

 Oroville Hospital	Job Description for Case Manager/Medical Social Worker	Department:	Case Management
		Dept.#:	8755
		Last Updated:	10/30/09

Reports To

Nurse Manager of Case Management

Job Summary

The Case Manager/Medical Social Worker is responsible for performing case management, utilization review, quality assurance, and discharge planning.

Responsibilities specific to Case Management includes assessment, identification of specific needs, and social service intervention while in the acute setting. Awareness of services available to patients and their families are an important part of this assessment.

Responsibilities specific to Utilization Review include performing admission and concurrent review, and at times retro-review of all in-patients conforming to Medicare and Medi-Cal requirements. These review processes may be applicable also to Contracted Managed Care members who are patients in the acute/ extended care units of the hospital. Issuance of non-coverage letters at time of discharge to the acute/extended care patient is also considered part of the discharge planning process as specified by contracted Health Plans and HCFA.

Responsibilities specific to Quality Assurance include performing surveillance and data collection as directed for trend recognition and development of effective actions/plans.

Will provide social service consultations and counseling services to all admissions involving; suicide attempts, substance overdoses, and situations involving possible suicide concerns. Counsels patients, family members, friends, public for a wide variety of concerns including depression, grief, adjusting to major life changes, impending death, lost of confused elderly, homelessness, appropriateness of a home situation for a child, and debriefing patients who fall under a Critical Incident Stress Category.

Duties

1. Demonstrates professional responsibility in the role of Case Manager/Medical Social Worker
2. Complies with personnel policies and hospital safety policies
3. Maintains confidentiality when interacting with patients, families, personnel and the public
4. Maintains compliance with State/Federal Guidelines and potential JCAHO standards
5. Performs duties as prescribed by the Nurse Manager of Case Management
6. Conforms to all requirements of Medicare
7. Conforms to all requirements of Medi-Cal
8. Keeps current on changing laws and requirements of Medicare and Medi-Cal
9. Reports any problems to the Nurse Manager of Case Management in a timely manner

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10. Provides information in response to queries from the public, doctors' offices, families and outside facilities
11. Provides case management, social services, utilization review and discharge planning daily and on weekends as scheduled or assigned by the Nurse Manager
12. Performs morning work according to the written procedure and as directed and scheduled by the Nurse Manager of Case Management
13. Reviews information on Medi-Cal/CMSRP patients in assigned area(s) necessary for review to Medi-Cal field office according to written procedures daily
14. Participates in Continuing Education and other pertinent and appropriate learning experiences to maintain and increase personal and professional growth
15. Participates in current continuing education that is relevant to the field of expertise of current practice
16. Utilizes work time appropriately to maximize productivity
17. Minimizes visiting with co-workers, personal telephone usage and avoids unnecessary absence from assigned work areas and tasks
18. Utilizes work space and equipment in an appropriate, professional manner to enhance patient outcome
19. Workspace is used only for completion of work assigned by the Director
20. Performs financial assessment to ascertain patients' source of payment for in-patient stay to begin review process and obtain timely payment for services rendered by hospital
21. Begins initial discharge planning assessment within 24 hours of admission
22. Using scoring from initial assessment determines degree of discharge planning needed on an individual basis for each patient
23. Completes the assessment within 72 hours of admission for each patient. Completion of assessment includes interview with the patient, family or other caregivers, and also may utilize chart information from previous stays
24. Begins acuity assessment using Interqual criteria and standards to complete concurrent review requirements and continued acute stay as part of initial assessment
25. Enters daily review information on acuity assessment form to document and assess need for continued acute stay
26. Makes additional notes and documents conversations with other members of interdisciplinary team on page 2 of UR/SS/DCP notes. These notes may also include conversations with caregivers, families, and other support systems involved with the care of the patient
27. Refers patients not currently requiring acute or skilled nursing care for discharge with appropriate services to lower level of care, or placement in appropriate facility. Preparation may include speaking with the patient, family, physicians, therapists, nurses, supervisors, intake coordinators, residential care facility managers, insurance companies, reviewers, etc.
28. Physician orders and signatures on transfer sheets, financial verification, insurance approval and transfer permits will need to be obtained, and transportation arranged

