

Care Manager Certification Examination



Candidate Handbook 2021

Application Deadline*	Testing Window
March 16, 2021	April 1 – April 30, 2021
September 16, 2021	October 1 – October 31, 2021

***Applications will not be accepted after 11:59pm Eastern on this date**

Administered by:



1350 Broadway, Suite 800 | New York, NY 10018

www.ptcny.com/contact

COVID-19 Precautions

Candidates are reminded that face masks are REQUIRED at Prometric testing centers. Candidates must bring and wear face masks for the duration of their time inside the testing center.

Masks with exhale/one-way valves are prohibited to use at the testing center, due to the lack of viral particle filtration provided by these masks. Masks with wearable technology are also prohibited. **Any test taker that comes to the test center without an acceptable face mask will not be allowed to test, marked as a “no show,” and will not be eligible for a free reschedule.**

Additionally, candidates must comply with all federal, state and local mandates and guidelines.

Note: if you fall into any of the following categories, you will not be permitted to test until you no longer fit the criteria:

- Have been diagnosed with COVID-19 in the past 14-days;
- Have been exposed to someone diagnosed with COVID-19 in the past 14-days;
- Are experiencing flu or cold-like symptoms; OR
- Have returned from travel to a highly infected area in the past 14-days.

Please contact PTC (www.ptcny.com/contact) if you fall into any of the above categories.

If you are diagnosed with or under quarantine due to exposure to COVID-19 during your testing window: PTC will allow a free transfer to a later testing window. We will need documentation of a positive test or a doctor's note or letter from an employer to confirm quarantine dates.

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This Handbook contains necessary information about the NACCM Care Manager Certification Examination. Please retain it for future reference. Candidates are responsible for reading these instructions carefully. This Handbook is subject to change.

Reviewed and approved by the NACCM Board of Directors 12/2/2020

CONTACT INFORMATION

<p>Professional Testing Corporation (PTC)</p> <p>www.ptcny.com</p> <p>(212) 356-0660</p>	<ul style="list-style-type: none">• Apply for examination• Obtain general application policy and procedure information• Obtain information about testing policies and procedures• Transfer to a new testing period• Request Special Accommodations• Request Hand Score/Duplicate Score Report• Question about score reports• Miscellaneous inquiries
<p>Prometric</p> <p>www.prometric.com/NACCM</p> <p>(800) 741-0934</p>	<ul style="list-style-type: none">• Schedule test appointment• Reschedule test appointment (within a testing period)• Cancel test appointment• Find directions to test site• Questions regarding testing sites and appointments
<p>National Academy of Certified Care Managers (NACCM)</p> <p>www.naccm.net</p> <p>(520) 884-4240</p>	<ul style="list-style-type: none">• General information• Code of Ethics and Standards of Practice• Exam Prep Course• Renewal Information• CEU Resources

ATTENTION CANDIDATES

This handbook contains necessary information about the NACCM Care Manager Certification Examination. It is required reading for those applying and taking the examination. All individuals applying for the examination must comply with the policies, procedures, and deadlines in this Handbook and attest to this by signing the Candidate Attestation found on the application. Please retain this handbook for future reference. This handbook is subject to change. See www.ptcny.com for handbook updates.

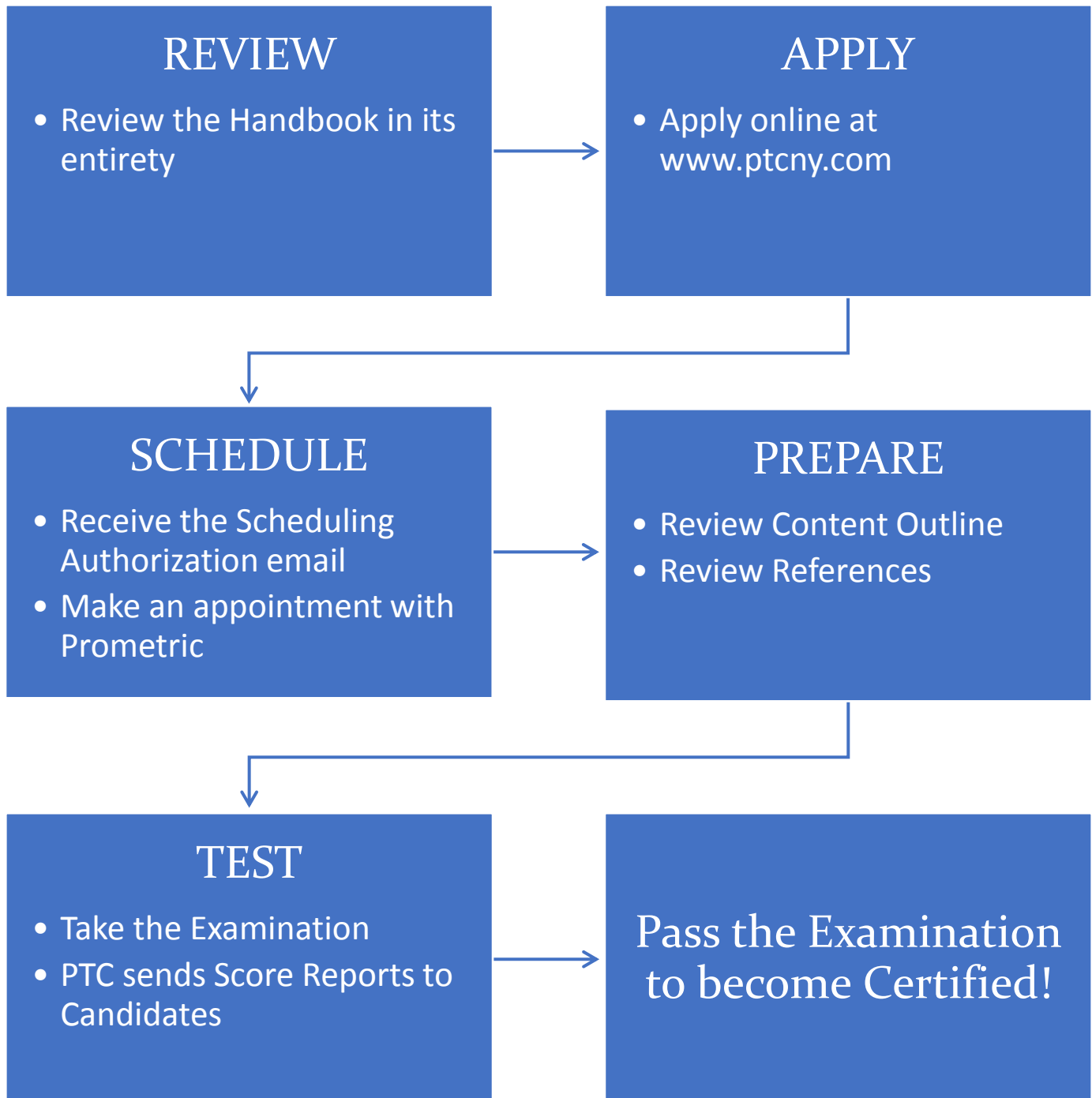
PURPOSES OF CERTIFICATION

The National Academy of Certified Care Managers (NACCM) endorses the concept of voluntary, periodic certification by examination for all individuals specializing in care management. Certification is one part of a process called credentialing. It focuses specifically on the individual and is an indication of current competence in a specialized area of practice. Certification as a care manager is highly valued and provides formal recognition in the profession of care management.

