CERTIFICATION GUIDE
for the
CCM® EXAMINATION

Accredited By:
The National Commission for Certifying Agencies (NCCA)

BEFORE YOU BEGIN YOUR ON-LINE APPLICATION:
For the best online experience, please use the latest version of Google Chrome or Mozilla Firefox. Microsoft Edge is known to be incompatible with certain features of The Commission's online platform.

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SECTION 1: Certification Program

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

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

In granting the CCM designation, it is now the intent of The Commission™ to guarantee that a specific individual is suitable for employment or to impose restrictive staffing requirements on any agency. Rather, the objective is to establish a national certification process that can be used with confidence by any interested party as a measure of an individual's basic knowledge of case management.

The Commission does not discriminate on the basis of race, religion, national origin, gender, age, disability, or marital status.

Information submitted as part of the application, certification, and certification renewal processes becomes the property of The Commission and will NOT be released to outside parties unless authorized by the applicant/certificant or unless requested by law. Individual pass/fail results are released to the candidate and are not released to any institution or employer. For research and statistical purposes only, data resulting from the certification process may be used in an anonymous/unidentifiable manner.

The Commission provides a database listing all certificants on its website. This resource is updated periodically for the use of the public. The Commission also receives and responds to requests for information about the certification status of those holding one of its credentials.

The certification can be renewed at five-year intervals if the individual demonstrates ongoing professional development either through documentation of participation in approved programs of continuing education or by retaking the certification examination and achieving a passing score.

Applicants for certification renewal must also meet all other eligibility criteria in place at the time of renewal. Certification renewal is considered an essential part of an effective credentialing process and is intended to promote acceptance of the CCM by employers, clients, peers, health care professionals, and health care consumers.

DEFINITION OF CASE MANAGEMENT

Case Management is a dynamic process that assesses, plans, implements, coordinates, monitors, and evaluates to improve outcomes, experiences, and value.

The practice of case management is professional and collaborative, occurring in a variety of settings where medical care, mental health care, and social supports are delivered. Services are facilitated by diverse disciplines in conjunction with the care recipient and their support system.

In pursuit of health equity, priorities include identifying needs, ensuring appropriate access to resources/services, addressing social determinants of health and facilitating safe care transitions. Professional case managers help navigate complex systems to achieve mutual goals, advocate for those they serve, and recognize personal dignity, autonomy, and the right to self-determination.[1]

PHILOSOPHY OF CASE MANAGEMENT

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

Case management facilitates the achievement of client wellness and autonomy through advocacy, assessment, planning, communication, education, resource management, and service facilitation. Based on the needs and values of the client, and in collaboration with all service providers, the case manager links clients with appropriate providers and resources throughout the continuum of health and human services and care settings, while ensuring that the care provided is safe, effective, client-centered, timely, efficient, and equitable. This approach achieves optimum value and desirable outcomes for all— including but not limited to the clients, their support systems, and the healthcare delivery systems, including the providers of care, the employers, and the various payor sources.

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

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

* "Client" refers to the recipient of case management services and can include (but is not necessarily limited to) consumer, client, or patient.
1 ACMA/The Commission, September 2022

SECTION 2: APPLICATION PROCESS

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

During open application windows, visit https://yourcommission.org and click on the CCM block on the home page.

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

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

Applicant Responsibilities:

- Read the entire Certification Guide to determine if you are eligible to apply
- Complete the online application, including entering current information regarding your license/certification or degree and inputting correct information for your work experience that meets CCM guidelines
- Provide your supervisor's correct email address as they may receive The Commission's online work verification form to verify your employment
- Once The Commission notifies you via email of your eligibility status:
- If you are denied, you may appeal that decision online by the deadline posted on your dashboard
- If approved, information on what to do next will be sent via email
- Check "My Account" in your account via www.yourcommission.org for your examination result status

SECTION 3: ARE YOU ELIGIBLE TO APPLY?

To be eligible for the CCM Exam, you must:

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

SECTION 4: QUALIFICATIONS

In the application, you will be asked to apply with your license/certification or degree:

You must select the “License/Certification” option if you have a current, active, and unrestricted license or certification in a health or human services discipline. A license must be active through the last date of the test administration. Licenses or certifications on probationary status will not be considered eligible unless documentation has been provided that all terms of the probation have been met.

