

CARE MANAGER CERTIFICATION EXAMINATION

Handbook for Candidates

Application Deadline: March 1, 2018

Testing Begins: April 1, 2018

Testing Ends: April 30, 2018

Application Deadline: September 1, 2018

Testing Begins: October 1, 2018

Testing Ends: October 31, 2018



National Academy of Certified Care Managers



PROFESSIONAL TESTING CORPORATION® 1350 BROADWAY • 17th FLOOR • NEW YORK, NY 10018

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

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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.

PURPOSES OF CERTIFICATION

To promote delivery of safe and effective practice as a care manager and to advance the quality of care management services in home and community-based settings and long-term care through the certification of qualified care managers by:

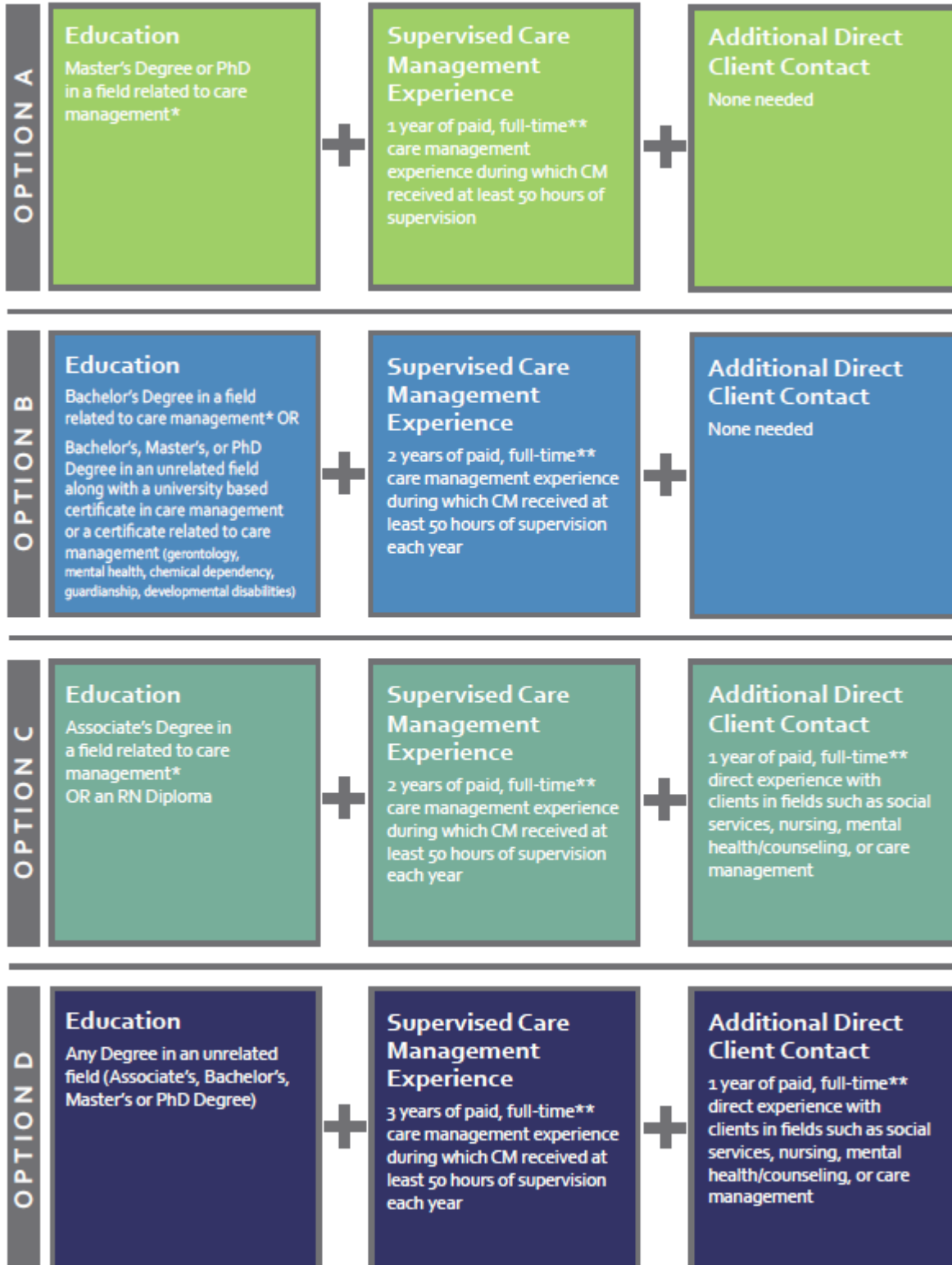
1. Formally recognizing those individuals who meet the eligibility requirements of the National Academy of Certified Care Managers and pass the Care Manager Certification Examination.
2. Encouraging continued personal and professional growth in the practice of care management.
3. Establishing and measuring 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.

