced above. Each domain is represented by a specific number of items. Each item/response is referenced to literature in case management and credit is given for each “correct” response based on the literature.

SAMPLE EXAMINATION ITEMS

The following items are similar to those that will appear on the examination. CCMC has a series of practice exams available for purchase on our website:

1. The goal of case management in a cross-cultural environment is to:

- Assist the client in accepting the medical system.
- Maintain standard American medical practice.
- Achieve a treatment plan that addresses the client’s culture.
- Differentiate culture and medical practice.

2. A strategy for coping with physical disability is to focus on:

- Each aspect of the crisis simultaneously.
- Manageable components of the crisis.
- Premorbid personality.
- Depression symptoms.

3. The effectiveness of case management services is evaluated most completely:

- A. After the extent of the benefits coverage is determined.
- B. After the case is closed.
- C. By measuring the costs incurred by the insurer.
- D. By input from the client.

4. The payment method in which the number of services provided does not affect the amount of income a provider receives is:

- A. Risk band.
- B. Threshold protection.
- C. Capitation.
- D. Fee-for-service.

5. A functional capacity evaluation primarily:

- A. Assesses pain behavior.
- B. Documents consistency of effort.
- C. Determines return-to-work capabilities.
- D. Documents disability determination.

6. Because of the close connection between medical and indemnity benefits in the workers' compensation arena, any medical cost containment measures must be balanced with:

- A. Appropriate return-to-work efforts.
- B. Regulation of medical fee schedules.
- C. Treatment guidelines to control utilization.
- D. Limitations of the employee's ability to change providers.

7. The best indication of suitability of the home environment is the:

- A. Degree of client preference to remain in the home environment.
- B. Number of injuries the client has sustained.
- C. Ability of the client and family to safely manage activities of daily living.
- D. Number of hazards present in the environment.

8. The key to evaluating self-help devices for the individual with a disability is whether the device:

- A. Was ordered by the physician.
- B. Provides mobility for the client.
- C. Allows functioning at maximum potential.
- D. Requires frequent maintenance.

9. To preserve client confidentiality, the case manager should:

- A. Supply medical reports only to the employer.
- B. Avoid unauthorized disclosure of medical information.
- C. Be selective in disclosing medical information.
- D. Advise the client of the disclosure.

10. Case managers can increase the chances of successful collaboration with providers of services when they:

- A. Determine and arrange the discharge plan as early as possible.
- B. Select the resources for discharge needs.
- C. Quote benefit coverage for services.
- D. Discuss and negotiate the discharge plan using mutual input.

11. For a multi-disciplinary team in discharge planning, documentation is the most effective and efficient way of:

- A. Communicating to the patient.
- B. Ensuring that consistent information is given.
- C. Ensuring that members of all disciplines know what is happening.
- D. Communicating evaluation results.

12. Appropriate documentation found in a medical record includes:

- A. Admissions of liability.
- B. Unmeasurable statements.
- C. Assumptions and conclusions concerning care.
- D. Objective documentation of family behavior.

Answers: 1 - C; 2 - B; 3 - B; 4 - C; 5 - C; 6 - A; 7 - C; 8 - B; 9 - B; 10 - D; 11 - C; 12 - D

EXAMINATION SITES AND SCHEDULING

After confirmation of eligibility to take the examination, you will be emailed your **Authorization to Test (ATT)**, or eligibility ID number, based on the notification date listed in the **Exam Application Schedule and Notification Timeline posted on our website — <https://ccmcertification.org/get-certified/certification/exam-application-and-window-timeline>**

The ATT authorizes you to take the Certified Case Manager Examination. You cannot schedule your examination with Prometric, our Computer-Based Testing partner, until you have received your ATT.

Your email will contain all the details and information you need about exam sites and scheduling, including:

- » The contact information for Prometric.
- » Details and instructions on how to schedule your examination date with Prometric.

Please read “CCM Exam Guide” for complete rules on scheduling, rescheduling, and cancelling your CCM exam appointment.

If you are unable to test during the exam cycle for which you are approved, you may request and pay for a one-time deferment to the next available exam cycle (see fee schedule on last page).

You must select the next available exam cycle.

