

Care Management Case Manager I - RN

1. Manages a basic plan of care for members referred into the care management program with the goal of promoting optimal, achievable outcomes in the most cost effective and appropriate manner (Medi-Cal related case coordination activities (6), with duties including but not limited to:
 - Performing comprehensive assessments of physical, emotional, psychosocial, and environmental needs of the member via telephone or in person interaction and/or through review of relevant and available medical records;
 - Recognizing alterations in member's condition in a timely manner; planning and executing appropriate interventions, evaluating outcomes and adjusting the plan as needed;
 - Documenting and managing the basic a 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; making recommendations and authorizing services to appropriate agencies ;
 - Supporting the Care Management Case Manager – LVN in executing clinical interventions developed in a plan of care;
 - Advocating on member's behalf to ensure quality of care and attainment of appropriate goals;
 - Preparing and sending member correspondence that meet contractual requirements;
 - Managing an appropriate level of cases assigned in a timely and accurate manner; possibly participating in on-call activities as needed to support care activities on weekends and evenings; and
 - Maintaining regular contact with members at least every 30 days.

2. Works with and educates members, providers, external agencies and internal departments on the Care Management program and provides assistance as needed, with duties including but not limited to:
 - Scheduling, organizing and leading Care Conferences and participating in Review rounds conferences on a regular basis (Medi-Cal related case coordination – 6);
 - Assisting Member Services, Claims and Provider Services department staff with resolution of quality and coordination of care issues for members within the programs (Medi-Cal related case coordination – 6);
 - Representing the Alliance at community meetings and confidential multidisciplinary task forces concerning health issues or provision of health related services; and

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Care Management Case Manager I – RN – cont'd.

- Working with provider offices and community agencies to maximize program participation and outcomes for individual clients. (Medi-Cal related case coordination – 6)
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 our 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; and
 - Evaluating program processes on an annual basis and making recommendations for improvement.
4. Medi-Cal administrative Activities
- Conducts outreach to provide information about services offered by Medi-Cal, and directs clients to application and eligibility staff for eligibility determination. Refers Medi-Cal eligible individuals and families directly to services to meet their needs. (4)
 - Coordinates Medi-Cal covered health services for a client. (6)
 - Arranges transportation for, and if client has a physical or mental limitation, accompanies individuals and families to Medi-Cal covered health services to meet their identified needs. (10)
 - Attends training related to the performance of MAA. (20)

Employee Signature (please sign in blue ink)

Date

Health Education Coordinator II

1. Conducts outreach to and follows up with targeted members through a variety of means as part of the plan's health program activities. Working with clinical staff, coordinates the Post-partum, immunization, Weight watchers, and Teen Tune-Up programs including managing database, outreach materials and incentives, and producing reports. (Medi-Cal related outreach activities will be coded to 4)
2. Assists in planning, implementing, and evaluating the Alliance's health programs, with an emphasis on access to care, quality improvement, preventive care, and use of plan and community resources. (Medi-Cal planning activities will be coded to 15, 17) Activities include, but are not limited to: Develops and reviews low cost, low literacy, culturally appropriate educational materials, develops internal materials and activities; Develops and produces informational mailings to members and/or providers; Publicizes available resource information; Assists in maintaining health information at provider offices; Under the supervision of the Health Programs Manager, researches, compiles information and develops submissions for grant applications as necessary. Creates and maintains relationships with funders; and Contributes to development and improvement of Alliance website as assigned.
3. Plans, organizes and implements health programs interventions and outreach activities in coordination with other Alliance staff, departments, and outside agencies as appropriate, including: Upon referral by Member Services or other sources, provides guidance to members in the proper use of health services and assistance in accessing health education services and other community resources; Works with local health coalitions on outreach activities to target member groups, as appropriate; Works with Alliance staff and local community agencies to make presentations, as appropriate; Plans and conducts education sessions with providers, as appropriate.
4. Acts as liaison with the community and other agencies, including: Establishes effective working relations and professional contacts with service agencies and community resources; Identifies existing health problems of Medi-Cal population and develops referrals to and coordinates with existing community resources and programs, or assists in development of new programs. (Medi-Cal related outreach and planning activities will be coded to 4 for Outreach and 15 or 17 for planning, as appropriate)

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Health Education Coordinator II – cont'd.

