

## JOB DESCRIPTION

POSITION TITLE: **Medical Case Manager - Field/Telephonic (with current referral base)**

### PURPOSE

To provide cost-effective, quality case management services to individuals receiving disability compensation with the goal of a quick and successful return to work or optimum level of functioning.

### DEFINITION OF CASE MANAGEMENT

*“Case management is a collaborative process of assessment, planning, facilitation, care coordination, evaluation, and advocacy for options and services to meet an individual’s and family’s comprehensive health needs through communication and available resources to promote quality cost-effective outcomes.” \**

### ROLE AND KEY RESPONSIBILITIES

*“The case manager performs the primary role functions of assessment, planning, facilitation and advocacy, which are achieved through collaboration with the client and those involved in the client’s care.” \**

*\*Taken from the attached Case Management Society of America’s Standards of Practice for Case Management, 2009, and further elaborated/defined in that document.*

### REPORTING ACCOUNTABILITY

Reports to: SAI President, Vice-President, Manager of Medical Services.

### REQUIRED QUALIFICATIONS

Case Managers must have the following qualifications:

1. At least one of the following:
  - a. A bachelors (or higher) degree in a health-related field and licensure as a health professional (where such licensure is available); **or**
  - b. Certification as a Case Manager; **or**
  - c. Current RN licensure or licensure in a similar health or medical discipline, and two (2) years clinical practice experience.
2. Experience working as a registered nurse, occupational therapist, physical therapist, or similar medical discipline is preferred.
3. Experience in disability management, rehabilitation, case management, or counseling is preferred.
4. Certification by an applicable national credentialing body (CCM, CDMS, CRC, CRRN, etc.) is preferred.
5. Where applicable, Case Managers must meet all state education, licensure, and credential requirements.

### PROFESSIONAL COMPETENCIES

1. Effective and timely communication skills, both verbal and written, with health care providers, employers, clients and family members, claims adjuster, and others.
2. Ability to solve problems and make decisions independently.

3. Time management and organizational skills sufficient to prioritize tasks and meet multiple deadlines.
4. Ability to work with both a diverse client base and various professionals. Ability to establish and maintain rapport with all parties and with clients of all levels of income and education.
5. Effective clinical skills of assessment, coordination, negotiation, evaluation, and care planning.
6. Solid knowledge base of medical conditions and treatment specialties as related to common disability areas. Recognition of functional limitations and abilities that are related to disability conditions.
7. Knowledge of rehabilitation systems, services, and resources. Knowledge of vocational resources, state worker's compensation law and statutes, and federal acts (e.g., ADA, HIPAA) regarding case management services and employee benefits/responsibilities.
8. Possess computer skills sufficient to send/receive e-mail, create reports/correspondence using word processing software, and efficiently utilize clinical decision tools.

#### ESSENTIAL FUNCTIONS OF JOB

1. **Field Case Managers - Drives** to client, physician, and employer meetings. Must possess a current, valid driver's license. Must have a driving record good enough to be approved by the firm's insurance carrier.
2. **Conducts an initial evaluation/assessment** of client to determine rehabilitation plan and goals. Initial evaluation to include medical history, vocational/educational history, behavioral/psychosocial/motivational status, financial status, with plan/recommendations for rehabilitation services to reach suitable goals.
3. **Develops, implements and carries out**, or causes to be carried out, **comprehensive case management plans** through a collaborative process of assessment, planning, facilitating and advocacy (in conjunction with the client's physician) that are specific and tailored to a client's individual needs.
4. **Provides case management services** as indicated by the circumstances of the case. Such services include meeting or corresponding with physicians and treatment providers as necessary to obtain medical recommendations, making appropriate recommendations to facilitate and coordinate treatment plan as indicated. Monitors ongoing client needs through the continuum of care including additional local, regional, and national resources as needed and updates/modifies case management plans appropriately.
5. **Coordinates return to work** with client's same employer if indicated. Provides information to employer regarding job suitability, benefits of return to work programs, ADA, injury prevention.
6. **Communicates** with all parties on the case, including health care providers, employers, insurers, attorneys, and other associated professionals, in a timely and professional manner.
7. **Prepares reports** in a timely objective manner, documenting all activity and communication during the reporting period by providing a comprehensive written report to the referral source, as required by company or referral source guidelines.
8. **Maintains complete and accurate records** of all communications, patient interactions, physician, employer, and nursing interactions as necessary and appropriate.
9. **Conforms to billing procedures** as outlined by referral source and/or firm guidelines. Records billable time accurately; maintains weekly billable time goals that may be outlined by President/Vice-President.
10. **Follows all professional codes of ethics/conduct** and **all policies and procedures** as defined by appropriate certifying/licensing organization, or as outlined in Stubbe & Associates, Inc., Policy and Procedure Manual. **Adheres to current URAC** and other

standards (HIPAA Privacy and Security Rules) that may be adopted by Stubbe and Associates.

11. **Attends all mandatory staff meetings**, as well as other staff meetings, CEU in-services, etc., when possible.
12. **Participates in marketing activities** with marketing representative and/or President/Vice-President to promote public relations and company services.
13. **Job analysis outlining physical demands of job available when interviewing.**

#### ONGOING PROFESSIONAL EDUCATION/TRAINING REQUIREMENTS

Case Management staff must attend eight (8) hours of related continuing education annually.

#### APPROPRIATE LICENSURE AND/OR CERTIFICATION REQUIREMENTS

Stubbe & Associates believes that:

*“Effective case management requires specialized knowledge, training, and experience. One accepted measure of these qualifications is through professional certification in case management. Case Managers also demonstrate their qualifications through attainment of related degrees in higher education and through achievement of professional licensure in related health and human services professions. Because case management is dynamic, the case manager’s individual qualifications are enhanced through demonstration of continuing competence, regardless of the level of education/preparation/certification.*

*The Case Manager will seek to:*

1. *Achieve and maintain current professional licensure, national certification, and/or higher education in case management or in a health and human services profession directly related to the individual’s case management practice.*
2. *Maintain continuing competence appropriate to case management and to professional licensure or professional certification.*
3. *Provide only those case management services that the case manager is qualified to provide and refer the client to another source(s) for services outside the case manager’s scope of practice.” \**

*\*Case Management Society of America (CMSA) Standards of Practice for Case Management, 2002*

Stubbe & Associates, Inc. expects its Case Managers to enhance their professional qualifications and competence as described above.

#### RESULTS EXPECTED

- Develop and maintain an account referral base which results in active case management.
- Positive and timely conclusion to cases assigned.

#### MEASUREMENTS OF ACHIEVEMENT

Quantitative:

- Ongoing and growing referral base
- Number of personal referrals
- Closure statistics (cost per case, return to work frequency, length of disability, cost-effectiveness, plus any other jurisdictionally specific closure statistics, etc.)