ADMINISTRATION

The Certification Program is sponsored by the National Academy of Certified Care Managers (NACCM). The Care Manager Certification Examination is administered for the NACCM by the Professional Testing Corporation (PTC), 1350 Broadway - 17th Floor, New York, New York 10018, (212) 356-0660, www.ptcny.com. Questions concerning the examination should be referred to PTC.

ELIGIBILITY REQUIREMENTS

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



*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 5.

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.
- 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 5.)

Care Management experience **MUST** include **All FIVE** content domains listed below (see pages 14 – 16 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. 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.

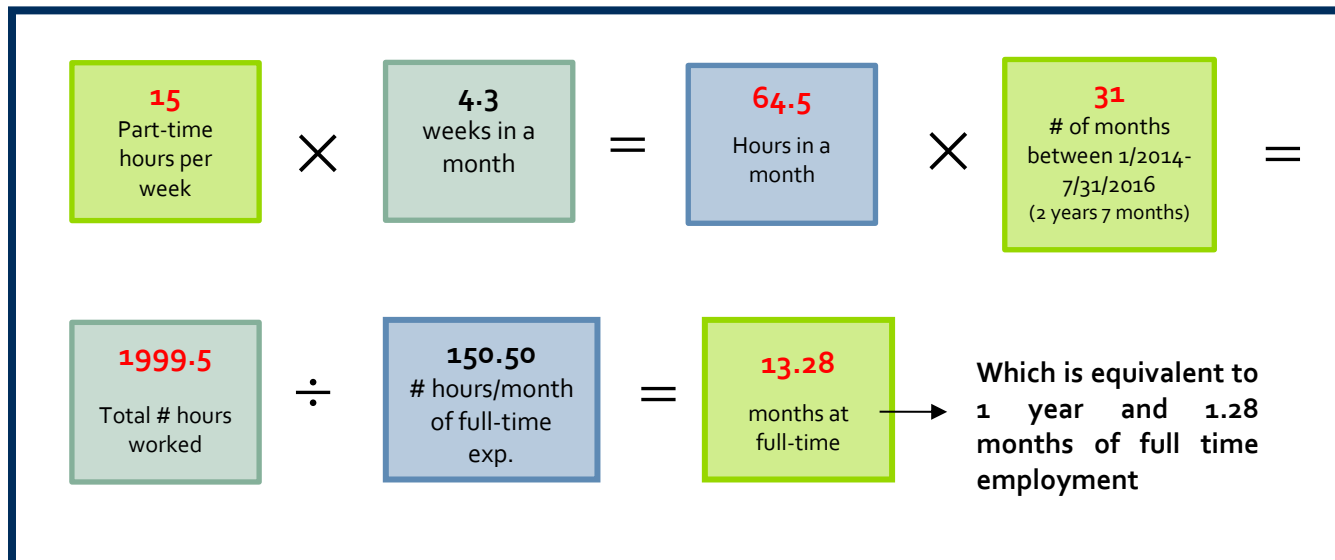
Supervision may be formal and/or informal and is expected to include:

- The use of clinical skills and core care manager functions
- Record review
- Case examples
- Current practice issues
- Ethical dilemmas
- Care 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).



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

APPLICATION PROCESS

Step 1 – Complete Application and Upload Required Documents

Go to www.ptcny.com/clients/naccm to view examination testing windows, application deadline, and link to the online application. Complete the online application and upload required documentation. 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 has been provided. The completed application, with all required documentation, must be submitted and paid for online. Retain the link to the application and your login information.