To make this request, you must first contact Prometric to cancel the original exam appointment, if scheduled, and then contact CCMC Certification Navigators at ccmchq@ccmcertification.org to have CCMC create the deferment application online. Once your deferment has been created, CCMC will contact you via email/phone to let you know you are able to submit payment online. You may call us at 856-380-6836 to give payment information by phone.

Deferment can be made at any time between the time of initial approval and the last day of the exam cycle. You must cancel any previously scheduled appointments with Prometric to take advantage of this option.

****PLEASE NOTE: if you do not take the exam in the first available cycle upon approval, and if you fail to schedule a deferment to the following exam cycle, you will need to complete a new application and pay all fees in place at that time.**

NON-DISCLOSURE STATEMENT/GENERAL TERMS OF USE FOR EXAMS DEVELOPED

This exam is confidential and proprietary. It is made available to you, the examinee, solely for the purpose of assessing your proficiency level in the skill area referenced in the title of this exam. You are expressly prohibited from disclosing, publishing, reproducing, or transmitting this exam, in whole or in part, in any form or by any means, verbal or written, electronic or mechanical, for any purpose, without the prior expressed written permission of the Commission for Case Manager Certification.

EXAMINATION PREPARATION MATERIALS

The CCM examination is practice-based, meaning all items are based around knowledge that an experienced case manager should know and understand.

It is suggested that individuals who are preparing for the certification examination make use of the materials already provided to them in this guide or on the CCMC website. Review the content areas of the examination, as published in this guide, and concentrate on those areas in which you feel you have had less experience or that you do not perform on a regular basis.

There isn't any course or education required to take the exam or to prepare for the exam. A listing of suggested study materials is available on our website, and can assist you in preparing for the examination.

The Commission does not endorse or recommend any other study materials, other than what is available through our website.

SECTION 10: AFTER THE EXAM: SCORES, PROFILES, CERTIFICATES AND INQUIRIES

EXAMINATION SCORE

To achieve certification, a candidate must pass the CCM certification examination. A panel of experts arrived at recommended passing scores for each part of the exam using a method called the modified-Angoff approach.

In this method, each expert considered examination items individually and made a judgment about the probability that a minimally competent candidate would answer the items correctly. The overall passing scores were then computed as the average of the predicted probabilities for all individual items. This panel then recommended the passing score for the exam to CCMC, which set the passing score. These passing scores represent the minimum level

of knowledge that must be demonstrated to pass the examination as a whole.

Because of the need for security, multiple forms of the examination, are used over multiple administrations. Each form contains a different combination of items. The passing scores cannot be set as specific raw scores, or numbers of items answered correctly, because some of these forms may be slightly easier or more difficult than others.

Therefore, requiring the same raw scores to pass the different forms would not be fair to all examinees. A statistical procedure called equating is used to adjust for any differences in the level of difficulty among examination forms. Once the examination forms have been equated, a procedure called scaling is used to convert the actual number of correct answers, or raw scores, to a uniform scale. These converted scores are called scaled scores. Scaled scores ensure that all examinees demonstrate the same level of ability in order to pass the examination. CCMC disapproves of using test results for any purpose other than the use for which the examination is developed and conducted. This warning includes using the test results for internship or employment selection. In addition, test results are not to be used to compare educational programs. Certification tests are mastery tests and are not to be used as achievement or selection instruments.

SCORING MODEL

Each individual who takes the exam is provided an immediate pass/fail notification, which displays on the computer screen, and is available to print before the candidate leaves the testing center. This score is considered 99% accurate and is your immediate pass/fail result.

Those individuals who pass the exam will be asked to wait until receiving their official CCM certificate via mail before using the CCM credential. Please read carefully the Exam Application Schedule and Notification Timeline posted on our website so you know when to expect your certificate and pin by mail. Any questions can be directed to the CCMC Certification Navigators at 856-380-6836 or ccmchq@ccmcertification.org.

EXAMINATION PROFILES

Candidates should check their application My CCM account at www.ccmcertification.org for the final pass/not-pass notification based on the **Exam Application Schedule and Notification Timeline posted are on our website.**

Please read this carefully so you know when to expect notification about your exam results.