11. Acts as language and cultural liaison in support of Alliance Staff and Members. Translation and creation of documents into Spanish for all agency departments and community collaboratives. Spanish language assistance with complex Case Management situations as appropriate.
12. Performs general administrative duties including maintaining appropriate records and files of health program activities and correspondence.
13. Provides information to individuals and families about the Medi-Cal program and refers to Medi-Cal eligibility sites. (4)
14. Coordinates Medi-Cal covered health services for a client. (6)
15. Arranges transportation for, and if client has a physical or mental limitation, accompanies individuals and families to Medi-Cal covered health services to meet their identified needs. (10)
16. Prepares proposals for expansion and enhancement of health and Medi-Cal services to clients and families based on intra and interagency coordination and collaboration. (15, 17)
17. Attends training related to the performance of MAA. (20)

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Date

Health Programs Manager

1. Oversees the design, implementation and evaluation of health programs and disease management programs.
 - Manages and coordinates health promotion and chronic disease management programs within the Health Plan. (Medi-Cal related outreach – 4)
 - Develops and implements health promotion and disease management programs to meet the needs of members in multiple lines of business.
 - Measures, trends and evaluates efficacy of health promotion and disease management program on an annual basis. (Medi-Cal related planning – 15, 17)
 - Identifies care needs within member population through practice profiles. (Medi-Cal related planning – 15, 17)
 - Investigates potential project areas and recommends appropriate intervention.
 - Collaborates with internal staff, including Health Services Manager, to identify at-risk members.
 - Collaborates with providers and other external customers to develop interventions for high-risk members.
 - Prepares health and disease management program promotional materials, including newsletter articles, pamphlets and brochures.
 - Coordinates activities with local, State and federal agencies, including public relation activities for Health Programs staff.
 - Recommends Health Programs changes and modifications. (Medi-Cal related planning – 15, 17)
 - Maintain current knowledge of regulatory requirements pertinent to Medi-Cal and other lines of business.
 - Provide information to individuals and families about the Medi-Cal program and refer to Medi-Cal eligibility sites. (4)

2. Supervises Case and Disease Manager, Medical Social Workers and Health Program Coordinators.
 - Manages and coordinates daily activities of Health program staff.
 - Supervises Case Managers and Disease Managers including Medical Social Worker Disabilities Liaisons.
 - Supervises staff in initiating case management activities.
 - Hires, trains, and coaches staff, including orienting new staff.

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Health Programs Manager – cont'd.

3. Develops and maintains collaborative partnerships with various levels of internal and external customers.
 - Participates in regional and statewide collaborative workgroups to develop strategies for effective health/disease management. (Medi-Cal related planning – 15, 17)
 - Identifies grant opportunities and develops grant applications to support regional health programs management, including monitoring grant budgets and expenditures and supporting and promoting in-house programs.
 - Identifies and coordinates potential funding for continuing medical education (CME) programs.
 - Maintains interagency relationships with County Health Services Agency and other community organizations.
 - Prepares proposals for expansion and enhancement of health and Medi-Cal services to clients and families based on intra and interagency coordination and collaboration. (15, 17)
4. Participates in quality improvement and administrative projects, including: annual HEDIS studies; Quality Improvement Projects; preparation of DHCS/DMHC Audits and Investigation audits; annual budgetary process; Development of departmental policies and procedures; and preparation of reports for presentation to internal staff and external audiences.
5. Coordinates Medi-Cal covered health services for a client. (6)
6. Arranges transportation for, and if client has a physical or mental limitation, accompanies individuals and families to Medi-Cal covered health services to meet their identified needs. (10)
7. Attends training related to the performance of MAA. (20)