Certification promotes delivery of safe and effective practice as a care manager and advances the quality of care management services in home and community-based settings and long-term care by:

1. Formally recognizing those individuals who meet the eligibility requirements of the National Academy of Certified Care Managers and pass the Care Manager Certification Examination.
2. Encouraging continued personal and professional growth in the practice of care management.
3. Establishing and measuring the knowledge required for the competent, ethical practice of care management.
4. Providing a standard of knowledge requisite for certification; thereby assisting the employer, consumers, public and members of the health professions in assessment of the skills and qualifications of the care managers.

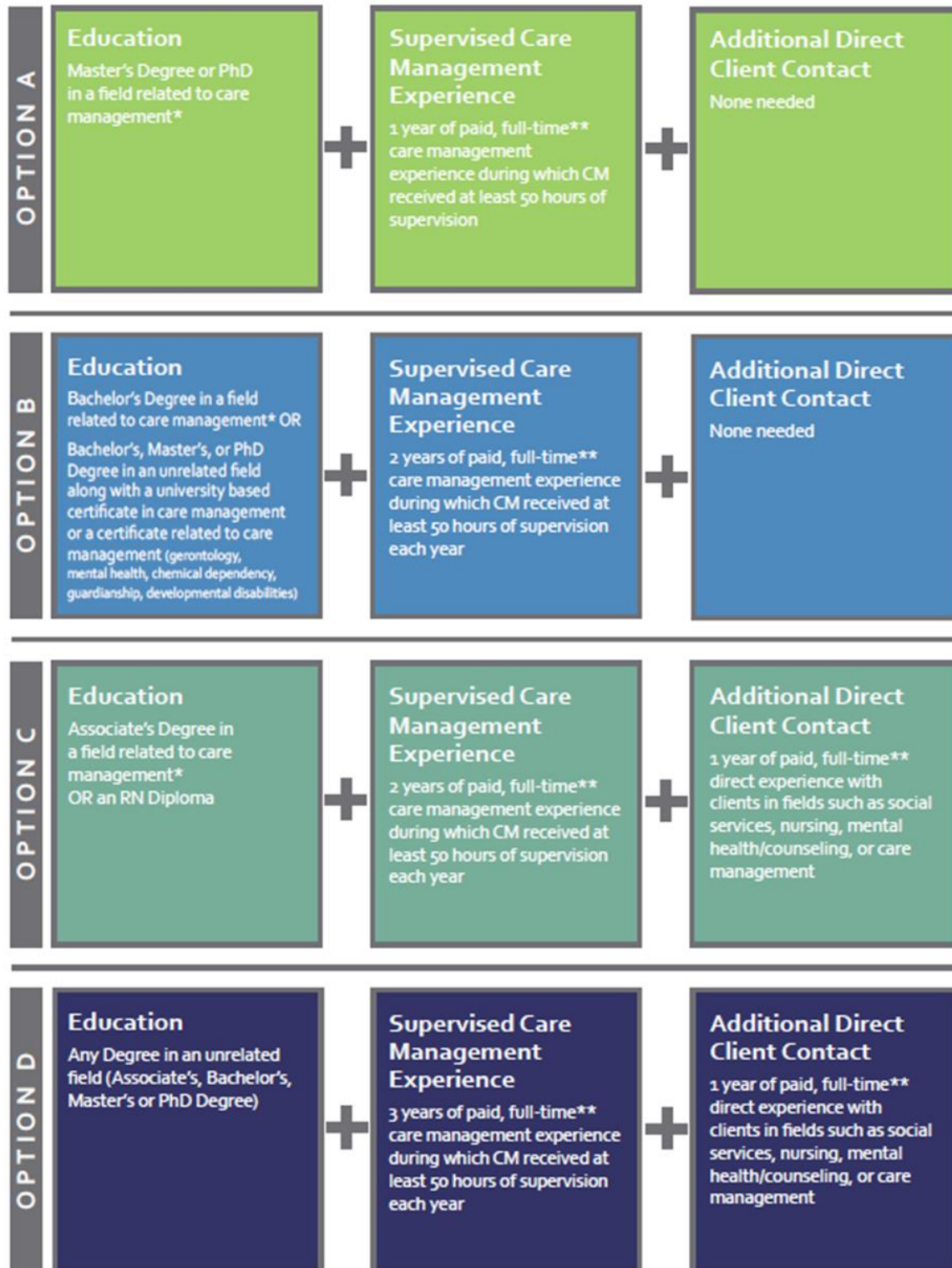
THE CERTIFICATION PROCESS



ELIGIBILITY REQUIREMENTS

Candidates must meet ONE of the Eligibility Options below at the time of the application deadline.

Candidates should be familiar with both Aging Life Care Association (ALCA) and NACCM standards.



*Or International Equivalents

** Full-time employment is defined as a minimum of 35 hours per week. Part-time employment can be used. Refer to the conversion table on page 7.

For all four Eligibility Options:

Fields related to care management may include: child and family studies, counseling, gerontology, human services, nursing, psychology, rehabilitation, public health, sociology, social work, marriage and family therapy, occupational therapy, physical therapy, recreational therapy, respiratory therapy, and speech and language therapy.

If you feel your degree is in a related field that is not listed here, please send your transcripts along with your application for review.

Supervised care management experience and direct client experience must not run concurrently (unless it is part-time work experience). Internship, preceptorship, practicum, and volunteer activities are NOT accepted employment/experience.

In determining eligibility:

- Applicant must be currently working in the field of care management.
- Applicant must agree to adhere to the NACCM Code of Ethics and Standards of Practice and Aging Life Care Association (ALCA) Standards of Practice.
- Supervised care management work experience must begin after earning the degree applicant is using to qualify.
- Direct client contact experience can be obtained at any time during the past 10 years.
- NACCM will consider employment experiences within the last 10 years toward eligibility.

****Full-time employment is defined as a minimum of 35 hours per week. (Part-time employment can be used. Refer to the conversion table on page 7.)**

Care Management experience **MUST** include **All FIVE** content domains listed below (see pages 17 – 21 for care management tasks.)

Domain I. Assess and identify client strengths, needs, concerns and preferences

Domain II. Establish goals and plan of care

Domain III. Implement care plan

Domain IV. Manage and monitor the ongoing provision of and need for care

Domain V. Ensure professional practice & Supervision of Care Management

Supervision is defined as individual, group or peer review of performance, use of clinical skills, and core care manager functions for the purpose of maintaining and improving the quality of one's care management practice. Supervision can be provided by professional colleagues, mentors, clinical supervisors, or program managers who are preferably (but not required to be) certified in care management.

