

**EAST RIVER FAMILY STRENGTHENING COLLABORATIVE
JOB DESCRIPTION**

Title	Social Worker-EPD Waiver Contractor			
Employment Status		Full Time	X	Part Time
		Temporary/Seasonal		Volunteer/Internship
FLSA Status	Exempt <i>(Exempt or Non-Exempt)</i>			
Department	Lead Agency Ward 7			
Reports To	Ward 7 Clinical Manager			
Primary Location	ERFSC Office(s)			
Original Date	2017			
Approved By	Executive Director			
Revision Date				

GENERAL SUMMARY OR OVERALL PURPOSE:

The case manager is responsible for assessment, planning, linkage, monitoring, and advocacy relative to the particular needs of the person, where the resources necessary may be external (e.g., housing and education) or internal (e.g., identifying and developing skills). This includes assisting the person to access and maintain all public benefits to which he/she may be entitled. The case manager's role is to support the person in developing a written comprehensive person-centered individual service plan for Medicaid and non-Medicaid services (including community resources) that reflects the person's strengths, interests, preferences, community and family supports, personal goals, financial resources, and assessed needs. Based on this plan, the case manager develops an Individual Services Plan (ISP) and assists the person in accessing an individualized mix of services detailed in the ISP in the most integrated community setting appropriate to his/her needs and desires, and provides ongoing monitoring of the person's use of the services and supports detailed in the ISP. Additionally, the case manager advocates on the person's behalf within service networks while ensuring the person accesses and stays connected to all public benefits for which he/she is eligible. CMs do not replace family systems and/or other community services, but augment the person's natural supports.

PRINCIPAL RESPONSIBILITIES:

1. The goal of case management shall be to ensure EPD Waiver beneficiaries have access to the services and supports needed to live in the most integrated setting including:
 - (a) EPD Waiver Services,
 - (b) Non-waiver Medicaid funded services under the Medicaid State Plan; and
 - (c) Other public, and private services including medical, social, and/or educational services and supports.

2. Case management shall consist of the following:
 - (a) Initial evaluation of the beneficiary's current and historical medical, social, and functional status to determine levels of service needs;

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- (b) Person-centered process for service planning ("person-centered planning"), including development and maintenance of the Person Centered Service Plan (PCSP) in accordance with Section 4202;

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- (c) Monthly and/or ongoing care coordination activities, in accordance with Subsection 4217.7 and transitional case management services set forth in Subsection 4217.8; and
 - (d) Quarterly reassessment activities, in accordance with Subsection 4217.11.
3. Consistent with Subsection 4217.2, each Case Manager shall conduct an in-person evaluation of the beneficiary within forty-eight (48) business hours of receiving notice of his or her enrollment in the EPD Waiver.
4. The Case Manager shall complete the evaluation, develop the PCSP, and submit the PCSP to DHCF, or its designee, within ten (10) business days of conducting the evaluation.
5. The Case Manager shall use a person-centered planning process to develop the PCSP, described in Section 4202, with consideration of the following:
- (a) The beneficiary's personal preferences in developing goals to meet the beneficiary's needs;
 - (b) Convenience of time and location for the beneficiary and any other individuals included in the planning, including potential in-person discussions with all parties and representatives of the beneficiary's interdisciplinary team;
 - (c) Incorporating feedback from the beneficiary's interdisciplinary team and other key individuals who cannot attend in-person discussions where the beneficiary is present;
 - (d) Ensuring information aligns to the beneficiary's acknowledged cultural preferences and communicated in a manner that ensures the beneficiary and/or any representative(s) understand the information;
 - (e) Ensuring access to effective, understandable, and respectful services in accordance with the U.S. Department of Health and Human Services' National Standards for Culturally and Linguistically Appropriate Services (CLAS) in Health and Health Care, <http://www.minorityhealth.hhs.gov>, <http://www.hhs.gov/omh/browse.aspx?lvl=2&lvlid=53>, and providing auxiliary aids and services, if necessary;
 - (f) Providing interpreters and appropriate materials for those with low literacy or Limited English Proficiency (LEP) to ensure meaningful access for beneficiaries and/or their representatives;
 - (g) Incorporating a strengths-based approach which identifies the beneficiary's positive attributes, and assesses strengths, preferences, and needs;
 - (h) Exploration of housing and employment in integrated settings, where planning is consistent with the goals and preferences of the beneficiary; and
 - (i) Ensuring that a beneficiary under guardianship, other legal assignment, or who is being considered as a candidate for such an arrangement, has the opportunity to address concerns related to the PCSP development process.
6. Except for services approved to be delivered sooner, DHCF, or its designee, shall prior authorize the services recommended in the PCSP within seven (7) business days of its receipt.