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Medical Social Worker

1. Coordinates case management services to members.
 - Consults with attending and consulting physicians, County Social Services, departmental and institutional staff to identify members needing case management services and coordination of care, and refer members to appropriate agencies. (Medi-Cal related case coordination - 6)
 - Accepts referrals and makes recommendations to appropriate agencies and assess available levels of care in order to successfully coordinate services. (Medi-Cal related case coordination - 6)
 - In conjunction with Utilization Review (UR) Nurses, facilitates pre- and post-discharge planning for members from acute hospitalization and/or skilled nursing facility placements; and accesses available resources from community and County agencies. (Medi-Cal related case coordination - 6)
 - Identifies and screens members eligible for Special Member status; and, in conjunction with the Medical Director, applies criteria for Special Member status.
 - Performs home visits to members in order to screen for safety, assess in-home needs, accessibility to other community/county resources.
 - Maintains documentation of case management plans/interventions and statistics required to demonstrate the cost effectiveness of case management and the impact on member's health care outcomes.
 - When needed, develops a plan with multidisciplinary collaboration which identifies goals and options for members with special needs.
 - Provides ongoing evaluation of the member's progress, effectiveness of the service plan, as well as the efficacy and appropriateness of the services provided.
 - Advocates on member's behalf to ensure quality of care and attainment of appropriate goals.

2. Establishes and maintains ongoing working relationships with other community agencies.
 - Serves as liaison with other agencies including California Children's services (CCS), San Andreas Regional Center (SARC) and County Mental health.
 - Represent the Alliance at community meetings and confidential multidisciplinary task forces concerning health issues of provision of health related services.
 - Assesses for changing social needs within the community.
 - Monitors and maintains current knowledge of legislative and regulatory changes that affect members.

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Medical Social Worker – cont'd.

- Works in conjunction with the Health Educator to enhance community resources available to Alliance members.
3. Participates in Quality Improvements activities.
 - Participates in quality improvement studies required by DHCS, CMS and other agencies.
 - Participates in regular internal quality review team proceedings
 - Initiates case conferences as needed; attends daily UR case conferences as directed by the Health Services Manager.
 - Assists the Member Services Department with case management issues regarding members involved in difficult situations.
 - Interfaces with other Alliance departments as required to support service delivery including MIS, Claims and Finance in order to assist with systems planning.
 4. Provides information to individuals and families about the Medi-Cal program and refers to Medi-Cal eligibility sites. (4)
 5. Coordinates Medi-Cal covered health services for a client. (6)
 6. Arranges transportation for, and if client has a physical or mental limitation, accompanies individuals and families to Medi-Cal covered health services to meet their identified needs. (10)
 7. Attends training related to the performance of MAA. (20)

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Date

Member Services Director

1. Responsible for senior management and strategic planning for the Member Services Department, including personnel, fiscal and operational functions, including but not limited to:
 - Developing and directing the implementation of annual and long range goals and objectives for the department within the framework of overall organizational goals and objectives;
 - Developing and maintaining departmental policies and procedures to meet Alliance goals and to ensure regulatory/contractual compliance. Overseeing development, implementation and maintenance of departmental policies and procedures;
 - Designing programs and services, developing workplans and supervising the implementation of programs and services as they relate to Member Services;
 - Coordinating of Member Services functions with other Alliance departments;
 - Conducting policy analysis and preparing proposals (Medi-Cal planning activities will be coded to 15, 17);
 - Evaluating the needs of the Member Services Department and developing / adjusting strategies and goals accordingly;
 - Evaluating existing systems, programs and designs, and implements modifications as needed (Medi-Cal planning activities will be coded to 15, 17);
 - Serving as liaison to Commission committees and advisory groups, as assigned;
 - Preparing and presenting reports for Alliance management and Board as required;
 - Conducting or directing orientation and training of community agencies regarding the Alliance's member services as needed;
 - Developing and implementing marketing activities for Alliance lines of business;
 - Overall management of regulatory and governmental audits and inquiries as they relate to departmental services;
 - Representing the Alliance with local, state and national governmental and community Agencies; Representing the Member Services Department on various company committees as needed;
 - Preparing and monitoring department budget;
 - Supervises Member Services Manager, and Member Services Administrative Assistant; and Hiring, training and supervision of direct reports, and staff.

