

Certified in Care Coordination and Transition Management (CCCTM) Exam

Updated 4/26/2016

Care coordination is one of the hottest topics in health care today. Responding to the need for more qualified providers, AACN has collaborated with the Medical-Surgical Nursing Certification Board (MSNBCB) in developing a new Care Coordination and Transition Management (CCTM) exam, based on AACN’s CCTM Core Curriculum.

Complete information about the application and testing process is available at MSNBCB’s website, <http://www.msncb.org/cctm>. For questions pertaining to the exam and certification, please contact MSNBCB at msncb@msncb.org or 866-877-2676.

The CCCTM exam is 150 multiple choice questions. A standard score of 95 (approximately 72%) is required to pass. Candidates have 3 hours to complete the exam.

Eligibility Requirements:

- Unencumbered and current license as a Registered Nurse (RN) in the United States or territories
- A minimum of two calendar years' experience in a Care Coordination/Transition Management role
- A minimum of 2,000 hours of Care Coordination/Transition Management practice within the last three years. May be acute, ambulatory, sub-acute, school health, or home health care setting

The official credential nurses will receive is:

CCCTM (Certified in Care Coordination and Transition Management)

The exam is administered by MSNBCB. It is based on the American Academy of Ambulatory Care Nursing's (AACN) *Care Coordination and Transition Management Core Curriculum*.

Fees

Examination Fees	
Regular Fee	\$375
AMSN / AACN Member Fee	\$255

NOTE: All application fees include a non-refundable processing/administration fee of \$75.00.

You must be a member **first** to receive the member discount.

First-Time Re-Examination Fee

For unsuccessful candidates, we offer a one-time only first-time retake discount of \$75 off the registration fee, valid for 4 months after the exam date. This discount is active approximately 4 weeks after the exam date.

First-Time Re-Examination Fees	
Regular Fee	\$300
AMSN Member Fee	\$180

Domains of the CCCTM Exam

MSNCB and testing agency Center for Nursing Education and Testing (C-NET) developed the Certified in Care Coordination and Transition Management (CCCTM) examination.

The exam domains are the framework for the CCCTM certification exam.

A. Communication and transition throughout the care continuum - 20%

1. Identify the services, providers, and resources to address patient needs.
2. Determine appropriate level of care.
3. Provide patient with options for providers, facilities, and services.
4. Verify all necessary authorizations from payer are completed prior to transition.
5. Ensure effective verbal and written communication among providers and care settings.
6. Provide structured hand-off reports with consistent content, e.g., SBAR, discharge check-off list.
7. Communicate transition plan of care to patient, caregiver, and support network.
8. Meet applicable regulatory communication requirements, e.g., interpreters, EMTALA, nurse licensure compact, etc.
9. Verify referral of care acceptance from one provider or service to another.
10. Ensure seamless transition while maintaining continuity of care.
11. Monitor the outcomes of the transition process.
12. Adjust the plan of care based on identified risks.
13. Use care coordination and transition models (e.g., BOOST, PAM, GRACE, Modified LACE, CTI, Ask Me 3) for assessment, risk stratification, care planning, etc.

B. Education, engagement, coaching and counseling of patients, caregivers, and support network - 20%

1. Assess patient's health literacy, readiness for learning and learning style.
2. Utilize motivational interviewing techniques to engage patient.
3. Recognize the social, environmental, and cultural factors and disparities in health care in designing and implementing interventions.
4. Recognize and encourage patient, caregiver, and support network's participation as active members of the team.
5. Develop individualized education strategies to address the plan of care and the patient, caregiver, and support network's goals.
6. Assist patient to develop SMART goals (Specific, Measurable, Achievable, Realistic, Time-specific).
7. Identify and provide necessary resources to assist patient to achieve goals.
8. Incorporate "teach back" to monitor and evaluate patient's level of understanding.
9. Identify barriers to adherence to the plan of care.
10. Re-evaluate and adjust the education plan as indicated.
11. Assess patient's understanding of the disease process and plan of care.

