## Appendix D
## Commission for Case Manager Certification Criteria

**Vision, Mission, and Values**

Vision

The Vision of CCMC is to be the global leader committed to the advancement and evolution of case management.

Mission

The Mission of CCMC is to advocate for professional case management excellence through certification and interrelated programs and services.

Values

Through the development and management of a comprehensive professional certification for qualified case managers, CCMC will promote, advance and advocate for:

- consumer protection
- quality case management practice
- ethical standards and behavior
- scientific knowledge development and dissemination

**Activity Planning and Evaluation**

The provider must meet the following approval requirements to be permitted CE for a standard CCMC activity:

1. The focus of the program must be to improve the participant's knowledge of or skill in the practice of case management.
    a. To be approved, a program must clearly meet one of the domain focus areas for continuing education (Outlined below).
    b. Content presented must be current and at a level that enable case managers to expand their skills to enhance the quality of the services they provide to help them serve their clients more effectively.
    c. Content must be balanced and free from any commercial bias. Commercial Interest Organizations (defined as pharmaceutical/drug and medical device manufacturers) are permitted to submit applications for pre-approval, provided the content is non-biased and free from any promotion.
2. The purpose of the program must be clearly defined in terms of expected learning outcomes. These must describe significant and essential learning that learners will achieve, and can reliably demonstrate at the end of a course or program.
3. The program must include an evaluation component completed by the participants. The extent to which the program met each of the stated learning outcomes must be included on the evaluation.
4. It is the Commission's philosophical belief that all programs must be held in accessible, barrier-free locations so that no one with a disability is excluded from participation. The Commission strongly encourages all programs to comply with relevant federal, state/provincial, and local laws related to serving individuals with disabilities.


Information retrieved from the Commission for Case Manager Certification: https://ccmcertification.org

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The provider must meet the following approval requirements to be permitted CE for an ethics CCMC activity:

1. In order to earn CEs in the ethics focus area, the content of the program must show evidence that the CCMC Code of Professional Conduct is referenced and properly cited within the presentation. Examples of such evidence include, 1) reference to the CCMC Code of Professional Conduct within the promotional or marketing materials, or 2) written explanation from the presenter that states the way and extent to which the CCMC Code of Professional Conduct will be addressed within the presentation.

**Domain Focus Areas for Continuing Education**

The following constitute the domain focus areas that are appropriate for continuing education for case managers. The list below denotes the domain and sub-domain focus areas on the CCM exam. Your organization's continuing education program must fit within one or more of these categories, be current and at a level of knowledge expected of individuals who have already passed the CCM exam.

Care Delivery and Reimbursement Methods

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

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

Psychosocial Concepts and Support Systems

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

Quality and Outcomes Evaluation and Measurements

- Accreditation standards and requirements
- Case load calculation

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

Rehabilitation Concepts and Strategies

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

Ethical, Legal, and Practice Standards

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

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- Self-care and well-being as a professional
- Standards of practice