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Member Services Director – cont'd.

2. Responsible for strategic development and implementation of new programs and services as they relate to Member Services including eligibility outreach and enrollment, member satisfaction, new lines of business and special projects, including but not limited to:
 - Researching, proposing and implementing policy changes responsive to the Medi-Cal / Healthy Kids program(s) and/or the Alliance's business needs, and reviewing proposed policies and implementation plans for value and appropriateness (Medi-Cal planning activities will be coded to 15, 17);
 - Developing and implementing new programs and services as they relate to Member Services;
 - Developing, implementing and managing eligibility outreach and enrollment activities for new programs; and Designing and implementing programs for improving member satisfaction (Medi-Cal outreach activities will be coded to 4).
3. Provides information to individuals and families about the Medi-Cal program and refers to Medi-Cal eligibility sites. (4)
4. Coordinates Medi-Cal covered health services for a client. (6)
5. Prepares proposals for expansion and enhancement of health and Medi-Cal services to clients and families based on intra and interagency coordination and collaboration. (15, 17)
6. Assists with administrative aspects of the MAA claiming process. (19)
7. Attends training related to the performance of MAA. (20)

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Date

Member Services Representative

1. Provides individual and group orientation and education to potential and current members relating to appropriate utilization of program benefits and services; conducts individual follow-up interviews; assists in selection of Primary Care Physician (PCP); and, makes referrals to other programs and services, as appropriate. (Medi-Cal outreach activities will be coded to 4)
2. Responds to member inquiries regarding eligibility, benefits, procedures, and billing. (Medi-Cal benefits outreach will be coded to 4, Medi-Cal eligibility – 8)
3. Responds to members' concerns and complaints; identifies and assesses problems; and, initiates appropriate action required to resolve the problems at the lowest possible level; and, completes appropriate documentation of problem and resolution.
4. Completes and enters Primary Care Physician Selection forms into the Alliance's data base in accordance with established policies and procedures.
5. Researches member eligibility information, utilizing the Alliance's Management Information System, the State Medi-Cal Eligibility Data System, and the County Case Data System. (Medi-Cal eligibility related - 8)
6. Responds to calls from providers verifying eligibility; and, may provide on-site provider training, as needed.
7. Follows up on referrals from County Eligibility Workers and contacts members or their representatives for orientations, as appropriate.
8. Coordinates provision of services with Provider Relations and Health Services staff.
9. Attends community meetings and provides Plan information to other agencies, as it relates to Member Services Department and the Alliance.
10. Establishes and maintains effective and cooperative working relations with County Human Resources Agency and Social Security Administration personnel.
11. Assists in training providers' office and community agency staff, as directed.

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Member Services Representative – cont'd.

12. Initiates and performs outreach to community, county and other agencies and organizations to develop contacts, provide Plan information, reach members, and network with others. (Medi-Cal related outreach activities will be coded to 4)
13. Issues Alliance ID cards, per established procedures; and provides assistance to members in initiating grievances, when requested, and transmits grievance process materials according to established procedures.
14. Maintains statistical information for weekly and monthly reporting, per established departmental procedures; maintains daily phone/walk-in and pre-natal contact log.
15. Conducts outreach to provide information about services offered by Medi-Cal, and directs clients to application and eligibility staff for eligibility determination. Refers Medi-Cal eligible individuals and families directly to services to meet their needs. (4)
16. Coordinates Medi-Cal covered health services for a client. (6)
17. Assists individuals and families with aspects of the Medi-Cal application process. (8)
18. Arranges transportation for, and if client has a physical or mental limitation, accompanies individuals and families to Medi-Cal covered health services to meet their identified needs. (10)
19. Attends training related to the performance of MAA. (20)

