

Job Title:	Care Manager – Licensed Professional		
Department/Group:	Clinical Integration		
Location:	Millennium Collaborative Care	Travel Required:	Regional Travel Required
Level/Salary Range:		Position Type:	Full-time
HR Contact:	Jbrown9@millenniumcc.org	Date Posted:	Sept. 2017

Job Description

POSITION SUMMARY

The Care Manager, Licensed Health Professional will work directly with the Millennium Collaborative Care Medicaid population as a part of the Delivery System Redesign Incentive Payment Program (DSRIP).

This position will function as part of Millennium Collaborative Care's regionally based Clinical Integration team and be a resource to the embedded and office based care managers, health managers, community-based organizations, and other provider partners to address complex patient needs.

The social worker will collaborate with patients, Primary Care Providers, community agencies, behavioral health, dental and other Millennium network partners to provide a model of care that ensures the delivery of quality, efficient, and cost-effective healthcare services. This position is responsible for assessing the biopsychosocial needs of assigned patients, creating individualized care plans, implementing, coordinating, monitoring and evaluating all options and services with the goal of optimizing the patient's physical and psychosocial health status.

The Licensed Health Professional works collaboratively with the nurse care manager and multi-disciplinary care team to ensure patient needs are met and care delivery is coordinated across the continuum. The expertise of the Licensed Health Professional is sought to resolve psychosocial patient care issues and to develop and implement a complex patient care plan. This professional ensures that patients are assisted in order to achieve their highest level of function.

ROLE AND RESPONSIBILITIES

Work with Care Management leadership in the design, implementation, and evaluation of the Care Management model for the assigned Medicaid population.

Assist with state required functions for Medicaid members with a specific emphasis on meeting requirements of the New York DSRIP initiative

Assist care managers to develop coordinated care plans for patients with complex behavioral health and/or psychosocial needs. Fosters a team approach by working collaboratively with the patient, family, behavioral health provider, primary care provider, and other patients/members of the health care team to ensure coordination of services. Assesses the psychosocial needs of referred patients and designs appropriate plans of care.

Help to identify outreach, community resources and education planning needs of the patient/membership and communicate findings to the care manager and health care team.

Coordinate referrals between and among physical, behavioral and/or dental health providers and other community resources to improve overall patient/member outcomes. Ensures appropriate clinical management

information is shared timely with peers, providers and outside agencies while securing system privacy standards.

Provide outreach, including telephonic, meetings or oral presentations, to community based and county transportation (or designated subcontractors) to assist patients/members to access Medicaid compensable services.

Works closely with Medical Management to appropriately apply patient/member benefits and serve as a resource to the patient/member and healthcare team. Supports creation of social work related policies and procedures.

NON-ESSENTIAL DUTIES AND RESPONSIBILITIES:

Maintains required documentation for all care management activities. Collects required data and utilizes this data to adjust the treatment plan when indicated.

Works with leadership to continuously evaluate process, identify problems, and propose process improvement strategies to enhance the Medical Home delivery of care model.

Works with Medical Management team as needed to appropriately apply patient/member benefits and serve as a resource to patient/member and health care team.

Incorporates excellent written, verbal, and listening communication skills, positive relationship building skills, and critical analysis skills into care management practice.

Conducts in-home patient assessments for referred patients with complex psychosocial needs in collaboration with Care Manager, contracted home health agency or physician.

Develops collaborative relationships with community based agencies to improve care, services and access for Health Plan patients/patient/membership.

Utilizes appropriate conflict resolution, assertiveness, negotiation, and collaboration skills in facilitating patient/member throughout the health care continuum.

QUALIFICATIONS AND EDUCATION REQUIREMENTS

Master's Degree in Social Work (MSW) or Mental Health Counseling from accredited university and New York State licensure required. Care Manager Certification preferred, required within three years of position acceptance. A minimum of two (2) years of clinical experience required. Knowledge of Social Work/Mental Health theories, therapies and techniques as used in individual family and group treatment. Positions may require Medicaid specific experience. Knowledge of the basic concepts and principles of Care Management and NY Medicaid required. Critical thinking skills required. General computer knowledge and capability to use Microsoft software and computers required.

KNOWLEDGE/SKILLS/ABILITIES

Demonstrates customer focused interpersonal skills to interact in an effective manner with practitioners, the interdisciplinary health care team, community agencies, patients, and families with diverse opinions, values,



Company Name

and religious and cultural ideals. Demonstrates ability to work autonomously and be directly accountable for results. Exhibits the capability to influence and negotiate individual and group decision-making. Incorporates excellent written, verbal, and listening communication skills, positive relationship building skills, and critical analysis skills into care management practice. Possess the skill to function effectively in a fluid, dynamic, and rapidly changing environment. Displays the proven ability to positively influence behavior and outcomes. Critical thinking skills and ability to analyze complex data sets required. Protects confidentiality of data and intellectual property; insures compliance with national health information projection guidelines. Demonstrates flexibility and ability to adapt to evolving requirements of DSRIP program. Demonstrates teamwork, initiative and willingness to learn, accepts and respects diversity without judgment, and demonstrates strong customer service values. Demonstrates proficient computer knowledge with proven keyboarding skills.

Reviewed By:	Name	Date:	Date
Approved By:	Name	Date:	Date
Last Updated By:	Name	Date/Time:	Date/Time