NORTH CENTRAL BEHAVIORAL HEALTH SYSTEMS, INC.

INTERNAL POSTING

POSITION: **Care Coordinator**

CLASSIFICATION: **7**

DEPARTMENT: **Outpatient Services**

STATUS: **Non-Exempt**

LOCATION: **LaSalle**

HOURS: **Full-time (40 hours/week)**

START DATE: **June 10, 2021**

POSITION SUMMARY:

The Care Coordinator works in collaboration and continuous partnership with chronically ill or high-risk patients and their family/caregiver(s), clinic/hospital/specialty providers and staff, and community resources in a team approach to:

- Promote timely access to appropriate care
- Increase utilization of preventative care
- Reduce emergency room utilization and hospital readmissions
- Increase comprehension through culturally and linguistically appropriate education
- Create and promote adherence to a care plan, developed in coordination with the patient, primary care provider, and family/caregiver(s)
- Increase continuity of care by managing relationships with tertiary care providers, transitions-in-care, and referrals
- Increase patients' ability for self-management and shared decision-making
- Provide medication reconciliation
- Connect patients to relevant community resources, with the goal of enhancing patient health and well-being, increasing patient satisfaction, and reducing health care costs

ESSENTIAL DUTIES AND RESPONSIBILITIES:

- Serve as the contact point, advocate, and information resource for patients, care team, family/caregiver(s), payers, and community resources
- Work with patients to plan and monitor care:
    - Assess patient's unmet health and social needs
    - Develop a care plan with the patient, family/caregiver(s) and providers

    - Monitor adherence to care plans, evaluate effectiveness, monitor patient progress in a timely manner, and facilitate changes as needed
    - Create ongoing processes for patient and family/caregiver(s) to determine and request the level of care coordination support they desire at any given point in time
- Facilitate patient access to appropriate medical and specialty providers
- Educate patient and family/caregiver(s) about relevant community resources
- Facilitate and attend meetings between patient, family/caregiver(s), care team, payers and community resources, as needed
- Cultivate and support primary care and specialty provider co-management with timely communication, inquiry, follow-up, and integration of information into the care plan regarding transitions-in-care and referrals
- Assist with the identification of "high-risk" patients (the chronically ill and those with special health care needs), and add these to the organizations electronic health record
- Attend all Care Coordination training courses/webinars and meetings
- Provide feedback for the improvement of the Care Coordination Program

EDUCATION/EXPERIENCE:

- LPN, RN, or Bachelor's Degree from an accredited university. Degree concentration in Social Work, Nursing, Psychology, Health Education, Community Health or related area preferred but sufficient work experience in a clinical or community resource setting with a Bachelor's Degree in any area will be considered.
- 3-5 years' experience in clinical or community resource settings; care coordination and/or case management experience is desirable
- Evidence of communication, organization, self-directed skill set is essential
- Proficiency in communication technologies (email, cell phone, etc.)
- Highly organized and ability to keep accurate notes and records
- Experience with electronic health records and IT Systems and reports is desirable
- Local knowledge about and connections to community health care and social welfare resources is desirable

SPECIAL SKILL REQUIREMENTS:

- Core values consistent with a patient-and family-centered approach to care
- Demonstrates professional, appropriate, effective, and tactful communication skills, including written, verbal and nonverbal
- Demonstrates a positive attitude and respectful, professional customer service
- Acknowledges patient's rights on confidentiality issues, maintains patient confidentiality at all times, and follows HIPAA guidelines and regulations
- Proactively acts as a patient advocate, responding with empathy and respect to resolve patient and family concerns, and recognizes opportunities for improvement to meeting patient concerns
- Proactively continues to educate self on providing quality care and improving professional skills

If you are interested in this position, please send application/resume to: hr@ncbhs.org or mail to: NCBHS, PO Box 1488, LaSalle, IL 61301.