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Date

Transportation and Linguistic Coordinator

1. Responsible for coordinating the authorization and documentation processes of non-emergency medical transportation for Title 22 eligible, Medi-Cal/SSI members, with duties including but not limited to:
 - Accept calls from members and providers;
 - Verify member eligibility to receive transportation services;
 - Seek guidance from clinical staff if uncertain as to appropriateness of service being requested for out of area transportation (Medi-Cal arranging of transportation will be coded to 10);
 - Refer members not meeting Title 22 criteria but having lesser disabilities to paratransit services in Santa Cruz and Monterey Counties;
 - Arrange Physical Therapy / Occupational Therapy evaluations for members claiming to meet Title 22 criteria when the health plan, PCP and/or transportation vendor disagree;
 - Refer members to volunteer agencies that provide transportation (Medi-Cal arranging of transportation will be coded to 10);
 - Coordinate bus pass program, specifically (Medi-Cal arranging of transportation will be coded to 10):
 - Members will receive day bus passes at the request of their physician on an exception basis;
 - Medical appointments for members receiving bus passes must be confirmed;
 - Arrange authorized out-of-area non-emergency transportation (Medi-Cal arranging of transportation will be coded to 10), specifically:
 - Verifies that a medically necessary service is scheduled with one of our contracted transportation providers;
 - Calculates number of miles authorized per covered service and verify requested miles through internet map sites;
 - Issues authorization number and mileage approved to transportation provider;
 - Enters authorization into system; and
 - Establish, maintain, and process reports as per requirements of the Department of Health Care Services (DHCS), regulatory or auditing agencies, and departmental requirements upon request.

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Prior Authorizations Nurse-LVN

1. Acting within the scope of the Board of Vocational Nursing and Psychiatric Technicians of the State of California, ensures that prior authorization requests are completed in a timely fashion to meet contractual requirements and ensures that all reviews are conducted using nationally recognized and evidence based standards, with duties including but not limited to:
 - Coordinates and follows the established preauthorization review process for outpatient and inpatient services;
 - Performs screening of authorization requests for Alliance members under 21 years of age for identification and referral to California Children’s Services (CCS) as appropriate (Medi-Cal related outreach – 4);
 - Provides liaison with CCS, as assigned, for initial determination of CCS referrals and ongoing coordination of care for authorization requests pertaining to CCS eligible conditions (Medi-Cal related outreach – 4);
 - Updates system files related to CCS determinations;
 - Coordinates benefits, of members under age 21, through collaboration with CCS staff for designated Alliance County assignments (Medi-Cal related case coordination – 6);
 - Collaborates as directed with a Prior Authorization RN for Alliance members with complex medical conditions;
 - Accurate, thorough and efficient review of authorization requests;
 - Timely review of prior authorization requests, both inpatient and outpatient;
 - Acute hospital pre-admission / Skilled Nursing Facility / Hospice and other Long Term Care facilities; and
 - Surgical / Diagnostic procedures / Therapies / Durable Medical Equipment and Home Care;
 - Determines utilization decisions based upon nationally recognized and evidence based guidelines adopted by the Alliance such as Milliman Care Guidelines;
 - Accurate and efficient use of Alliance Care Tracking (ACT) – utilization management software;
 - Produces volume of work to meet position requirements;
 - Evaluates patient medical records when determining benefit coverage including appropriateness and level of care;
 - Reviews prior authorization requests with Medical Directors as directed;
 - Prepares Notices of Action that meet contractual requirements;
 - Assists Member Services, Claims and Provider Services department staff with issues that require medical interpretation or definition;
 - Communicates with physicians, ancillary providers and county service agencies to coordinate member care (Medi-Cal related case coordination – 6); and

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Prior Authorizations Nurse-LVN – cont'd.

