



Job Description

LifeTime Resources Mission Statement:

Working together to provide services that help people maintain their independence

LifeTime Resources Core Values:

Compassion

Cooperation

Commitment

Job Title:

Home Care Manager

Supervisor:

Case Management Supervisor

Division:

Home and Community Care

FLSA Status:

Exempt

Position Overview:

Develops and monitors Person Centered plans of care for home and community-based individuals and ensures consistent provision of quality services in keeping with individual goals and objectives, agency philosophy, policies and program requirements, as well as requirements of IFSSA, the accrediting body, and other regulatory agencies.

Essential Functions:**ASSESSMENT, CARE PLAN DEVELOPMENT AND MONITORING**

- Completes all tasks with a sense of urgency, effectively prioritizes to ensure timely and effective customer service.
- Advocates on individuals' behalf.
- Achieves established productivity standards in the areas of:
 - 90% compliance with due dates including, but not limited to quarterlies, semi-annuals, and annuals
 - 60% of quality assurance surveys must be positive
 - 80% of all units claimed for the month must be billable
- Performs within expectations in the area of:
 - Caseload per home care manager
 - Billing units per month
 - Average care plan costs per home care manager
 - Compliance of care plans with eligibility, funding logic, and cost share level
- Completes person-centered assessments and develops person-centered care plans based on the individual's needs, strengths, and preferences. Identifies options for service delivery including type of service(s), program eligibility and payment source(s) in keeping with agency philosophy, program requirements, and individual independence.
- Distributes the state of Indiana potential provider list to appropriate individuals and respects the individuals' right to choose or change their service provider and/or case manager.
- To meet temporary and/or ongoing needs that cannot be met through other formal and informal sources, develops creative solutions including recruitment of volunteers. Ensures continued identification of new resources to assist individuals and their caregivers.
- Ensures services authorized in plan of care are in place and addressing individual's functional and environmental needs. Contacts each individual within required time frame. Handles individual or provider concerns or requests regarding services, billing, or other needs.
- Distributes appropriate contact information, instruction on how to request an appeal, choosing a provider, and agreed upon care plan to each individual.

- Initiates timely tracking, intervention, follow-up and resolution of identified problems, complaints, critical or crisis issues, including filing incident reports and recording all individual activity in state approved software.
- Completes all requirements of Initial, Quarterly, Semi-Annual, and Annual Assessments; makes additional home visits, as needed.
- Completes Person Centered Goal Setting and follow up according to procedure.
- Completes Caregiver assessments, Healthy Ideas screening, and Quality of Life surveys, within established due dates and follow up according to procedure.
- Coordinates with APS, Guardianship Manager, and formal and informal supports when individual situations warrant.
- Refers individuals for Legal Aid, Ombudsman services, Senior Nutrition Activity Centers, housing, public transportation, community resources, guardianship services, and other resources as necessary.
- Appropriately identifies cases for case conferencing and confers with supervisor as needed. Participates actively in the staff meetings and case conferences.
- Continually reevaluates situations to identify additional needs of the individual, both, functional and environmental that are not addressed in the current care plan. Completes care plan changes as needed.
- Records all individual related activity in case record within seven days and according to protocol; maintains up to date individual files; uses assigned database software program to enter all individual data into system; logs time spent on individual activity in database software.
- Respects the individual's right to privacy as stated in LifeTime's Public Notice of Confidentiality/Privacy Practices.
- Educates individuals, caregivers, and the community regarding the importance of donations.
- Consistently and effectively utilizes case coordinator assistance. Assigns tasks via CaMSS and monitors to ensure timely completion.

ADMINISTRATIVE/GENERAL

- Maintains the highest professional and ethical standards.
- Consistently and effectively utilizes position procedures; recommends changes when necessary.
- Keeps abreast of all home and community care rules and regulations. Attends trainings as required and keeps abreast of issues and information necessary to perform work duties.
- Adheres to agency policies and procedures.
- Understands, supports, and models the agency's Mission-based Values.
- Participates as needed in fundraising for the agency and represents the agency in the community.
- Engages in other related activities or special projects as required or assigned.

The essential functions identified here are a representation of those duties required of this position and in no way are intended to be a complete list.

Performance Requirements:

Knowledge, Skills, Abilities, & Mental Demand: Clerical and computer skills, including ability to use Microsoft Office Suite; written and verbal communication skills; listening skills; interpersonal skills; customer service skills; reasoning and problem-solving skills; ability to work with minimum supervision; public speaking and presentation skills; networking skills; telephone skills; ability to perform multiple concurrent tasks in an organized manner.

Physical Effort: Sedentary Work: Exerting up to 10 pounds of force occasionally and/or negligible amount of force frequently; ability to climb stairs and independently access all customer homes.

Working Conditions: Office environment, regular travel in a personal vehicle; customer homes; possible exposure to bodily fluids; customer contact; occasional inclement weather.

Education, Experience and Training: A registered nurse---or---A Bachelor's degree in Social Work, Psychology, Counseling, Gerontology, Nursing or Health & Human Services---or---A Bachelor's degree in any field with a minimum of two years full-time, direct service experience with the elderly or disabled (this experience includes assessment, care plan development, and monitoring)---or---A Master's degree in Social Work, Psychology, Counseling, Gerontology, Nursing or Health & Human Services may

substitute for the required minimum of two full time direct services experience---or---An Associate's degree in Nursing---or---An Associate's degree in any field with a minimum of four year full-time, direct service experience with the elderly or disabled (this experience includes assessment, care plan development, and monitoring). Must receive Case Management Certification from the state upon hire. Once certified, must attend 20 hours of approved training each year; must have a valid driver's license.

I have read and understand the responsibilities and requirements of my job description.

Employee Signature

Date