



Clinical Case Manager RN/LVN-Float Nurse Outpatient, Inpatient/ED (On-Site)

Department: Clinical Department

Reports to: Clinical Supervisor Outpatient

FLSA Status: Non-Exempt

Employment Status: Full Time; Part Time; Per Diem

Shift/Time: Sunday-Saturday, 7:30 AM-5:00 PM (Depending on start/lunch time)

Effective: 06/28/2017

Revised: 05/23/2019

Position Summary:

This position represents the Foundation for Medical Care of Tulare and Kings Counties, Inc., as well as, Key Medical Group, Inc. in a manner that promotes collaborative working relationships with all entities involved in the continuum of care for the purpose of, improving care management and care coordination. This position is part of an Interdisciplinary Team referred to as the Virtual Care Team Outpatient (VCT OP) and Virtual Care Team Inpatient (VCT IP), who will work under the direction of the Key Medical Group, Inc. Medical Director, Clinical Manager and the Clinical Supervisor Inpatient (On-Site). This position will provide the Clinical Department team members with the support and information necessary to effectively and efficiently, fulfill the purpose of the Clinical Department. This position will provide the Clinical Department insured members/patients and their families/representatives with the support needed to cope with chronic, acute or terminal illnesses as they transition through various levels of care and environments. These services include, but are not limited to, communication between Clinical Department Teams; Organization departments; Physicians/Providers and their staff; health plan staff, facility staff; community resource staff, as well as, advising members/patients and their families/representatives; providing education; and referrals for other needed services as directed.

This position provides Clinical Case Management services across the care continuum of inpatient and facility based care; to outpatient and community based care with the focus on access to high quality, medically necessary care, utilizing effective and efficient healthcare resources. These activities include the care coordination, discharge planning, disease management and case management of Organization members with the focus on access to high quality, medically necessary care, utilizing effective and efficient healthcare resources.

Position Responsibilities:

All Position Responsibilities are performed within the Scope of Licensure in possession.

In collaboration with the Medical Director; the Virtual Care Team Inpatient (VCT IP); and, Virtual Care Team Outpatient (VCT OP):

- Based on the information obtained from various sources (Outpatient/Inpatient), evaluates the physical, functional, social, psychological, environmental and financial needs of the selected patient population by means of in person, telephonic or through written clinical information, e.g., EMR, concurrent review documentation, etc.
- Initiates, develops, or completes the initial, continued stay, updates in the outpatient, inpatient and ED implements an Interdisciplinary Care Plan, which is patient specific, as needed or indicated for inpatient or outpatient in a facility or out on a concurrent basis.
- Identifies a cost-effective comprehensive plan to meet the needs of the patient; and, implements the plan of care.
- Monitors the plan of care to ensure the effectiveness and appropriateness of services, as well as, ensure that services are being delivered effectively, appropriately and timely.
- Initiates referrals to appropriate internal and external community resources.

Position Responsibilities (cont'd):

- Facilitates access and communication when multiple services are involved, promoting and maximizing care coordination.
- Develops a Discharge Plan, based on the Discharge Assessment, on notification of inpatient or observation admission that is specific to the individual needs of the patient/family/representative.
- Implements the Discharge Plan for each patient as soon as the patient's condition permits.
- Reviews each applicable authorization request for appropriateness, keeping in mind, in area, out of area, contracted, non-contracted circumstances. Creates appropriate authorizations. Maybe delegated. Delegation must be appropriate.
- Educates practitioners, as needed, regarding the authorization/Referral processes.
- Reviews each patient admitted to the facility with the Medical Director, on a daily basis or per the direction of the Medical Director. Will use the Organization designated criteria guidelines for establishing medical necessity.
- Completes utilization management activities when requested.
- Investigates and follows up on all additional requests by the Medical Director or Clinical Department Manager.
- Conducts/Attends patient/family/representative conferences, as needed.
- Assists with acute transfers.
- Facilitates all lower level transfers.
- Evaluates and assists with admissions, transfers, placement and/or discharge of patients in the Emergency Department.
- Coordinates and collaborates with the clinical team to provide the appropriate medical, nursing and/or health care needed by the patient post facility discharge, e.g., PCP and/or Specialist appointments, community based support groups/services, Home Health etc. Maybe delegated. Delegation must be appropriate.
- Coordinates needed transportation. Maybe delegated. Delegation must be appropriate.
- Coordinates patient receipt of ordered discharge medications.
- Identifies and reports to the facility Quality Management Department any potential quality of care issue and/or pre-established U.M. Referral Indicators.
- Acts as the patient's advocate.
- Evaluates the reasons for 7 day and 30 day readmissions.
- Reviews Length of Stay outliers and formulate appropriate interventions/strategies to alter and improve patient outcomes.
- Assists, prepares and/or serves all applicable and required patient notifications, e.g. POLST, Advance Directive, MOON, IDN, NOMNC, ABN, Denials, etc.
- Documents all tasks, interventions, plans, etc. according to Plan, Facility and Organization policies and procedures.
- Develops a trusting professional relationship with co-workers, patients/families/representatives that supports the Virtual Care Team's ability to best serve the individual patient/family/representative.
- Attends all Virtual Care Team meetings as requested.
- Reviews and presents cases to the Virtual Care Team, which includes the Medical Director.
- Assists, supports and participates in the Organization's Quality Improvement activities as assigned by Medical Director, Clinical Manager and/or Clinical Supervisor.
- Ensures the privacy and security of PHI (Protected Health Information).

