



# National Academy of Certified Care Managers

## Continuing Education Provider Guide

*Certifying knowledgeable, qualified, and ethical care managers.*

The mission of the National Academy of Certified Care Managers is to support a high level of competence in the practice of care management. NACCM believes in strengthening the education and training of care managers, encouraging participation in continuing education and professional development, and protecting and empowering consumers of care management through consumer education.

CMCs (Care Manager Certified) must renew their certification every three years. The renewal criteria include earning 45 contact hours of continuing education related to care management practice. NACCM does accept contact hours from other professional CE providers and provides an approval process for CE providers interested in offering programs for CMCs.

This material explains how to become an NACCM CMC Continuing Education approved provider. An application to become an approved provider is also included in this material.

### Provider Approval Criteria

#### Educational offerings must:

1. Be no less than one clock hour in duration. A clock hour is 60 minutes of instruction time and does not include breaks, meals, social hours, welcomes or introductions.
2. Include clearly stated and measurable learning objectives that, maintain or advance the skills and/or knowledge of care managers, and address the content domains identified as the knowledge base needed by qualified care managers (see pages – 3-4).
3. Allow sufficient time to present the topic in depth and detail for learners to meet the learning objectives.
4. Use presenters having sufficient knowledge of the topic area to meet the learning objectives.

#### CE providers must:

1. Provide participants with an evaluation tool so they can provide feedback about the content, ability to meet learning objectives, the environment in which learning occurred, and speaker efficacy.
2. Provide participants a Post-test, required for all CE activities that are on-demand such as recorded webinars, articles/study guides, or video/podcasts, etc. Post-test to consist of 10 multiple choice questions per hour on continuing education.
3. Provide each participant who completes a program with a certificate verifying that the program was completed. The certificate shall contain the provider's name and number, title of program, date of program, location, instructor, and number of contact hours.
4. Have a record keeping system for CE programs.



5. Retain an attendance record for at least five (5) years verifying the participation of attendees.
6. Retain all presentation documents for five (5) years, including program title, description, learning objectives, presenter qualifications, location, date, number of contact hours, name and number of participants, participant evaluations, and certificates issued.
7. Have on record a description of how evaluation information is used to evaluate program quality and to plan future programs.
8. Maintain procedures for the identification of program topics, evaluation of content accuracy, and presenter performance.

Please Note: NACCM reserves the right to audit providers' records at any time with 30-day notice.

### Application Fees

**Single Event:** Providers are charged a fee of \$50 for programs up running 1-3 hours in length. For programs running 3.25-7.5 hours in length, providers are charged a fee of \$100.

**Three (3) Year Authorization:** To become a NACCM authorized CE provider for three (3) years, an application fee of \$500 includes approval of up to forty (40) hours annually of submitted programs, professional conferences, webinars, and online courses that meet the NACCM criteria for continuing education (as stated on page 1 of this guide). For organizations offering more than forty (40+) CE hours annually, the application fee is \$1000.

NACCM authorized providers must submit all planned programs at the time of submission. If programs are not yet planned, please provide a sampling of the types of programs typically offered within a 12 month period with their provider application. No further program submissions are required until the provider's status is renewed.

To renew your provider status for three (3) years, submit a new application and include an updated sampling of programs offered for credit.

### Application Process

To be approved as a NACCM CE provider, submit the following forms: CE Provider & Oversight application, CE Activity Form and Presenter Form, with a check payable to NACCM. Online payment by credit card is also available at [naccm.net](http://naccm.net). Email application to [jwagner@naccm.net](mailto:jwagner@naccm.net) or mail to:

NACCM, CE Approval  
3275 W. Ina Road, Suite 130  
Tucson, AZ 85741

*Please retain a copy of your application for your files.*



## NACCM Content Domains and Care Manager Tasks

Continuing Education contact hours must address the content domains and care management tasks identified as the knowledge base needed by qualified care managers.

### 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.

### 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 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.

### 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.



## **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.

*Content domains and care manager tasks, were last reviewed, updated, and approved by the Board of Directors on April 29, 2022.*



## Sample Continuing Education Topics

Acceptable topics include but are not limited to the following:

- human development, personality, behavior, systems, family, adult learning and crisis theory, conflict resolution, mediation, problem solving, interpersonal relations, motivating change, communication techniques, and managing non-compliance
- screening, assessing, intervening, and terminating services with clients, person centered care planning, self-directed care, writing goals that are specific, measurable, agreed upon, realistic, and time limited, time management skills
- professional boundaries, compassion fatigue, vicarious traumatization, self-care for the professional
- caregiver burden, burnout, and supporting caregivers in their roles
- working effectively with clients who have intellectual and developmental disabilities
- cognition, mental health, and substance use/abuse/misuse
- techniques for administering and interpreting of structured cognitive screening tools, and behavioral, emotional, and life satisfaction assessment tools
- health issues pertaining to individuals who are aging, living with chronic health concerns or physical, intellectual or developmental disabilities
- traditional and non-traditional treatments, medications and supplements used by clients - their purpose, indications for use, possible side effects and contraindications
- 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 and care management practice
- effect of loneliness and social isolation on clients and how to address these issues
- abuse, neglect, exploitation and undue influence of vulnerable clients
- end of life care, advanced care planning, slow medicine, palliative care, hospice, bereavement
- housing, long-term care, institutionalization, homelessness, and aging in place
- reimbursement mechanisms such as low-income subsidies, health insurance, supplemental insurance, long-term care insurance, etc.
- understanding eligibility requirements and how to apply for entitlement programs such as Medicare, Medicaid, Veterans' Administration, SSD, and SSI, etc.
- options for financing care such as reverse mortgages, equity loans, annuities, etc.
- disaster/emergency preparedness for clients, care managers and care management practices
- identifying and implementing best practices, and quality assurance
- appropriate record keeping and documentation, measuring outcomes and service effectiveness
- ethics, standards of practice, HIPAA, informed consent, risk management, professional liability, and legal issues

**Topics not accepted** include marketing and business topics other than those discussed in Domain V, organization specific procedures or protocols, software training (e.g., MS Word, Excel, PowerPoint, use of practice software programs, etc.), use of electronics (e.g., computers, apps, smart phones, etc.), CPR, organizational meetings, and award ceremonies. This list is not all inclusive. Should you have a question about a specific topic or program, contact the NACCM office for clarification.



## National Academy of Certified Care Managers Continuing Education Provider Application

**Application Fees:**

- \$500 – PROVIDER: Up to 40 hours of programming annually. Approved provider for 3 years.  
 \$1000 – PROVIDER: 40+ hours of programming annually. Approved provider for 3 years.  
 \$50 - Single event: 1-3 hours.     \$100 - Single event: 3.25-7.5 hours.     NACCM Special Offer: \$\_\_\_\_\_

Submit application form, documentation, and any applicable application fee by check to NACCM or pay [online](#) with a credit card.

By Mail:                    NACCM, CE Approval: 3275 W. Ina Road, Suite 130 Tucson, AZ 85741

By Email:                 info@naccm.net

Questions?              Call (520) 884-4240 or email.

CE Provider & Oversight Form			
Provider Information			
Organization Name		Date	Click or tap to enter a date.
Organization Address			
Organization Website		Phone	
Contact Person		Email	
Oversight of Activities			
Record keeping of CE provider application, educational materials, attendance records & evaluations.	1. How long are records stored? <input type="checkbox"/> 5 years (required) 2. Where are records stored? 3. Who can access records?		
How are complaints processed? (Select all that apply)	<input type="checkbox"/> Event organizer reviews and addresses <input type="checkbox"/> Conference committee reviews and addresses <input type="checkbox"/> Presenter reviews and addresses <input type="checkbox"/> Other:		

*Please retain a copy of your application for your files.*

**Administrative Use Only**

Date Application Approved	Date to Renew Provider Status	Provider Number Assigned
<input type="checkbox"/> Single Event <input type="checkbox"/> 3 Year Provider Click or tap to enter a date.	<input type="checkbox"/> N/A – Single event only Click or tap to enter a date.	



