



## *Job Description*

*Position:* Case Manager 2

*Department:* Case Management

*Reports to:* Manager of Case Management

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### *Summary*

The Case Manager 2 has the responsibility to identify, assess, plan, coordinate, implement, monitor, and evaluate options and services for individuals requiring case management services. The goal of the case manager is to provide for quality, cost-effective outcomes for the client through collaboration and communication with the client, the family, the physician, and other members of the health care team.

### *Responsibilities and Duties*

Responsibilities include the following:

- ◆ Processes the case utilizing SCM's and its Customers' outcome management models and tools in a timely, expert, and professional manner in accordance with the applicable standards for the industry and with the policies and procedures of SCM and its Customers
- ◆ Obtains written authorization for case management services as well as release of information
- ◆ Assesses the client/family to identify their strengths and resources; problems; psychosocial, financial, and medical history; current status; diagnosis; prognosis; functional status; goals; current treatment plan; and needs
- ◆ Develops a plan of care with SCM's and Customers' models through interdisciplinary collaboration, which identifies realistic short- and long-term goals
- ◆ Identifies, secures, and coordinates the services and resources to implement the plan
- ◆ Monitors services being provided for continued appropriateness and reports to Customer and insurance carrier
- ◆ Evaluates the client's progress, the plan, and the appropriateness of the services provided, with modifications as necessary

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- ◆ Provides ongoing instruction to the client and family regarding the injury/disease process, treatment options, and present care
  - ◆ Promotes the client's/family's self-advocacy skills to achieve maximum self-sufficiency
  - ◆ Has knowledge of the benefit package as well as all available funding sources and systems of care and coordinates with the payor for authorization of payment
  - ◆ Provides for in-depth reporting of outcomes encompassing clinical, functional, financial, and Customer satisfaction areas
  - ◆ Demonstrates effective, accurate, and timely verbal and written communication in all work situations, including documentation of activities and completion of customary reports
  - ◆ Identifies and discloses all situations which might result in exposure to legal liability and/or are indicative of poor quality care negatively affecting the client
  - ◆ Performs other related duties as assigned in accordance with the necessary job function

### *Minimum Position Qualifications*

#### Education and/or Experience:

- ◆ Registered nurse
- ◆ BSN preferred
- ◆ CCM preferred
- ◆ Two years related experience and/or training or equivalent combination of education and experience

#### Computer Skills:

- ◆ Basic knowledge of Microsoft or similar email/calendar/contacts, word processing and spreadsheet software, user-level knowledge of database software, knowledge of internet browsers for case-related research

#### Certificates, Licenses, Registrations:

- ◆ RN license in state(s) where cases are to be managed
- ◆ Valid driver's license
- ◆ Valid automobile liability insurance with policy limits of not less than \$300,000 combined single limit

#### Other Skills and Abilities:

- ◆ Oral and Written Communication—Speaks clearly and persuasively in positive and negative situations, including groups; listens and gets clarification; writes clearly and

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- informatively; edits work for spelling and grammar; presents numerical data effectively; is able to read and interpret written information
- ♦ Organizational support—Follows policies and procedures; completes administrative tasks correctly and on time; supports organization's goals and values
  - ♦ Adaptability—Adapts to changes in the work environment; manages competing demands; changes approach or method to best fit the situation; is able to deal with frequent change, delays, or unexpected events
  - ♦ Attendance/Punctuality—Manages own work schedule and availability in accordance with job demands; ensures work responsibilities are covered when absent
  - ♦ Quality—Demonstrates accuracy and thoroughness; looks for ways to improve and promote quality; applies feedback to improve performance; monitors own work to ensure quality
  - ♦ Planning/Organizing—Prioritizes and plans work activities; uses time efficiently; sets goals and objectives
  - ♦ Dependability—Follows instructions, responds to management direction; takes responsibility for own actions; keeps commitments; completes tasks on time or notifies appropriate person with an alternative plan
  - ♦ Where applicable, acceptance by Customer(s) of the Case Manager to manage their cases