Step 2 - Submit Application for Review

Receive email from PTC stating that your application has been received. This email should be received shortly after submitting the application.

Step 3 – Receive Approval of Application

Receive email from PTC stating that your application has been approved. Applications can take up to 10 business days to be reviewed.

Step 4 – Submit Payment for Examination Application

Return to your online application and submit payment. The payment must be submitted when the approval notice is received. Payments will be accepted only until two weeks prior to the first day of the testing period.

Step 5 – Receive Scheduling Authorization and Schedule Testing Appointment

Within six (6) weeks prior to the start of the testing period, you will receive a Scheduling Authorization from PTC via email from notices@ptcny.com. The Scheduling Authorization includes an eligibility number and information on how to set up your examination location, date, and time through PSI. **Retain this document.**

FEES

Application fee for the Care Manager Certification Examination \$255.00
 Fees must be submitted in U.S. dollars.

Visa, MasterCard, and American Express are accepted. After your application is approved, you will be prompted to pay online using a credit card.

Checks are also accepted. Follow the directions on the online application to pay using a check. Checks must be made payable to Professional Testing Corporation.

REFUNDS

There will be no refund of fees. Fees will not be transferred from one testing period to another.

EXAMINATION ADMINISTRATION

The Care Manager Certification Examination will be administered during the testing periods shown on the cover of this Handbook for Candidates, Monday through Saturday, excluding holidays, at computer-based testing facilities managed by PSI. PSI has several hundred testing sites in the United States, as well as Canada. Scheduling is done on a first-come, first-serve basis. To find a testing center near you visit: www.ptcny.com/cbt/sites.htm or call PSI at (800) 733-9267. Please note: hours and days of availability vary at different centers. You will not be able to schedule your examination appointment until you have received a Scheduling Authorization from PTC.

ONLINE TUTORIAL

A free Testing Tutorial can be viewed online. Go to <http://www.ptcny.com/cbt/demo.htm> This document can give you an idea about the online testing features.

SCHEDULING YOUR EXAMINATION APPOINTMENT

Once your application has been received and processed and your eligibility verified, you will be sent a notice from PTC confirming receipt of payment and acceptance of application. Within six weeks prior to the first day of the testing period, you will be sent a Scheduling Authorization via email 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 at least three weeks before the beginning of the testing period, contact the Professional Testing Corporation at (212) 356-0660 for a duplicate.

The Scheduling Authorization will indicate how to schedule your examination appointment 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.

Your current government-issued photo identification, such as a driver's license, passport, or U.S. military ID must be presented in order to gain admission to the testing center. Temporary paper driver's licenses are not accepted. The name on your Scheduling Authorization must exactly match the name on your photo I.D. PTC also recommends you bring a paper copy of your Scheduling Authorization and your PSI appointment confirmation with you to the testing center.

After you make your test appointment, PSI 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 PSI at (800) 733-9267 if you do not receive this email confirmation or if there is a mistake with your appointment.

- **It is your responsibility as the candidate to schedule the examination appointment with PSI.**
- **It is highly recommended that you become familiar with the testing site in advance.**
- **Arrival at the testing site at the appointed time is the responsibility of the candidate. Please plan for weather, traffic, parking, and any security requirements that are specific to the testing location. Late arrival may prevent you from testing.**

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. 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 or by calling PTC at (212) 356-0660. This Form must be uploaded with the online application at least EIGHT weeks before the testing period begins. Please use this Form if you need to bring a service dog, medicine, food or beverages needed for a medical condition with you to the testing center.

Only those requests made and received on the official Request for Special Needs Accommodations Form (found at www.ptcny.com) 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.

Information supplied on the Request for Special Accommodations Form will only be used to determine the need for special accommodations and will be kept confidential.

INTERNATIONAL TESTING

Candidates outside of the United States and Canada must complete and submit the Request for Special Testing Center Form found on the www.ptcny.com homepage. This form must be uploaded to your application no later than 8 weeks prior to the start of the chosen testing period. Fees for testing at an international computer test center (outside of the United States and Canada) are \$100.00 in addition to the examination fee. PTC will arrange a computer based examination at an international test center for you.

Please note that all examinations are administered in English.