C. Population health management - 20%

1. Identify target populations utilizing appropriate inclusion criteria.

2. Identify measures for risk stratification, e.g., predictive modeling, lab values, claims data, core measures (heart failure, pneumonia, SCIP).
3. Address the gaps in care for preventive services and chronic condition management.
4. Promote patient engagement, e.g., motivational interviewing, tailored coaching, self-management promotion, counseling, and incentives.
5. Create an individualized plan of care that incorporates standards of care for the particular target population.
6. Incorporate preventive, wellness, and chronic care needs in plan of care, including immunizations.
7. Utilize automated outreach systems and reminders for preventive care management.
8. Optimize information management and communication through the use of informatics and decision-support systems.
9. Integrate telecommunications technologies to increase access, improve outcomes, and contain/reduce costs of healthcare.
10. Use information management tools to monitor outcomes of care processes.
11. Stay current with emerging trends, new legislation, and payment and reimbursement models in the provision of care design and delivery in the populations managed.

D. Patient-centered care planning and support for self-management – 15%

1. Perform a comprehensive needs assessment.
2. Review patient’s record to identify gaps in care and individualize the plan focus.
3. Identify conditions that place patient at high risk.
4. Perform a telephonic or face-to-face visit with the patient to identify patient needs and barriers to care.
5. Assess patient’s understanding with current health status and needs.
6. Identify the patient’s short and long-term goals.
7. Incorporate patient values, goals, and preferences into planned care activities.
8. Assess patient’s understanding of chronic condition(s).
9. Determine the patient’s adaptation to illness or stressors.
10. Support knowledge and understanding of health promotion and disease prevention.
11. Emphasize self-management concepts.
12. Incorporate care regimen into daily practices.
13. Assist the patient, caregiver and support network to self-evaluate to measure success against individualized goals.
14. Assess patient’s satisfaction with care provided.

E. Teamwork and Interprofessional Collaboration - 15%

1. Identify the care team participants based on patient needs.
2. Develop partnerships with patient, caregiver, and providers to create an individualized plan of care.
3. Describe strategies for identifying and managing team member roles and accountabilities.
4. Use effective professional communication skills and tools to disseminate relevant information among team members.
5. Identify processes to overcome barriers to effective collaboration and teamwork, e.g., updating scheduling information (“scrubbing tools”), staff education, “huddles”.
6. Utilize patient, caregiver, and support network care conferences to resolve transition conflicts to optimize the continuum of care.
7. Assist interprofessional team members to reprioritize activities according to immediate patient needs, e.g., specialty consultations, procedure delays, and equipment failure.
8. Examine strategies for improving systems to support team functioning.

F. Advocacy - 10%

1. Support and educate patient to make informed decisions regarding their plan of care.
2. Empower patient in navigating the healthcare system for access to the appropriate care.
3. Encourage patient to build strong partnerships with healthcare team members.
4. Apply principles of professional codes of ethics to ensure individual rights.
5. Preserve patient's rights to confidentiality, privacy, and self-determination within legal, regulatory, and ethical parameters.
6. Apply change management principles by using data to improve patient and systems outcomes, e.g., team development processes, office dynamics.
7. Address barriers to access to services for underserved, vulnerable, and at-risk populations, e.g., transportation, housing, finances, healthcare.
8. Employ communication skills including assertiveness, negotiation, and conflict resolution to promote positive health outcomes.
9. Recognize the connections among health, poverty, mental illness, and homelessness as important elements of effective practice involved in the coordinated care of impoverished, underserved, and vulnerable populations.

Find more information on the exam at: www.msncb.org/cctm

Exam Locations

The exam will be offered at Center for Nursing Education and Testing (CNET) testing sites across the country. Find a location near you at:

<http://www.cnetnurse.com/test-site-locations/computer-based-locations/>

Recertification

The CCCTM certification will be valid for five years. Certificants will need to recertify to maintain their certification.

The CCCTM certification is valid for 5 years. There are two options to recertify — by taking the exam again or by continuing education.

Requirements for Recertification by Continuing Education:

- Hold a current CCCTM nursing certification through MSNCB.
- Hold a current, full, and unrestricted license as a registered nurse (RN) in the US or its territories.
- Have accrued 1000 practice hours in a care coordination and transition management setting in the last 5 years. Practice may include clinical, management, or education.
- Have earned 90 approved contact hours over the last five years - 68 must be care coordination and/or transition management related. The remainder of the contact hours may be professional development. You can use both CNE and non-CNE contact hours. CNE contact hours must be provided by an entity that is accredited as a provider. Contact hours may start accruing January 1 of the year of certification. All contact hours will be counted as awarded.