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

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

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

DEFINITIONS

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

Certification:
The Commission considers certification to be a process by which a government or non-government agency within the United States grants recognition to an individual who has met certain predetermined qualifications set by a credentialing body. To meet The Commission’s requirements, an applicant’s certification must be current and active through the last date of exam administration, and the holder classified as being in good standing by the credentialing body. The certification awarded MUST have been obtained by the applicant having taken an examination in the applicant’s area of specialization.

Certifications that may be accepted must require eligibility criteria in alignment with CCM education and/or license requirements, passing an evidenced based exam,

recertification requirements, and follow best practices and/or accreditation standards such as NCCA, ANAB (ANSI), or ABSNC.

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

- Licenses or certifications granted by countries outside of the United States, Puerto Rico or the U.S. Territories unless it is a U.S. government facility. RN licensure obtained in the U.S. Territories must be by way of the NCLEX or SBTPE (State Board Test Pool Exam). This would exclude RN licensure obtained in Puerto Rico by way of the Nursing Board Examiners Spanish Exam. In addition to NCLEX and SBTPE, the Nursing Board Examiners Spanish Exam will be accepted only for the state of Florida when RN licensure is obtained in Puerto Rico.
- Individuals who practice case management in countries other than the United States, Puerto Rico or the U.S. Territories, unless it is a U,S, government facility.
- Individuals who practice case management in a state other than that for which they are licensed or certified and for which there is no multistate agreement

SECTION 5: EMPLOYMENT EXPERIENCE

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

Category 1: 12 months of acceptable full-time case management employment experience supervised by a Board-Certified Case Manager (CCM®). Applicant must be directly supervised by a Board-Certified Case Manager(s) for the entire period being used to apply and the supervisor(s) must have been certified for a minimum of 12 months prior to the period of supervision.

Supervision is defined as the systematic and periodic evaluation of the quality of the delivery of the applicant's case management services.

or

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

or

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

Acceptable employment experience MUST meet the following conditions:

1. At least 20% of qualified work time must focus primarily on case management practice.

2. Perform **at least four** of The Six Core Components of Case Management (Page 6). Within each of the four of the five core components, you must:
    i. Perform all eight essential activities with direct client contact (Page 6)
    ii. Provide services across a continuum of care, beyond a single episode of care that addresses the ongoing needs of the individual being served
    iii. Be responsible for interacting with other relevant parties within the client's healthcare system
3. Your qualifying case management experience MUST be obtained in the United States, Puerto Rico or the U.S. Territories.

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

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

Internship, preceptorship, practicum, and volunteer activities are **NOT** acceptable employment experience.

IMPORTANT - EMPLOYER VERIFICATION

Included in the information you will be required to enter into the application are: job title(s), employment dates, employer name(s)/address(es), your direct supervisor's(s') name and their email address(es) so your current or previous supervisor(s) can verify your work listed in your application if applicable. This verification is required on an audit basis per The Commission's NCCA accreditation.

It is required to enter your direct supervisor's name and email as that is the person who can attest to your job duties while at that job. If your supervisor has left the company, please research them on your own to obtain their email address.

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

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

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

THE EIGHT ESSENTIAL ACTIVITIES WITH DIRECT CLIENT CONTACT

Direct contact methods with the client can include key team members and support systems involved in creating and executing a care plan, using all applicable communication channels. The level of direct client contact is influenced by the case

management model or models utilized. Case management services thrive in environments that promote direct communication among the case manager, client, payer, care providers, and other service delivery professionals.

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

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

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

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

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

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

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

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

THE SIX CORE COMPONENTS OF CASE MANAGEMENT

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

SECTION 6: MORAL CHARACTER

You will need to answer the following questions. If you answer "Yes" to any of the morality questions below, you will receive a denial notification. Every applicant will have an opportunity to appeal a denied application. Once an appeal is submitted, the applicant may be required to submit further documentation. Please see the "Eligibility Denial" section below for more information.

