

NACCM Job Task Analysis Summary of Final Report



Presented to:
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(NACCM)**
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By Professional Testing Corporation



Job Task Analysis Background, Purpose, and Methodology

A Job Task Analysis study was undertaken by the National Academy of Certified Care Managers (NACCM) with the assistance of the Professional Testing Corporation (PTC). A Task Force delineated the tasks and knowledge areas involved in the profession of care management. A group of Independent Reviewers assessed their work and provided feedback. A survey instrument was designed to validate the tasks and knowledge areas. Demographic questions were included in the survey to determine the backgrounds of the survey respondents. Members of the Task Force also completed a matrix linking the domains with the knowledge areas drawn upon to perform tasks in each domain.

The survey was prepared and sent electronically to more than 2,800 care managers. Respondents were asked to evaluate the frequency and importance of task statements, the importance of knowledge areas, and the importance of and percentage of time devoted to tasks in each domain. The respondents also were asked to review the eligibility and recertification criteria and determine whether or not the requirements were appropriate.

The results were used in the evaluation and revision of the test specifications for the Care Manager Certification Examination (CMC). This process contributes to the validity of the examination and the quality of the examination program for the CMC credential.

The Job Task Analysis Study

In the summer of 2021, NACCM established a Steering Committee for the NACCM Job Task Analysis (JTA). The Steering Committee consisted of care managers who have been active in NACCM volunteer activities and represented a variety of areas of expertise, levels of experience, and geographic locations. In September 2021, the Steering Committee appointed a Task Force of care managers to delineate the tasks and knowledge areas involved in the profession of care management, as well as the demographic questions to be used on a validation survey instrument. The Steering Committee, acting in an advisory capacity, provided general guidance to PTC and the Task Force.

Delineation of Domains, Tasks, and Knowledge Areas

The Task Force began by reviewing the sections/domains, tasks, knowledge areas, and demographic questions that were developed in the previous survey conducted in 2016 and were asked to evaluate them against current, best practice. The Task Force determined that there was a fair amount of overlap of tasks between *Section III: Implement care plan* and *Section IV: Manage and monitor the ongoing provision of and need for care* and that these areas were better reflective of the same domain. They combined these two sections into the new *Domain III: Initiate, manage, and monitor ongoing execution and outcomes of care plan*. In addition, the Task Force agreed that there was overlap of tasks between *Section V: Ensure professional practice* and *Section VI: Promote effective business practices and supervision of care managers' practices* and that these areas were better reflective of the same domain. They combined these two sections into the new *Domain IV: Promote and maintain professional standards in care management and in business practices*. The Task Force identified and removed the overlapping tasks that became redundant when the domains were merged. The task statements and knowledge areas that were deemed applicable to current practice were edited for clarity and comprehensiveness. The Task Force also added new task statements and knowledge areas as necessary to accurately represent the current profession.

The Task Force set the scales for the survey. The frequency scale for the task statements was set at Regularly (with 80-100% of clients), Frequently (with 60-79% of clients), Occasionally (with 25-59% of clients), and Infrequently (with less than 25% of clients). The importance scale was set at Extremely Important, Moderately Important, Slightly Important, and Not Important.

A panel of Independent Reviewers provided feedback on the comprehensiveness, clarity, consistency, and relevance of the proposed domains, tasks, knowledge areas, and demographic questions to the field of care management. The Task Force took into consideration the comments from the Independent Reviewers and came to a consensus on which changes would be incorporated into the final text of the survey. The Task Force agreed upon 25 task statements (organized into 4 domains), 100 knowledge areas, and 16 demographic questions that were included in the final survey. Task Force members also used a matrix of domains and knowledge areas to indicate which domains draw upon which knowledge areas.

Validation Survey

To confirm the appropriateness of the domains, tasks, and knowledge areas developed by the Task Force, a validation survey was devised, also incorporating demographic questions to help create a profile of the survey respondents. Between January 26 and February 9, 2022, over 2,000 individuals opened an email containing a link to the survey, and 349 individuals completed 90% or more of the survey. The responses of the participants who completed the survey were tabulated and cross tabulations of the data according to several of the demographic variables were run. The data collected provided the basis for weighting the domains in the test specifications for the CMC certification examination.

In a final session held on March 7, 2022, the Task Force discussed the results of the survey and came to a consensus on which recommendations to make to the Steering Committee concerning the proposed test specifications. The Steering Committee met on March 24, 2022, to review the recommendations made by the Task Force. Both the Task Force and Steering Committee reviewed the demographic data of the survey respondents and agreed that the sample described by the responses appropriately reflects and is representative of the general population of care managers in the United States.

