



## HUMAN SERVICES CASE MANAGER

6630

### GENERAL DESCRIPTION OF CLASS

The HUMAN SERVICES CASE MANAGER assesses initial applicants, their family situation, and on-going participants to develop, coordinate, and arrange a variety of services to allow elderly and disabled adults or medical patients about to be discharged from a hospital to get the continuity of care needed or to allow families in Oregon's family assistance programs to become self-sufficient while helping them to meet their basic needs.

### DISTINGUISHING FEATURES

This is a single classification and not currently part of a series of classes.

### DUTIES AND RESPONSIBILITIES

The duties listed below are not inclusive but characteristic of the type and level of work associated with this class. Individual positions may perform all or some combination of the duties listed below as well as other related duties.

#### 1. Discharge Services

Upon referral from health care staff, community agencies, families, or other sources, reviews medical records of client's or patient's hospital chart regarding staff recommendations on needed services. Interviews client or patient, the family, and other sources to get information about the client's or patient's needs and the desires of the client or patient and the family.

Decides eligibility and appropriate level of service. Contacts various agencies, organizations, and charities to find and arrange for transportation, housekeeping services, nursing services, oxygen, hospital equipment for home use, or other services needed by the client or patient for physical, social, or emotional independence or rehabilitation. Arranges placement in appropriate living situation. Determines payment levels to providers and authorizes payment. Monitors on-going services to clients. Counsels, trains and supports clients and providers, as needed. Maintains appropriate records.

#### 2. Elderly and Disabled Adult Case Management

Screens clients for medical, social, and financial eligibility and assesses clients' medical, physical and mental condition and level of function. Interviews client, physicians, hospital discharge staff, family members, and others.

Matches clients with providers. Determines appropriate service placement and payment level. Monitors on-going needs and provider services through regular contact with providers and clients including staffing client needs with providers, giving on-going training to providers, and directing providers in client care. Maintains appropriate records.

Investigates reports of elder abuse or abuse of disabled individuals. Interviews witnesses and reviews medical records and facility documentation. Arranges for protective services or locates appropriate services and alternative living situations. Testifies in court and at agency hearings.

### **3. Self-sufficiency Case Management**

Interviews participant to determine family need and eligibility. Explores alternate resources and links clients to community services. Completes program application for program benefits and, if eligible, issues appropriate support payments. Engages clients in family evaluation of strengths. Jointly develops a case plan and identifies the steps the family will take toward self-sufficiency. Guides continued job search activities. Coordinates drug and alcohol screening and to assure child support enforcement.

Monitors progress, needs, and makes necessary modifications to the family's case plan. Coordinates case management functions with other service providers. Initiates and participates in case staffing. Provides family intervention (i.e., drug, alcohol, or mental health treatment, Headstart services, Child care, parenting classes, family counseling, etc.) or employment readiness (e.g., JOBS, JOBS plus, life skills training, supported job search, teen parent education, etc.) as needed. Assures transitional benefits (e.g., day care, food stamps, Oregon Health plan, Earned Income Tax Credit) to maintain self-sufficiency.

### **4. Licensing/Regulatory**

Licenses Adult Foster Care (AFC) providers and screens in-home providers by interviewing potential providers, on-site inspections of AFC homes, criminal record checks to assuring that AFC providers meet all State licensing requirements. Approves or denies AFC license. Recommends revocation and restriction of license for open AFC homes. Trains providers. Testifies at hearings on licensing actions. Approves or denies client hiring of in-home providers. Denies payment and authorization of work hours to in-home providers when appropriate.

### **5. Eligibility Interview, Determination and Redetermination**

Reviews the applicant's initial application. Questions applicant to get information to verify and supplement form. Clarifies incomplete or unclear information. Explains rules, regulations, procedures, and responsibilities to applicant. Tells applicant of needed documents (e.g., social security card, birth certificate, naturalization papers) and helps secure by contacting appropriate source. Contacts collateral sources (e.g., landlords, employers, medical providers, other States' eligibility workers) to get or verify information. Applies guidelines to decide eligibility. Computes amount of benefits and completes narratives and documents necessary to issue benefits. If ineligible, denies benefits and explains reasons for ineligibility.