1. Have you ever held a professional license or certification that was revoked, suspended, voluntarily relinquished, or placed on probation or otherwise been disciplined by a professional licensure or certification body?

2. Have you ever been reprimanded or discharged by an employer or supervisor for dishonesty in connection with your employment or occupation?

3. Have you ever been convicted of a felony?

4. During the last seven years, have you been arrested, accused, or convicted of violating any law or ordinance (excluding minor traffic violations)?

5. Have you ever been convicted of violating any law or ordinance dealing with the use, possession, or sale of drugs or alcohol?

6. Have you ever been convicted of violating any statute or ordinance dealing with sexual assault, abuse, molestation, indecent solicitation, obscenity, or similar acts of moral turpitude?

7. Have you ever received or been offered a grant of immunity in a grand jury proceeding?

8. Have you ever held yourself out to be a Certified Case Manager or used the initials CCM in the execution of any documents?

SECTION 7: INSTRUCTIONS FOR COMPLETING THE APPLICATION

Everything you need to complete your application can be located in your account at https://yourcommission.org. **Please be sure to add our email address to your 'safe senders' list: contact@yourcommission.org**

Here are a few things to remember:

- To complete your application, you will need to provide some information. If applying with your license/ certification the application asks for that issued your license/certification, the number, state that issued, date you were licensed or certified since and expiration date. ***Your license/certification***

must be active through the last date of test administration. Licenses or certifications on probationary status will not be considered eligible unless documentation has been provided that all terms of the probation have been met. For applicants who are applying with their degree that information will be area of concentration within the degree, the name of institution, year of graduation and institution website.

- Any application that does not meet **ALL** the licensure or certification criteria as well as the acceptable employment experience will be denied **WITH NO REFUND OF THE APPLICATION FEE.** Persons who wish to re-apply would have to submit a new application, pay a second, non-refundable fee, and meet the eligibility criteria in effect at the time of re-application.

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

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

SECTION 8: ONCE THE APPLICATION HAS BEEN SUBMITTED

NOTIFICATION OF ELIGIBILITY STATUS

Eligibility decisions will be sent by email based on the **Exam Application Schedule and Notification Timeline posted at https://yourcommission.org**

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

INITIAL ELIGIBILITY

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

Candidates who are accepted to sit for the CCM examination will be provided with information via email regarding how to register for the exam and how to make a special accommodations request. **Special Accommodation requests/ documentation must be submitted to The Commission for consideration at the time of submitting your application.**

APPLICATION AUDITS

The Commission randomly audits up to 35% of new applications to ensure compliance with the eligibility criteria.

ELIGIBILITY DENIAL

Candidates who are denied eligibility for the CCM examination will have the opportunity to appeal that decision. Denial reasons will be listed in your application. Requests can be made through "My Account" via your account at https://yourcommission.org or contacting our Certification Coordinators at 856-380-6836 or contact@yourcommission.org. Candidates have 30 days from the date the eligibility denial is posted to contest a denial. Denial of Eligibility will be upheld for any candidate who does not appeal the denial within the 30-day period.

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

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

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

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

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

THE APPLICATION FEE IS NONREFUNDABLE.

REQUEST FOR WITHDRAW

To withdraw and receive a refund, you need to make an official request in writing to contact@yourcommission.org no later than 10 days of the exam window you were initially approved.

SECTION 9: CERTIFICATION EXAMINATION

EXAMINATION CONTENT

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

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

The content of the examination remains constant for each administration of the examination. The items will vary from administration to administration to protect the integrity of the examination process. The current exam administration was updated in August 2025. The domains, sub-domains, and the number of questions for each domain are as follows:

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

Care Management (30%)	**45**
• Recognize the criteria associated with caseload assignment/selection	
• Develop a client-centered plan of care	
• Understand differences in and application of age specific care	
• Apply evidence-based case management and/or care management models, processes, and tools	
• Apply cost containment principles	
• Understand management of clients based on length and type of care (e.g., acute, chronic illness(es), disabilities, behavioral health)	
• Address medication management (e.g., access, reconciliation, education)	
• Perform a comprehensive assessment of needs, including assessment of social, behavioral, and physical function	
• Assess client's acuity or severity levels	
• Understand levels of care (e.g., inpatient, observation, outpatient)	
• Understand the features of care settings (e.g., hospital, skilled nursing facilities, group home, rehabilitation)	
• Understand palliative, hospice, and end-of-life care including chronic pain management principles	
• Collaborate with interdisciplinary/interprofessional care teams	
• Understand key concepts of population health (e.g., pediatrics, geriatrics, maternity care)	
• Identify key aspects of transitions of care	
• Understand key aspects of care coordination through the continuum	
• Understand advanced care planning (e.g., power of attorney, health care surrogate, living wills)	

• Collaborate with community-based support service agencies and providers

Reimbursement Methods (12%) 18

• Recognize reimbursement and payment methodologies (e.g., bundled payment, case rate, prospective payment systems, value-based care, financial risk models, worker's compensation)
• Recognize key features of accountable care organizations and managed care concepts
• Identify private benefit programs (e.g., pharmacy benefits management, indemnity, employer-sponsored health coverage, individually purchased insurance, home care benefits, COBRA)
• Identify military and veteran benefit programs (e.g., TRICARE and Veterans Administration)
• Identify public benefit programs (e.g., SSI, SSDI, Medicare, Medicaid)
• Recognize available financial resources (e.g., waiver programs, special needs trusts, viatical settlements)
• Apply utilization review/management principles, guidelines, and tools
• Recognize coding methodologies (e.g., Diagnosis-Related Group, Diagnostic and Statistical Manual of Mental Disorders, International Classification of Diseases, Current Procedural Terminology)
• Identify negotiation techniques (e.g., single case agreement, individual insurance policy, fee schedule agreements)
• Define key features of insurance principles (e.g., benefit, copays)

Psychosocial Concepts and Support Systems (20%) 30

• Recognize the signs of abuse and neglect
• Understand how behavioral change theories and models impact client readiness (e.g., readiness for lifestyle behavioral change)
• Understand the behavioral health concepts (e.g., diagnosis, dual diagnoses, co-occurring disorders, substance use) that influence client care needs
• Promote client empowerment, engagement, and self-care management (e.g., self-advocacy, self-directed care, informed decision making, shared decision making, health education)
• Apply tools and techniques to promote client engagement (e.g., motivational interviewing, goal setting, active listening, reflection, person-centered care approach, health coaching)
• Apply crisis intervention strategies
• Identify health-related social needs and associated resources
• Recognize client support system dynamics, including both formal and informal supports
• Assess health literacy, education needs, and language barriers
• Understand interpersonal communication strategies (e.g., conflict resolution, group dynamics)
• Recognize cultural, spiritual, and religious factors that may affect the client's care needs
• Understand the assessments that measure psychological and cognitive capacity

• Understand psychosocial aspects of chronic conditions and disability
• Identify supportive care programs (e.g., health-related support groups and organizations, bereavement, spiritual/pastoral, caregiver-related)
• Understand wellness and illness prevention concepts and strategies
• Describe the key factors of social drivers of health (i.e., social determinants of health, health equity, health disparity)
• Recognize how gender health influences care needs (e.g., sexual orientation, gender expression, gender identity)
• Apply Trauma-Informed Care Principles

Quality and Outcomes Evaluation and Measurements (10%) 15

• Understand accreditation standards and requirements (e.g., The Joint Commission, CMS, NCQA)
• Describe the basic elements of cost-benefit analysis
• Understand role in data gathering, interpretation, evaluation, and reporting (e.g., readmission rates, denials, population volume reports)
• Describe health care analytics (e.g., health risk assessment, predictive modeling, Adjusted Clinical Group)
• Identify the sources of quality indicators (e.g., Centers for Medicare and Medicaid Services, HEDIS, URAC, National Committee for Quality Assurance, National Quality Forum, Agency for Healthcare Research and Quality, National Quality Strategy)
• Describe quality indicators, applications, performance improvement and evaluation methods (e.g., clinical, financial, productivity, utilization, client experience of care)
• Understand the application of quality and performance improvement methods, tools, and processes
• Understand the impact of case management practices (e.g., care coordination, transitional planning) on value-based care