Eligibility and Recertification Requirements

In addition to providing demographic information about themselves, the survey respondents were asked to review the current eligibility requirements for taking the CMC certification examination and the recertification requirements for maintaining the credential. Out of the 341 respondents who provided feedback about the eligibility and recertification requirements, about 86% agreed with the current requirements. The Task Force and the Steering Committee reviewed this information and decided to retain these eligibility and recertification requirements without modification.

Test Specifications

The survey respondents rated the task statements for frequency and importance, and the knowledge areas for importance. All of the tasks and knowledge areas were found to be at least slightly important and so are included in the test specifications. The calculations for the domain weightings are based on both the frequency and importance ratings of the task statements. The knowledge areas were linked to the domains they support. The Task Force and Steering Committee both agreed that the weightings derived from the calculations were appropriate for the CMC certification examination test specifications. The NACCM Board officially approved the new test specifications as shown below:

The NACCM CMC Certification Examination will consist of 200 multiple-choice items, of which 180 are scored operational items and 20 are unscored items.

Domain	Weighting (%)	Number of Scored Items	Number of Unscored Items	Total
I: Assess and identify client strengths, needs, concerns, and preferences	25.49	46	5	51
II: Establish goals and a plan of care	20.69	37	4	41
III: Initiate, manage, and monitor ongoing execution and outcomes of care plan	21.66	39	4	43
IV: Promote and maintain professional standards in care management and in business practices	32.16	58	7	65
Total	100	180	20	200

The full content outline, including domain, tasks, and associated knowledge areas, is shown below:

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

1. Screen a potential client for care management needs to determine the appropriateness of and eligibility for services.
2. Ensure informed consent and appropriate disclosures [e.g., explain to the client/responsible party the role of the care manager, the scope of services provided, costs (if any) for care management services, and the client's/responsible party's rights and responsibilities].
3. Conduct a comprehensive biopsychosocial and environmental assessment of the client which includes their formal and informal support system and may include the use of standardized assessment tools (e.g., medical, psychological, functional, financial, safety, legal, and social issues).
4. Assess the client's ability to participate in developing the care plan and identify alternative decision makers if client has limited ability or lacks decisional capacity.
5. Collect additional data by contacting relevant sources [e.g. physician(s), other care providers, and social support systems] in order to validate and expand the information obtained.
6. Synthesize and interpret the assessment data.

Tasks in Domain I draw upon the following knowledge areas:

Theoretical Bases:	K01, K02, K03, K04, K05, K06, K07, K08, K09, K10, K11, K12
Assessment:	K14, K15, K16, K17, K18, K19, K20, K21, K22, K23, K24, K25, K26, K27, K28, K29, K30, K31, K32, K33, K34, K35, K36
Care Planning:	K38, K40, K41, K42, K43, K44, K45, K46, K47, K48
Coordination of Care:	K49, K50, K51, K53
Professional Practice:	K55, K56, K57, K58, K59, K60, K62, K63, K64, K77
Generic Competencies:	K78, K79, K82, K83, K84, K85, K86, K87, K88, K89, K90, K93, K94, K95, K96, K97, K98, K99, K100

Domain II. Establish goals and a plan of care

1. Collaborate with client/responsible party and support system to identify potential areas for intervention, prioritize the identified concerns, and develop mutually agreed upon goals.
2. Identify options and resources that address the areas identified for intervention and provide appropriate information and referrals.
3. Discuss with the client/responsible party the advantages, disadvantages, and costs of available/appropriate options and resources.
4. Develop and prioritize action steps with the client/responsible party in order to achieve the agreed upon care plan goals.
5. Develop a timeline for implementation of the care plan.

Tasks in Domain II draw upon the following knowledge areas:

Theoretical Bases:	K01, K02, K03, K04, K05, K06, K07, K08, K09, K11, K12
Assessment:	K14, K15, K16, K17, K18, K19, K20, K21, K22, K23, K24, K25, K26, K27, K28, K29, K30, K31, K32, K33, K34, K35, K36
Care Planning:	K38, K39, K40, K41, K42, K43, K44, K45, K46, K47, K48
Coordination of Care:	K49, K50, K51, K53
Professional Practice:	K56, K57, K58, K59, K60, K62, K63, K64, K70, K74, K77
Generic Competencies:	K78, K79, K80, K81, K82, K83, K84, K85, K86, K87, K88, K89, K90, K93, K94, K95, K96, K97, K98, K99, K100

Domain III. Initiate, manage and monitor ongoing execution and outcomes of care plan

1. Coordinate services and interventions.
2. Communicate goals of the care plan with the client's support system.
3. Monitor service delivery and intervention(s).
4. Perform periodic reassessments of client and progress towards goal achievement and modify the care plan based on this information as appropriate.
5. Evaluate client satisfaction with services.
6. Develop a process for termination of services.