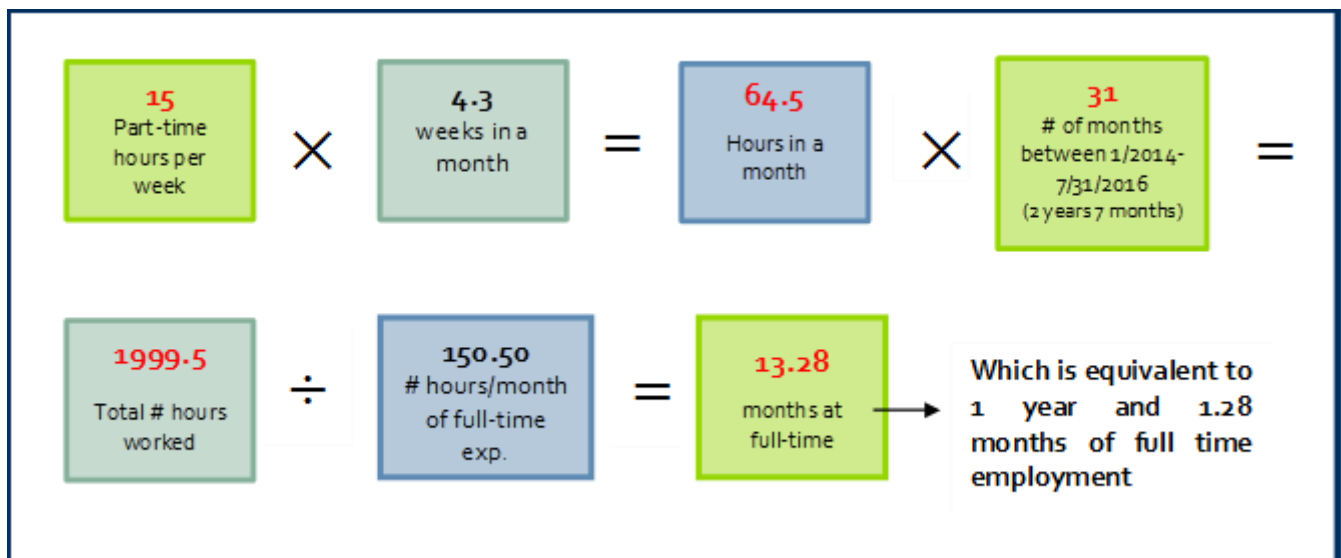
Each year of required care management experience must include 50 hours of supervision.

Supervision may be formal and/or informal and is expected to include:

- The use of clinical skills and core care manager functions
- Record review
- Case examples
- Current practice issues
- Ethical dilemmas
- Care plan development
- Care management interventions, and
- Quality evaluation measures

Conversion Chart: Part Time Work Experience to Full Time Work Experience

Please use the following formula when calculating Part Time Work Experience (Full-time employment is defined as a minimum of 35 hours per week. Part-time employment can be used; refer to the conversion table below). An example has been provided for you for an individual who worked 15 hours/week from January 2014 – July 31, 2016. (The numbers in red will be your part time hours and calculations).



COMPLETION OF APPLICATION

Step 1 – Complete Application

Go to <http://www.ptcny.com/test-sponsors/NACCM> to view examination testing periods, application deadlines, and link to the online application. You must complete the examination application in full, using your name exactly as it appears on your current government issued photo ID such as a driver's license or a passport. Applications are not considered complete until all information and payment has been provided. The completed application must be submitted and paid for online. Retain the link to the application and your login information.

Please note, for new applications you will be asked to create a PIN number. This PIN will be used if you need to go back into your existing application.

Step 2 – Submit Examination Fee and Application for Review

Receive email from PTC stating that your payment and application has been received and under review. Note: Applications will not be reviewed until payment is received.

Step 3 – Receive Approval of Application

Receive email from PTC stating that your application has been approved.

Step 4 – Receive Scheduling Authorization and Schedule Testing Appointment

Within eleven (11) weeks prior to the start of the testing period, candidates will receive a Scheduling Authorization from PTC via email from notices@ptcny.com. The Scheduling Authorization includes a PTC Candidate ID Number and information on how to set up your examination location, date, and time through Prometric. Retain this document.

You must present your current driver's license, passport, or U.S. Military ID at the testing center at the time of your examination appointment or you will be refused admission. The first and last name on the ID must exactly match the first and last name on the Scheduling Authorization.

Applicants who are not approved to sit for the examination or whose applications are incomplete 14 days prior to the first day of the testing window will receive a refund of their application fee minus the \$75 administrative fee. Refunds will be processed approximately 30 days after the end of the testing period.

Application Checklist

Candidates applying for the Care Manager Certification Examination must upload the following documents into the online application system:

Option A

- A copy of your PhD or Master's degree in a field related to care management
- A completed copy of the Verification Form for Supervised Care Management Experience and Direct Client Experience
 - Option A requires one year of paid, full-time care management experience during which the CM received at least 50 hours of supervision

Option B

- A copy of your Bachelor's degree in a field related to Care Management OR a copy of your Bachelor's, Master's or PhD degree in an unrelated field along with a copy of your certificate from a university based Care Management program

- A completed copy of the Verification Form for Supervised Care Management Experience and Direct Client Experience
 - Option B requires two years of paid, full-time Care Management experience during which time the CM received at least 50 hours of supervision

Option C

- A copy of your Associate's degree in a field related to Care Management, OR an RN diploma
- A completed copy of the Verification Form for Supervised Care Management Experience and Direct Client Experience
 - Option C requires two years of paid, full-time Care Management experience during which the CM received at least 50 hours of supervision each year PLUS:
 - One year of paid, full-time direct client experience in fields such as social services, nursing, mental health/counseling, or care management

Option D

- A copy of your degree in an unrelated field (Associate's, Bachelor's, Master's or PhD)
- A completed copy of the Verification Form for Supervised Care Management Experience and Direct Client Experience
 - Option D requires three years of paid, full-time Care Management Experience during which the CM received at least 50 hours of supervision each year PLUS:
 - One year of paid, full-time direct client experience in fields such as social services, nursing, mental health/counseling or care management

EXAMINATION ADMINISTRATION AND SCHEDULING

The Care Manager Certification Examination is administered during an established one-month testing window on a daily basis, excluding holidays, at computer-based testing facilities managed by Prometric.

Scheduling Examination Appointments



Approximately eleven (11) weeks prior to the start of the testing window, approved candidates will be emailed a Scheduling Authorization from **notices@ptcny.com**. Please ensure you enter your correct email address on the application and add the 'ptcny.com' domain to your email safe list. If you do not receive a Scheduling Authorization eight (8) weeks prior to the start of your chosen testing window contact the Professional Testing Corporation at (212) 356-0660 or online at www.ptcny.com/contact.

