

Content and Blueprint of the CCM Examination

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 knowledge domains of case management (as listed below).

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

Knowledge Domain: <i>Care Delivery and Reimbursement Methods</i> (28%)	42 (+/- 2 items)
<ul style="list-style-type: none"> • Adherence to care regimen • Alternative care facilities (e.g. assisted living, 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 • 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 	

Knowledge Domain: <i>Psychosocial Concepts and Support Systems</i> (25%)	38 (+/- 2 items)
<ul style="list-style-type: none"> • 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) 	

<ul style="list-style-type: none"> • 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: <i>Quality and Outcomes Evaluation and Measurements</i> (19%)	29 (+/- 2 items)
<ul style="list-style-type: none"> • 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) 	

Knowledge Domain: <i>Rehabilitation Concepts and Strategies</i> 11%)	16 (+/- 2 items)
<ul style="list-style-type: none"> • 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 	

Knowledge Domain: <i>Ethical, Legal, and Practice Standards</i> (17%)	25 (+/- 2 items)
<ul style="list-style-type: none"> • 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 	