**SOCIAL WORK CASE MANAGER** Approved by: Chief Operating Officer

DEPARTMENT: Living-at-Home Date: August 2023

SUPERVISOR: Director of Living-at-Home FLSA: Exempt

# POSITION SUMMARY

Serve as part of a multi-disciplinary care team with an assessment nurse to develop service plans and provide ongoing case management to the aging population and adults with physical limitations enrolled in the Community Alternatives Program for Disabled Adults (CAP/DA), a Medicaid waiver program, in Forsyth County. Provide ongoing monitoring, support, education and linkage/referral as indicated by program policy and funding requirements.

# QUALIFICATIONS

**Education, Experience, Training:**

Case Managers in the Living-at-Home program must meet the education, experience and training guidelines outlined in the Community Alternatives Program policy manual. These guidelines are outlined below:

* Bachelor’s degree in social work from an accredited school of social work, and one (1) year of directly related community experience (preferably case management) in the health or medical field directly related to homecare, long-term care, or personal; **or**
* Bachelor’s degree in another field (human services or equivalent field, or non-human services field) from an accredited college or university with two or more years of community experience (preferably case management) in the health or medical field directly related to homecare, long-term care.

# Knowledge, Skills, Ability:

* Basic competency in Microsoft Word, Excel and have the ability to learn new computer software programs.
* Understanding and sensitivity to diverse backgrounds and lifestyles.
* Ability to articulate ideas clearly, (both written and orally), listen, and establish personal rapport
* Ability to handle sensitive information in a confidential manner
* Knowledge, skills, and ability to perform care planning, referral and linkage, monitoring, and follow-up responsibilities outlined in the CAP program clinical coverage policy. Attached as an addendum to this position description.

# Physical Requirements:

Sedentary work with some driving. Repetitive motion, close visual acuity, talking, listening. Not substantially exposed to adverse environmental conditions.

# ESSENTIAL FUNCTIONS

65% Monitor CAP/DA and Consumer-Direction program participants to assure quality of care and appropriateness of services; educate participants and their families about program services and build their capacity to engage in person-centered planning; review provider documentation and claims; coordinate with Department of Social Services on Medicaid eligibility, financial concerns and services; assess at regular intervals psychosocial needs of participants in collaboration with theassessment nurse, participant and family to address needs and barriers; develop the plan of care and secure approval of the plan and all revisions; complete critical incident reports and risk agreements toaddress root causes of issues as they arise; and discharge the participant when CAP/DA or Consumer-Direction is no longer appropriate; assist in training of interns and new staff to the department as needed.

30% Maintain documentation of all case management activities, eligibility, services, care plans and

revisions; record and respond to participant/family feedback, health issues and relevant changes; coordinate quarterly multidisciplinary team meetings to discuss and assess participant’s needs, changes in care and status, etc.; ensure due process is observed and participate in mediations and hearings as needed; enter all documentation into eCAP database; handle phone inquiries from agencies, physicians, participants, family members, and caregivers.

5% Review, maintain an understanding of, and follow all CAP program rules and regulations, clinical coverage policy guidelines, and internal program procedures.

# SUPERVISORY RESPONSIBILITIES

Responsible for own work only. May advise and oversee workflow of interns and new employees in training.

# AUTHORITY/ACCOUNTABILITY

Must be able to function in a team and maintain a cooperative working relationship with service providers in the community. May have local approval authority for revisions of plans of care and Continued Need Review. Assures HIPAA compliance. Complete required contact hours/CEU’s to comply with DHB requirements, to include at least 1 Diversity, Equity and Inclusion training and CAP/DA specific trainings each year.

# PROBLEM SOLVING

Must be able to make referrals to appropriate agencies, follow-up, and offer suggestions for alternative services. Advise and consult with Living-at-Home staff on psychosocial concerns and issues involving participants. Participate with Living-at-Home staff to problem solve departmental issues.