The Scheduling Authorization will indicate how to schedule your examination appointment with Prometric as well as the dates during which testing is available. Appointment times are first-come, first-serve, so schedule your appointment as soon as you receive your Scheduling Authorization in order to maximize your chance of testing at your preferred location and on your preferred date. **Candidates who wait until the last minute run the risk of missing out on their preferred date, time, and testing center. Candidates unable to schedule an appointment will forfeit their fees.**

Candidates unable to take the examination during their chosen testing window will need to reapply for the examination and pay a new application fee. See page 10 for more information on transferring to a new testing window.

After you make your test appointment, Prometric will send you a confirmation email with the date, time, and location of your exam. Please check this confirmation carefully for the correct date, time, and location. Contact Prometric at (800) 741-0934 if you do not receive this email confirmation or if there is a mistake with your appointment.

Note: International candidates may also schedule, reschedule, or cancel an appointment online at www.prometric.com/NACCM.

IMPORTANT!

You **MUST** present your current driver's license, passport, or U.S. military ID at the test center. Expired, temporary, or paper driver's licenses will **NOT** be accepted.

The first and last name on your Scheduling Authorization **MUST** exactly match the first and last name on your photo ID. **Fees will not be refunded for exams missed because of invalid ID.**

Rescheduling Examination Appointments within a Testing Period

Candidates are able to reschedule their examination appointments within the same testing period as long as the request is submitted within the timeframe described below. Reschedule within the permitted time frame by calling or going to the Prometric website: www.prometric.com/NACCM.

Time Frame	Reschedule Permitted?	Stipulations
Requests submitted 30 days or more before the original appointment	Yes	None
Requests submitted 29 to 5 days before the original appointment	Yes	Candidate must pay Prometric a rescheduling fee of \$50.
Requests submitted less than 5 days before the original appointment	No	Candidates who do not arrive to test for their appointment will be considered a no-show and all their examinations fees will be forfeited. Candidates will need to reapply and pay full examination fees for a future testing period.

Transferring to a New Testing Period

Candidates unable to take the examination during their scheduled testing period may request a **ONE-TIME** transfer to a future testing period. **There is a transfer fee of \$198.00.** After you have transferred once by paying the \$198.00 fee, you will need to pay the full examination fee in order to transfer a second time; so, ***please plan carefully.***

Please note: requests to transfer to a new testing period must be received within 30 days of your originally scheduled testing period.

Candidates wishing to transfer to a new testing period need to follow the steps below.

1. Go to <http://secure.ptcny.com/apply>.
2. Click “Start New Application.”
3. Choose NACCM in the first drop-down menu; then choose the new examination period in the second drop down menu and fill out the rest of the information on the page.
4. Fill out the application making sure you answer yes to the question asking if you are transferring.
5. When you have finished the application, click “Submit Transfer Request.”
6. PTC Support will send you an email letting you know your transfer application was approved and that you can log back into your application and pay the one-time \$198.00 transfer fee.

Call 212-356-0660 if you have any questions regarding the transfer process.

If candidates are unable to attend the examination on the date for which they registered and elect not to transfer to another testing period the application will be closed and all fees will be forfeited. There will be no refund of fees.

The transfer fee is based on costs and is not punitive in nature. The transfer fee must be paid at the time the request is approved. The candidate is responsible for contacting Prometric and canceling the original examination appointment, if one was made.

Exams may only be transferred to a new testing period once; please plan carefully.

Please note: Transferring your Examination only refers to instances when a candidate is unable to take their exam during a testing period for which they have already applied. Candidates who did not pass their examination and are retaking the examination need to pay the full Examination Fee.

Failing to Report for an Examination



If you fail to report for an examination, you will forfeit all fees paid to take the examination. A completed application form and examination fee are required to reapply for the examination.

EXAMINATION FEES

Fee Type	Amount	Details
Application Fee	US \$275.00	<ul style="list-style-type: none">• Non-refundable¹• Non-transferable• Includes testing center fees• Includes non-refundable \$75 administrative fee
Transfer Fee (Moving to a new testing window; see page 11)	US \$198.00	<ul style="list-style-type: none">• Applies to candidates who need to move to a new testing period• Must submit new application & fee to PTC
Rescheduling Fee (29-5 days prior to scheduled appointment; see page 10)	US \$50.00	<ul style="list-style-type: none">• Applies to candidates who need to move their appointment within their current testing period• Payable directly to Prometric• Reschedule with Prometric online or over the phone



There will be no refund of fees unless applicants are ineligible for the examination. Ineligible candidates will be refunded their fees minus an administrative fee. **Please be advised: Prometric does not have the authority to grant transfers to another testing period or refunds.**

SPECIAL NEEDS

NACCM and PTC support the intent of and comply with the Americans with Disabilities Act (ADA). PTC will take steps reasonably necessary to make Certification accessible to persons with disabilities covered under the ADA. According to the ADA, an individual with a disability is a person who has a physical or mental impairment that substantially limits a major life activity (such as seeing, hearing, learning, reading, concentrating, walking) or a major bodily function (such as neurological, endocrine, or digestive system). The information you provide and any documentation regarding your disability and special test accommodations will be held in strict confidence.

All approved testing accommodations must maintain the psychometric nature and security of the examination. Accommodations that fundamentally alter the nature or security of the exam will not be granted.

¹ Applicants who are ineligible to take the examination or whose applications are incomplete by the application deadline will have their examination fees returned minus an administrative fee.

Special testing arrangements may be made upon receipt of the Application, examination fee, and a completed and signed Request for Special Needs Accommodations Form, available from www.ptcny.com/PDF/PTC_SpecialAccommodationRequestForm.pdf or by calling PTC at (212) 356-0660.

This Form must be uploaded with the online application no later than 8 weeks prior to the start of your chosen testing period. Candidates who do not submit their Special Accommodations Form with their application may not be able to test during their chosen testing period and therefore be subject to rescheduling or transfer fees.

Only those requests made and received on the official Request for Special Needs Accommodations Form will be reviewed. Letters from doctors and other healthcare professionals must be accompanied by the official Form and will not be accepted without the Form. All requests must be made at the time of application. Accommodations cannot be added to an existing exam appointment.

PREPARING FOR THE EXAMINATION

- Check your government issued photo ID (driver's license, passport or U.S. Military ID) when you make your examination appointment. Is it expired? Does the name on your ID match the name on your Scheduling Authorization email? Proctors at the Prometric testing center will refuse admission to candidates with expired IDs, IDs with names that do not match their records, and temporary paper IDs. Candidates will be marked as no-shows and will forfeit their exam fees.
- Check your PTC Scheduling Authorization email and Appointment Confirmation email from Prometric to make sure everything is accurate (i.e. your name, exam name, appointment date, time and location).
- Make yourself familiar with the location of your chosen testing site and any requirements they may have for parking and check the weather and traffic conditions before you leave for the testing center. Make sure you give yourself plenty of time to arrive as late arrival may prevent you from testing.
- In the event of inclement weather, check the Prometric website for site closures: <https://www.prometric.com/closures>.
- Prometric's website provides information on what you can expect on your test day, including a walkthrough of check in and security procedures: <https://www.prometric.com/test-center-security>.
- This Handbook provides the Content Outline for the Examination (see appendix). Use these to help you start studying for the examination.
- Review What to Expect at the Testing Center and the Rules for the Examination on the next page before your appointment.