Only those candidates who did not pass will receive a profile via email showing their performance in each content area and on the examination as a whole. The profile identifies the minimum passing score and the candidate's score. This profile is confidential. Individual score reports are not released to any institution or employer and are not provided over the phone.

EXAMINATION INQUIRIES

Candidates who feel an error or omission occurred during the examination process or those who question any aspect of the examination procedure may address an inquiry to CCMC Customer Service. If the candidate disagrees with the committee's findings, the candidate can request a further appeal be made to the Appeals Task Force. Failure by a candidate to achieve a passing score on the certification examination cannot be appealed.

CERTIFICATES

A certificate and lapel pin will be sent to each candidate who passed the examination. This certificate is the official proof of certification and candidates are entitled to begin using the designation "CCM" after their names as soon as they receive the examination profile that reports the achievement of a passing score.

CCMC will not be responsible for issuing replacement certificates that have not been requested within three months from the time the original should have been received, based on the **Exam Application Schedule and Notification Timeline are posted on our website.**

Please read this carefully so you know when to expect your certificate and pin by mail.

Duplicate or replacement certificates can be requested from the CCMC Certification Navigators department at 856-380-6836 or ccmchq@ccmcertification.org. There is a fee for this service, and all certificates remain the property of CCMC.

CANDIDATES WHO DO NOT PASS

Candidates who do not achieve a passing score on the certification examination will be allowed to re-take the exam in the next available cycle. If you do not pass this "re-take" examination, you will need to complete a new application and pay all fees in place at the time.

Candidates who are eligible for a retake can contact CCMC of their intention after they have received their exam result email. A second examination fee must be remitted before scheduling their exam.

If you defer your first exam opportunity and, subsequently, do not pass, you will need to complete a new application and pay all fees in place at the time.

Candidates who do not achieve a passing score on their second attempt or who are unable to sit again during the next exam cycle must submit a new application, together with a second, nonrefundable application fee, to continue their pursuit of the CCM designation. Such re-applications will be subject to all commission criteria in effect at that time.

SECTION 11: FEES

PLEASE NOTE THAT ALL FEES ARE PAYABLE BY CREDIT CARD ONLY. Personal and/or company checks, money orders, etc., will not be accepted as payment. All fees are non-refundable unless noted otherwise.

STANDARD FEES

Non Refundable Application Fee **\$210**

Examination **\$185***

This fee is for the examination. It **will** be refunded if you are ineligible to sit for the exam.

*** Missed Appointment/No Shows:** *If your application is approved and you schedule your exam, but miss your appointment or do not show up for your appointment without a valid and documented excuse the exam fee will not be refunded.*

Total Paid With Your Application **\$395**

This is the total amount you pay to complete and submit your application.

OTHER FEES

Exam Rescheduling Fees

The following fees are payable to *Prometric* once you have scheduled your examination appointment:

30 days or More before scheduled exam appointment: **No Fee***

**(CCMC deferral fee may still apply, see below)*

5-29 days before scheduled exam appointment: **\$25**
(payable to "Prometric")

4 days or less prior to scheduled appointment **\$85**
The candidate will not be able to cancel their exam and will be charged the \$85 "No Show" fee (payable to "Prometric")

Deferral Fee **\$85**

Payable if you defer your exam appointment to the next available exam window. This fee may be in addition to any of the fees above.

Retake Fee **\$185**

Payable if you need to schedule another exam due to not receiving a passing score or needing to reschedule due to a previous "no show," if eligible.

Special Accommodations **\$200**

Missed Appointment/No Show Fee

In the event that a candidate with a special accommodation has scheduled and missed their exam appointment, this fee is charged by CCMC unless a valid and documented excuse is provided.

Exam Re-score Fee **\$50**

ARE YOU A U.S. VETERAN OR DEPENDENT?

Veterans, reservists and their dependents who are case managers are eligible for education reimbursement under the GI bill for the CCM exam. Certification is an investment in your career. Because the knowledge and skills demonstrated through certification are valuable to employers, it's also an investment they're willing to make on your behalf. For more information, contact us at 856-380-6836 or email us ccmchq@ccmcertification.org.



Commission for Case Manager Certification

QUESTIONS? PLEASE CONTACT US:

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Mount Laurel, NJ 08054

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