Rehabilitation Concepts and Strategies (10%) 15

• Understand current adaptive technologies (e.g., text telephone device, assistive devices for the deaf, orientation and mobility services)
• Determine basic functional capacity to identify care needs (e.g., ADLs, IADLs, cognitive status)
• Identify care coordination needs related to rehabilitation settings (e.g., LTAC, acute rehab, SNF)
• Understand unique rehabilitation aspects of care for people with disabilities and chronic illnesses (e.g., job analysis and accommodation, life care planning, developmental)
• Understand vocational rehabilitation programs and resources (e.g., workers' compensation, catastrophic injuries)
• Differentiate between types of rehabilitation programs and resources (e.g., medical rehabilitation, substance use rehabilitation, government, non-governmental organization, return to work strategies, school-based)

Ethical, Legal, and Practice Standards (18%)	**27**
• Apply the ethical standards related to care management (e.g., principles, end of life, refusal of treatment/services)	
• Understand the application of health care and disability related legislation (e.g., Americans with Disabilities Act, Occupational Safety and Health Administration regulations, Health Insurance Portability and Accountability Act, Affordable Care Act, No Surprises Act, EMTALA Act, FMLA)	
• Understand legal and regulatory requirements applicable to case management practice (e.g., corporate compliance, mandatory reporting, use of technology)	
• Apply industry best practices associated with privacy and confidentiality	
• Understand industry best practices associated with risk management	
• Understand responsibilities associated with documentation and case summary	
• Practice self-care, safety, and well-being as a professional	
• Apply standards of practice (e.g., Case Management Society of America Standards of Practice for Case Management, National Association of Social Work Standards for Case Management)	
• Advocate for the client and their support systems	

EXAMINATION STRUCTURE

The exam structure is a total of 180 multiple choice items. The exam is administered in two sessions, with one ten-minute predefined break in the middle of the exam. Your exam appointment is three and a half hours. This includes time to get seated, confirm that you have the right exam on your computer, view the tutorial, and complete an end survey. Time allowed for the actual exam is three hours. Please remember that while the appointment is three and a half hours, the exam runs for three hours.

Candidates who do not finish the exam in the allotted 3 hours will not be given a refund.

The exam is constructed to ensure that it is consistent with minimal competency requirements and criteria referenced testing concepts. Using an intensive field-testing process, The Commission has developed a pool of items that contain a comprehensive selection of statistically validated examination items. Case management subject matter experts are charged with continually adding to and upgrading this “item pool.” The certification exam consists of 180 multiple-choice items drawn from the CCM item pool. There will be a blend of 3 and 4 answer multiple choice questions throughout the exam. All candidates seeking certification must take this exam, which is based on a body of knowledge encompassing the laws, public regulations and existing delivery systems for case management services in the United States.

Of the 180 items on the exam, 150 are operational items and 30 are pretest items. The 30 pretest items are not used in the scoring of the examination. Of the 150 scoreable items used for each examination; approximately 20% are included in every administration of the examination as “anchor items.” The examination is comprised of 6 major domains and multiple subdomains as referenced above. Each domain is represented by a specific number of items. Each item/ response is referenced to

literature in case management and credit is given for each "correct" response based on the literature.

SAMPLE EXAMINATION PRACTICE ITEMS

The following items are similar to those that will appear on the examination. CCM exam practice items and a test prep mobile app are available on our website:

1. The goal of case management in a cross-cultural environment is to:
    A. Assist the client in accepting the medical system.
    B. Maintain standard American medical practice.
    C. Achieve a treatment plan that addresses the client's culture.
    D. Differentiate culture and medical practice.

2. A strategy for coping with physical disability is to focus on:
    A. Each aspect of the crisis simultaneously.
    B. Manageable components of the crisis.
    C. Premorbid personality.

3. The effectiveness of case management services is evaluated most completely:
    A. After the extent of the benefits coverage is determined.
    B. After the case is closed.
    C. By measuring the costs incurred by the insurer.

4. The payment method in which the number of services provided does not affect the amount of income a provider receives is:
    A. Risk based.
    B. Threshold protection.
    C. Capitation.