Position Responsibilities (cont'd):

- Accountable for (this list is not all inclusive):
 - Receiving the physician/provider Case Management Referrals. Will make the initial triage telephone contact with the patient/family/representative. Based on the information gathered, will address the concern or initiate the appropriate referral, e.g., Clinical Department staff; Organization staff; Health Plan staff; community and/or facility staff.
 - Provide education on disease processes and community resources.
- Completes Utilization Management activities when requested, which include, but are not limited to:
 - Completing the initial, continued stay and discharge reviews of each patient located in facilities that do not have an Organization on-site Virtual Care Team – Inpatient
- (VCT IP). Reviews may be concurrent or RETRO.
 - Collaborates with the facility's case management team in the development of a cost-effective comprehensive plan to meet the needs of the patient. Ensures that the facility's case management team implements the developed plan of care.
 - Monitors the facility's plan of care to ensure the effectiveness and appropriateness of services, as well as, ensure that services are being delivered effectively, appropriately and timely.
- Facilitates access and communication when multiple services are involved, e.g., coordination of Home Health or Dialysis services.
- Completes post-claim and reconsideration reviews.
- Completes the necessary steps required with inpatient and SNF appeals.
- Collaborates with the Organization's Clinical Case Manager RN/LVN – Inpatient and Clinical Case Manager RN/LVN – Inpatient (Not Facility Based) for evaluation of 7 day and 30 day readmissions to an acute inpatient setting.
 - Performs other functions as necessary to accommodate departmental change, workload and emergencies.
 - Completes other duties as assigned.

Position Responsibilities listed are not exhaustive and maybe revised by the employer, at its sole discretion.

Required Skills and Abilities:

- Must have the ability to work independently.
- Must have the knowledge of chronic disease processes.
- Ability to evaluate discharge and home needs.
- Must be skilled in phone evaluation, to include, knowledge of common medications used to treat chronic diseases.
- Ability to work independently;
- Must have exceptional organizational, problem solving and time management skills.
- Strong interpersonal skills and sound professional judgment.
- Good physical and mental health, able to work under pressure.
- Ability to multi-task.
- Work in a team environment with flexibility and the ability to adapt to change.
- Disagree constructively with supervisors and peers;
- Manage multiple deadlines in a fast-paced environment;
- Work collaboratively with all medical personnel;

Position Responsibilities (cont'd):

- Effectively communicate, verbally and in writing, complex material to others regardless of experience level and cultural backgrounds;
- Complete clear, concise, accurate and timely patient care documentation;
- Effectively utilize computer and Microsoft Office (Word, Excel, Access). The ability to learn Organization software utilization quickly and efficiently.
- Knowledge of and impact on the Organization:
 - Medicare and Medicare Managed Care regulations;
 - General Commercial Health Plan regulations;
 - Principals and practices of health care, health care systems and managed care;
 - Community-based organizations, agencies and community services;
 - Culture and needs of the socially and ethnically diverse population the Organization serves;
 - Complex case management.

Job Requirements, Experience and Education:

- Graduate from an accredited Nursing Program is **required**.
- Current, unrestricted California RN or LVN License is required
- At least 1 year work experience in an acute or long term care setting as a RN or LVN is **required**.
- UM and/or managed care experience **preferred**.
- A current, valid California driver's license is **required**.
- Current automobile liability insurance which meets California liability requirements is **required**.
- Has not been sanctioned or excluded from participation in federal or state healthcare programs by a federal or state law enforcement; regulatory; or, licensing agency is **required**.
- Knowledge of Medicare, Medicaid, Self-Funded Insurance and/or Commercial Insurance is **preferred**.
- Must successfully complete the relevant Facility credentialing processes within 3 months of hire or promotion to this position is **required**. This process includes; but, is not limited to a background check, drug screen and demonstration of freedom from communicable diseases,
- Bilingual is **preferred**.

Physical Demands and Work Environment:

The physical demands and work environment characteristics described are representative of those that must be met by an employee to successfully perform the essential functions of this job. Reasonable accommodation will be made to enable individuals with disabilities to perform essential functions.

- **Physical Demands:** The employee must be able to sit and stand for extended periods of time. Must be able to walk distances greater than 1,000 feet on uneven terrain. Must be able to work on a computer, including laptops, surfaces, etc. for long periods of time. Employee is required to use hands and fingers, especially for typing on the computer and using the mouse. Employee must be able to communicate, particularly for regular phone use, in meetings and face-to-face interactions. Employee must be able to lift at least 25 pounds.
- **Work Environment:** May not have a private workspace. Minimal to moderate noise levels and controlled temperatures. Risk of exposure to infectious diseases and chemicals.

The Job Summary, Responsibilities, Skills and Abilities listed in this Job Description are representative only and not exhaustive of the tasks that an employee may be required to perform. The Organization reserves the right to revise this Job Description at any time; and, require employees to perform other tasks as circumstances or conditions of its business or work environment change. The

Position Responsibilities (cont'd):

Shift/Time listed in this Job Description may be flexed or altered by the Organization at any time to meet the needs of those served by the Clinical Department.

My signature indicates that I have been given my current Job Description and have been provided the opportunity for review and clarification:

Signature

Date

Printed Name