POSITION DESCRIPTION

Senior and Disability Services
Transition and Diversion Case Manager

Transition and Diversion Case Manager
EMPLOYEE NAME: _____
Position Title: Transition and Diversion Case Manager
Classification/Salary Range: Transition and Diversion / SEIU Range 17.06
Division/Unit: Senior and Disability Services / Licensing, Payment, and Support
Supervisor: Unit Manager
FLSA Status: Non-Exempt, Overtime eligible
Representation: SEIU
Position Location: Schaefers Building, 1015 Willamette, Eugene, OR, or other locations as needed

Position Purpose

This position provides two types of services, Transition and Diversion. A person residing in a Nursing Facility, with Medicaid funding covering the cost of care, is eligible for Transition services. These services may be provided to enable a client to move from the Nursing Facility. Diversion services are provided to prevent a person from becoming a long term resident of a Nursing Facility, prior to Medicaid funding covering the cost of care. Diversion can begin prior to Nursing Facility placement of while a person is receiving skilled Nursing Facility care.

Note: Essential competencies of this job are described under the headings below. They may be subject to change at any time. The omission of specific statements of duties does not exclude them from the position, if the work is similar, related, or a logical assignment to the position. The job description does not constitute an employment agreement between the employer and employee.

Position Essential Functions

Assist participant in choice of community housing; assist and coordinate all arrangements needed to prevent the participant from entering the nursing facility:

Develop individual housing option (s) for participant.

Assist participant with arrangements necessary to allow participant to move.

Locate a qualified provider or in-home caregiver who can meet the person's needs.

Arrange visits allowing the person to participate in the selection of their new home.

If the person has an existing provider/caregiver, identify additional supports needed to maintain the placement.

Assist potential Transition/Diversion participants in making the decision to participate in the Transition/Diversion Program:

Meet with potential Transition/Diversion participants and their families to explain program and concepts.

Complete all needed assessments and service plans.

Verify that participant is eligible for Transition/Diversion Services.

Work with local eligibility staff to establish Medicaid financial eligibility.

Work with local case management staff to establish/update Medicaid functional eligibility.

Set up process for communication with participant, family, and/or guardian, significant others, and nursing facility that develops on-going timeline to transition period.

Facilitate relocation using the following three types of approaches:

Full Case Management and transition services to very complex Nursing Facility resident until the person has been moved to their new placement, with 30-60 days monitoring, and the case can be transferred to an on-going Case Manager.

Co-Case Management for an existing Nursing Facility resident or a person at risk of becoming a Nursing Facility resident. In these situations, the TC and the existing Case Managers will share duties with the TC providing the time consuming work of placement identification and discharge planning.

Consultation to existing case managers who need ideas or time limited, task specific assistance to either support a Nursing Facility discharge or prevent a Nursing Facility placement.

Client Assessment for Transition/Diversion:

Review current or perform PAS CA/PS initial assessment, review hospital, current provider or nursing facility charts.

Update CA/PS as necessary to reflect transition-planning activity.

Meet with client and staff to determine medical, mental, and physical level of functioning for possible transition/diversion to less restrictive, less costly care setting.

Facilitate care conference with client and/or representative or guardian, nurses, social workers, therapists, doctors, and current Case Manager to determine appropriate community placement plan. Enter all documentation and progress notes in ORACESS narration.

Work with other project staff, policy teams, and/or resource developers to recommend and implement strategies to minimize barriers to participant relocation.

Other Job Functions:

Work with other project staff, policy teams, and/or resource developers to recommend and implement strategies to minimize barriers to participant relocation.

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;

Considerable knowledge of community resources and services for seniors and people with disabilities;

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;

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; Knowledge of medical terminology, anatomy and physiology, disease processes, and associated care needs.

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

Skilled in interpersonal communication and problem solving;

Skill and ability to respond and work effectively with angry and hostile clients, client representatives and service providers;

Ability to communicate effectively with other employees, clients, representatives of clients, 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 clients, representatives of other agencies, physicians, nurses, other medical providers, and the general public.

Ability to educate clients, clients' representatives and/or family members, medical Providers, and others regarding care options and the importance of client choice;

Ability to resolve conflict effectively;

Ability to obtain photographic evidence as necessary per Statute guidelines;

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

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 set priorities in order to meet deadlines;

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.

Other Duties of Position

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

Commitment to working effectively and collaboratively with clients and colleagues from diverse backgrounds, in support of an inclusive and respectful environment.

Works to participate in the learning environment within the division.

Regular and on-time attendance.

Other duties as assigned.

Minimum Qualifications

Bachelors' degree in social work and three years of progressively responsible experience working in human service programs, preferably with seniors or people with disabilities, or any combination of education and experience that provides the occupant with the desired skills, knowledge, and ability required to perform the job. Medical knowledge, certification such as an RN degree, and previous adult protective service experience desirable.

Valid Oregon State driver's license.

Passing a background check is required for this position.

Knowledge, Skills & Abilities

Excellent written and oral communication skills.

Ability to think creatively and respond to a changing environment.

Organized and able to manage time wisely.

Cooperative and collaborative attitude.

Ability to establish and maintain effective working relationships.

Ability to work independently and as a member of a team.

Demonstrates sensitivity to the issues associated with low income, disability, diversity, and aging.

Ability to communicate effectively with participants, volunteers and community members to promote their participation or resolve their concerns with professionalism and respect.

Ability to organize, plan, and coordinate multiple tasks with attention to detail; handle multiple interruptions, maintain focus on tasks and produce accurate work.

Signatures

Employee signature and date_____

Manager signature and date_____

Human Resources signature and date_____