WHAT TO EXPECT AT THE TESTING CENTER

PTC has partnered with Prometric Testing Centers to deliver examinations to candidates. Here is what you can expect when you arrive at your Prometric Testing Center.

- Candidate Check-In
 - Candidates will be asked to present their IDs
 - Candidates will be asked to empty and turn out their pockets
 - Candidates will be “wanded” or asked to walk through a metal detector
 - Inspection of eyeglasses, jewelry, and other accessories will be conducted. Jewelry other than wedding and engagement rings is prohibited.
 - Religious headwear may be worn into the testing room; however, it may be subject to inspection by a testing center administrator before entry into the testing room is permitted.
 - Prometric provides lockers for candidates to store their purses, mobile phones, jackets, food, drinks and medical supplies.
- During the Exam
 - No breaks are scheduled during the exam. Candidates who must leave the testing room to take a break will not be given extra time on the exam
 - Accessing mobile phones or study materials during the examination is prohibited
 - Smoking is prohibited at the testing center
 - All examinations are monitored and may be recorded in both audio and video format

Please keep in mind: other exams will be administered at the same time as your examination. Therefore, examinees may hear ambient noises such as typing, coughing, or people entering and exiting the testing room that cannot be avoided. Prometric is unable to provide a completely noise-free environment. However, headphones may be requested to minimize impact.

Please see [Prometric's website](#) for more information about what to expect on testing day.

RULES FOR THE EXAMINATION

Please read the information below carefully. You are responsible for adhering to the examination rules while at the testing center.

- ⇒ You must present your current driver's license, passport, or US Military ID at the testing center. Candidates without valid ID will NOT be permitted to test. Temporary or paper copies of your ID will not be accepted.
- ⇒ No Electronic devices that can be used to record, transmit, receive, or play back audio, photographic, text, or video content, including but not limited to, cell phones, laptop computers, tablets, Bluetooth devices; wearable technology (such as smart watches), MP3 players (such as iPods), pagers, cameras, and voice recorders are permitted to be used and cannot be taken in the examination room. Prometric provides lockers for your personal items.
- ⇒ No papers, books, computers, or reference materials may be taken into or removed from the testing room.
- ⇒ Candidates are prohibited from leaving the testing room while their examination is in session, with the sole exception of going to the restroom.
- ⇒ Bulky clothing, such as sweatshirts (hoodies), jackets, coats, and hats (except hats worn for religious reasons), and most types of jewelry may not be worn while taking the examination. Proctors will ask you to remove such items and place them in your locker. Please see [Prometric's statement on Test Center Security](#) for more information on security, incident review, and disciplinary procedures.
- ⇒ All watches and "Fitbit" type devices cannot be worn during the examination.
- ⇒ No food/beverages are permitted inside the testing room. Leave these items in your assigned locker.



Contact PTC at (212) 356-0660 or www.ptcnyc.com/contact with any questions about the Examination Rules.

Violation of any of the rules listed above may lead to forfeiture of fees, dismissal from the testing room, and cancellation of your test scores.

TESTING CONDITIONS OR EXAMINATION FEEDBACK

Any candidate who feels that the examination effort was negatively impacted by the test center conditions should notify the proctor immediately. The situation should also be reported to PTC at www.ptcny.com/contact within 3 business days of the test appointment. Any comments about the test itself should also be reported to PTC at www.ptcny.com/contact within 3 business days of the test appointment.

REPORT OF RESULTS

Candidates will be notified in writing by Professional Testing Corporation approximately four weeks after the close of the testing window whether they have passed or failed the examination. Scores on the major areas of the examination and on the total examination will be reported.

Scoring Procedure

The passing score for the NACCM Examination has been reviewed and approved by NACCM and has been determined using a criterion-referenced methodology.

REQUESTING A HANDSCORE

Candidates who fail the examination may request a hand scoring of their data file. Hand scoring is a manual check of the data file by the testing service to determine if there have been any errors in scoring. Although the probability of such an error is extremely remote, this service is available. Requests for hand scoring must be received by PTC no later than 90 days after the date of the examination by completing and returning the Request of Handscore form on www.ptcny.com with payment of \$25. Candidates who fail the examination will not be permitted to see the examination questions. For reasons of test security, no candidate is allowed to review the examination or any of its items.

To ensure correct reporting of results, PTC automatically performs handscores of examinations of candidates who score within 3 points of passing as a quality control measure. Thus, it is extremely doubtful that any examination results will change from “fail” to “pass” through handscoring.

CONFIDENTIALITY OF EXAMINATION SCORES

NACCM will release the individual test scores ONLY to the individual candidate.

REEXAMINATION

As the primary purpose of the Care Manager Certification Examination is to assess minimum levels of knowledge and competency, it may be taken as often as desired, upon filing of a new Application and fee. This policy allows for the candidate to retest in the next window after failing the exam, at which time they will receive a different exam. There is no limit to the number of times an examination may be repeated.

ATTAINMENT OF CERTIFICATION AND RECERTIFICATION

Candidates who pass the Care Manager Certification Examination will be certified and acknowledged by NACCM as Care Manager Certified, are eligible to use the designation CMC after their names, and will receive a certificate of certification from NACCM. A registry of CMCs will be maintained by NACCM and may be reported in its publications.

Certification as a Care Manager Certified is recognized for a period of three years at which time the candidate must meet the recertification requirements that are in effect. Candidates not meeting the recertification requirements must retake and pass the current Care Manager Certification Examination. Go to <http://www.naccm.net> for further information regarding recertification.

REVOCATION OF CERTIFICATION

Misconduct leading to revocation of the CMC consists of, but is not limited to, the following:

1. Falsification of any information in the certification application or recertification process;
2. Any irregularities in relationship to the testing process;
3. Failure to maintain any eligibility requirements;
4. Misrepresentation or misuse of certification status;
5. Failure to pay initial or recertification fees;
6. Revocation of a license in a primary profession;
7. Actions that lead to limitations or sanctions imposed by another professional organization/association;
8. Any illegal practices;
9. Gross negligence or willful misconduct in the performance of professional services based on demonstrable, substantive violations of the Ethical Principles and Standards of Practice resulting in material harm

NACCM reserves the right to revoke the certification of any individual who is found and determined by its internal processes to violate any of the above and to publish certification revocations.

COMPLAINTS AND DISCIPLINE

Complaints regarding possible misconduct by a CMC, including violations of the Ethical Principles or Standards of Practice, must be submitted in writing to the NACCM CEO. Complaints must identify the specific item(s) listed in the NACCM disciplinary policy.

