ZEPF COMMUNITY MENTAL HEALTH CENTER, INC.
JOB DESCRIPTION

JOB TITLE: Care Manager
JOB CLASSIFICATION: Client Services
DIVISION: Client Services
DEPARTMENT: Health Home
PROGRAM: Health Home
SUPERVISOR: Health Home Team Leader

POSITION PURPOSE: The purpose of this position is to provide the overall management and coordination of the client’s care plan, which will include medical/behavioral health (including substance abuse), long-term care, and social service needs and goals.

NATURE OF WORK: The person in this position have the lead responsibility for providing or arranging for health promotion services based on the identified needs in the assessment and goals in the care plan. Levels of support required by people on caseload may vary greatly. The Care Manager works with the client in the community and an agency environment. Works hours/shifts as posted.

COMPETENCIES/ Essential Functions:
1. Lead responsibility for providing or arranging for health promotion services based on the identified needs in the assessment and goals in the care plan.
2. Provides comprehensive transitional care services including the development and coordination of a discharge and transition plan. Attend hospital treatment team meetings and update care plans accordingly.
3. Assists the client in the development of symptom monitoring and management skills to minimize negative effects of the chronic conditions in daily living.
4. Connects clients with peer supports including self help and advocacy groups.
5. Promotes importance of social supports and good lifestyle choices.
6. Assesses client strengths and needs. With the client and applicable team members, develops a comprehensive care coordination and treatment plan. Monitors and evaluates client progress toward goal attainment. Reviews and modifies plans every 90 days
7. Maintains contact with the client as indicated in the treatment plan or as needed to insure stability at least every 90 days or as required by regulatory bodies. Communicates with and provides support to clients in achieving goals and interim needs. Provides active outreach as necessary, including crisis intervention and management, and acquisition of appropriate community supports.
8. Links and/or refers clients to other services, programs, and agencies as needed. Assists in insuring clients obtain and retain applicable entitlements and follows up on same. Serves as an advocate for clients. With appropriate releases, communicates with family members and significant others as indicated.
9. Confers with supervisor and other team members regarding caseloads and, as appropriate, other agencies with emphasis on provision of most appropriate, effective and cost efficient services.
10. May carry beeper, be on-call and is available to take phone calls as scheduled. Provides back up for other staff.
11. Completes required paper work in accordance with timelines and standards required by the agency, regulatory bodies and payors. Demonstrates excellent written and oral communication skills.

12. Carries out policies and procedures of the agency; may participate in community work, staff development, agency-wide projects; serve on agency committees/teams, attend meetings and performs other related duties as requested.

**ESSENTIAL BEHAVIORS:** Professional approach to all functions and relationships with all levels of staff, clients, other agencies, and the public. Abides by the code of ethics. Strives to continuously improve own and agency objectives and operations. Incorporates Continuous Quality Improvement (CQI) techniques into daily work activities. Participates on CQI process teams and/or supports CQI initiatives.

**EDUCATION AND EXPERIENCE:** LSW, LISW, PC, PCC or other ODMH recognized licensure/status required.

**OTHER:** Those eligible to drive company vehicles must have a valid driver’s license and be eligible for coverage as defined by the agency commercial insurance carrier. Those who drive personal vehicles in the course of business must be able to provide proof of insurance as necessary.

**Subordinates:** None

__________________________________    ______________________
Employee=s Signature                Date

__________________________________    ______________________
Supervisor=s Signature              Date