Tasks in Domain III draw upon the following knowledge areas:

Theoretical Bases:	K01, K02, K03, K04, K05, K06, K07, K08, K09, K10, K11, K12, K13
Assessment:	K14, K15, K16, K17, K18, K19, K20, K21, K22, K23, K24, K25, K26, K27, K28, K29, K30, K31, K32, K33, K34, K35, K36, K37
Care Planning:	K38, K40, K41, K42, K43, K44, K45, K46, K47, K48
Coordination of Care:	K49, K50, K51, K53
Professional Practice:	K55, K57, K58, K59, K60, K62, K63, K64, K77
Generic Competencies:	K78, K79, K80, K81, K82, K83, K84, K85, K86, K87, K88, K89, K90, K93, K94, K95, K96, K97, K98, K99, K100

Domain IV. Promote and maintain professional standards in care management and in business practices

1. Promote client autonomy and right to self-determination.
2. Recognize and respect diversity with respect to factors such as culture, religion, race, ethnicity, national origin, age, disability, gender, gender identity, sexual orientation, and socioeconomic status, to uphold client's value system, preferences, and choices.
3. Adhere to the NACCM Standards of Practice and Code of Ethics.
4. Identify and work to resolve ethical dilemmas using consultation and supervision when appropriate.
5. Document professionally relevant information about the client/client system (e.g., assessments, care plans, services and the supports provided, communications with the client and other parties, referrals made, reasons for the termination of services).
6. Participate in peer review and/or clinical supervision as appropriate.
7. Effectively manage a care management practice/program when in a supervisory/leadership role (e.g., providing effective supervision of staff, providing opportunities for staff development, addressing risk management issues, effectively evaluating business/financial metrics, appropriately securing confidential information, and adhering to all applicable laws and regulations).
8. Evaluate service quality and effectiveness.

Tasks in Domain IV draw upon the following knowledge areas:

Theoretical Bases:	K02, K10
Assessment:	K14, K15, K16, K17, K18, K19, K20, K21, K22, K23, K24, K25, K26, K27, K28, K29, K30, K31, K32, K33, K34, K35, K36, K37
Care Planning:	K38, K39, K40, K41, K42, K43, K44, K45, K46, K47, K48
Coordination of Care:	K49, K50, K51, K52, K53, K54
Professional Practice:	K55, K56, K57, K58, K59, K60, K61, K62, K64, K65, K66, K67, K68, K69, K70, K71, K72, K73, K74, K75, K76, K77
Generic Competencies:	K78, K79, K81, K85, K86, K87, K88, K89, K90, K91, K92, K93, K94, K95, K96, K98, K99, K100

NACCM Knowledge Areas

Theoretical Bases

01. Development-based theories (e.g., psychodynamic, object relations, stages of psychosocial development)
02. Organizational behavior
03. Personality theories (e.g., psychoanalytic, humanistic, existential, cognitive)

04. Crisis theory
05. Behavior theory
06. Adult learning theory
07. Systems theory
08. Change theory
09. Family systems theory
10. Cultural and Spiritual competence theory
11. Mindfulness theories
12. Trauma theory
13. Ambiguous loss theory