5. A functional capacity evaluation primarily:
    A. Assesses pain behavior.
    B. Documents consistency of effort.
    C. Determines return-to-work capabilities.
    D. Documents disability determination.

6. Because of the close connection between medical and indemnity benefits in the workers' compensation arena, any medical cost containment measures must be balanced with:
    A. Appropriate return-to-work efforts.
    B. Regulation of medical fee schedules.
    C. Treatment guidelines to control utilization.
    D. Limitations of the employee's ability to change providers.

7. The best indication of suitability of the home environment is the:
    A. Degree of client preference to remain in the home environment.
    B. Number of injuries the client has sustained.
    C. Ability of the client and family to safely manage activities of daily living.
    D. Number of hazards present in the environment.

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

B. Provides mobility for the client.
C. Allows functioning at maximum potential.
D. Requires frequent maintenance.

9. To preserve client confidentiality, the case manager should:
   A. Supply medical reports only to the employer.
   B. Avoid unauthorized disclosure of medical information.
   C. Be selective in disclosing medical information.
   D. Advise the client of the disclosure.

10. Case managers can increase the chances of successful collaboration with providers of services when they:
   A. Determine and arrange the discharge plan as early as possible.
   B. Select the resources for discharge needs.
   C. Quote benefit coverage for services.
   D. Discuss and negotiate the discharge plan using mutual input.

11. For a multi-disciplinary team in discharge planning, documentation is the most effective and efficient way of:
   A. Communicating to the patient.
   B. Ensuring that consistent information is given.
   C. Ensuring that members of all disciplines know what is happening.
   D. Communicating evaluation results.

12. Appropriate documentation found in a medical record includes:
   A. Admissions of liability.
   B. Unmeasurable statements.
   C. Assumptions and conclusions concerning care.
   D. Objective documentation of family behavior.

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

EXAMINATION SITES AND SCHEDULING

After confirmation of eligibility to take the examination, you will be emailed an Authorization to Test from Pearson and another email from The Commission with specific instructions. The communications will include your candidate ID number, instructions on how to schedule your exam, and Pearson's contact information.

The candidate ID authorizes you to take the Certified Case Manager examination. You cannot schedule your examination with Pearson, our computer-based testing partner, until you have received your authorization to test email and a candidate ID number.

You will have the ability to schedule your examination directly through your account with The Commission. Once your application is approved, log into your account and choose "Manage Exam" to schedule your exam appointment.

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

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

You must select the next available exam cycle.

To make this request, you must first contact Pearson to cancel the original exam appointment, if scheduled, and then contact The Commission's Certification Coordinators at contact@yourcommission.org to have The Commission create the deferment application online. Once your deferment has been created, you will have access to your deferment application through your online account.

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

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

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

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

EXAMINATION PREPARATION MATERIALS

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

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

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

The Commission does not endorse or recommend any study materials.

SECTION 10: AFTER THE EXAM: SCORE, PROFILES, CERTIFICATES, & INQUIRIES

EXAMINATION SCORE

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

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

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

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

SCORING MODEL

Each individual who takes the exam is provided a preliminary pass/no pass notification, which displays on the computer screen, and is available to print after completion of exam. This score is considered 99% accurate and is your preliminary pass/no pass result.

Those individuals who pass the exam will be asked to wait until receiving their official certificate via mail before using the CCM credential. Once The Commission receives the exam results file from Pearson, the candidate will be contacted via email from a third party, The Award Group, to verify their mailing address. Please reference the exam application schedule and notification timeline dates posted on our website so you know when to expect your certificate and pin by mail.

For those that did not pass, the exam results will include the performance for each domain *(proficient, marginal, or deficient).* Candidate domain-level information has limitations and is provided for information purposes only. Any questions can be directed to The Commission's Certification Coordinators at 856-380-6836 or contact@yourcommission.org.

EXAMINATION PROFILES

Candidates should check their application online through "My Account" at https://yourcommission.org for the final pass/no pass notification based on the **schedule available on our website.** Please read this carefully so you know when to expect notification about your exam results.

