**NACCM Test Specifications and Content Outline with Knowledge Areas**

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** |
| I: Assess and identify client strengths, needs, concerns, and preferences |
| II: Establish goals and a plan of care |
| III: Initiate, manage, and monitor ongoing execution and outcomes of care plan |
| IV: Promote and maintain professional standards in care management and in business practices |
| Note: Knowledge areas are dispersed among different domains as applicable |

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

Note: Coding for Item Writing is I-1, I-2, I-3 etc.

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

Note: Coding for Item Writing is II-1, II-2, II-3 etc.

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

Note: Coding for Item Writing is III-1, III-2, III-3 etc.

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

Note: Coding for Item Writing is IV-1, IV-2, IV-3 etc.

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

1. Development-based theories (e.g., psychodynamic, object relations, stages of psychosocial development)
2. Organizational behavior
3. Personality theories (e.g., psychoanalytic, humanistic, existential, cognitive)
4. Crisis theory
5. Behavior theory
6. Adult learning theory
7. Systems theory
8. Change theory
9. Family systems theory
10. Cultural and Spiritual competence theory
11. Mindfulness theories
12. Trauma theory
13. Ambiguous loss theory

Assessment

1. Health issues and preventive care for individuals with chronic health concerns, disabilities, and cognitive impairment
2. Functioning as it relates to all activities of daily living (e.g., transferring, walking, bowel, bladder, toileting, mobility, bathing, dressing, eating, feeding, and sleeping)
3. 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)
4. Common mental health disorders (e.g., anxiety and depression), their symptoms, and their management
5. Techniques for administering and interpreting cognitive screening tools and behavioral, mental health, and life satisfaction assessment tools
6. Risk assessment screening (e.g., fall risk, home safety, ability to manage financial affairs, judgement, safe community)
7. Interviewing techniques for collecting information on demographics, environment, family system, home safety, durable medical equipment, and finances
8. Basic nutritional and hydration needs as well as special requirements relating to individuals with chronic health concerns, disabilities, and cognitive impairment
9. Common medications relating to individuals with chronic health concerns, disabilities and cognitive impairment, including red flags for medications and interactions
10. Infectious disease prevention measures, including vaccinations and hygiene, for communicable diseases such as MRSA, TB, HIV, COVID, STDs, etc.
11. 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
12. Substance abuse, including prescription medications and alcohol
13. Preferences, expectations, capabilities, limitations, stress, and coping mechanisms of the client and others and their impact on the client system
14. Impact of interactions between the formal and informal support systems
15. Impact of spirituality on health and well-being
16. Impact of health status and functional abilities on behavior and mental health
17. Advance directives such as financial power of attorney, living will, health care surrogate, and trust documents
18. Indicators that client is in need of enacting powers of attorney or guardianship/conservatorship
19. Risk factors for abuse, neglect, and exploitation issues
20. Grief and loss, history of trauma
21. 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
22. Legal issues concerning hiring of home care providers and risks and benefits of various options
23. Stress assessment of primary family caregiver
24. Social determinants of health

Care Planning

1. Care planning process
2. How to write goals that are specific, measurable, agreed upon, realistic, and timely or time bound
3. Reimbursement mechanisms such as health insurance, supplemental insurance, long-term care insurance
4. Entitlement programs such as Medicare and Medicaid, Veterans’ Administration, SSD, SSI, local programs, and their eligibility requirements
5. Cost-benefit analysis of care options
6. Social, environmental, and medical services available to enhance function such as durable medical equipment, respite care, day programs, home adaptation
7. Intervention strategies, such as medication management, treatment modalities, crisis intervention, psychosocial interventions
8. Housing options such as residential care, nursing homes, assisted living, continuing care retirement communities (CCRCs), subsidized housing, intentional communities, “Villages,” and aging-in-place
9. Alternative/complementary services such as acupuncture and massage
10. End of life care planning
11. Hospice and palliative care

Coordination of Care

1. Formal and informal provider responsibilities
2. Availability and use of interpreters and adaptive communication equipment
3. Appropriate record keeping and documentation
4. Referral procedures to service providers
5. Understanding mental health, physical, geographical, financial, cultural, and other potential barriers to service delivery
6. Interdisciplinary team building and techniques to enhance inter-organizational relations

Professional Practice

1. Legal and ethical issues of reporting abuse and neglect
2. Grievance procedures and complaints
3. Appeals processes (e.g., entitlement appeals, professional grievance procedures)
4. NACCM standards of practice and ethical guidelines
5. HIPAA compliance
6. Informed consent
7. Professional liability, including legal issues concerning hiring of home care providers
8. Client advocacy
9. Client empowerment strategies
10. Guardianship/conservatorship process
11. Client rights and responsibilities
12. Peer review processes
13. Role of supervisors
14. Appropriate use of supervision
15. Record audit process
16. Community outreach and education techniques
17. Outcome measurement and quality assurance practices
18. Ethically responsible remote or virtual practice
19. Understanding of professional boundaries and scope of practice
20. Ethical use of technology in practice with clients (e.g., cameras, sensors, trackers)
21. Ethical use of social media in practice
22. Maintaining objectivity (no referral fees or commissions)
23. Protected Health Information (PHI)

Generic Competencies

1. Decision making and problem-solving techniques
2. Conflict resolution techniques
3. Stress management techniques/mindfulness
4. Time management and prioritization techniques
5. Counseling techniques
6. Crisis intervention techniques
7. Motivational interviewing techniques
8. Negotiation and mediation strategies
9. Interpersonal relations
10. Communication techniques
11. Group dynamics
12. Organizational skills
13. Teaching and coaching techniques
14. Networking techniques
15. Business management
16. Cultural competencies
17. MCI and dementia and difference between various types of dementia
18. Trauma informed care
19. Requirements of the Americans with Disabilities Act
20. Family “caregiver” education
21. Technology skills
22. Intellectual/developmental disabilities
23. Person-centered care