Assessment

14. Health issues and preventive care for individuals with chronic health concerns, disabilities, and cognitive impairment
15. Functioning as it relates to all activities of daily living (e.g., transferring, walking, bowel, bladder, toileting, mobility, bathing, dressing, eating, feeding, and sleeping)
16. Functioning as it relates to all instrumental activities of daily living (e.g., medication management, meal preparation, shopping, housekeeping, laundry, telephone, travel, finances, and pet care)
17. Common mental health disorders (e.g., anxiety and depression), their symptoms, and their management
18. Techniques for administering and interpreting cognitive screening tools and behavioral, mental health, and life satisfaction assessment tools
19. Risk assessment screening (e.g., fall risk, home safety, ability to manage financial affairs, judgement, safe community)
20. Interviewing techniques for collecting information on demographics, environment, family system, home safety, durable medical equipment, and finances
21. Basic nutritional and hydration needs as well as special requirements relating to individuals with chronic health concerns, disabilities, and cognitive impairment
22. Common medications relating to individuals with chronic health concerns, disabilities and cognitive impairment, including red flags for medications and interactions
23. Infectious disease prevention measures, including vaccinations and hygiene, for communicable diseases such as MRSA, TB, HIV, COVID, STDs, etc.
24. Impact of diversity in areas such as culture, religion, race, ethnicity, national origin, age, disability, gender, gender identity, sexual orientation, and socioeconomic status on behavior, perceptions and value systems that relate to health and long-term care
25. Substance abuse, including prescription medications and alcohol
26. Preferences, expectations, capabilities, limitations, stress, and coping mechanisms of the client and others and their impact on the client system
27. Impact of interactions between the formal and informal support systems
28. Impact of spirituality on health and well-being
29. Impact of health status and functional abilities on behavior and mental health

30. Advance directives such as financial power of attorney, living will, health care surrogate, and trust documents
31. Indicators that client is in need of enacting powers of attorney or guardianship/conservatorship
32. Risk factors for abuse, neglect, and exploitation issues
33. Grief and loss, history of trauma
34. Legal and financial vehicles for financing care such as special needs trusts, government benefits, VA benefits (including Aid and Attendance), reverse mortgage, long-term care insurance, various financial instruments
35. Legal issues concerning hiring of home care providers and risks and benefits of various options
36. Stress assessment of primary family caregiver
37. Social determinants of health

Care Planning

38. Care planning process
39. How to write goals that are specific, measurable, agreed upon, realistic, and timely or time bound
40. Reimbursement mechanisms such as health insurance, supplemental insurance, long-term care insurance
41. Entitlement programs such as Medicare and Medicaid, Veterans' Administration, SSD, SSI, local programs, and their eligibility requirements
42. Cost-benefit analysis of care options
43. Social, environmental, and medical services available to enhance function such as durable medical equipment, respite care, day programs, home adaptation
44. Intervention strategies, such as medication management, treatment modalities, crisis intervention, psychosocial interventions
45. Housing options such as residential care, nursing homes, assisted living, continuing care retirement communities (CCRCs), subsidized housing, intentional communities, "Villages," and aging-in-place
46. Alternative/complementary services such as acupuncture and massage
47. End of life care planning
48. Hospice and palliative care

Coordination of Care

49. Formal and informal provider responsibilities
50. Availability and use of interpreters and adaptive communication equipment
51. Appropriate record keeping and documentation
52. Referral procedures to service providers
53. Understanding mental health, physical, geographical, financial, cultural, and other potential barriers to service delivery
54. Interdisciplinary team building and techniques to enhance inter-organizational relations

Professional Practice

55. Legal and ethical issues of reporting abuse and neglect
56. Grievance procedures and complaints
57. Appeals processes (e.g., entitlement appeals, professional grievance procedures)
58. NACCM standards of practice and ethical guidelines
59. HIPAA compliance
60. Informed consent

61. Professional liability, including legal issues concerning hiring of home care providers
62. Client advocacy
63. Client empowerment strategies
64. Guardianship/conservatorship process
65. Client rights and responsibilities
66. Peer review processes
67. Role of supervisors
68. Appropriate use of supervision
69. Record audit process
70. Community outreach and education techniques
71. Outcome measurement and quality assurance practices
72. Ethically responsible remote or virtual practice
73. Understanding of professional boundaries and scope of practice
74. Ethical use of technology in practice with clients (e.g., cameras, sensors, trackers)
75. Ethical use of social media in practice
76. Maintaining objectivity (no referral fees or commissions)
77. Protected Health Information (PHI)

Generic Competencies

78. Decision making and problem-solving techniques
79. Conflict resolution techniques
80. Stress management techniques/mindfulness
81. Time management and prioritization techniques
82. Counseling techniques
83. Crisis intervention techniques
84. Motivational interviewing techniques
85. Negotiation and mediation strategies
86. Interpersonal relations
87. Communication techniques
88. Group dynamics
89. Organizational skills
90. Teaching and coaching techniques
91. Networking techniques
92. Business management
93. Cultural competencies
94. MCI and dementia and difference between various types of dementia
95. Trauma informed care
96. Requirements of the Americans with Disabilities Act
97. Family “caregiver” education
98. Technology skills
99. Intellectual/developmental disabilities
100. Person-centered care