

**LANE COUNCIL OF GOVERNMENTS
Job Classification**

Job Title: Case Manager Float Position

FLSA: Exempt

Division: Senior and Disabled Services

Salary Range 15

Reports to: Program Supervisor

Last Revised: March 2008

GENERAL STATEMENT OF DUTIES

This position provides case management services to the programs within Senior and Disabled services on an as needed basis. Case management services includes providing information, assistance, and case management for senior citizens and persons with disabilities; assesses current needs, develop and implement service plans, and make appropriate referrals.

SUPERVISION RECEIVED

Work is performed under general supervision and work performance is evaluated through periodic checks and through the adequacy and timeliness of products and services provided and results observed.

SUPERVISION EXERCISED

None.

RESOURCE RESPONSIBILITY

Moderate responsibility for monetary or human resources. Includes final decisions or recommendations regarding correct use of resources with only general checks for reasonableness of actions. Decisions made within policy guidelines.

DISTINGUISHING FEATURES

The Case Manager – Floater is distinguished from salary range 13 Case Managers by the requirement of five years of broad generalist knowledge the case management responsibilities in the various programs within the division. The incumbent in this position will be assigned where needed in the division, depending on absences and vacations of other case managers.

ESSENTIAL CASE MANAGEMENT JOB FUNCTIONS INCLUDE

Manages a caseload comprised of: (1) clients newly admitted to service, and (2) clients who have been receiving services from S&DS for a period of time.

Periodically visits with client where he or she resides.

Meets with applicant and/or his/her family during the initial intake process; provides thorough explanation of services, policies, and assistance programs available.

Conducts comprehensive assessments of client functioning, resources and needs. Assesses client's ability to perform activities of daily living; evaluates medical issues and care needs. Periodically reassesses client's functioning, resources and needs.

Determines and re-determines a client's eligibility for long-term care services and, as appropriate, food stamps and General Assistance.

In consultation with the client, his/her family or representative, his/her physician and, as appropriate, staff from other agencies and organizations, develops a comprehensive and safe plan to meet a client's needs; implements service plan; monitors progress, provides follow-up services and amends the plan of care, as necessary.

Completes complex documentation, including hand written and automated forms and records.

Obtains necessary verifications of client information and, as necessary, secures client's signature on applications and forms. Uses a significant number of computer programs to process the client's initial and continuing eligibility for public services, authorize and arrange for the payment of needed services, and record changes in the client's condition and case.

Gathers appropriate medical documents for referral to SSI Liaison and for local Medical Review Team disability decisions. Also, obtains medical documentation and completes social summary for submission to State Disability Determination Services for a disability decision for those persons who do not otherwise meet SSA financial benefits criteria, so that they can receive Medicaid.

Provides information to the client and, as appropriate, to others associated with the case, on S&DS services. Provides information on, and referral to, other needed programs and services. Provides these services by telephone and in person in a variety of settings (e.g., office, client's home, licensed long-term care facility).

Works with others to identify clients who are candidates for relocation for a nursing home to their own homes or community care facility; visits relocation candidate in the nursing facility to gather information regarding his/her preferences and capabilities; arranges for the client to visit one or more community care facilities; develops a post-relocation service plan, relocates client from nursing home to community care setting, and implements the post-relocation service plan; monitors progress, provides follow-up services and amends the plan of care, as necessary.

Assists clients in obtaining services by providing help with forms, medical appointments, or transportation.

Remains current on other agencies, community resources, service organizations, and programs available in the area.

Resolves problems or emergencies affecting the availability or quality of services. Provides advocacy and direct support services including crisis intervention and short term counseling, as required.

In cases of suspected abuse, exploitation or neglect, determines the need for a referral to Protective Services and, if warranted, makes referral.

Prepares required reports and correspondence to meet client needs and program requirements. Consults and coordinates with appropriate staff, other agencies, medical and service providers, family members and other interested people, as needed.

Maintains up-to-date knowledge of a broad array of agency, state and federal rules, regulations, policies and procedures; reviews manual releases and/or memos (on-line or in hard copy form) for accurate processing; obtains clarifications as needed.

Attends S&DS meetings, as well as local and state training in regard to policy and procedures.

OTHER JOB FUNCTIONS:

Provides back-up support to other positions and the office in case of absence or work overload.

Performs other related duties as assigned.

WORKING CONDITIONS

The incumbent in this position will be working in a variety of places doing a broad range of case management duties. Assignment may change from week to week.

The work is performed primarily indoors requiring hand/eye coordination in the operation of office equipment. Work involves some travel to make home or facility visits with potential exposure to hostile persons, animals, diseases, unsanitary conditions, traffic hazards.

KNOWLEDGE, SKILLS, AND ABILITIES:

Knowledge of client assessment techniques, and the skills and ability to apply this knowledge in the completion of a comprehensive assessment of a client's functioning, resources and needs.

Knowledge of service plan development, and the skills and ability to apply this knowledge in the development of a comprehensive and safe plan to meet a client's needs.

Considerable knowledge of issues, problems, and concerns of senior citizens and people with disabilities.

Knowledge of legal requirements, standards, regulations, policies and procedures related to programs administered on behalf of clients.

Considerable knowledge of community resources and services for the elderly and disabled.

Considerable knowledge of medical terminology, anatomy and physiology, disease processes, and associated care needs.

Ability to communicate effectively with other employees, clients, representatives of client's, representatives of other agencies, physicians, nurses, other medical providers and the general public, using tact, courtesy and good judgment.

Ability to establish and maintain effective working relationships with other employees, clients, representatives of client's, representatives of other agencies, physicians, nurses, other medical providers and the general public.

Ability to educate clients, client's= representatives and/or family members, medical providers and others regarding care options and the importance of client choice.

Knowledge of legal requirements regarding guardianships, conservatorships, powers of attorney, advance directives and related matters.

Requires strong interpersonal and problem solving skills, and the ability to resolve conflicts effectively.

Skills and ability to respond and work effectively with angry and hostile clients, client representatives and service providers.

Ability to work with: (1) individuals who abuse alcohol and/or drugs, (2) individuals who are non-compliant with medical treatment, and (3) individuals with Alzheimer=s Disease or other dementing illnesses.

Ability to maintain accurate, up-to-date records and to prepare reports.

Ability to work with accuracy and attention to detail.

Ability to understand and execute oral and written instructions, policies and procedures.

Ability to work in a fast-paced environment, to manage a high volume of work, and to set priorities in order to meet deadlines.

Ability to quickly transition among different work environments, programs and caseloads.

Ability to operate a networked personal computer and other standard office equipment, such as a calculator, fax machine and photocopier.

Ability to physically perform assigned duties.

EDUCATION AND EXPERIENCE:

Bachelor's degree in social work, or related field, and five years of progressively responsible experience working within Senior and Disabled Services or DHS working with the elderly or disabled; or any combination of education and experience that meets the requirements of the position.

LICENSES, CERTIFICATES & OTHER REQUIREMENTS:

Valid Oregon State driver's license or the ability to obtain reliable transportation to various sites within Lane County.