

PCB

PENNSYLVANIA

CERTIFICATION

BOARD

CCSM

Certified Case Manager

**Written Test
Candidate Guide**

“Offering competency-based
credentialing to the substance abuse
& other behavioral health professional”

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Purpose of the Candidate Guide

The Written Examination for Certified Case Managers is an examination that tests knowledge and skills about case management. This exam has been developed by the PA Certification Board (PCB) and a select committee of case managers from across the Commonwealth. The exam is based on current practice in the field.

The purpose of the Candidate Guide is to provide you with guidance for the CCSM written examination process. By providing you with background information on examination domains and sample questions, your preparation for the exam can be enhanced.

Examination Content

The 2004 PCB Role Delineation Study for Case Management identified five performance domains for case managers. Within each performance domain there are several identified knowledge and skill areas that provide the basis for questions in the examination. This Candidate Guide contains detailed information on the domains, knowledge, and skill areas. The following is a list of the performance domains for the examination and the number of test questions in each.

CASE MANAGER DOMAINS	NUMBER OF QUESTIONS
Engagement	20
Evaluation	20
Service Coordination	21
Referral/Placement	20
Professional Responsibility	19

DOMAIN KNOWLEDGE AND SKILLS

Engagement - Process through which the case manager builds rapport with and elicits commitment from the client or potential client.

Knowledge of:

1. Communication techniques.
2. Treatment and other resources.
3. Interviewing techniques.
4. Building and maintaining working relationships with clients.
5. Cultural differences and lifestyles.

Skill in:

1. Evaluating the client's understanding of the program orientation.
2. Building rapport and trust.
3. Problem solving and listening.
4. Identifying strengths and limitations of resources.
5. Communicating respect and acceptance of cultural and

lifestyle differences.

Evaluation - Process of gathering information related to the client's substance use to determine a plan for services.

Knowledge of:

1. Substance use/abuse/dependence.
2. DSM Criteria for substance abuse/dependency.
3. Mental health disorders.
4. Pharmacology.
5. Interviewing and assessment techniques.
6. Health and prenatal/perinatal needs.
7. Risk factors that relate to potential suicide, homicide, family violence, self-injury, and other violent and aggressive behaviors.
8. Procedures associated with overdose and acute withdrawal, acute medical and psychiatric implications.
9. Diversity related to client needs.
10. Oral and written communication.
11. Planning and coordination of services.
12. Case management functions.

Skill in:

1. Recognizing signs and symptoms of substance use/abuse/dependence.
2. Identifying behavior patterns associated with the process of addiction and co-occurring mental health disorders.
3. Identifying, interpreting, integrating, and prioritizing client data.
4. Using evaluation tools.
5. Assessing and matching client's needs with resources.
6. Communicating respect and acceptance of cultural and lifestyle differences.
7. Oral and written communication.

Service Coordination - Process of arranging, referring, linking, and monitoring services throughout the continuum of care.

Knowledge of:

1. Service providers and community resources.
2. Client rights and responsibilities.
3. Procedures for monitoring client progress.
4. Advocacy and linking practices.
5. Continuing care review practices.
6. Maintaining working relationships with other professionals.
7. Oral and written communication.
8. Documentation and record keeping procedures.
9. Referral and follow-up procedures.
10. Payment options, fees, and/or insurance.

Skill in:

1. Accessing, collecting, summarizing, and transmitting

- referral data on client.
- 2. Negotiating with diverse systems.
- 3. Identifying and linking with appropriate community services.
- 4. Soliciting and interpreting client feedback.
- 5. Interdisciplinary team building.
- 6. Applying level of care criteria.
- 7. Ongoing interpretation of data.
- 8. Seeking and responding to information from other professionals.
- 9. Preparing documentation completely and accurately.

Referral/Placement - Process of matching assessed needs of the client with the appropriate level of care and type of service.

Knowledge of:

- 1. Necessary referral information and processes.
- 2. Levels of care and ancillary resources.
- 3. Client's eligibility for service.
- 4. Service provider's strengths, limitations, and philosophies.
- 5. Self-help groups and alternate resources.

Skill in:

- 1. Networking and collaborating.
- 2. Matching client's needs with resources.
- 3. Presenting rationale for client referral.
- 4. Communicating the importance of following service recommendations.

Professional Responsibility - The process of enhancing personal and professional wellness through a variety of tools.

