T_{RI} -County Health N_{ETWORK}

Position: Care Coordinator

Supervisor: Care Coordination Supervisor Status: Full-Time, Non-Exempt

JOB SUMMARY:

The position supports the continued growth and development of Tri-County Health Network's (TCHNetwork) programming by providing direct case management and care coordination to Rocky Mountain Health Plan Medicaid Members and members of the community at large. The Care Coordinator will facilitate calls and work with partner organizations to complete care coordination based on each client's identified needs and goals. The Care Coordinator will also be responsible for coordinating resource lists, reaching out to local providers, expanding TCHNetwork's community partners in their community, collaborating with community partners to provide high-quality care coordination, and completing advocacy activities as needed for the client. This role will also attend regional meetings to build on the network and educate others on TCHNetwork programming and services.

<u>DUTIES AND RESPONSIBILITIES</u>: May include the following and other duties as assigned.

- 1. Serve as the direct personal contact in the community to Medicaid members.
- 2. Conduct client assessments and provide care coordination services:
 - a. Assess the changing needs and condition of the client and communicate this information to all involved Care Coordinators, community partners, physicians, and other appropriate individuals, according to department policies and procedures.
 - b. Using a strengths-based approach, partner with the client to develop and implement wraparound plans addressing the client's individual needs in a culturally appropriate way.
 - c. Provide navigation, education, and assistance to identified members about behaviors that can enhance their health and wellbeing.
 - d. Facilitate access to preventive and disease management health services.
 - e. Provide clients and their chosen support people an overview of the care coordination process, resources, supports, expectations, and goals.
 - f. Document assessments client/family response to care coordination interventions at the time of the encounter. Meet departmental standards and deadlines for timely completion of all required documentation and meet current agency productivity standards and coordinate care to overcome identified social determinants of health.
 - g. Assist clients in establishing a primary care provider, transitioning of care, complete member outreach within required time constraints, and complete necessary reporting requirements in required management information system (Essette, Civi).

- h. Regularly convene and facilitate care coordination meetings with the client and relevant members of the client's care team.
- 3. Participate in Interdisciplinary Care Coordination team meetings.
- 4. Educate staff at clinics and other partner organizations about care coordination services.
- 5. Coordinate and perform duties of communicating the organization's mission and role to community associations, senior groups, ethnic clubs and groups, and churches.
- 6. Manage incoming referrals.
- 7. Attend regional meetings, conferences, and training as assigned by TCHNetwork.
- 8. Assist in maintaining the TCHNetwork's resources list with the Regional Health Connector.
- 9. Other duties as assigned.

SKILLS AND QUALIFICATIONS:

- 1. Excellent verbal and culturally competent communication skills (in person, on the telephone, and through email correspondence)
- 2. Must have an aptitude for computers and working with various software and be proficient in MS Word, MS Excel
- 3. Willingness to work flexible hours (some nights/weekends)
- 4. Strong public speaking and presentation skills
- 5. Valid driver's license with reliable transportation and car insurance and the ability to travel up to 90 miles to perform duties related to this position.
- 6. Experience advocating for underserved communities and navigating health care and social services.
- 7. Comfortable with "cold calling" members to offer Care Coordination and connect them to community-based services over the phone and in person if needed.
- 8. Proficient with member tracking systems (MTS), especially Essette a plus.
- 9. Experience working in a hybrid field and office schedule.
- 10. Experience with meeting facilitation and public speaking

PERSONAL ATTRIBUTES:

- 1. Must possess demonstrated ability to relate to individuals of varied ethnic cultural backgrounds, ages, and economic circumstances.
- 2. Trusted member of the community and ability to make new and lasting connections.
- 3. Ability to maintain client confidentiality.
- 4. Ability to work in a fast-paced environment, remain calm under pressure and be supportive of client needs.

- 5. Advanced time management skills and ability to work independently.
- 6. Strong work ethic, self-motivated, and collaborative style
- 7. Change agent demeanor: must be a flexible thinker who can quickly adapt to a changing environment.
- 8. Ability to exercise forethought, to look ahead and anticipate events.
- 9. Excellent critical thinking and consultative problem-solving skills
- 10. Ability to receive and utilize constructive feedback regarding performance and presentation.
- 11. Must be able to lift 50+ pounds.

PREFERRED QUALIFICATIONS:

- 1. Resident of the community for at least the past 2 years
- 2. Knowledge and experience working in/with clinical or social service agencies in rural communities.
- 3. Experience working with disadvantaged/underserved populations.
- 4. Written and verbal fluency in both English and Spanish
- 5. Understanding of health equity and experience working to address social determinants of health.

LOCATION:

This field position will work 2 days/week in TCHNetwork's Montrose office. The other 3 days/week are field based.

SALARY

Starting salary range is \$18.75 - \$21.00 per hour, depending on experience.

Benefits package: 104 hours of vacation, 80 hours of paid holiday, and 48 hours of sick pay. TCHNetwork pays 100% of your employer-sponsored medical and dental insurance premium after 90 days of employment and offers up to a 3% IRA contribution match with immediate vesting, flexible spending account, employee referral program, mental health wellness program, and continued professional development opportunities.