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7. Following approval of services by DHCF, or its designee, the Case Manager shall follow-up with the selected service providers within five (5) working days to ensure services are in place at the quantity and quality that is sufficient to meet the beneficiary's needs, unless services are needed earlier and not receiving them would place the beneficiary's health in jeopardy.

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8. In order for case management services to be reimbursable, a Case Manager shall perform the following ongoing and/or monthly care coordination activities:
- (a) Direct observation of the beneficiary, including the evaluation described in Subsection 4217.3;
 - (b) Follow-up to ensure DHCF, or its designee, timely uploads the beneficiary's level of care determinations into DHCF's electronic management system;
 - (c) PCSP development and monitoring in accordance with Section 4202 and Subsection 4217.4;
 - (d) Assist the beneficiary to select eligible EPD Waiver providers;
 - (e) Coordinate the beneficiary's waiver services to ensure safe, timely, and cost effective delivery;
 - (f) Provide information, assistance, and referrals to the beneficiary, where appropriate, related to public benefits and community resources, including other Medicaid services, Medicare, SSI, transit, housing, legal assistance, and energy assistance;
 - (g) Support for the beneficiary and family as needed through additional visits, telephone calls, as well as identifying, addressing and resolving problems;
 - (h) Monitor performance of supplies and equipment and refer malfunction(s) to appropriate providers;
 - (i) Maintain records related to EPD Waiver services a beneficiary receives and upload all information into DHCF's electronic case management system;
 - (j) Ensure all information uploaded into DHCF's electronic management system is legible, including monthly assessment/status updates and telephone contacts;
 - (k) Assess appropriateness of beneficiary's continued participation in the waiver; Provide information to the beneficiary, authorized representative(s), family members, and/or legal guardian(s) about the beneficiary's rights, Waiver provider agency procedures for protecting confidentiality, and other matters relevant to the beneficiary's decision to accept services;
 - (l) Identify and resolve problems as they occur;
 - (m) Acknowledge and respond to beneficiary inquiries within twenty-four (24) hours of receipt, unless a quicker response is needed to address emergencies;
 - (n) Develop and implement a utilization review plan to achieve appropriate service delivery, ensure non-duplication of services, and evaluate the appropriateness, efficiency, adequacy, scope, and coordination of services;
 - (o) Conduct at least monthly, or more frequently as needed, in-person monitoring visits in the beneficiary's home;
 - (p) Supplement in-person monitoring visits described in Paragraph 4217.7(p) with ongoing telephone contact, as required by the individual needs of the beneficiary;
 - (q) Respond to requests received during monitoring activity within forty-eight (48) business hours, making necessary updates to the PCSP within seven (7) business days of monitoring activity or the beneficiary and/or representative's request to update the PCSP, and ensure the process and all updates comply with Section 4202, including in-person requirements;
 - (r) Ensure that the updated PCSP is conducted in-person with the beneficiary, the interdisciplinary team, and others chosen by the person and other requirements of the PCSP planning and development process described in this section;
 - (s) Review the implementation of the PCSP at least quarterly, and as needed, in accordance with Subsection 4217.12;