Knowledge of:

- 1. Federal and State confidentiality laws.
- 2. Code of Ethical Conduct.
- 3. Professional Scope of Practice.
- 4. Collaborating with supervisors, peers, and other service providers.
- 5. Agency policy and procedures.
- 6. Personal strengths and limitations.

Skill in:

- 1. Adhering to ethical guidelines.
- 2. Adhering to Federal/State laws and regulations.
- 3. Recognizing client diversity.
- 4. Conducting self-evaluations.
- 5. Recognizing and addressing the need for continuing education.
- 6. Participating in supervision/consultation.
- 7. Practicing personal wellness.
- 8. Recognizing and addressing personal biases.

SAMPLE QUESTIONS

The questions on the CCSM examination were developed from the domains identified in the 2004 Role Delineation Study. Multiple sources were utilized in the development of questions for these exams. Each question is linked to one of the knowledge and skill areas identified in each domain.

The following is taken from the instructions that will be read to you prior to taking the examination:

The questions in the examination are multiple choice with four (4) choices: A, B, C, and D. There is only one correct choice for each question. Carefully read each question and all the choices before making a selection. Choose the single best answer. Mark only one answer for each question. You will not be given credit for any question for which you indicate more than one answer. It is advisable to answer every question, since the number of questions answered correctly will determine your final score. There is no penalty for guessing.

Following are sample questions that are similar to those you will find in the CCSM exam.

1. When attempting to establish rapport with a client it is not important to:
 - A. use the client's first name.
 - B. ask non-threatening questions.
 - C. clarify confusing information.
 - D. use a warm tone of voice.

2. The activities of strength-based case management, which assist clients in identifying needs/resources, have also shown promise in addressing client:
 - A. withdrawal.
 - B. treatment acceptance.
 - C. denial.
 - D. relapse.

3. The process of matching the assessed service and treatment needs of a client with the appropriate type of service and level of care is the definition of:
 - A. referral.
 - B. placement.
 - C. assessment.
 - D. screening.

4. Which of the following is not a client right?
 - A. To be treated in a professional manner.

- B. To have information protected from disclosure.
 - C. To voluntarily engage in intensive case management.
 - D. To receive intensive case management services.
5. A goal statement should:
- A. identify negative behaviors to be avoided.
 - B. be clearly stated, attainable and have an observable outcome.
 - C. reflect specific treatment needs.
 - D. include the person responsible to complete the goal.
6. Patients with psychiatric and drug and alcohol use disorders often receive treatment at:
- A. prevention/education departments.
 - B. primary drug and alcohol facilities.
 - C. primary mental health facilities.
 - D. separate drug and alcohol and psychiatric facilities.
7. How does a case manager identify the client's needs for a service plan?
- A. From the Inventory of Support Services (ISS) during intake and from follow-up Inventory of Support Services (ISS).
 - B. Asking the referral source, asking their significant other, and from the Inventory of Support Services (ISS).
 - C. From their mental health provider, their drug and alcohol counselor, and from their significant other.
 - D. From the Inventory of Support Services (ISS) during intake, from the follow-up Inventory of Support Services (ISS) and from their counselor.
8. Your client has signed a consent for you to give information to their employer. As you continue to work with this client, they no longer want you to give any information to their employer. The client:
- A. must submit in writing their request for the consent to be revoked.
 - B. as no recourse to change their mind.
 - C. can tell you they no longer give consent.
 - D. must tell their employer that they will no longer receive information about them.
9. Direct eye contact may be considered confrontational in what culture?
- A. Asian
 - B. Indian
 - C. Hispanic
 - D. Caucasian

10. Your client has signed a consent for you to give information to their employer. As you continue to work with this client, they no longer want you to give any information to their employer. The client:
- A. must submit in writing their request for the consent to be revoked.
 - B. has no recourse to change their mind.
 - C. can tell you they no longer give consent.
 - D. must tell their employer that they will no longer receive information about them.
11. Substance abusers have better treatment outcomes if:
- A. the client decides what he or she wants to work on.
 - B. issues are dealt with one at a time.
 - C. the client's other problems are addressed concurrently.
 - D. the client is introduced to a 12-step program immediately.
12. The case manager must take a broad view of client needs, and look beyond treatment to impact on the client's:
- A. ability to maintain sobriety.
 - B. substance abuse related problems.
 - C. compliance with case management.
 - D. ability to access resources.
13. Narcotics Anonymous groups are anonymous in order to:
- A. protect members from public scrutiny.
 - B. maintain the spiritual substance of humility and the importance of the group.
 - C. help members to avoid legal issues.
 - D. assist members to avoid criticism.
14. Client advocacy should always be geared towards:
- A. goals set by the case manager.
 - B. recovery.
 - C. goals set by the treatment facility.
 - D. achieving goals established in service plan.