To recertify by taking the CCCTM exam, you must meet exam eligibility and pay exam fees.

FailSafe Program

FailSafe is an innovative program that makes getting certified safer and easier for everyone. With this program, everyone wins: nurses, nurse managers, the health care facilities, and patients. A nurse gets more than one chance to pass the exam, and the health care facility doesn't pay a penny until the nurse passes.



How It Works:

A health care facility agrees that within one year's time, 10 of its nurses will enroll to take an MSNCB certification exam to earn the Certified in Care Coordination and Transition Management (CCCTM) credential.

- If the nurses pass the exam, the facility pays the exam fees.
- If the nurses are unsuccessful, they can take the exam an additional time before the contract ends.
- If the nurses pass the second time around, the facility pays.
- If the nurses do not pass, no one pays.



Exam preparation resources sold through the American Academy of Ambulatory Care Nursing (AACN):

Items can be ordered at aacn.org/store

Care Coordination and Transition Management (CCTM) Course • "CCTM 1"



The online course is available in AACN's *Online Library* and consists of 13 education modules that correspond to the chapters in the *CCTM Core*. Nurses who purchase the course will receive a PDF version of the corresponding *Core* chapter for advance learning before completing the online module that will consist of an audio presentation and slides.

To introduce nurses to the course's value, we're offering the first module **FREE** to any nurse, including 2.4 **FREE** contact hours.

The CCTM online Course and Core text will help nurses solve the puzzle of fragmented patient care. It is an evidence-based, patient centered program designed to:

- Improve patient outcomes
- Enhance access to quality care
- Decrease hospital readmissions
- Ensure continuity and seamless transitions among levels and settings of care
- Decrease health care costs
- Help patients navigate the health care system
- Work effectively in PCMHs and ACOs
- Improve the individual patient's experience of care

Completing all 13 modules of the course provides a total of 26.4 contact hours!

Member Price: \$195

Regular price: \$245

Individual modules may be purchased for \$50 each. Member price \$40 each. Discounts available for groups of 10+.

We recommend nurses complete all modules in the course to fully understand the Care Coordination and Transition Management process. The *Course* is shown in our online store, where you will follow a link to purchase it in our *Online Library*. Be sure to log in with the same username and password you use on aacn.org!

Special Offer!

Nurses who purchase this course may purchase the *CCTM Core Curriculum* for \$50. Members will pay \$40. This is a **50% discount** off the regular price. When you purchase the course, you will receive emailed instructions on your receipt on how to take advantage of this special offer.





CCTM Course on HealthStream • “CCTM 2”

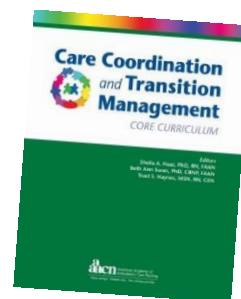
An interactive version of the online course with knowledge checks built in at intervals in addition to text and audio presentation. The *CCTM2* course may be purchased by individuals or institutions. If your facility uses the *HealthStream* learning management system, check if this course is available to you, or ask your manager/CNO to add this course to the facility's package.

What's the difference between the two versions? Both are based on the *CCTM Core Curriculum* text and are designed to help you apply the content. *CCTM1* is the original course that provides audio presentations by CCTM content experts. If your learning style prefers to hear directly from an expert, this version is for you. If you enjoy participating in interactive activities as you view and hear the content, you'll prefer the *CCTM2* learning platform. The choice is yours.

