Title: CARE MANAGEMENT CASE MANAGER II - RN
Position Status: Exempt
Reports To: Care Management Supervisor
Effective Date: 09/15/2011
Revised Date: 02/01/2013; 09/22/2014; 08/08/2016; 11/07/2017

SUMMARY DESCRIPTION: Under direction, this position:
1. Develops and manages an individualized comprehensive plan of care for members referred into the assigned Care Management Program with the goal of promoting optimal, achievable outcomes in the most cost effective and appropriate manner;
2. Works with and educates members, families, providers, external agencies and internal departments on the Care Management Program and provides assistance as needed;
3. Participates in Quality Improvement studies, to continually evaluate the program’s effectiveness and ability in promoting quality driven, cost effective, achievable goals and outcomes for members; and
4. Performs other duties as assigned.

DISTINGUISHING CHARACTERISTICS:
The Care Management Case Manager II-RN is the advanced professional level in the series and is distinguished from the lower level Care Management Case Manager I – RN by the former’s performance of more complex case management duties, including managing cases that involve multiple admissions, catastrophic injury or diagnosis, and/or psychosocial challenges, such as substance use disorders, trauma, mental illness and/or homelessness, in addition to medical issues, and/or high cost cases identified by the Claims Department.

DUTIES AND RESPONSIBILITIES:
1. Develops and manages an individualized comprehensive plan of care for members referred into the assigned Care Management 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 and psychosocial needs of the member via telephonic means and/or through face to face interaction or review of relevant and available medical records;
   • Performing advanced clinical assessments on complex members and developing a plan of care with member centric goals that are implemented, evaluated, and closed upon completion of member’s goals;
   • Recognizing barriers to compliance and alterations in member’s condition in a timely manner;
   • Planning and executing appropriate interventions, evaluating outcomes and adjusting the plan as needed;
   • Maintaining regular member contact at least every 30 days;
• Documenting and managing the development and implementation of a member-specific care plan 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 family members, and making recommendations and authorizing services to appropriate agencies;
• Advocating on member’s behalf to ensure quality of care and attainment of appropriate goals;
• Preparing and sending member correspondence that meets contractual requirements;
• Managing an appropriate level of cases assigned in a timely and accurate manner; and
• Acting as a resource and providing support to other case management staff by sharing clinical expertise related to pathophysiology and best practices.

If assigned to Pediatric Case Management, additional duties include:
• Ensuring that prior authorization requests are completed in a timely fashion to meet contractual requirements and that all reviews are conducted using nationally recognized and evidence based standards;
• Coordinating and following the established preauthorization review process for outpatient and inpatient services;
• Providing accurate, thorough and efficient review of authorization requests;
• Making utilization decisions and recommendations based upon evidence based guidelines adopted by the Alliance, such as CCS numbered letters and MCG care guidelines;
• Reviewing prior authorization requests with Medical Directors, as directed;
• Preparing Notices of Action that meet contractual requirements; and
• Communicating with physicians, ancillary providers and county service agencies to coordinate member care.

2. Works with and educates members, families, providers, external agencies and internal departments about the Care Management Program and provides assistance as needed, with duties including but not limited to:
• Scheduling, organizing and leading impromptu case conferences as needed and participating in Care Rounds on a regular basis;
• Assisting other Alliance department staff with resolution of quality and coordination of care issues for members within the programs; and
• Representing the Alliance at community meetings and confidential multidisciplinary task forces concerning health issues or provision of health related services.

3. Participates in Quality Improvement studies, to continually evaluate the program’s effectiveness and ability in promoting quality driven, cost effective, achievable goals and outcomes for members, with duties including but not limited to:
• Participating in Quality Improvement studies involving access to care, member education and behavioral changes of members who regularly require on-going care management;
• Maintaining documentation of case management plans/interventions and statistics required to demonstrate the cost effectiveness of case management and the impact on members’ health care outcomes;
• Supporting, implementing, and evaluating program processes on an annual basis and making recommendations for improvement; and
• Auditing work for compliance with departmental workflow and procedures.

4. Performs other duties as assigned.

EDUCATION AND EXPERIENCE:
• Current unrestricted license as a Registered Nurse issued by the State of California.
• Associate’s degree in Nursing and a minimum of five (5) years of experience in a patient care setting, including at least one (1) year of case management experience or an equivalent combination of education and experience which would provide the required knowledge, skills and abilities may be qualifying.
• A minimum of one (1) year of the required patient care experience must be in an acute or outpatient environment, working with the population of assignment (i.e. pediatrics or adults).

JOB SPECIFIC KNOWLEDGE, SKILLS AND ABILITIES:
• Thorough knowledge of the principles and practices of clinical nursing;
• Working knowledge of the principles and practices of case management;
• Working knowledge of care management and coordination;
• Working knowledge of evidence based practice guidelines in the development of care plans;
• Working knowledge of and proficiency in the use of Windows-based PC systems and Microsoft Word, Outlook, PowerPoint and Excel;
• Some knowledge of utilization management principles and activities;
• Some knowledge of Medi-Cal and related policy and benefits-related Title 22 regulations;
• Some knowledge of the concepts and guidelines related to prepaid health care;
• Some knowledge of the CCS Program and related regulations, if assigned to Pediatric Case Management;
• Ability to demonstrate strong critical thinking and problem solving skills;
• Ability to interpret and apply policies and regulations;
• Ability to define issues, conduct research, interpret data, and identify and evaluate options;
• Ability to evaluate medical records and other health care data;
• Ability to organize work and manage complex priorities;
• Ability to create and edit documents, letters and reports;
• Ability to communicate effectively with a diverse population of members, including those with behavioral health issues;
• Ability to exercise good judgment and tact when relating to health care providers and beneficiaries; and
• Ability to work independently and work collaboratively as a member of a team.

ALLIANCE STANDARD KNOWLEDGE, SKILLS AND ABILITIES:
• Ability to communicate effectively, both orally and in writing;
• Ability to establish and maintain effective and cooperative working relationships with Alliance staff and others contacted in the course of the work;
• Ability to assume responsibility and exercise good judgment in making decisions within the scope of authority of the position;
- Ability to think and work effectively under pressure and accurately complete tasks within established times;
- Ability to prioritize tasks and meet deadlines;
- Ability to maintain confidentiality; and
- Valid California Driver License, transportation and automobile liability insurance in limits acceptable to the Alliance.

**DESIRABLE QUALIFICATIONS:**
- Bachelor of Science in Nursing (BSN).
- Current certification as a Public Health Nurse issued by the State of California, if assigned to Pediatric Case Management.
- Bilingual English/Spanish or Hmong.
- Experience in Critical Care, Emergency Room, Telemetry, or specialty unit patient care setting.
- Certification by a nationally recognized case/care management organization.

**WORK ENVIRONMENT AND PHYSICAL DEMANDS:**
- 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 ten (10) pounds; and
- Ability to travel to different locations in the course of work.

**ALL ALLIANCE EMPLOYEES ARE EXPECTED TO:**
- Comply with all Alliance safety requirements; and
- Adhere to all Alliance policies and procedures.

The job duties, elements, responsibilities, skills, functions, experience, educational factors and the requirements and conditions listed in this job description are representative only and not exhaustive of the tasks that an employee may be required to perform. The Alliance reserves the right to revise this job description at any time.