**Affinity Health Center**

**Position Description**

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| **Title:** | Medical Case Manager |
| **Department:** | Supportive Services |
| **Reports To:** | Case Management Supervisor |
| **FLSA Status:** | Hourly Non-Exempt |
| **Date Revised:** | January 2022 |

**Vision:** Affinity Health Center’s vision is for a healthy and vibrant community where all people have access to exceptional and comprehensive healthcare.

**Mission:** Affinity Health Center serves the healthcare needs of our community by providing access to high-quality, comprehensive care with compassion, dignity and respect.

**General Summary**

Under the administrative supervision of the Case Management Supervisor, the medical case manager is responsible for delivering services that lead to satisfactory health outcomes for people receiving community health center services from Affinity Health Center (AHC) as well as for people living with HIV/AIDS in AHC’s service area. Medical case management duties include a comprehensive assessment of patient needs/goals, development of a service plan to meet patient needs/goals, and ongoing monitoring and evaluation of the service plan’s effectiveness. Duties also include patient advocacy and coordination of referrals to internal/external service providers to assist patients in addressing identified needs. Case manager will ensure that services are delivered in accordance with the SC Ryan White Part B Case Management and Ryan White Part A guidelines. Case management services provided for community health patients will be delivered in accordance with guidance from the Bureau of Primary Care. Medical case manager participates in Continuous Quality Improvement activities and the Performance Management System.

**Essential Functions**

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| **% Time** | **Function** |
| 30% | **Patient Assessment:** Responsible for on-going assessment of patients and patient needs; this includes annual re-evaluation of the patient’s need for case management services and an assessment of the patient’s medical, psychosocial, environmental, financial, legal, functional, sexual, and spiritual needs. Provides education to patients and family members on HIV/AIDS, treatment adherence, risk reduction, advanced directives, and community resource information; educates patients on how to access AHC services and other community services. Collects eligibility documentation for agency services. Maintains patient case management records (paper chart and *Provide Enterprise* record) by documenting case management activities in a professional, timely manner, according to policy. Ensures patient information and records are confidential and are in compliance with HIPAA regulations.  ***Competencies:*** Good communication skills (verbal and written); strong interviewing and assessment skills; Strong knowledge of HIV and community resources; problem solving skills; ability to build and maintain effective relationships with people from a variety of backgrounds; knowledge of and ability to meet case management standards; proficiency in *Provide Enterprise.* |
| 12% | **Specialized Medical Case Management:** Works with patient provides goal-oriented, time-specific Specialized Medical Case Management activities and support to encourage the patients’ participation in his/her own care plan; works proactively with patients until they are ready for less intensive, traditional case management; identifies emerging barriers that may prevent each patient from maintaining participation in care and treatment; identifies patients that are at risk for falling out of medical care and increases efforts to reach patient to re-engage them back into care; may refer to Outreach after all efforts have been exhausted.  ***Competencies:*** Responsiveness; good communication skills; creativity; commitment to teamwork; data management skills; ability to work in a high-pressure environment; strong organizational skills; interviewing and assessment skills; knowledge of community resources; ability to build and maintain effective relationships with people from a variety of backgrounds proficiency in *Provide Enterprise and eClinical Works.* |
| 15% | **Treatment adherence:** Responsible for assisting patients in making informed decisions about their HIV medication treatment and ensuring that patients have the most relevant information related to adherence strategies; educating patients on the importance of adherence tools and identifying barriers to adherence and continuous on-going monitoring of adherence after ART has started. Responsiblefor assessing and evaluating patients’ insurance and/or ADAP eligibility; this includes assessing for eligibility for insurance via Health Insurance Marketplace (HIM), NC HMAP, SC ADAP insurance or co-pay program and assisting with COBRA and/or other insurance related paperwork.  ***Competencies:*** Results-oriented thinking and behavior; good communication skills; ability to build and maintain effective relationships with people from a variety of backgrounds and diverse communities; commitment to teamwork; working knowledge of HIV medications and treatment adherence strategies; proficiency in *Provide Enterprise.* |
| 15% | **Action plan development and monitoring:** Develops an action plan with all patients to reflect the patients’ goals and needs, adheres to the guidelines established for creating and monitoring service plans based on a patient’s specified level of care; ensures that the patient’s action plan guides their interactions with and services provided to patients.  ***Competencies:*** Collaborative outlook; good communication skills; strong knowledge of goal development and monitoring; creativity; strong planning/organizing/time management skills; ability to build and maintain effective relationships with people from a variety of backgrounds; proficiency in *Provide Enterprise.* |
| 15% | **Coordination of care** **and patient advocacy:** Coordinates service provision by assisting the patient in accessing available resources and services within the community (ex. public benefits, entitlement programs, RW, HOPWA, and ADAP funding); advocates for patients to receive fair treatment and works to reduce discrimination in areas such as housing, employment, and benefits; identifies and recruits patients from caseload to participate on committees, workshops, community initiatives, educates patients on how to access AHC services and other community services, etc. Follows up with the patient at established intervals to ensure required services are accessed. Participates in team huddles as needed, case management team meetings and quarterly all-staff meetings.  ***Competencies:*** Awareness and sensitivity to the external environment; good communication skills; ability to build and maintain effective relationships with people from a variety of backgrounds and diverse communities; knowledge of community resources; proficiency in *Provide Enterprise.* |
| 11% | **Referrals:** Refers patients to community resources and service providers, including internal resources, based on the patients’ needs outlined in the action plan; follows up on all referrals and monitors service delivery when multiple providers are involved; especially in regard to a patient’s medical care;follows documentation procedures and policies associated with tracking referrals. Responsible for assisting patients in making informed decisions about their insurance coverage; assists patient in navigating multiple health systems. Participates in huddles as needed, case management team meetings and quarterly all-staff meetings.  ***Competencies:*** Strong knowledge of community resources, internal resources; results oriented thinking and behavior; responsive; good communication skills; commitment to teamwork; ability to take initiative and handle various tasks simultaneously while working efficiently, effectively, and independently under minimal supervision; proficiency in *Provide Enterprise.* |
| 2% | **Community Health Coordination:** Case Manager will be available to assist patients in accessing available resources and services within the community (ex. public benefits, entitlement programs, patient assistance programs, insurance/payor source eligibility). Case Manager will participate in huddle as needed; supports integration and collaboration of services with care teams; maintain patient case management records (electronic health record) by documenting case management activities in a professional, timely manner, according to policy, and ensure patient information and records are confidential and are in compliance with HIPAA regulations.  ***Competencies:***  Collaborative outlook; flexibility; good communication skills (verbal and written); strong interviewing and assessment skills; problem solving skills; strong planning/organizing/time management skills; ability to build and maintain effective relationships with people from a variety of backgrounds; knowledge of and ability to meet case management standards for community health services; proficiency in *eClinicial Works*. |
| **100%** | **Total Essential Functions** |

