

Cass County Council on Aging

Job Description

Job Title: Case Manager

Job Summary: Under the Supervision of the Care Services Team Leader the primary function will be to assist older adults who are inquiring about community support services available through the agency and seeing this process to completion. Obtain intake information and assessments that are needed prior to start of service. Community support services include home care, transportation, home delivered meals, MIPPA and MMAP. We strive to provide a complete wrap around service to older adults

Nature and Scope of Job Position requires excellent communication skills with customers, knowledge of current programs that offer assistance and the ability to access those programs internally and with other agencies. Assessment skills and attention to detail are critical.

Essential Job Functions:

1. Complete COA intake assessment screening tool to determine client needs. Provide referrals and counseling to discuss services that may be indicated. Clients may walk in to the office or set up a home visit to complete the assessment. Create and monitor the implementation of care plans for each assigned client providing regular follow-ups. This position could require up to 50% local travel.

Home Care Services

- a. Obtain referral information from both internal and external referral sources.
- b. Schedule home care visit and travel to client's home to complete assessment and necessary documents including NAPIS.
- c. Coordinate with Care Service Team Leader to assure that the referral information is processed so services can be initiated timely.
- d. Make referral to ADS Director if appropriate.
- e. Referral to home delivered meals and transportation if indicated.
- f. Documentation of services provided that will include data input and accurate reporting as needed.

Transportation Services

- a. Obtain referral information from both internal and external referral sources.
- b. Schedule home care visit and travel to client's home to complete assessment and necessary documents including NAPIS.
- c. Coordinate with Care Service Team Leader to assure that the referral information is processed so that services can be initiated timely.
- d. Mentoring, training, and scheduling of drivers to support Med Trans requirements.
- e. Documentation of services provided that will include data input and accurate reporting as needed.
- f. Review trip sheets for accuracy and submit to Admin for reimbursement of mileage. Track and submit volunteer hours to HR by the 5th of every month for the month prior.
- g. May be required to transport clients to appointments in emergent situations.

Home Delivered Meals

- a. Obtain referral information from both internal and external referral sources.
- b. Complete intake information and home assessment so that services can be initiated including NAPIS.

- c. Send updated computer messages to all involved so that services and billing department have needed information.
- d. Advise customer when services will start. If services are discontinued, update computer and billing dept. of changes.

MIPPA/MMAP Counselor:

- a. Provides Medicare, Medicaid, and supplemental health and long-term care insurance information
 - b. Provides health insurance counseling services
 - c. Conducts individual health counseling sessions in person, by phone, at specified locations or in clients' homes as necessary
 - d. Assesses client's need for information and/or assistance
 - e. Provides claims advocacy as required
 - f. Provides referrals to appropriate resources
 - g. Assist client with enrollment during open enrollment for supplemental services.
2. Always maintain client confidentiality and HIPAA standards.
 3. Supervise and document home health aide plans of care and documents supervisory visits.
 4. Initial and ongoing assessment of client's needs including Outcome and Assessment Set (OASIS) at appropriate time sets.
 5. Plans and conducts monthly Caregiver Support meetings.
 6. Confers with agency medical staff on medical conditions or medications as necessary.
 7. Follows the agency's safety and health procedures to ensure safe working practices on the job and in the client's homes.
 8. Create and maintain a resource binder and provide resource referrals to internal and external agencies, as needed to support client needs.
 9. Support Project Fresh program and other team initiatives, as directed.
 10. Participates in staff, team meetings and other meetings as required. Attends assigned trainings, as requested.
 11. Supports organizational events and activities, as requested.
 12. Enhances community understanding of COA programs through presentations to community organizations and other interested groups such as; doctor's offices, rehab centers, businesses, nonprofits, and sister agencies.
 13. Supports marketing events at fairs, seminars, expos, and training events.
 14. Performs other duties as assigned, related to team or departmental needs.

Minimum Qualifications:

Education: Four-year degree in Health, Human Services, Social Work or higher - highly preferred
Will consider-LPN or RN

Experience: Five years of case management experience, working with the mature adult public

- Medicare and/or Medicaid experience is highly preferred
- Elder abuse experience is highly preferred
- MI Choice Waiver program experience highly preferred

Other: Requires a car and valid driver's license. Must be willing to obtain and maintain a valid Chauffer's License.

Certifications: Must maintain current CPR, First Aid and AED certification

Skills and Abilities:

1. Ability to relate well with people.
2. A pleasant voice, tactful and courteous.
3. Ability to work as part of a team with minimal supervision.
4. Exude extreme professionalism in dress, demeanor, and action.