No.	Answer	Domain
1.	A	Engagement
2.	C	Evaluation
3.	B	Referral/Placement
4.	D	Service Coordination
5.	B	Evaluation
6.	D	Referral/Placement
7.	A	Service Coordination
8.	C	Professional Responsibility

9.	B	Engagement
10.	C	Professional Responsibility
11.	C	Evaluation
12.	B	Engagement
13.	B	Referral Placement
14.	D	Service Coordination

SAMPLE EXAMINATION SCHEDULE

The examination consists of 100 multiple-choice questions. Two hours and thirty minutes (2 and 1/2 hours) have been provided for completion of the written examination.

<u>Schedule</u>	<u>Activity</u>
8:30 - 8:45 a.m.	Admit and register candidates
8:45 a.m.	All candidates are seated
8:45 - 9:00 a.m.	Give instructions Distribute materials
9:00 a.m.	Begin examination
11:30 a.m.	End examination Collect materials

TAKING THE EXAMINATION

The CCSM examination follows a 4-option multiple-choice format. Questions of this type begin with a stem, the premise statement, and are followed by four options. In answering the questions, candidates should read the stem and options carefully. They should then select the one best answer and fill in the letter on the answer sheet that corresponds to the best answer for the question.

The test measures the five major Performance Domains in case management. Test questions are designed to assess knowledge as well as the candidate's ability to assess typical case management clients or drug and alcohol circumstances and apply sound principles. Successful candidates will draw on knowledge, analysis, and application to identify the one best option.

In taking the test, you may find it helpful to eliminate obviously incorrect responses after the first reading so as to increase the probability of selecting the best response. If you determine that there are two or more reasonable options, you should select the most plausible choice. There is no penalty in the scoring formula for guessing.

1. The questions in the examination are multiple choice with four (4) choices marked A, B, C, and D. There is only one correct

choice for each question. Carefully read each question and all of the choices before making a selection. Choose the single best answer. Mark your answer on the answer sheet by blackening the circle under the letter of your choice.

2. Mark only one answer for each question. You will not be given credit for any question for which you indicate more than one answer. Be certain to mark your answer on the correct line and in the correct column for the question you are working on.
3. Read each question carefully. Choose the best answer for each question. If you change your answer, make sure that you completely erase your previous answer.
4. It is advisable to answer every question since the number of questions answered correctly will determine your final score. There is no penalty for guessing.
5. You may bring a watch in order to budget your time.

EXAMINATION RULES

No books, papers, or other reference materials may be taken into the examination room.

No examination materials, documents, or memoranda of any type may be taken from the room by any candidate.

The examination will be given only on the date and time noted on the Admission Letter. If an emergency arises and you are unable to take the examination as scheduled, you may call the PCB Office.

No questions concerning the content of the examination may be asked during the examination period. The candidate should listen carefully to the directions given by the Proctor and read the directions carefully in the examination booklet.

SPECIAL ADMINISTRATIONS

Individuals with disabilities and/or religious obligations that require modifications in test administration, may request specific procedure changes, in writing, to PCB, no fewer than 60 days prior to the scheduled test date. With the written request, the candidate must provide official documentation of the disability or religious issue. Candidates should contact PCB on what constitutes official documentation. PCB will offer appropriate modifications to its procedures when documentation supports the need for them.

ADMISSION TO THE CERTIFICATION EXAMINATION

Upon fulfillment of the appropriate eligibility requirements and completion of the application process for CCSM, you will be seated for the examination. PCB will send you an Admission letter

confirming your enrollment approximately two (2) weeks prior to the examination date. This Admission letter will also contain the reporting time, test time, location, contact person, and other relevant information.

Your Admission letter and a PICTURE IDENTIFICATION CARD (Student ID, Driver's License, etc.) must be presented for entrance to the examination.

EXAMINATION DATES

The CCSM examination may be administered up to four times per year in March, June, September and December. The exact date, time, and location of the examination will be provided to you after your CCSM application has been submitted to and approved by PCB.