## Continuing Education Activity Application

*Please retain a copy of your application for your files.*

CE Activity Form			
NACCM Provider Number (if already assigned)			
Organization Name		Website	
Name of CE Organizer:		Email	
Title of CE Program			Contact Hrs. <span style="border: 1px solid black; display: inline-block; width: 40px; height: 15px; vertical-align: middle;"></span>
Location of CE Program		CE Date	Click or tap to enter a date.
How was topic chosen? (Select all that apply)	<input type="checkbox"/> Planning committee/advisory board <input type="checkbox"/> New practice area or trend <input type="checkbox"/> Request for training on subject <input type="checkbox"/> Maintain/advance knowledge <input type="checkbox"/> Identified workforce knowledge gap <input type="checkbox"/> Other		
How was presenter(s) chosen?	<input type="checkbox"/> Call for Proposal Review Process <input type="checkbox"/> Identified Subject Matter Expert(s) <input type="checkbox"/> Speakers bureau <input type="checkbox"/> Other:		
Registration Process (Select all that apply)	<input type="checkbox"/> Online <input type="checkbox"/> Email <input type="checkbox"/> Mail <input type="checkbox"/> Phone/Fax <input type="checkbox"/> In-service training activity <input type="checkbox"/> Other		
Funding for CE activities (Select all that apply)	<input type="checkbox"/> Free <input type="checkbox"/> Registration fee(s): \$ <input type="checkbox"/> Other funding: <input type="checkbox"/> Will event(s) be sponsored to defray the cost? <input type="checkbox"/> No <input type="checkbox"/> Yes Sponsor(s) of event:		
How will participants be notified if CE is canceled? (Select all that apply)	<input type="checkbox"/> Email/eFlash <input type="checkbox"/> Mail <input type="checkbox"/> Phone <input type="checkbox"/> Text Message <input type="checkbox"/> Other		
Refund policy. Will refunds be offered?	<input type="checkbox"/> No/Not Applicable <input type="checkbox"/> Full refund on or before this date: <input type="checkbox"/> Partial refund on or before this date:                      Amount: Additional details:		
Monitoring CE activity (Select all that apply)	<input type="checkbox"/> Sign in sheet <input type="checkbox"/> Sign out sheet <input type="checkbox"/> Preceptor <input type="checkbox"/> Other:		
Target Audience (Select all that apply)	<input type="checkbox"/> Beginner <input type="checkbox"/> Intermediate <input type="checkbox"/> Advanced <input type="checkbox"/> All Levels <input type="checkbox"/> Clinical/Practitioner <input type="checkbox"/> Administrator/Leader <input type="checkbox"/> Other:		
Teaching Method (Select all that apply)	<input type="checkbox"/> Lecture <input type="checkbox"/> Panel <input type="checkbox"/> Interactive Discussion <input type="checkbox"/> Demonstration <input type="checkbox"/> Roll Play <input type="checkbox"/> Case Study <input type="checkbox"/> Small Group Activities <input type="checkbox"/> Video/Audio <input type="checkbox"/> Webinar <input type="checkbox"/> Reading/Study Guide <input type="checkbox"/> Other:		
Evaluation Process	<input type="checkbox"/> Participant Evaluation <input type="checkbox"/> Other: <input type="checkbox"/> Post-test (Required for all CE actives that are on-demand such as recorded webinars, articles/study guides, or video/podcasts, etc.)		



### Program & Presenter Information Form

*Please complete for all upcoming events or include several samples of previous events if no upcoming events currently scheduled.*

Program & Presenter Information Form			
Title of CE Program		Contact Hrs.	
Domain(s) Covered (Select all that apply)	I. <input type="checkbox"/> Assess and Identify Client Strengths, Needs, Concerns and Preferences II. <input type="checkbox"/> Establish Goals and a Plan of Care III. <input type="checkbox"/> Implement Care Plan IV. <input type="checkbox"/> Manage and Monitor the Ongoing Provision of and Need for Care V. <input type="checkbox"/> Ensure Professional Practice		
Learning Objectives (May attach to form)			
Brief Content Outline (May attach to form)			
<b>Presenter</b>			
Name and credentials of presenter. Attach bio or CV of presenter.			
Presenter Contact:	Phone:	Email:	
<b>Presenter</b>			
Name and credentials of presenter. Attach bio or CV of presenter.			
Presenter Contact:	Phone:	Email:	
<b>Presenter</b>			
Name and credentials of presenter. Attach bio or CV of presenter.			
Presenter Contact:	Phone:	Email:	

*Attach additional information to this form if there are more than three presenters.*



## Checklist for NACCM CE Providers

- Pre-Approval of CE Programs** (At least 10 business days prior to the program)

*Single Event & First Time Providers:*

- Complete the CE Provider & Oversight Form
- Complete the CE Activity Form
- Complete the Presenter Information Form
- Send forms, sample evaluation and certificate, and check payment, or pay online via credit card at [naccm.net](http://naccm.net)

Submit forms to [jwagner@naccm.net](mailto:jwagner@naccm.net). Retain copies for your records.

Please allow 14 business days for the pre-approval process to be completed.

- Attendance record** must be used and include one of the following: signatures of participants, an affidavit attesting to participation, electronic tracking of participation, or other similar means of verifying participation in the educational activity.
- Program certificate** must be provided to participants verifying that the program was completed. The certificate shall contain the provider's name and number, title of program, date of program, location, instructor, and number of contact hours.
- Post-test** must be furnished to participants for all CE actives that are on-demand such as recorded webinars, articles/study guides, or video/podcasts, etc.).
- Evaluation form** must be furnished to participants. The form should elicit feedback about the content of the training, whether learning objectives were met, the environment in which learning occurred, and speaker efficacy.
- Records retention.** Store and retain all presentation documents for five (5) years, including program title, description, learning objectives, presenter qualifications, location, date, number of contact hours, name and number of participants, participant evaluations, and certificates issued.