



CARE COORDINATOR

Department	Care Coordination	Direct Care Non-Direct Care	Direct Care
FLSA Status	Non-Exempt	Exemption Type <i>(HR Use Only – Check all that apply)</i>	<input type="checkbox"/> Executive <input type="checkbox"/> Computer <input type="checkbox"/> Administrative <input type="checkbox"/> Professional <input type="checkbox"/> Outside Sales
Reports to	Supervisor, Care Coordination	Supervises	None
Primary Location	Varies	Employment Status	<input checked="" type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input checked="" type="checkbox"/> Regular <input type="checkbox"/> Temporary
Original Date	2018	Revised Date	February 2024

JOB SUMMARY

Job summary should specify the nature and purpose of the job. Please provide one to two sentences starting with an action verb, followed by the aim of the position that identifies the primary result of the position.

The care coordinator has an overall responsibility and accountability for coordinating all aspects of the individual's care, including but not limited to health and behavioral healthcare, community supports, and other services required to meet the needs of the individual. For individuals who are enrolled in the health home, the care coordinator will take a holistic approach to care by utilizing the core standards of service. These include:

- Comprehensive Care Management
- Care Coordination and Health Promotion
- Comprehensive Transitional Care
- Individual and Family Support
- Referral to Community and Social Support Services
- Use of Health Information Technology (HIT) to Link Services

ESSENTIAL FUNCTIONS

List the essential job functions or responsibilities. Typically, most jobs have between 8 to 12 essential functions. It is critical to note that not every function of the position should be deemed as essential. Essential functions should include only those items that are "critical for getting the job done" or "accountabilities".



- Completes required assessments using person centered planning techniques, as well as gathers and incorporates all other relevant assessments.
- Develops a comprehensive, person-centered Life Plan with the individual and their circle of support, as well as their entire service provider team.
- Supports the individual in the planning process to ensure that the individual directs the process to the maximum extent possible and can make informed decisions and choices.
- Reviews the Life Plan with the individual's entire interdisciplinary team no less than annually, and every time there is a life changing event. This review must occur during a face-to-face meeting, no less than annually.
- Accountable for coordinating all aspects of an individual's care.
- Effectively manage a tiered caseload, while tailoring services to individual needs.
- Completes program enrollment and eligibility document.
- Completes and secures consents and authorizations to share information.
- Develops and maintains appropriate records.
- Completes and reviews paperwork necessary for case files and reports.
- Completes documentation and billing in a timely manner.
- Frequent travel meeting with individuals in their homes, physician/provider offices, and other public places in order to conduct assessments and provide services.
- Accompanies individuals to appointments in accordance with Person Centered Services policy.
- Collaborates with providers and service support team members.
- Initiate incident reports and follow-up to ensure compliance with regulations.
- Monitors individual satisfaction with supports and services.
- Ensures case files are in compliance with regulation and policy.
- Provide quality driven, cost effective, culturally appropriate services.

OTHER DUTIES

List other non-essential job functions or responsibilities. May wish to include in the list "performs other duties as assigned".

- Commits to a respectful, just, and supportive environment for individuals and team members aligning with the company's commitment to diversity, equity, inclusion and belonging.
- Other duties as necessary or assigned.

KNOWLEDGE, SKILLS & ABILITIES

List required knowledge, skills and abilities needed for the job.



- Knowledge of developmental disabilities, chronic disease, and social determinants of health.
- Strong knowledge of OPWDD funded services and supports.
- Experience with motivational interviewing.
- Experience writing SMART goals.
- Knowledge of person-centered planning regulations.
- Ability to build relationships and effectively communicate.
- Encourages community integration.
- Demonstrates cultural competence.
- Demonstrates ethical and professional responsibilities and boundaries.
- Demonstrates capacity to use Health Information Technology to link services and facilitate communication.
- Knowledge of confidentiality regulations.
- Organizational and time management skills
- Ability to prioritize.
- Proactively approaches professional responsibilities.
- Completes work in a timely manner

EDUCATION & EXPERIENCE

List required education and/or experience needed for the job.

- Bachelor's degree with 2 years relevant experience OR a Licensed Registered Nurse with 2 years relevant experience OR A Master's degree with 1-year relevant experience *required*.
- A valid New York State driver's license is required. If residing in a bordering state, a valid driver's license from that state is acceptable for employment in New York.

PHYSICAL REQUIREMENTS

List physical requirements of the job and indicate how often the team member is required to perform these requirements. The physical demands described here are representative of those that must be met by a team member to successfully perform the essential functions of this job. Reasonable accommodations may be made to enable individuals with disabilities to perform the essential functions.

Physical Activity	Frequency			
	N/A	Rarely	Occasionally	Regularly
Travel	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Ambulate	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Drive	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Type/Keyboard	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Twist/turn	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Stand	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>



Sit	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Talk	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Hear	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Use hands and fingers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Repetitive Motion	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Close vision	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Peripheral Vision	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Depth of Perception	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Ability to see color	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Lift up to 5 lbs.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Lift up to 10 lbs.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Lift up to 20 lbs.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Lift up to 50 lbs.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Lift up ____ lbs.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Carry	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Reach	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Push	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Climb	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pull	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Stoop	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Kneel	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Crouch	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Crawl	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Balancing	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

ENVIRONMENTAL CONDITIONS

List environmental conditions of the job and indicate how often the team member is exposed to these conditions.

Physical Activity	Frequency			
	N/A	Rarely	Occasionally	Regularly
Office environment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Moderate noise	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Loud noise	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Extremely loud noise	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Confined area	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Exposure to bloodborne pathogens or bodily fluids	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Exposure to allergens	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Exposure to chemicals	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



Exposure to airborne pathogens	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Exposure to dim lighting	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Exposure to bright lighting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Exposure to heights or high precarious places	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Extreme heat/humid conditions	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Outdoor conditions	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

I can, with or without reasonable accommodation(s), perform the essential functions of this position:

Team Member Signature: _____

Date: Click or tap to enter a date.

Supervisor Signature: _____

Date: Click or tap to enter a date.

HR Reviewed Signature: Michelle Hoffman

Date: 2/16/2024