CHANGING YOUR EXAMINATION APPOINTMENT

If you need to cancel your examination appointment or reschedule to a different date within the same testing period, you must contact PSI at (800) 733-9267 no later than noon, Eastern Time, of the second business day PRIOR to your scheduled appointment. PSI does not have the authority to authorize refunds or transfers to another testing period.

If you fail to arrive for your appointment or cancel without giving the required notice, you will forfeit your testing fee.

RULES FOR THE EXAMINATION

1. All 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 not permitted to be used and cannot be taken in the examination room.
2. No papers, books, or reference materials may be taken into or out of the examination room.
3. Simple, nonprogrammable calculators are permitted with the exception of calculators as part of cellular phones, etc. A calculator is also available on screen if needed.
4. No questions concerning content of the examination may be asked during the testing session. The candidate should read carefully the directions that are provided on screen at the beginning of the examination session.
5. Candidates are prohibited from leaving the testing room while their examination is in session, with the sole exception of going to the restroom.
6. Bulky clothing, such as sweatshirts (hoodies), jackets, coats and hats, except hats worn for religious reasons, may not be worn while taking the examination.
7. All watches and "Fitbit" type devices cannot be worn during the examination. It is suggested that these items are not brought into the test center.

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.

REEXAMINATION

The Care Manager Certification Examination may be taken as often as desired upon filing of a new Application and fee. 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 may include but is not limited to:

- Falsification of any information in the certification application process;
- Any irregularities in relationship to the testing process;
- Failure to maintain any eligibility requirements;
- Falsification of any information contained in the recertification process;
- Misrepresentation or misuse of certification status;
- Failure to pay initial or renewal fees;
- Revocation of a license in a primary profession;
- Actions that lead to limitations or sanctions imposed by another professional organization/association;
- Any illegal practices.

NACCM reserves the right to revoke the certification of any individual who is found to violate any of the above and to publish certification revocations.

CONFIDENTIALITY

1. NACCM will release the individual test scores ONLY to the individual candidate.
2. Any questions concerning test results should be referred to NACCM or the Professional Testing Corporation.

ONLINE PRACTICE TEST IN CARE MANAGEMENT

WHAT IT IS: A practice test 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.

WHEN: Available 24 hours a day/7 days a week.

WHY TAKE IT: To 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.

SCORE REPORT: 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.

CONTENT OF EXAMINATION

1. 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 four (4) hours.
2. The content for the examinations is described in the Content Domains and Care Manager Tasks starting below.
3. The questions for the examinations are developed by individuals with expertise in practicing care management and are reviewed for construction, accuracy, and appropriateness by NACCM.
4. 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 culture, religion, ethnicity, gender, sexual orientation, and 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 (ALDs)?
 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 manger'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.

CORRECT ANSWERS TO SAMPLE QUESTIONS

1.1 2.2 3.3 4.1 5.3 6.2

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

Buried in Treasures: Help for Compulsive Acquiring, Saving, and Hoarding. Frost, R. O., Steketee, G. & Tolin, D. (2007). Oxford University Press.

Code of Ethics & Standards of Practice for Aging Life Care Professionals. Accessed at: www.aginglifecare.org

Communication and Aging. Nussbaum, J. F., Pecchioni, L. L., Robinson, J. D. & Thompson, T. L. Second Edition. (2000). Lawrence Erlbaum Associates, Publishers.

Compulsive Hoarding and Acquiring: Therapist Guide. Frost, R. O. & Steketee, G. (2007). Oxford University Press.

Doorway Thoughts: Cross-Cultural Healthcare for Older Adults. Volumes. 1-3. American Geriatric Society.

Empowering Social Workers for Practice with Vulnerable Older Adults. Soniat, B.A. & Micklos, M. (2010).

Ethics in Community-Based Elder Care. Holstein, M.B. & Mitzen, P.B. (2001). Springer Publishing

Eye on Ethics. Reamer, F. (2002). Access via web (2016): <http://tinyurl.com/j27sqe7>

Final Gifts: Understanding the Special Awareness, Needs, and Communication of the Dying. Callanan, M. & Kelley, P. (1992). Bantam Books.

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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/>



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)

November 2017

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 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 box 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 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** _____