



## CARE COORDINATION SOCIAL WORKER

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**Position Status:** Exempt  
**Reports To:** Care Coordination Supervisor (RN or LCSW)  
**Effective Date:** 06/04/14  
**Revised Date:** 05/11/20  
**Job Level:** P2

### POSITION SUMMARY

Under limited supervision, this position:

1. Develops and manages an individualized intervention plan for members referred into the Care Coordination program with the goal of promoting optimal, achievable outcomes in the most cost effective and appropriate manner
2. Works in conjunction with the interdisciplinary Care Coordination team to facilitate quality outcomes across the continuum by educating members, providers, external agencies, and internal departments and providing assistance in navigating the managed care system
3. Participates in Quality Improvement efforts, to continually evaluate the Care Coordination Program's effectiveness and its quality driven, cost effective achievable goals and outcomes for Alliance members
4. Performs other duties as assigned

### RESPONSIBILITIES

1. Develops and manages an individualized intervention plan for members referred into the Care Coordination program with the goal of promoting optimal, achievable outcomes in the most cost effective and appropriate manner, with duties including but not limited to:
  - Performing comprehensive assessment of physical, emotional, psychosocial, and environmental needs of the member by reviewing relevant and available medical records and communicating by telephone and in person
  - Working collaboratively with Nursing and Care Coordination staff to develop member-centered goals
  - Recognizing members' barriers to compliance and changes in psychosocial condition and adjusting the intervention plan of care as needed
  - Maintaining regular member contact with open cases
  - Documenting and recommending case management actions in accordance with established processes and procedures
  - Documenting and managing members' specific intervention plans in a timely and accurate manner with consideration of benefit coverage and regulatory program policies
  - Facilitating completion of member goals through a multidisciplinary approach of collaboration with internal and external resources and member or authorized representatives
  - Making recommendations and referrals to appropriate agencies
  - Advocating appropriately based on the scope of the health plan, on members' behalf to ensure quality of care and attainment of appropriate goals
  - Preparing and sending member correspondence that meets contractual requirements
  - Managing assigned cases and interventions in a timely and accurate manner

2. Works in conjunction with the interdisciplinary Care Coordination team to facilitate quality outcomes across the continuum by educating members, providers, external agencies, and internal departments by providing assistance in navigating the managed care system, with duties including but not limited to:
  - Participating in care conferences and care rounds on a regular basis
  - Assisting other department staff with resolution of quality and coordination of care issues for members within the programs
  - Representing the Alliance at community meetings and confidential multidisciplinary task forces concerning health issues or provision of health-related services
  - Supporting the Care Coordination team by sharing clinical expertise related to social work on a consultative basis
3. Participates in Quality Improvement efforts, to continually evaluate the Care Coordination Program's effectiveness and its quality driven, cost effective achievable goals and outcomes for Alliance members, with duties including but not limited to:
  - Participating in Quality Improvement efforts involving access to care, member education, and behavioral changes of members who require on-going care coordination
  - Maintaining documentation of case management plans and interventions required to demonstrate the cost effectiveness of care coordination and the impact on members' health care outcomes
  - Supporting, implementing, and evaluating program processes on a timely basis to make recommendations for improvement
  - Auditing work for compliance with departmental workflow and procedures
4. Performs other duties as assigned

#### EDUCATION AND EXPERIENCE

- Master's Degree in Social Work or similar field of study and two years of Social Service experience in an acute care setting, community agency or managed care environment; or a combination of education and relevant work experience may be qualifying.

#### KNOWLEDGE, SKILLS, AND ABILITIES

- Thorough knowledge of the principles and practices of case management and coordination including assessment, care/treatment planning, discharge planning and documentation
- Thorough knowledge of the availability and means of utilizing community resources for special services
- Working knowledge of Medi-Cal and related policies and regulations
- Working knowledge of reporting methods for cases of abuse or neglect
- Some knowledge of and proficiency in the use of Windows-based PC systems and Microsoft Word, Outlook, and Excel
- Some knowledge of the principles and practices of health care, medical administration and health care systems, including managed health care
- Skill to effectively interview members to determine their strengths, problems prognosis, functional status, goals, and need for specific services and resources, and to establish short-term and long-term goals
- Ability to use pro-active customer services skills in handling complex and demanding situations

- Ability to advocate on behalf of the individual to assure quality of care and attainment of appropriate goals
- Ability to create, document, and implement intervention plans
- Ability to perform public speaking in a variety of forums
- Ability to exercise strong critical thinking and problem-solving skills
- Ability to evaluate medical records and other health care data
- Ability to manage persons who are non-compliant and or have behavioral health issues;
- Ability to manage complex priorities with assistance in order to meet increasing role responsibilities
- Ability to work effectively with persons of ethnically and culturally diverse backgrounds

#### DESIRABLE QUALIFICATIONS

- Bilingual (English/Spanish or English/Hmong, depending upon work location)
- Current registration as an Associate Clinical Social Worker by the State of California and/or actively pursuing licensure by the State of California as a Marriage and Family Therapist or Licensed Professional Clinical Counselor
- Work experience as a Medical Social Worker

#### WORK ENVIRONMENT

- Ability to sit in front of and operate a video display terminal for extended periods of time
- Ability to bend, lift and carry objects of varying size weighing up to 10 pounds
- Ability to travel to different locations in the course of work

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*This position description, and all content, is representative only and not exhaustive of the tasks that an employee may be required to perform. Employees are additionally held responsible to the Employee Handbook, the Alliance Standard Knowledge, Skills and Abilities and the Alliance Code of Conduct. The Alliance reserves the right to revise this position description at any time.*