Reviews updated information from clients (e.g., changes in household composition, income or resources) as required. Visits client's home to get, verify, and exchange information. Recontacts collateral sources to verify information. Looks for indications of fraud. Does preliminary check and refers possible fraud cases to investigators. Decides continued eligibility and adjust benefit amount based on new or updated information. Updates narrative report summarizing new information from client and collateral sources, findings of home visit, conclusions, and reasons for new determination.

## **RELATIONSHIPS WITH OTHERS**

The Human Services Case Manager has regular in-person and telephone contact with applicants, clients or patients and their families to get information about their needs and eligibility for services. There is regular in-person or telephone contact with health care staff to discuss client or patient needs and services, and with various employers, agencies, organizations, and charities to advocate for and coordinate services for clients or patients.

There is weekly telephone or in-person contact with case managers or eligibility workers in other DHS or State Agency or community organizations, or with other states, to obtain and/or verify information. There is occasional in-person contact with Hearings Officers and Legal Aid representatives at Administrative Hearings. There is occasional in-person contact with collateral sources some of whom are uncooperative or hostile.

**SUPERVISION RECEIVED**

The Human Services Case Manager works independently under general supervision of a medical social service supervisor or unit supervisor. Work assignments are verbal and written and stem from case finding or specific referrals from health care professionals, community agencies, other staff, applicants, clients or patients or their families. Work review is for productivity and quality through regularly scheduled supervisory meetings, review of case documentation and discussion with department and unit staff.

Agency policies and procedures, Administrative Rules, and State and Federal rules and regulations on Social Security, Medicare, Medicaid, public assistance eligibility, long-term care placements, and the rights of clients or patients guide the work.

**GENERAL INFORMATION**

Positions require serving all qualified clients and to work with clients who are under emotional or financial stress. Some employees in this class may be required to travel instate including occasional overnight trips.

**KNOWLEDGE AND SKILLS (KS)****Extensive knowledge of:**

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| Statutes, regulations, policies, procedures and guidelines of assistance program(s) administered by the agency. |
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**General knowledge of:**

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| Accepted casework methods and techniques (including information/referral, assessment, interviewing, patient/client advocacy, resource utilization). |
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| Physical disabilities, aging processes, and disease processes. |
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| Community resources serving the needs of agency applicants and clients. |
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| Documentation required to support eligibility decisions. |
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| Techniques and methods of successfully seeking employment. |
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| Mathematics (addition, subtraction, multiplication, division). |
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**Basic knowledge of:**

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| Concepts related to patient/client rights, confidentiality, privileged communication, and professional ethics in written and oral communications regarding patient conditions. |
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**Skill in:**

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| Interviewing to gather data needed in assessing problems and needs of clients/patients. |
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| Delivering casework services to individuals, families, and groups. |
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| Preparing clear, concise written patient/client histories, and other case documentation. |
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| Communicating effectively, on a one-to-one basis and in groups, to provide information and advise or give assistance. |
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| Interpreting policies, procedures, and State and Federal laws and regulations about elderly abuse, care, and support. |
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| Organizing and presenting training to care providers. |
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| Facilitating conflict resolution and dealing with hostile people and crisis situations. |
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| Organizing and putting work in priority order. |
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| Representing the agency's goals and objectives to clients and others. |
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**Some positions may require one or more of the following:**

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| Basic knowledge of basic medical terminology. |
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| Basic knowledge of the implications of illness, injury, disability and the hospitalization process on patients and their families. |
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**NOTE:** The KNOWLEDGE and SKILLS are required for initial consideration. Some duties performed by positions in this class may require different KS's. No attempt is made to describe every KS required for all positions in this class. Additional KS requirements will be explained on the recruiting announcement.

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STATE OF OREGON  
Dept. of Administrative Services  
Human Resource Services Division