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- (t) Promptly communicate any major updates, issues, or problems to DHCF, or its designee;
 - (u) Conduct all other activities related to the coordination of EPD Waiver services, including ensuring that services are utilized and are maintaining the beneficiary in the community;
 - (v) Provide transitional case management services for a period not to exceed one hundred twenty (120) days during an institutional stay in order to facilitate the beneficiary's transition back to the community, in accordance Subsection 4217.8; and
 - (w) Perform other service-specific responsibilities and annual reassessment activities described in Subsections 4217.9 and 4217.13.
9. In order for transitional case management services to be reimbursable by Medicaid, a Case Manager shall perform the following activities:
- (a) Maintain contact with the beneficiary and/or representative during the institutional stay;
 - (b) Ensure the beneficiary stays connected to community resources (e.g., housing) during the institutional stay and provide assistance to connect to new or reconnect to existing community resources upon discharge;
 - (c) Participate in-person in the discharge planning meetings at the provider site; and
 - (d) Secure prior authorization(s) for service(s) to ensure they are in place on the first day of the beneficiary's discharge.
10. In addition to the duties described under Subsections 4217.7 and 4217.8, a Case Manager shall perform the following service-specific care coordination responsibilities, if applicable:
- (a) Ensure occupational or physical therapy services are provided within the Early and Periodic Screening, Diagnostic and Treatment (EPSDT) are fully utilized and waiver services neither replace nor duplicate EPSDT services for a beneficiary ages eighteen (18) through twenty-one (21);
 - (b) Examine existing responsibilities of the landlord or homeowner pursuant to the lease agreement (or other applicable residential contracts, laws, and regulations) prior to ordering chore aide services through the PCSP if the beneficiary needs chore aide services and resides in a rental property or a residential facility (e.g., assisted living); and
 - (c) Assist the beneficiary with home adaptation assessments, evaluations, or bids in accordance with this Chapter if the beneficiary requires EAA services.
11. In accordance with Chapter 101 of Title 29 DCMR, for the participant directed services program, Services My Way, Case Managers shall complete a standard training course on that program conducted by DHCF and participate in all required, ongoing training. Case Managers shall also perform activities related to Services My Way as follows:
- (a) Provide waiver applicants/beneficiaries with information about Services My Way as follows: at the time an EPD Waiver beneficiary is initially evaluated; when a beneficiary is reassessed for continued EPD Waiver eligibility; when the PCSP is updated; and at any other time upon request of the beneficiary or authorized representative;

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- (b) Assist applicants/beneficiaries who want to enroll in Services My Way by overseeing the beneficiary's completion of enrollment forms and incorporating program goals into the initial PCSP or a revision of an existing PCSP;
- (c) Submit all Services My Way forms to the designated DHCF program coordinator;
- (d) Communicate with support brokers to address health and safety concerns Identified for Services My Way participants; and
- (e) Facilitate transition from Services My Way to agency-based personal care aide services when a beneficiary is voluntarily or involuntarily terminated from the program.

12. Case Managers shall also perform any other duties specified under the individual program services sections of this chapter.

13. When conducting PCSP quarterly reviews, the Case Manager shall perform the following activities:

- (a) Review and update risk factors;
- (b) Review stated goals, identified outcomes, services, and supports to ensure the beneficiary is receiving appropriate services for his or her needs;
- (c) Review service utilization;
- (d) Communicate with other providers regarding the beneficiary's goals and progress;
- (e) Identify and resolve problems;
- (f) Provide referrals or linkages to community resources;
- (g) Revise the PCSP, if needed, to reflect changes in needs, goals, and services; and
- (h) Document results of PCSP quarterly reviews in DHCF's electronic case management system, including a summary of the status of the beneficiary's receipt of services and supports.

14. The Case Manager shall ensure a beneficiary timely completes Medicaid reassessment(s) as part of the annual recertification requirements. This includes, but is not limited to, the following activities:

- (a) Collecting and submitting documentation to DHCF, or its designee, such as medical assessments and clinician authorization forms;
- (b) Assisting the beneficiary to receive an annual, and as needed, level of care assessment from DHCF, or its designee, to verify the beneficiary's need for EPD Waiver services;
- (c) Ensuring information is uploaded to DHCF's electronic case management system at least sixty (60) days prior to the expiration of the beneficiary's current certification period;
- (d) Collecting financial eligibility (i.e., income) information from the beneficiary and/or the authorized representative and transmitting to DHCF, or its designee;
- (e) Reevaluating the beneficiary's goals, level of service and support needs, and updating and/or revising the PCSP to reflect any;
- (f) Assessing progress in meeting established goals, as documented in the PCSP and ensuring that the information is forwarded to DHCF;

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- (g) Coordinating any change requests, including adding new services; and

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- (h) After the approval of services by DHCF, or its designee, following-up with selected service providers within five (5) working days of authorization to ensure services are in place.