Only those candidates who did not pass will receive a profile via email showing their performance in each content area and on the examination as a whole. The profile will indicate that the candidate was either proficient, marginal, or deficient by domain. This profile is confidential. Individual score reports are not released to any institution or employer and are not provided over the phone. The Commission will not disclose confidential applicant/certificant information unless authorized in writing by the individual or as required by law. If information is released due to a legal matter, The Commission will inform the individual.

EXAMINATION INQUIRIES

Candidates who feel an error or omission occurred during the examination process or those who question any aspect of the examination procedure may address an inquiry to The Commission. If a candidate feels an error or omission occurred during the examination process it will be reviewed by staff and, if necessary, referred to the Certification Services Committee for consideration. Failure by a candidate to achieve a passing score on the certification examination cannot be appealed.

CERTIFICATES

A certificate and lapel pin will be sent to each candidate who passed the examination. This certificate is the official proof of certification and candidates are entitled to begin using the designation "CCM" after their names as soon as they receive the examination profile that reports the achievement of a passing score. Certificates are mailed from a third party, The Award Group. An email will be sent to you to order your complimentary certificate, with the option to order additional copies and frames to display your certificate. Please be sure to monitor your emails, including your spam folder for an email from The Commission, contact@yourcommission.org. Adding this email to your address book will ensure receipt.

The Commission will not be responsible for issuing replacement certificates that have not been requested within three months from the time the original should have been received, based on schedule posted on our website.

Please read this carefully so you know when to expect your email to order your certificate.

Duplicate or replacement certificates can be requested from The Commission at 856-380-6836 or contact@yourcommission.org. The information will then be sent to a third party to process, there is a fee for this service.

CANDIDATES WHO DO NOT PASS

Candidates who do not achieve a passing score on the certification examination will be allowed to re-take the exam in the next available cycle. If you do not pass this "re-take" examination, you will need to complete a new application and pay all fees in place at the time. There is no limit to the number of times you can re-apply and re-take the CCM exam. Fees apply.

The Commission offers three exam cycles annually which means candidates must wait in between cycles to limit knowledge recall. Changing the exam form for each window or requiring the candidate to test on a different exam form in the next window also limits exposure. There is no limit on the number of re-take attempts as long as it is in different cycles. Once The Commission receives the exam results from the testing vendor and it is loaded into the candidate's online account, candidate who are eligible to retake the exam, can submit a retake application and pay the fee through their online account.

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

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

SECTION 11: FEES

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

STANDARD FEES

Non-Refundable Application Fee **$235**
Examination Fee **$195**
This examination fee is for the examination. It will be refunded to you if you are ineligible to sit for the exam.

If your application is approved and you schedule your exam but miss your appointment or do not show up for your appointment without a valid and documented excuse the exam fee will not be refunded.

Total Paid with Your Application **$430**
This is the total amount you pay to complete and submit your application.

Deferral Fee **$85**
Payable if you defer your exam appointment to the next available exam window. This fee may be in addition to any of the fees above.

Retake Fee **$195**
Payable if you need to schedule another exam due to not passing the exam.

Missed Exams that had Accommodations **$200**
In the event that a candidate with a special accommodation has scheduled and missed their exam appointment, this fee is charged by The Commission unless a valid and documented excuse is provided.

OTHER FEES

The following fees are billed directly from Pearson:

You may schedule your exam appointment directly through your account by logging in on The Commission's website and choosing "Manage Exam" from the menu items. Alternatively, you may call the Pearson Contact Center to have an agent assist you with scheduling for a $10.00 USD fee payable by credit card.

Pearson Rescheduling & Cancellation Policy
You can reschedule your exam for the same testing period by logging into your account for The Commission and choosing "Manage Exam" from the menu items. Exams cannot be rescheduled/ canceled less than 48 hours prior to your appointment.

Failure to reschedule/cancel in time or failure to appear for your appointment will result in the forfeiture of your application & exam fee.

ARE YOU A U.S. VETERAN OR DEPENDENT?

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

THE Commission™

Certification & development of client advocacy professionals for a future-ready workforce

QUESTIONS? PLEASE CONTACT US:

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Mount Laurel, NJ 08054
856.380.6836
contact@yourcommission.org