

Job Description

Position Title: Case Manager

Department: Social Services

Reports To: Director of Social Services

Organizations Mission, Vision, and Values

Our purpose is to provide an affordable home with assisted living services allowing older adults to live in a safe, caring, and supportive environment while maintaining their dignity, independence and purpose. We strive to be a person-centered organization based on resident self-determination. Accordingly, the primary purpose of your job is to promote the health and well-being of all individuals living in the community and treat it as their home. It is essential that you have a genuine interest in being a contributing member of a team that cares for and works with older adults. A critical function associated with your position is the daily enactment of person-centered care values by treating everyone with dignity, respect, courtesy, compassion and care.

Position Summary:

The Case Manager plays a key role as a member of the comprehensive interdisciplinary healthcare team that works closely with individuals, families, and others. Your primary objective is to provide person-centered care to, advocate for, individuals living in the community to the full extent of your training. The Case Manager strives to ensure positive well-being for individuals by recognizing the dynamic interplay of social, psychological, physical, and spiritual well-being. The Case Manager provides assessment and supportive care to preserve and enhance psychological functioning. The Case Manager works with the physicians and interdisciplinary team members; provides psychosocial support for residents, families and friends; and facilitates meaningful activities which are of interest to the individuals living in the care community. Services are provided in accordance with the individual's assessment, personal preferences, care plan goals, and as may be directed by your team leaders within the guidelines of established policies, procedures, and practices.

Key Duties and Responsibilities:

Leadership

- Complete all social service duties as assigned including collecting information from the individuals and families to develop a comprehensive social history and psychosocial assessment that identifies the individual's needs, skills, abilities, and preferences.

Psychosocial Support

- Provide educational and psychosocial counseling to individuals and their families as needed.
- Plan and organize meaningful social activities for individuals and/or small groups, making any necessary arrangements to assure success of the activity.

Individualized Care

- Collect information from the individuals and families to develop a comprehensive social history and psychosocial assessment that identifies the individual's needs, skills, abilities, and preferences.
- Update individualized assessments according to community policies and procedures.
- Gather and record information about the individual's cultural, religious, and ethnic background in a way which informs the care planning process.
- Welcome new residents and facilitate the process experience to individuals and their families as they adapt to the transition of moving to the care community.
- Inform individuals and their families about the community's services, its service limitations, and resident rights. Continually evaluate psychosocial wellbeing of each individual living in the community.
- Participate in the orientation for new residents and family members entering the community.
- Mediate issues that arise between residents, families and staff.
- Coordinate care services with the multi-disciplinary healthcare team to ensure that individuals' preferences are honored.

Collaboration

- Coordinate admission and discharge by working with the multidisciplinary team to ensure smooth transitions of care and completion of all required paperwork.
- Collaborate with the individual to create an end of life plan including Advanced Directives.
- Act as a liaison between the hospital and the community when an individual is hospitalized. Support individuals with transition to hospice care.
- Provide referrals for appropriate community resources and maintain knowledge of other support systems in order to meet individual preferences and needs.
- Provide information to individuals and their families about Medicare, Medicaid, and other financial assistance programs that are available.
- Support individuals to be as independent as possible.
- Establish and maintain relationships with the community leaders and organizations providing services for older adults.

Documentation

- Assist in developing, maintaining, and updating social service policies and procedures.
- Chart notes in an informative and descriptive manner that reflect the care provided to the individual, as well as the individual's response to the care as required and in accordance with established charting and documentation policies and procedures.
- Review complaints and grievances made following policies and procedures. Make appropriate reports as required or as may be necessary to the Director of Social Services.
- Observe individual closely, identifying changes in emotional and physical needs and conditions and communicate these changes to the Healthcare Team or Physician.

Education / Improvement

- Assist in organizing and facilitating a variety of resident, family and staff committee meetings and support groups.
- Maintain resource materials, community contacts, and agency relationships that are relevant to the needs and preferences of senior adults.

- Encourage all staff to participate in continuing education outside the community as appropriate.
- Participate in educational courses to maintain up to date with industry trends, changes, and regulation.

Administration:

- Make written and oral reports/recommendations to the Director of Social Services as requested, concerning the operation of the social service department.
- Assist in meeting organizational goals by monitoring efficient use of human resources and cost-effective material management.
- Convey the department’s policies and procedures to personnel, residents, visitors, and government agencies as necessary.
- Participate in inspections made by authorized government agencies and develop and implement appropriate plans of action to correct identified deficiencies.
- Serve on, participate in, and attend committees of the community (i.e. QA, Policy & Procedure)

Employment Requirements:

- Certified Case Manager Certification
- Bilingual English & Spanish (verbal and written)
- Computer Skills
- Leadership and Decision-Making Skills
- Ethical & Analytical Skills
- High School Diploma or GED Equivalent
- Up to date In-services

Team members assuming this position are expected to adhere to and advance the vision, mission, values and principles of this community. Job description is subject to annual review and updated as necessary. Management reserves the right to change job responsibilities, duties and hours as needs prevail. This document is for management communication only and not intended to imply a written or implied contract of employment.

I _____ have read the above job description, possess the required skills, and fully understand the essential functions and conditions set forth therein regarding the job of Case Manager at Residential Plaza at Blue Lagoon. I agree to perform these duties to the best of my ability.

Signature

Date

This job description has been approved by all levels of management:

Supervisor: _____

Date: _____

HR: _____

Date: _____