



## SENIOR COMPLEX CASE MANAGER (RN)

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**Position Status:** Exempt  
**Reports To:** Complex Case Management Supervisor  
**Effective Date:** 09/12/11  
**Revised Date:** 02/15/21  
**Job Level:**

### POSITION SUMMARY

Under direction, this position:

1. Develops and manages an individualized comprehensive plan of care for members referred into the assigned Case Management Program with the goal of promoting optimal, achievable outcomes in the most cost effective and appropriate manner
2. Works with and educates members, families, providers, external agencies and internal departments on the Case Management Program and provides assistance as needed
3. Participates in Quality Improvement studies, to continually evaluate the program's effectiveness and ability in promoting quality driven, cost effective, achievable goals and outcomes for members
4. Performs other duties as assigned

### RESPONSIBILITIES

1. Develops and manages an individualized comprehensive plan of care for members referred into the assigned Case Management Program with the goal of promoting optimal, achievable outcomes in the most cost effective and appropriate manner, with duties including but not limited to:
  - Performing comprehensive assessment of physical and psychosocial needs of the member via telephonic means and/or through face to face interaction or review of relevant and available medical records
  - Performing advanced clinical assessments on complex members and developing a plan of care with member centric goals that are implemented, evaluated, and closed upon completion of member's goals
  - Recognizing barriers to compliance and alterations in member's condition in a timely manner
  - Planning and executing appropriate interventions, evaluating outcomes and adjusting the plan as needed
  - Maintaining regular member contact
  - Documenting and managing the development and implementation of a member-specific care plan in a timely and accurate manner with consideration of benefit coverage and regulatory program policies
  - Facilitating completion of member goals through a multidisciplinary approach of collaboration with internal and external resources and family members, and making recommendations and authorizing services to appropriate agencies
  - Advocating appropriately based on the scope of the health plan on member's behalf to ensure quality of care and attainment of appropriate goals
  - Preparing and sending member correspondence that meets contractual requirements;
  - Managing an appropriate level of cases assigned in a timely and accurate manner
  - Acting as a resource and providing support to other case management staff by sharing clinical expertise related to pathophysiology and best practices

**If assigned to Pediatric Complex Case Management, additional duties include:**

- Supporting the established pre-authorization review process for outpatient and inpatient services
  - Making utilization recommendations based upon evidence-based guidelines adopted by the Alliance, such as CCS numbered letters and MCG care guidelines
  - Communicating with physicians, ancillary providers and county service agencies to coordinate member care
2. Works with and educates members, families, providers, external agencies and internal departments about the Case Management Program and provides assistance as needed, with duties including but not limited to:
- Scheduling, organizing and leading impromptu case conferences as needed and participating in Care Rounds on a regular basis
  - Assisting other Alliance department staff with resolution of quality and coordination of care issues for members within the programs
  - Representing the Alliance at community meetings and confidential multidisciplinary task forces concerning health issues or provision of health-related services
3. Participates in Quality Improvement studies, to continually evaluate the program's effectiveness and ability in promoting quality driven, cost effective, achievable goals and outcomes for members, with duties including but not limited to:
- Participating in Quality Improvement studies involving access to care, member education and behavioral changes of members who regularly require on-going care management
  - Maintaining documentation of case management plans/interventions and statistics required to demonstrate the cost effectiveness of case management and the impact on members' health care outcomes
  - Supporting, implementing, and evaluating program processes on an annual basis and making recommendations for improvement
  - Auditing work for compliance with departmental workflow and procedures
4. Performs other duties as assigned.

## **EDUCATION AND EXPERIENCE**

- Current unrestricted license as a Registered Nurse issued by the State of California
- Associate's degree in Nursing and a minimum of five years of experience in a patient care setting, including at least one year of case management experience a combination of education and relevant work experience may be qualifying
- A minimum of one year of the required patient care experience must be in an acute or outpatient environment, working with the population of assignment (i.e. pediatrics or adults)

## **KNOWLEDGE, SKILLS, AND ABILITIES**

- Thorough knowledge of the principles and practices of clinical nursing
- Working knowledge of the principles and practices of case management
- Working knowledge of care management and coordination
- Working knowledge of evidence-based practice guidelines in the development of care plans

- Working knowledge of and proficiency in the use of Windows-based PC systems and Microsoft Word, Outlook, PowerPoint and Excel
- Some knowledge of utilization management principles and activities
- Some knowledge of Medi-Cal and related policy and benefits-related Title 22 regulations
- Some knowledge of the concepts and guidelines related to prepaid health care
- Some knowledge of the CCS Program and related regulations, if assigned to Pediatric Case Management
- Ability to demonstrate strong critical thinking and problem-solving skills
- Ability to interpret and apply policies and regulations
- Ability to define issues, conduct research, interpret data, and identify and evaluate options
- Ability to evaluate medical records and other health care data
- Ability to organize work and manage complex priorities
- Ability to create and edit documents, letters and reports
- Ability to communicate effectively with a diverse population of members, including those with behavioral health issues
- Ability to exercise good judgment and tact when relating to health care providers and beneficiaries
- Ability to work independently and work collaboratively as a member of a team

#### DESIRABLE QUALIFICATIONS

- Bachelor of Science in Nursing (BSN)
- Bilingual English/Spanish or English/Hmong
- Experience in Critical Care, Emergency Room, Telemetry, Pediatrics, or specialty unit patient care setting
- Certification by a nationally recognized case/care management organization

#### WORK ENVIRONMENT

- Ability to sit in front of and operate a video display terminal for extended periods of time
- Ability to bend, lift and carry objects of varying size weighing up to ten (10) pounds
- Ability to travel to different locations in the course of work

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*This position description, and all content, is representative only and not exhaustive of the tasks that an employee may be required to perform. Employees are additionally held responsible to the Employee Handbook, the Alliance Standard Knowledge, Skills and Abilities and the Alliance Code of Conduct. The Alliance reserves the right to revise this position description at any time.*