LAKE SHORE
BEHAVIORAL HEALTH, INC.
Mental Health & Substance Abuse Counseling

JOB TITLE: **Care Manager II** **FLSA STATUS:** Exempt

PROGRAM: Health Home Services - 430 Niagara St., Buffalo NY

REPORTS TO: Director of Health Home Services **JOB GRADE:** VIII

SUMMARY OF DUTIES:

The Care Manager II operates within a team of professionals who deliver services to consumers of behavioral health services who reside in Erie County and are identified and referred by regional health homes. The Care Manager II identifies, assesses, links to and monitors the use of multiple resources benefiting individuals identified as "high risk users of services" and who have problems accessing care. High risk users of services are typically identified as those individuals who experience multiple emergency room or inpatient services and/or present with behavioral health disorders coupled with chronic disease syndromes. The Care Manager II addresses appropriateness, quality, adequacy, continuity and cost effectiveness of needed resources and services. The Care Manager II assists consumers enrolled in health homes in making informed choices, accessing the most appropriate services to meet their needs and achieving maximum level of independence in the most appropriate and least restrictive environment.

RESPONSIBILITIES:

- **Intake and screening** – initial contact, exploration of the consumer's receptivity to services, verification that the consumer is a member of the Care Management target population, identification of problem areas and potential resolutions, and case information management.
- **Assessment and reassessment** – securing of information through collateral sources of the nature and degree of the consumer's functional behavioral health impairment, eligibility for services, identification of barriers to care and gaps in service, assessment of service needs (including vocational, medical, social, psychosocial, educational, financial and other services), description of strengths, informal support system identification and environmental factors relative to consumer's care.
- **Care management planning and coordination** – comprehensive written care management planning and coordination include identification of the nature, amount frequency and duration of care management services required by the consumer, long term and short term goals and objectives to be achieved through the care management process and collaboration with health home, health care providers and other service providers, including informal care givers.
- **Implementation of care management plan** – providing and/or securing the services determined in the care management plan.
- **Monitoring and follow-up** – assuring that quality services identified in the care management plan are delivered, assuring the consumer's satisfaction with the services provided, collecting data and documentation in case records, necessary revision of case records, necessary revision of care management plans, and problem resolution.
- **Counseling and exit planning** – facilitating the introduction and linkage to support groups for the consumer, the consumer's family and informal providers of services, mediating within the consumer's network, facilitating the consumer's access to appropriate care and preparing the consumer for discharge from or admission to facilities or other programs including health home care managers to insure continuity of care.
- Will be available to transport consumers to appointments and/or community resources when needed.
- Other duties as assigned.

REQUIRED KNOWLEDGE, AND SKILLS:

- Knowledge of behavioral health diagnoses and symptomatology
- Working familiarity with community resources, including entitlement programs, medical, financial and legal services, housing and emergency food programs, and the range of behavioral health treatment and rehabilitation services available.
- Must be able to effectively engage treatment resistant individuals.
- Must have an understanding of issues related to complex diagnostic cases, such as chronic disease/behavioral health interactions.
- Must be able to effectively broker services and develop resources.
- Must be able to perform duties in an independent and efficient manner.
- Must possess knowledge of and ability to provide behavioral health interventions in coordination of care.

QUALIFICATIONS:

A bachelor's degree in Social work or related field and one year case management experience in providing direct services to behavioral health consumers or in linking individuals with behavioral health diagnoses to a broad range of services essential to successfully living in a community setting,

OR

A master's degree in a behavioral health related field,

AND

A valid NYS drivers' license and automobile in good working order.

To apply, please use one of the following links:

Social Worker (LCSW, LMSW, LMSW-eligible): https://home.eease.adp.com/recruit/?id=917431

Counselor (LMHC, LMHC-eligible, CRC, etc): https://home.eease.adp.com/recruit/?id=917441

Bachelors/Associate degree: https://home.eease.adp.com/recruit/?id=3829471

If link does not connect, please copy and paste address in your web browser