

SOUTHERN REHABILITATION NETWORK, INC.

Job Description

Job Title: Medical Case Manager
FLSA Status: Exempt

Reports to: Medical Supervisor

Basic Function

Primarily responsible for providing medical case management services to injured workers although some case work may be with other populations.

Responsibilities

Assessment of case including:

- Review medical file from referral source
- Communicate with referral source upon receipt of referral
- Communicate and meet with client, treating physician, health care providers, family/extended family and others as indicated and explain role on initial contact/visit.
- Obtain medical release as appropriate and additional medical records as indicated.
- Assesses confidential nature of information and maintains confidentiality regarding the release of information according to legal and ethical requirements and guidelines.
- Identify needs for second opinion, IME and specialty provider evaluations
- Assess nuclear family dynamic, coping mechanisms of client/family and adjustment to disability. Assess home and work environment of physical, psychological and social barriers to recovery.
- Documents assessment in initial reports and disseminates according to benefit system and applicable laws (rehabilitation and/or case management rules, Nurse Practice Act, HIPAA, workers compensation LTD, group health)
- Assess cost comparison of area vendors and services to ensure best options are recommended.
- Identifies community resources available to client and refers as appropriate.
- Assess any approved vendors from referral source prior to setting up treatment for clients.

Planning

- Schedule visits with client, physician and legal representative if indicated within 5 days of referral or according to applicable laws.
- Establish treatment and rehabilitation goals with client, family, physician and other health care providers as indicated.
- Utilize cost comparison information in formulating rehabilitation plan and utilize most cost effective appropriate options.
- Establish monthly treatment objectives, recommendations and projections with client, physician, health care providers, employer input and others as applicable and document in reports. Client needs for vendor services, i.e. DME, home health, medications, diagnostic studies, orthotics, prosthetics, physical therapy, occupational therapy, etc. within context of treating physician and applicable laws.
- Contact client, physician and employer if requested within 24-48 hours of referral. If injured worker has legal representation, contact attorney prior to client contact work within the rules of workers comp for the state if it is a comp claim.
- Provide time specific projections for return to work, maximum medical improvement and any permanent partial impairment.
- Obtain referral source/adjuster approval for physician, health care provider, and vendor recommendations as indicated for client treatment needs.
- Establish an appropriate system to appropriate secure client's medical records.
- Schedules needed interventions or community services as needed
- Documents planning and rationale within time frames on all rehabilitation reports.

Implementation

Schedule and coordinate, verbally and in writing, home visits, physician appointments and other health care provider visits as appropriate.
Implements rehabilitation plan including appointments
Meet and communicates with client, physician, health care providers, vendors, employer and attorney, if indicated, to facilitate care.
Get approval from referral source for all treatment activities and refer client to referral source regarding any treatment approval issues.

Coordination

Coordinates appointment, transportation, home modifications, DME, therapy visits including psychological services as needed with referral source approval.
Obtains job description and coordinates return to work process.
Works with providers, employers and vendors to revise the rehab plan as indicated.
Works with client to problem solve issues regarding care/treatment.
Identifies need for vocational services and refers to vocational case management as appropriate.
May work with identified community resources to provide for services related to rehabilitation plan

Monitoring

Communicate with client on regular basis to monitor functional status and rehabilitation plan progress.
Communicate with providers regarding progress and employers regarding return to work status. Communicate with family/extended family to monitor client progress and impact on family unit.
Modify plan as needed based on progress and findings keeping documentation of all activities both on site and telephonic.
Client's request for privacy in an exam is always protected.
Keep referral source advised of cost options and benefit analysis.
Determine effectiveness of accommodations provided to client.

Evaluation

Provide updates on client status to referral source and attorney per written report, telephone, fax and/or email.
Reassess goal achievement and update rehabilitation plan monthly or as indicated.
Discuss with client rehabilitation plan to assure understanding and internalization of treatment goals.
Review treatment plan with providers to assess progress and any modifications needed.
Evaluate effectiveness of resources for client and document progress and positive outcomes.
Case manager maintains necessary licensures and certifications.

Additional Duties

Travel is required as part of the case management position and operating a motor vehicle to travel to various assignments is required. It may be necessary to visit a client in his/her home, at an attorney's office when requested, at a place of employment, at a physician's office and at other places of treatment. It may occasionally be necessary to be away from home overnight for some assignments.
Must have a current driver's license in the state of employment and provide proof of auto insurance coverage.
May participate as a member of the Continuous Quality Improvement Committee within the Organization including attendance at meetings, review of data collected, assisting with data collection and communication of information to the rest of the Organization.
Participate in Continuous Quality Improvement projects and overall continuous improvement of the services provided.
Participate in marketing activities with account representatives to promote case management services and products.

Skills

Oral Communication Skills
Written Communication Skills
Telephone Etiquette
Customer Service

Diplomacy
Professionalism
Organization
Decision making

Time Management
Computer Literacy
Keyboard Skills

Education and Training

Minimum: Associate Degree in Nursing

Licensure/Certifications: Registered Nurse, Certified Case Manager, Orthopedic Health Nurse, Certified Occupational Health Nurse, Certified Disability Management Specialist, or Certified Registered Rehabilitation Nurse

* Must attain eligibility and sit for appropriate certification based on jurisdictional requirements within the required time frame. If certification is not obtained within jurisdictional timeframe or within reasonable time frame, there may be cause for termination from the organization.

Experience

Case management experience desirable.

Previous work preferred in a hospital/home healthcare/physician office working with orthopedic injuries, neurological injury, amputations, burns, paraplegia, quadriplegia, brain injury, transplants, cancer or other illnesses to coordinate, facilitate, and implement recommendations and interventions.