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29. Checks voice mail periodically throughout the day and before leaving each day. Handles insurance review requests and patient related calls and removes the messages in a timely manner
30. Does inpatient insurance reviews that are requested daily, utilizes the acuity assessment form and notes review outcomes, contacts and requests for further review times for follow-up
31. Provides intervention necessary as indicated by scoring guideline of Case Management assessment. This begins the case management for each patient as indicated by need identified. Case Management/DCP of the acute patient may include, but is not limited to Social Service intervention by outside agencies, such as Adult Protective Services, Child Protective Services, Psychological counseling, or follow-up by either in house MSW/ Psychologist, or County/State provided psychiatric services. Home Health referral based upon patient/ family wishes or needs. Arranging help such as IHSS, or contracted help to allow the patient to remain in their own home, ordering of DME necessary for patient recovery or convenience as ordered by the physician. Services may also include arrangement of placement in either Residential Care Facility, Assisted Living or in Skilled Nursing Facilities based upon patient/ family wishes and doctors order. Discussion of the discharge plan is ongoing from day of admission with the patient, family, interdisciplinary team, and physician staff. DCP acts as a resource person for patients referred from physician's offices. Evaluates and refers appropriate patients to Financial Counseling or appropriate agency for assistance in obtaining Medi-Cal coverage. Contacts the appropriate agency to meet the patient's social, emotional and spiritual needs. Provides continuity of care as the level of care changes
32. Provides information regarding Advance Directives, assists in filling out the forms, and obtaining non-employed witnesses to complete the documentation of Advance Directives. Makes photocopies for the patient and places a copy in the chart or sends it to Medical Records for filing in the chart at any time
33. Enters all discharges on Discharge Planning Activity Log Sheets daily for statistical purposes. Indicates on log all pertinent information regarding patient activity prior to discharge such as DME, Home Health agency referral, etc.
34. Calls appropriate insurance companies for discharge review upon patient discharge. Makes appropriate notes to document final review given
35. Completes retro- review to insurance companies as directed by the Nurse Manager for Case Management
36. Performs surveillance and data collection as directed for trend recognition and development of effective actions/plans
37. Maintains confidentiality when interacting with patients, families, personnel and the public
38. Takes responsibility for meeting own learning needs
39. Attends staff meetings as requested
40. Keeps adequate records of time spent including documentation in the patients chart
41. Services as a team member of Critical Incident Stress Debriefing Team
42. Responds in a timely manner to requests from inter-disciplinary team members, physicians and their office staff, administration, industrial medicine and public agencies

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43. Meets and consults with other agency personnel as requested
44. Makes referrals to a wide variety of community resources such as Public Health, CPS, APS, Touchstone Salvation Army, Mental Health, community Counseling center, private counselors as needed
45. Provides adequate follow-up including home visits, telephone contact, and outpatient sessions to see how clients are progressing
46. Reviews patient charts when a request for counseling is received
47. Reviews and assesses need for intervention and/or appropriate community resources for all newborns in Obstetrics and/or adults under medically supervised care
48. Reviews all newborns for concerns regarding substance use/involvement

Qualifications

1. Graduate of a Masters Degree Program in Social Work
2. Ability to interact with patients, families, physicians, co-workers and community agencies
3. Maintain confidentially
4. Ability to organize and prioritize multiple requests and duties
5. Ability to maintain high moral standards both at work and in the community
6. Ability to organize
7. Good communication skills

Lifting Requirements

Sedentary – generally lifting not more than 10 lbs. maximum and occasionally lifting and/or carrying such articles as ledgers, files and small items.