**Education, Experience, Etc.**

* Bachelor’s or Master’s Degree in Social Work preferred
* Experience in a Human Services Field preferred

**Knowledge, Skills, and Abilities**

* Ability to work in a high-pressure environment.
* Proficiency in Microsoft Office applications (Word, Excel, PowerPoint).
* Ability to take initiative and handle various tasks simultaneously while working efficiently, effectively, and independently under minimal supervision required.
* Maintains patient case management records (paper chart and *Provide* record) by documenting case management activities in a professional, timely manner, according to policy.
* Possession of strong written and oral communications and problem solving skills required.
* Interviewing and assessment skills
* Valid driver’s license required; dependable transportation required.

**Working Conditions**

* Occasionally sits for long periods of time.
* Frequently works inside throughout the year.
* Regularly types and reads on a computer.
* Regularly communicates in-person, by telephone and written correspondence.
* Occasionally stands, stoops, reaches, pushes and pulls
* Rarely lifts items 15bs or less
* Occasionally works some non-traditional working hours
* Occasional travel (driving) may be required
* Occasional off site work required
* Occasional home visits required

**Affinity Health Center**

**Position Description Acknowledgment**

I, , confirm that I have received, reviewed and fully understand the position description, including all requirements and expectations of the role of at Affinity Health Center.

I confirm understanding that in addition to the written position description, I may be called upon to perform other unwritten duties and tasks relevant to my role within the organization, consistent with organization policies and necessary to best serve the healthcare needs of Affinity Health Center patients and the community.

In addition, I acknowledge that the written position description may be modified by Affinity Health Center at any time, on a temporary or regular basis, to best fulfill the mission and vision of Affinity Health Center, and that I will be promptly notified by my immediate supervisor or by the Director of Administration and Compliance of such modification.

I further understand that future performance evaluations and merit increases to my pay are based on my ability to perform the duties and responsibilities outlined in this position description to the satisfaction of my immediate supervisor.

I have discussed any questions I may have had about this position description prior to signing this form.

Employee Signature Date

Supervisor/Director Signature Date