- Updates and processes member / provider information as directed.
- 2. Participates in Quality Improvement Projects as directed.
- 3. Performs audits of medical records as directed.
- 4. Assists the UM Manager, Prior Authorization and department Directors in preparation for audits and other regulatory activities.
- 5. Medi-Cal Administrative activities
 - Conducts outreach to provide information about services offered by Medi-Cal, and directs clients to application and eligibility staff for eligibility determination. Refers Medi-Cal eligible individuals and families directly to services to meet their needs. (4)
 - Coordinates Medi-Cal covered health services for a client. (6)
 - Arranges transportation for, and if client has a physical or mental limitation, accompanies individuals and families to Medi-Cal covered health services to meet their identified needs. (10)
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Transportation Coordinator

1. Coordinates the authorization and documentation processes associated with non-emergency medical transportation and non-medical transportation for eligible Alliance members, with duties including but not limited to (eligible arranging transportation activities for Medi-Cal clients to access Medi-Cal services will be coded to MAA activity 10):
 - a. Answering phone calls from vendors, providers, members, and agencies through the department's Automatic Call Distribution line;
 - b. Conducting telephone interviews with members, family members and/or significant others to determine members' transportation needs;
 - c. Verifying member eligibility and requesting member records to validate medical necessity;
 - d. Electronically preparing transportation requests and distributing to appropriate team member for review;
 - e. Referring members not meeting health plan criteria, but having lesser disabilities, to paratransit services or volunteer agencies that provide transportation;
 - f. Submitting request for physical/occupational therapy evaluation to clinical staff when questions of eligibility for transportation services arise;
 - g. Obtaining and entering authorization requests for services;
 - h. Utilizing case management system to complete authorizations, document and update transportation case information, and ensure that transportation requests are entered and assigned appropriately;
 - i. Ensuring that members are transported for scheduled appointments;
 - j. Identifying gaps in transportation services and referring case to appropriate Alliance department;
 - k. Conducting research to identify new transportation vendors;
 - l. Sharing potential transportation vendors with Provider Services for contracting;
 - m. Working with non-contracted providers and the Finance Department to establish letters of agreement for new transportation vendors;
 - n. Arranging authorized out-of-area, non-emergency medical transportation or non-medical transportation, including verifying that a necessary service is scheduled with transportation providers and issuing an authorization to the transportation provider;
 - o. Calculating and verifying the number of miles authorized per covered service;
 - p. Establishing, maintaining, and processing reports as per requirements of the Department of Health Services (DHS), regulatory or auditing agencies, and departmental requirements;
 - q. Routing cases to Finance and Provider Services for payment;
 - r. Performing administrative duties to track, organize, monitor and follow-up on current and new transportation requests; and

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Transportation Coordinator – cont'd.

- s. Making recommendations and implementing program improvements that strengthen member access to transportation services.
2. Works with members, transportation vendors, provider offices, Alliance staff, County departments, and other agencies to ensure effectiveness of transportation services, with duties including but not limited to (eligible arranging transportation activities for Medi-Cal clients to access Medi-Cal services will be coded to MAA activity 10):
 - a. Working with provider offices to determine the necessity, date and time of members' appointments;
 - b. Working with counties and other agencies, such as California Children's Services and Community Based Adult Services, to identify available transportation options;
 - c. Communicating issues and concerns related to transportation services to the relevant vendor in a timely manner;
 - d. Working with Alliance staff to gather information and resolve issues related to transportation cases;
 - e. Ensuring that transportation cases are routed appropriately within the Alliance; and
 - f. Seeking guidance and direction from clinical staff regarding appropriateness of requested transportation service, as needed.
 1. Performs the following Medi-Cal Administrative Activities:
 - a. Provides information to individuals and families about the Medi-Cal program and refers to Medi-Cal eligibility sites. (4)
 - b. Coordinates Medi-Cal covered health services for a client. (6)
 - c. Arranges transportation for, and if client has a physical or mental limitation, accompanies individuals and families to Medi-Cal covered health services to meet their identified needs. (10)
 - d. Attends training related to the performance of MAA. (20)

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