1. Complaints will undergo an administrative review by the NACCM CEO, President, and legal counsel within 30 days of receipt to determine if the alleged misconduct falls within the scope of disciplinary policy and warrants investigation.
2. If it is determined that the complaint properly alleges one or more grounds for disciplinary action and warrants investigation, then the President will designate a task force to investigate and make a determination regarding the complaint.
3. The accused CMC will be notified of the complaint, provided a copy of the complaint, and given an opportunity to formally and in writing admit to or refute the accusations.
4. The investigation may require procuring additional materials and interviews with relevant people.
5. If it is determined by the task group that the CMC engaged in misconduct and disciplinary action is warranted, the consequences can range from a letter of reprimand; requiring the accused to complete an educational course on ethics; suspension of CMC status for a fixed period; or revocation of CMC status.
6. Every effort will be made to reach a decision in a timely manner; however, extended time may be needed to ensure full due process.
7. NACCM may defer action or decision on a complaint if the same or substantially the same allegations are being addressed by another appropriate body or by a court or governmental regulator.
8. An adverse finding and/or disciplinary action may be appealed by the CMC to the full Board of Directors.
9. NACCM may notify interested persons and organizations of suspensions and revocation.

CONTENT OF THE EXAMINATION

The Care Manager Certification Examination is a computer-based examination composed of a maximum of 200 multiple-choice, objective questions with a total testing time of three and a half (3.5) hours. The content of the examination is described in “Content Domains and Care Manager Tasks” starting below.

The questions for the examination are obtained from individuals with expertise in care management and are reviewed for construction, accuracy, and appropriateness by the NACCM.

NACCM, with the advice and assistance of the Professional Testing Corporation, prepares the examination.

CONTENT DOMAINS AND CARE MANAGER TASKS

The Care Manager Certification examination questions contain content from the following domains. The approximate percentage of questions from each domain is also indicated.

DOMAIN I - ASSESS AND IDENTIFY CLIENT STRENGTHS, NEEDS, CONCERNS, AND PREFERENCES (21%)

1. Screen a potential client in order to determine the appropriateness of and eligibility for service
2. Conduct a comprehensive assessment of the client
3. Conduct an assessment of the client using standardized instruments
4. Conduct an assessment of the client’s informal and formal support system
5. Assess the client’s ability to participate in developing the care plan
6. Collect additional data by contacting relevant sources (e.g. physician(s), social support systems, and other care providers) in order to validate and expand the information obtained
7. Synthesize and interpret the assessment data
8. Document all intake and assessment information

DOMAIN II - ESTABLISH GOALS AND A PLAN OF CARE (21%)

1. Prioritize areas of concern in collaboration with client and support system in order to identify potential areas for intervention
2. Identify options and resources that address the areas identified for intervention
3. Discuss with the client the advantages, disadvantages, and costs of available/appropriate options and resources
4. Work with client/responsible party in order to establish mutually agreed upon goals
5. Develop action steps in order to achieve the agreed upon care plan goals
6. Develop a timeline for implementation
7. Document care plan

DOMAIN III - IMPLEMENT CARE PLAN (19%)

1. Coordinate services and interventions
2. Communicate to the client and the client's support system the goals of the care plan
3. Obtain consensus of the client and client support system for the care plan
4. Document action steps taken related to the provision of services and progress toward goals

DOMAIN IV - MANAGE AND MONITOR THE ONGOING PROVISION OF AND NEED FOR CARE (19%)

1. Monitor service delivery and intervention(s)
2. Perform periodic reassessment of client status
3. Evaluate client satisfaction with services
4. Evaluate progress toward goal achievement
5. Determine need for and make adjustments to care plan
6. Document monitoring activities and client status
7. Develop a process for termination of services
8. Document reasons for service termination in client record

DOMAIN V – ENSURE PROFESSIONAL PRACTICE & SUPERVISION OF CARE MANAGEMENT (20%)

1. Promote client autonomy and right to self-determination
2. Recognize and respect diversity with respect to factors such as race, culture, ethnicity, gender, religion, sexual orientation, national origin, age, disability or socioeconomic status, in order to uphold client's value system, preferences, and choices
3. Adhere to standards of practice and professional codes of ethics and strategies for identifying and resolving ethical dilemmas
4. Document and analyze business practices, risk management strategies and financial metrics to ensure they are consistent with the standards of practice and code of ethics of the profession and to ensure quality and effective services administration to clients
5. Participate in peer review and/or clinical supervision
6. Develop knowledge of the principles of effective supervision of care management services and perform ongoing monitoring of supervised staff to ensure accountability, success, and self-efficacy

Content domains, care manager tasks, and percentages were reviewed, updated, and approved by the Board of Directors on September 7, 2016.

Knowledge Required to Perform Care Manager Tasks

Theoretical Bases

- human development theory
- personality theory
- behavior theory
- systems theory
- family systems theory
- organizational behavior
- crisis theory
- adult learning theory
- change theory

Assessment

- health issues for individuals with chronic health concerns or disabilities
- functioning as it relates to all activities of daily living including: transfer, walking, wheeling, bowel, bladder, toileting, mobility, bathing, dressing, eating, feeding
- functioning as it relates to all instrumental activities of daily living including: medication, meal prep, shopping, housekeeping, laundry, telephone, travel, finances
- common emotional disorders and their symptoms
- common causes of dementia and their symptoms
- techniques for administering and interpreting of structured cognitive screening tools (orientation, memory, and judgment), and behavioral, emotional, and life satisfaction assessment tools
- risk assessment techniques
- interviewing techniques for collecting demographic, environmental, social system, and financial information
- basic nutritional and hydration needs as well as special requirements relating to individuals with chronic health concerns or disabilities
- common medications relating to individuals with chronic health concerns or disabilities
- impact of diversity in areas such as culture, religion, ethnicity, gender, sexual orientation, and socioeconomic status on behavior, perceptions and value systems that relate to health care
- substance abuse
- preferences, expectations, capabilities, limitations, stress, and coping mechanisms of the client and others and their impact on the client system
- the impact of interactions between the formal and informal support systems
- the impact of spirituality on health
- the impact of health status and functional abilities on behavior and emotions
- advanced directives such as power of attorney, living will, health care surrogate
- indicators that client is at risk for financial exploitation
- indicators that client is in need of guardian/conservator
- abuse, neglect, and exploitation issues
- grief and loss
- requirements of the Americans with Disabilities Act
- data analysis and interpretation
- legal and financial vehicles for financing care such as special needs trusts
- communicable diseases including MRSA, TB, HIV