For additional information, or to purchase the course, visit <http://store.healthstream.com/category.aspx?zcid=2491>

Care Coordination and Transition Management (CCTM) Core Curriculum

The *CCTM Core* text covers 13 dimensions, competencies, and activities. The introduction chapter is dedicated to transition from acute care to ambulatory care and the critical nature of hand-offs in ensuring patient safety and quality of care. Two chapters are devoted to technologies that provide decision support and information systems for all dimensions of care coordination and transition management: one focused on informatics, and one on telehealth nursing practice. The text is evidence-based and organized to include definitions, learning outcomes and objectives, a table of knowledge, skills, and attitudes (KSAs), and nationally-recognized core competencies for quality and safety education for nurses (QSEN), inter-professional collaborative practice, and public health nursing competencies. The text is for nurses in all settings; from ambulatory care to hospitals, extended care facilities to student nurses.



The *Core* is the background for AACN's *CCTM Course*, which offers 26.4 contact hours.

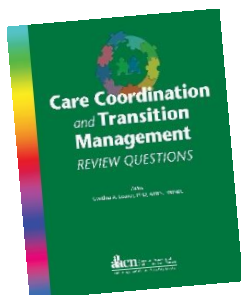
Product #P021 **Member Price: \$79**

Regular price: \$99



Care Coordination and Transition Management (CCTM) Review Questions

This new resource contains 200 mock test items to help nurses prepare for the Certified in Care Coordination and Transition Management (CCCTM) exam provided by the Medical-Surgical Nursing Certification Board (MSNCB) in collaboration with AACN. Nurses can also use the *CCTM Review Questions* to assess their knowledge of the practice of care coordination and transition management. All the review questions and their answers, associated page numbers, and rationales (found in the back of the book) are based on the *Care Coordination and Transition Management Core Curriculum*, a AACN publication. Using the *CCTM Core Curriculum* as a companion to the *CCTM Review Questions* is highly recommended.



CCTM Review Questions reflects the latest test blueprint of the CCTM exam corresponding to those on the exam: Communication and transition throughout the care continuum; Education, engagement; coaching and counseling of patients, caregivers, and support network; Population health management; Patient-centered care planning and support for self-management; Teamwork and inter-professional collaboration; and Advocacy.

Product #P021 **Member Price: \$34**

Regular price: \$44

Scope and Standards of Practice for Registered Nurses in Care Coordination & Transition Management



This new resource provides the first scope and standards of practice for registered nurses in a relatively new role, care coordination and/or transition management (CCTM). While these roles have been evolving over the past 25 years, there has never been formal identification, specification and/or publication of the scope and standards of practice. This publication will set the standard for excellence in the coordination of care and is written as a resource for both acute and ambulatory care nurses. The *Standards* address both the clinical dimension and the management dimension of CCTM, and may be used as a tool to advance professional care coordination and/or transition management nursing practice, patient and population health, and the performance outcomes of health care institutions.

Member Price: \$29

Non-Member Price: \$44

For questions about AAACN's study resources, please contact steph@aaacn.org

AAACN Members receive the best savings on all things CCTM: *CCTM Course*, all study materials, and the CCCTM exam! **Join today** at aaacn.org/join-or-renew.

Want to prepare your group for the CCCTM exam?

Purchase a Site License:

A CCTM site license is the most cost-effective, efficient way to educate multiple nurses! It's easy: Just complete the site license form and submit with payment via mail, fax, or email, and we provide your group with a code and instructions. Nurses can take the *Course* at their own pace— the content will remain in their profile indefinitely!

Course fees are based on the number of users:

- 10-25 users: \$225 per person
- 26-50 users: \$220 per person
- 51-100 users: \$215 per person
- 101+ users: \$205 per person

Site Licenses are available for the CCTM1 version ONLY (aaacn.org/library)

Print your form today: <https://www.aaacn.org/cctm/group-discounts>

Take Advantage of our Special Offer: CCTM Core Curriculum at 50% off for Course Buyers:

You may purchase a CCTM Core for each member of your group at half price!

Purchase Books with our Quantity Discount*:

- 25-99 Save 5%
- 100-199 Save 10%
- 200+ Save 25%

Must purchase 25+ of SAME title to qualify. Only 5 of any given title may be purchased by one member at the member price.

*Quantity discount will not apply to *CCTM Cores* purchased at half price

Please let us know the shipping address and quantity needed, and we will send an exact shipping quote and facilitate your order!

Questions, requests, or need an invoice for your accounts payable department? Contact steph@aaacn.org for quick assistance.