Other duties as assigned.

As an Exempt employee is on call 24 hours to respond to all emergencies of the client during any emergency and inclement weather.

SUPERVISORY RESPONSIBILITIES

Carries out supervisory responsibilities in accordance with the organization's policies, procedures and applicable laws. Supervision responsibilities include (but not limited to): interviewing, recommending hires and orienting new employees; Planning, assigning, and directing employees work; Coordinating, and approving schedules and leave; Evaluating performance; Coaching employees towards the achievement of work plan objectives, program outcomes and goals; Rewarding and disciplining employees; addressing complaints and resolving problems. Assesses skills and identifies training needs; Works with Quality Assurance to develop and implement training plans based on best practice models, increase service delivery capacity and continually increase technical knowledge base; and ensures educational/developmental opportunities are addressed to meet contractual/grant obligations.

QUALIFICATIONS

To perform this job successfully, an individual must be able to perform each principal accountability satisfactorily. The requirements listed below are representative of the knowledge, skill, and/or ability required. Reasonable accommodations may be made to enable individuals with disabilities to perform the essential functions.

- A. Work Experience, Education, and Certifications/Licensure
 - Individuals conducting case management services shall meet one of the following educational requirements:
 - a. Have a current appropriate license, have a Master's degree in social work, psychology, counseling, rehabilitation, nursing, gerontology, or sociology, and have at least one (1) year of experience working with the elderly or individuals with physical disabilities;
 - b. Have a current appropriate license, have a Bachelor's degree in social work, psychology, counseling, rehabilitation, nursing, gerontology, or sociology, and have two (2) years of experience working with the elderly or individuals with physical disabilities; or

- c. Have a current license as a Registered Nurse (RN), have an Associate degree in nursing, and have at least three (3) years of experience working with the elderly and individuals with physical disabilities.

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- d. Must have a car and valid driver's license.

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- Exceptional verbal (written and oral), data management, problem-solving, phone etiquette, customer service, engagement, and active-listening skills.

B. Specific Knowledge and Abilities

Knowledge of Federal, State and District of Columbia legislation, regulation and laws pertaining to the elderly. Knowledge and experience of the Aging Network. Must have knowledge of issues facing residents of Ward 7; Knowledge of community engagement and outreach approaches; Knowledge of and the ability to follow confidentiality protocols; Able to work with community residents and community based organizations; Able to exercise good judgment in evaluating situations and making decisions; Able to define and evaluate problems and determine or suggest solutions; Able to establish facts and draw valid conclusions; Able to assess an environment by listening to what is said, what is not said. Able to organize and prioritize multiple tasks.

C. Computer Skills

Must be proficient in basic MS Office programs including MSWord, Excel, Outlook and Explorer. Some knowledge of Data Management systems.

D. Communication/Interpersonal skills

Must possess the ability to establish and maintain effective working relationships and work with others. Must have excellent written and verbal communication skill, the ability to communicate with and for seniors, customer service; phone etiquette; engagement and listening skills.

E. Work Traits

Organized, dependable, flexible, analytical; able to work independently and within a team effectively; Demonstrated cultural competence and responsiveness and a sincere interest in the mission and vision of the organization.

SPECIAL CONSIDERATIONS

A. Working Environment

Indoor office environment 40% of the time; in the Ward 7 communities, other wards and other agencies and organizations 60% of the time.

B. Travel

Local travel.

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C. Physical Requirements

The physical demands described here are representative of those that must be met by an employee to successfully perform the essential functions of this job. Reasonable accommodations may be made to enable individuals with disabilities to perform the essential functions.

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While performing the duties of this job, the employee is frequently required to sit at a workstation and use a personal computer and telephone. The employee regularly meets with clients within the community. The employee must regularly lift and/or move general office supplies, files or boxes weighing up to 10 pounds.

EMPLOYEE RECEIPT SIGNATURE

Please print your name: _____

Signature: _____

Date: _____

Note: A signed copy of this Job Description will be kept in your personnel file.