Care Planning

- care planning process
- how to write goals that are specific, measurable, agreed upon, realistic, and time limited
- reimbursement mechanisms such as health insurance, supplemental insurance, long-term care insurance
- entitlement programs such as Medicare and Medicaid, Veterans' Administration, SSD, SSI, and their eligibility requirements
- options for financing care such as reverse mortgages, equity loans, annuities
- budgeting and cost-benefit analysis
- social, environmental, and medical services available to enhance function such as durable medical equipment, respite, day treatment, home adaptation
- intervention strategies, such as medication management, treatment modalities, crisis intervention, psychosocial interventions
- housing options such as assisted living, continuing care retirement communities (CCRCs), intentional communities
- alternative/complementary services such as acupuncture and massage
- end of life planning
- hospice and palliative care
- advanced health care directive planning

Coordination of Care

- formal and informal provider responsibilities
- availability and use of interpreters and adaptive communication equipment
- appropriate record keeping and documentation
- referral procedures to service providers
- emotional, physical, geographical, financial, and/or cultural barriers to service delivery
- interdisciplinary team building and techniques to enhance inter-organizational relations

Professional Practice

- legal and ethical issues of reporting abuse and neglect
- grievance procedures and complaints
- appeals processes (entitlement appeals, professional grievance procedures)
- applicable standards of practice and ethical guidelines
- HIPAA
- informed consent
- professional liability
- client advocacy procedures
- client empowerment strategies
- guardianship/conservatorship process
- client rights and responsibilities
- peer review processes
- record audit process
- community outreach and education techniques
- outcome measurement and quality assurance practices
- termination of services
- professional consultation and supervision

Generic Competencies

- decision making
- conflict resolution techniques
- stress management techniques
- time management techniques
- counseling techniques
- crisis intervention techniques
- motivational techniques
- negotiation and mediation strategies
- problem solving techniques
- interpersonal relations
- communication techniques
- group dynamics
- organizational skills
- teaching and coaching techniques
- networking techniques
- prioritization

SAMPLE EXAMINATION QUESTIONS

1. Which of the following activities represent activities of daily living (ADLs)?
 1. Bathing, dressing, toileting
 2. Dusting, vacuuming, mowing the lawn
 3. Preparing lunch, washing clothes and folding laundry
 4. Paying bills, answering the phone, reading the newspaper
2. The principle that is associated with a client making his/her own decisions about which interventions he/she will or will not receive is called
 1. justice.
 2. autonomy.
 3. dependency.
 4. informed consent.
3. In order to obtain medical information about a client, a care manager must
 1. ask the client for the information.
 2. ask the client's caregiver for the information.
 3. obtain a signed release of information from the client.
 4. obtain a signed release of information from the physician.
4. When an older client suddenly becomes confused, the care manager's FIRST step is to
 1. arrange for a medical evaluation of the client.
 2. arrange for a psychological evaluation of the client.
 3. complete standardized cognitive screening on the client.
 4. watch and wait for 24-hours to see if the client gets better.
5. Developing and implementing an individualized care plan based on the goals that are most important to the client is considered
 1. transitions of care.
 2. coordination of care.
 3. person centered care.
 4. chronic disease self-management.
6. During the initial visit to an older client, the care manager finds the client confused, undernourished, in soiled clothing, and with bruises on his face. The caregiver shouts at the client who then cowers in fear. The care manager's FIRST step is to
 1. arrange for meal delivery.
 2. call adult protective services.
 3. place the client in a nursing home.
 4. arrange for guardianship/conservatorship.

ANSWERS

1.	1
2.	2
3.	3
4.	1
5.	3
6.	2

RECOMMENDED REFERENCES

The National Academy of Certified Care Managers has prepared a suggested reference list to assist in preparing for the Care Manager Certification Examination. These references contain journals and textbooks which include information of significance to Care Managers. This list does not attempt to include all acceptable references nor is it suggested that the Care Manager Certification Examination is necessarily based on these references.

Aging: The Health Care Challenge. An Interdisciplinary Approach to Assessment and Rehabilitative Management of the Elderly. 4th Edition. Bernstein-Lewis, C. (2002). FA Davis Company.
Being Mortal: Medicine and What Matters in the End. Gawande, A. (2014). Henry Holt & Company, NY
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Successful Aging. Rowe, J.W. & Kahn R. L. (1998). Dell Publishing
The 36-Hour Day: A Family Guide to Caring for People Who Have Alzheimer Disease, Related Dementias, and Memory Loss. Mace, M.A. & Rabins, P.V. (2011)
The Dynamics of Aging Families: A Handbook for Adult Children. Gibson, J.W. & Harley, B. B. (2006). Cambio Press.
Aging Life Care Association: www.aginglifecare.org
Alzheimer's Association: www.alz.org
American Academy of Developmental Medicine and Dentistry. https://aadmd.org/
American Society on Aging www.asaging.org
Centers for Medicare & Medicaid (CMS): www.cms.gov
Medicare: www.medicare.gov
MS Association: www.nationalmssociety.org
National Association of Social Workers: www.socialworkers.org
National Center on Elder Abuse www.ncea.acl.gov
National Guardianship Association: www.guardianship.org
National Institute on Aging: www.nia.nih.gov
National Resource Center on LGBT Aging: www.lgbtagingcenter.org
Services and Advocacy for Gay, Lesbian, Bisexual & Transgender Elders (SAGE). www.sageusa.org
Small Business Association: www.sba.gov
Social Security Administration: www.ssa.gov
Substance Abuse and Mental Health Services Administration (SAMHSA): www.samhsa.gov
The Hartford Institute for Geriatric Nursing: www.consultgeri.org
The National Committee for Quality Assurance: www.ncqa.org
The Scan Foundation: http://www.thescanfoundation.org/

ONLINE PRACTICE TEST IN CARE MANAGEMENT

A practice test is available to provide candidates with a better understanding of what the actual certification examination is like. Each practice test consists of 50 questions, has a testing time of two hours, and is taken online available 24 hours a day/7 days a week. Candidates will experience taking a computerized exam, to review an example of the type of content included in the Certification Examination, and to learn more about question format, style, and level of difficulty.

After completing the online practice test, you will receive an instant score report showing test performance in each of the content areas. The score report does not provide correct answers or indicate which questions were answered correctly or incorrectly. Once the practice test is scored, you cannot return to the test to review the questions.

NOTE: The online practice test is an optional tool candidates may use as they prepare for the certification examination. While the practice test may help candidates identify areas of strengths and weakness, it should not be used as the only means to determine candidate preparedness or readiness to test. Since the practice test is NOT intended to be a study guide nor the sole source of preparation for the actual certification examination, candidates are NOT provided with the answer key, rationales for each question, nor notification of which specific items were answered correctly or incorrectly.

Though the specific questions that are on the practice test will not appear on the actual certification examination, it allows candidates to become familiar with the style of questions that may be asked. The instant score report received after practice test submission shows overall test performance as well as performance in each of the content areas. Candidates may find this information useful in determining future study needs. Once the practice test is scored, candidates cannot return to the test to review the questions. Performance on the practice test does not guarantee similar performance on the actual certification examination.

The PTC Online Testing System does not demonstrate the testing software used during the certification examinations. Those who purchase the online practice test should be aware that they will use a different testing platform when they take certification examinations at designated proctored testing centers.

