

CCMC's Code of Professional Conduct Frequently Asked Questions

1. What's new in the updated Code of Conduct?

The revised Code updates definitions and includes new citations and references to clarify terminology. It also provides references to health information technology, patient privacy and the Institute for Healthcare Improvement's Triple Aim—better care, better health for populations, and lower costs.¹

2. Are all case managers bound by the Code?

Compliance with the rules and standards in the Code is mandatory for every *board-certified* case manager—those who hold the Certified Case Manager® (CCM®) credential from the Commission. The Code is accepted across the industry, but board-certified case managers are the only ones who have been tested on it and are required to follow it.

3. What's the difference between a professional case manager and a board-certified case manager?

The Commission gives eligible professional case managers an opportunity to be board certified as case managers across the spectrum of health and human services. We know from the growing demand for board-certified case managers that employers acknowledge their value. You can read the eligibility requirements for board certification here, or call the Commission at (856) 380-6836.

Board-certified case managers have demonstrated they have the expertise, knowledge and professional experience to provide the right services to patients across the continuum of care. They are committed to uphold the highest professional and ethical standards. To maintain their credential, board-certified case managers must comply with the Code of Professional Conduct for Case Managers, which is enforced by the Commission.

4. What was involved in updating the Code?

Originally adopted in 1996, the Code of Professional Conduct for Case Managers was created to ensure quality and protect the public interest. Part two of the Code, governing procedures for hearing ethics complaints, was approved in January 2014. Part one addresses the principles, rules and standards for conduct. Commissioners from across different settings and other subject-matter experts gathered early in 2014 to begin the rigorous, multi-step revision process for part 1, and dedicated hundreds of hours to the process. A proposed version was released for public comment in October 2014, and the Commission elicited input from nearly 100 organizations from across

¹ http://www.ihi.org/Engage/Initiatives/TripleAim/pages/default.aspx



the health care delivery spectrum. After consideration of each public comment, the Ethics Committee incorporated changes; the final revised Code was approved by the Commission's Board of Directors in January 2015.

5. What are the core principles underlying the Code?

- Principle 1: Board-Certified Case Managers (CCMs) will place the public interest above their own at all times.
- Principle 2: Board-Certified Case Managers (CCMs) will respect the rights and inherent dignity of all of their clients.
- Principle 3: Board-Certified Case Managers (CCMs) will always maintain objectivity in their relationships with clients.
- Principle 4: Board-Certified Case Managers (CCMs) will act with integrity and fidelity with clients and others.
- Principle 5: Board-Certified Case Managers (CCMs) will maintain their competency at a level that ensures their clients will receive the highest quality of service.
- Principle 6: Board-Certified Case Managers (CCMs) will honor the integrity of the CCM designation and adhere to the requirements for its use.
- Principle 7: Board-Certified Case Managers (CCMs) will obey all laws and regulations.
- Principle 8: Board-Certified Case Managers (CCMs) will help maintain the integrity of the Code, by responding to requests for public comments to review and revise the Code, thus helping ensure its consistency with current practice.

6. Who can file a complaint?

Board-certified case managers may file a complaint, and so can clients or members of the general public who have power of attorney and are acting on behalf of a client. The chair of the Committee on Ethics and Professional Conduct may also file a complaint, if he or she has reason to believe, through reliable evidence, that a CCM has violated the Code.

7. How is the Code enforced?

The Commission encourages clients who believe they were treated unprofessionally to file a complaint. It also requires board-certified case managers to report colleagues who they believe have violated the Code. The Ethics Committee has a process in place to hear and process complaints. The process includes investigation, collection of supporting documentation and peer review.

8. How do I file a complaint?

All correspondence related to a complaint must be in writing, marked "CONFIDENTIAL" and addressed to the Committee on Ethics and Professional Conduct, CCMC, 1120 Route 73, Suite 200, Mt. Laurel, New Jersey 08054.



9. I have an ethics question about how to handle a certain situation in my practice. How do I get guidance?

The Commission's Committee on Ethics and Professional Conduct provides opinions to board-certified case managers and members of the public. These are non-binding responses to specific dilemmas. Questions may be submitted to Ethics & Professional Conduct Committee, CCMC, 1120 Route 73, Suite 200, Mt. Laurel, New Jersey 08054.

10. Where can I learn more about the Code?

Download the issue brief, *Foundational principles: Code of Professional Conduct provides a framework for ethical, high-quality care.*

11. Where can I read the Code itself?

Visit the Commission's website, http://ccmcertification.org/content/ccm-exam-portal/code-professional-conduct-case-managers.