SCORING

PCB will score all examinations and mail score reports to candidates. Scores will be broken down by category so that candidates can see areas of strength and weakness. This process takes approximately three to four weeks.

The passing point is fixed to assure that all candidates must achieve the same score to be granted certification. To achieve a passing score, candidates must correctly answer 66 questions out of 100 total questions.

TEST DISCLOSURE

If candidates wish to appeal their scores on the written test, they must submit a written request to PCB within 30 days of the postmark on the test score report. Candidates should be aware that test security and item banking procedures do not permit candidate's access to test questions, answer keys, or other secure materials.

REFERENCES

The following resources were used as the basis for most of the questions on the CCSM examination. Consulting these references may be beneficial to you as you prepare for the exam. Please note that not all questions on the exam came from these references.

Addiction Counseling Competencies, SAMHSA, US Department of Health & Human Services, 1998

American Psychiatric Association, Gerald Corey, Brooks/Cole

ASAM - PPC -2R, American Society of Addiction Medicine, 2001

Case Management for Substance Abuse Treatment: A Guide for Administrators, SAMHSA, US Department of Health & Human Services, 2000

Clinical Supervision in Alcohol and Drug Abuse Counseling, David Powell, Lexington Books, 1993

Clinicians & the Law: A Legal Handbook for Therapists & Counselors, Mary-Kim Arnold Connor, Manisses Communications Group, 1994

Comprehensive Case Management for Substance Abuse Treatment, Tip 27, SAMHSA, US Department of Health & Human Services, 1998

Confidentiality - A Guide to the Federal Law and Regulations, Legal Action Center, 1995

Counseling the Culturally Different, Sue & Sue, Wiley-Interscience, 1990

Counselor Development: A Training Manual, ETP, Inc., 1992

Drugs and Society, Glen Hanson, Peter Venturelli, Jones & Bartlett, 1995

Dual Disorders: Counseling Clients with Chemical Dependency and Mental Illness, Daley, Moss, Campelli, Hazelden, 1987 & 1993

Ethics for Addiction Professionals, LeClair Bissell, James Royce, Hazelden, 1987

Handbook of Alcoholism Treatment Approaches, Reid K. Hester, William Miller, Allyn and Bacon, 1995

Issues and Ethics in the Helping Professions, Corey, Corey & Callanan, Brooks/Cole Publishing, 1993

Legal Action Center - Guide to Federal Law, Legal Action Center, 1995

Loosening the Grip, Jean Kinney, McGraw-Hill Higher Education, 2000

Motivational Interviewing, William R. Miller & Stephen Rollnick, Guilford Press, 1991

Motivational Interviewing: Research, Practice & Puzzles Addictive Behaviors, Vol. 21, William Miller, Pergamon, 1996

Outcomes Based Case Management Monitoring System - Data Collection Training Handbook, BDAP, PA Department of Health, 2001

PA Bulletin, Act 63, 71 PS1690, Commonwealth of PA, 1972

PA Bulletin, Volume 15, #42; 42CFR Part 2, Commonwealth of PA, 1985, 1992

PA CAC Manual, PA Certification Board, 1999

PA Care & Case Management Guidelines, BDAP, PA Department of Health, 1998

PA Confidentiality Guidelines, 28 PA Code - Section 709.28, Chapter 255.5, May-98

PCPC-2nd Edition, PA Department of Health, 1999

Progress and Issues in Case Management, National Institute of Research & Monograph Series, US Department of Health & Human Services, 1992

Recovering Women: Issues for Case Management, Deborah McMillian & Rose Cheney, National Institute on Drug Abuse, 1992

Strengths-Based Case Management, RC Rapp; Casey W. Kellihuer, James H. Fisher & F. Joseph Hall, Springer Publishing, 1994

Substance Abuse Counseling: An Individualized Approach, J. Lewis, R. Dana, G. Blevins, Brooks/Cole Publishing, 1994

The New Webster's Grammar Guide, Career Institute, 1987

The Professional Alcohol & Drug Counselor Supervisor's Handbook, Lawrence Clayton and Randy VanNostrand, Learning Publications, Inc., 1993

The Twelve Core Functions of a Counselor, Stanley Kulewicz, David and Goliath Creative, 1992

The Twelve Core Functions of the Substance Abuse Counselor, John Herdman, Learning Publications, 1994

TIP, SAMHSA, US Department of Health & Human Services
Tip #3, 1995
Tip #8, 2001

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