The practice test is not a requirement for certification eligibility nor does it contribute in any way to success on the certification examination. There are many ways candidates should prepare for the certification examination. Candidates should use a variety of resources and consider their own education and experiences. Review the content outline and reference materials listed in the handbook for additional exam-related information.

CONTENT INCLUDED IN THE ONLINE PRACTICE TEST IN CARE MANAGEMENT

- I. Assess and identify client strengths, needs, concerns, and preferences
- II. Establish goals and a plan of care
- III. Implement care plan
- IV. Manage and monitor the ongoing provision of and need for care
- V. Ensure professional practice & supervision of care management

FEE: \$75, payable by credit card online at www.ptcny.com.

QUESTIONS: Call 212-356-0660.

PTC19095



VERIFICATION FORM for SUPERVISED CARE MANAGEMENT EXPERIENCE and DIRECT CLIENT EXPERIENCE

PLEASE TYPE OR PRINT CLEARLY | Questions? Call PTC at 212.356.0660

Candidates must upload a copy of their college degree along with completed verification form.

Your Name _____
phone _____ email _____ fax _____

SUPERVISED CARE MANAGEMENT EXPERIENCE *Required for All Candidates*

Please list paid, **full-time care management experience gained after your degree was awarded** – including 50 hours of supervision per year.

Full-time employment is defined as a minimum of 35 hours per week. (Part-time employment can be used. Refer to the Handbook for a Part-Time to Full-Time Conversion Table.)

Supervision may include but is not limited to case conferences with supervisors or peers, performance appraisal, client record reviews, and consumer satisfaction data.

Supervised care management work experience must begin **after** earning the degree applicant is using to qualify. NACCM will consider employment experiences within the last 10 years towards eligibility.

Option A requires one (1) year of paid, full-time, supervised care management experience.

Option B & C require two (2) years of paid, full-time, supervised care management experience.

Option D requires three (3) years of paid, full-time, supervised care management experience.

Current Employment

Agency/Company _____ Your Position/Title _____

Agency/Company Address _____

Dates of Employment: from MM/DD/YYYY _____ to MM/DD/YYYY _____

Hours **per week** of care management employment during above dates: _____/week

Hours **per year** of supervised care management during above dates: _____/year

*Supervisor's name & credential(s) _____ Title _____

Supervisor's phone _____ email _____ fax _____

Agency/Company _____ Your Position/Title _____

Agency/Company Address _____

Dates of Employment: from MM/DD/YYYY _____ to MM/DD/YYYY _____

Hours **per week** of care management employment during above dates: _____/week

Hours **per year** of supervised care management during above dates: _____/year

*Supervisor's name & credential(s) _____ Title _____

Supervisor's phone _____ email _____ fax _____

Agency/Company _____ Your Position/Title _____

Agency/Company Address _____

Dates of Employment: from MM/DD/YYYY _____ to MM/DD/YYYY _____

Hours **per week** of care management employment during above dates: _____/week

Hours **per year** of supervised care management during above dates: _____/year

*Supervisor's name & credential(s) _____ Title _____

Supervisor's phone _____ email _____ fax _____

**If you are an independent practitioner, please provide the name of the individual who can attest to your professional consulting relationship.*

(continued on next page)

October 2020

VERIFICATION FORM *(continued)*

☐ **I perform/ed all content domains and tasks in these position(s) (see Candidate's Handbook for detailed list of tasks in each domain), including**

Domain I – Assess and identify client strengths, needs, concerns, and preferences
Domain II – Establish goals and a plan of care
Domain III – Implement care plan
Domain IV – Manage and monitor the ongoing provision of and need for care
Domain V – Ensure professional practice & Supervision of Care Management

☐ **I have read and agree to adhere to the National Academy of Certified Care Managers Standards of Practice and Code of Ethics at naccm.net.**

I hereby certify that all information on this form is accurate, truthful, and complete. I understand that false or misleading information, whether by inclusion or omission, will result in the rejection of my application. (Above boxes must be checked.)

Applicant's Signature _____ Date _____

DIRECT CLIENT EXPERIENCE Required for candidates using Options C & D only

Direct Client Experience includes working directly with clients, consumers, or patients in fields such as social work, nursing, mental health, counseling, human services, or care management. **Your direct client experience is separate and distinct from Supervised Care Management Experience documented above.**

Full-time employment is defined as a minimum of 35 hours per week. (Part-time employment can be used. Refer to the Handbook for a Part-Time to Full-Time Conversion Table.)

Option C requires one (1) year of full-time direct client experience in addition to required 2 years of supervised experience for a total of 3 years.

Option D requires one (1) year of full-time direct client experience in addition to required 3 years of supervised experience for a total of 4 years.

Agency/Company _____ Your Position/Title _____

Agency/Company Address _____

Dates of Employment: from MM/DD/YYYY _____ to MM/DD/YYYY _____

Hours per week of employment during above dates: _____ /week

Hours per week of Direct Client Contact/Interaction during above dates: _____

I performed the following tasks in this position:

- | | | |
|--|--|---|
| <input type="checkbox"/> Conducted assessments | <input type="checkbox"/> Assisted with long-term planning | <input type="checkbox"/> Regularly monitored client situation |
| <input type="checkbox"/> Recommended and/or coordinated services | <input type="checkbox"/> Developed care plans | <input type="checkbox"/> Advocated on behalf of client |
| <input type="checkbox"/> Provided support to client and/or others involved | <input type="checkbox"/> Educated client about available resources | <input type="checkbox"/> Other: _____ |

Supervisor's name & credential(s) _____ Title _____

Supervisor's phone _____ email _____ fax _____

Agency/Company _____ Your Position/Title _____

Agency/Company Address _____

Dates of Employment: from MM/DD/YYYY _____ to MM/DD/YYYY _____

Hours per week of employment during above dates: _____

Hours per week of Direct Client Contact/Interaction during above dates: _____

I performed the following tasks in this position:

- | | | |
|--|--|---|
| <input type="checkbox"/> Conducted assessments | <input type="checkbox"/> Assisted with long-term planning | <input type="checkbox"/> Regularly monitored client situation |
| <input type="checkbox"/> Recommended and/or coordinated services | <input type="checkbox"/> Developed care plans | <input type="checkbox"/> Advocated on behalf of client |
| <input type="checkbox"/> Provided support to client and/or others involved | <input type="checkbox"/> Educated client about available resources | <input type="checkbox"/> Other: _____ |

Supervisor's name & credential(s) _____ Title _____

Supervisor's phone _____ email _____ fax _____

☐ **I have read and agree to adhere to the National Academy of Certified Care Managers Standards of Practice and Code of Ethics at naccm.net.**

I hereby certify that all information on this form is accurate, truthful, and complete. I understand that false or misleading information, whether by inclusion or omission, will result in the rejection of my application.

Applicant's Signature _____ Date _____