



**Corporate Office:**  
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Sarah N. Stroud, CEO

**Vacancy Announcement**  
**November 30, 2018**

**(Internal and External Posting)**

**Position:** MH/SU Care Coordinator - Licensed

**Category:** Exempt

**Location:** Lumberton

**Salary Range:** \$47,493 - \$59,312

**Closing Date:** Open Until Filled

**Position Number:** 17-40-322

**Position Description:**

The Mental Health/Substance Use (MH/SU) Care Coordinator is responsible for providing proactive intervention and care coordination (treatment planning case management) to individuals identified as Special Needs Populations to ensure that these individuals receive appropriate assessment and services. This is a mobile position with work done in a variety of locations. The Care Coordinator spends a considerable amount of time in the field and completes required documentation/paperwork at an office location (as applicable). Collaborates with CCNC to provide care coordination to ensure consumers successfully engage in treatment and preventable costs are reduced. Facilitates transition from psychiatric or substance use inpatient facilities to reduce recidivism. Follows up with high risk enrollees who do not appear for scheduled appointments, for enrollees for whom a crisis service was the first service. Facilitates ongoing engagement to individuals discharged from 24 hour care such as community hospitals, ICFMR, half-way house or group home.

**Responsibilities:**

The MH/SU Care Coordinator is responsible for (though not limited to):

**Clinical Assessment**

- Ensures assessments of individuals in identified Special Needs Populations in order to identify need for treatment or monitoring
- Completes clinical assessment or refers to other specialists for assessment

**Managed Care Treatment Planning Care Coordination**

- Risk Management – Proactively ensures that individual identified as a Special Needs enrollee has



**Managing Behavioral Healthcare for the Citizens of Bladen, Duplin, Edgecombe, Greene, Lenoir, Robeson, Sampson, Scotland, Wayne, and Wilson Counties**

treatment needs or needs regular monitoring has a Behavioral Health Clinical Home and a Medical Home

- Ensures that a Person Centered Plan (PCP) is developed by a clinical behavioral health home or, if necessary, by the Care Coordinator to meet urgent needs and to access care for the individual. Convenes key providers and others to address needs of the individual. A minimum of monthly meetings to facilitate communication is required.
- Identifies gaps in services and intervenes to ensure that the individual receives appropriate care
- Measures results of intervention and treatment, including reduction in high risk events and inappropriate service utilization
- Ensures that services for the individual are coordinated across the Eastpointe MCO system and with other systems, including primary care
- Provides clinical discharge planning assistance to local hospitals and tracks individuals discharged from state and local hospitals to ensure they follow up with aftercare services and receive needed assistance to prevent further hospitalizations.

### **Collaboration**

- Serves as a collaborative partner in identifying system barriers through work with community stakeholders
- Manages and facilitates Child/Adult High Risk Team meetings in collaboration with DSS, DJJ, City and County school system, and other community stakeholders as appropriate.
- Reviews behavioral health services to determine if appropriate based on Medical necessity
- Works in partnership with other organization departments to address identified needs within the catchment (i.e. System of Care).
- Collaborate with CCNC/primary health care physician for care coordination. with the assistance of CCNC, will encourage, support and facilitate communication between Primary Care Providers (PCPs) and Behavioral Health Providers (BHPs) regarding medical management, shared roles in the care and crisis plan, exchange of clinically relevant information, annual exams, coordination of services, case consultation and problem solving as well as identification of medical home for persons determined to have need.

### **Quality**

- Assure compliance with enrollees confidentiality and human services rights
- Monitor quality of services provided to enrollees

### **Knowledge/Skills/Abilities:**

A high level of diplomacy and discretion is required to effectively negotiate and resolve issues with minimal assistance. This will require exceptional interpersonal skills, highly effective communication ability, and the propensity to make prompt independent decisions based upon relevant facts. Problem solving, negotiation, arbitration and conflict resolution skills are essential to balance the needs of both internal and external customers. Must be highly skilled at shifting between macro and micro level planning, maintaining both the big picture and seeing that the details are covered.

MH/SU Care Coordinators must exhibit an extensive understanding of the Diagnostic and Statistical Manual of Mental Disorders (current version) and have considerable knowledge of the MH/SU/I/DD service array provided through the network of Eastpointe MCO providers. Additional knowledge of Medicaid Waiver requirements and URAC accreditation standards is essential.

The employee must be detail oriented, able to organize multiple tasks and priorities, and to effectively manage

projects from start to finish. Work activities quickly change according to mandated changes and changing priorities within the department. The employee must be able to change the focus of his/her activities to meet changing priorities. Proficiency in Microsoft Office products (such as Word, Excel, Outlook, is required.

**Education/Experience/Licensure:**

A Master's degree in a Human Services field (such as Psychology, Social Work or Counseling) is required, along with at least four years of post-degree experience in mental health or related human services field such as rehabilitation or professional counseling providing similar services to the population (Adult MH/SU) served. Additionally, valid licensure or certification in profession is required. (LCSW, LMFT, LCAS, LPC) or

**Mental Health Nurse II:** - A master's degree in psychiatric nursing which provides the knowledge, skills, and abilities needed to perform this work; or graduation from a State accredited school of nursing and two years of experience in psychiatric nursing which provides the knowledge, skills, and abilities needed to perform the work; or an equivalent combination of education and experience.

Employee is responsible for complying with respective licensure board's continuing education/training requirements in order to maintain an active license.

**Application Process:**

Email Lynn Parrish, HR Director and request a copy of your application be placed in the position vacancy file. If your current application is over two years old, please submit a new updated application for review.

**Additional Comments:**

Salary is commensurate with education, credentials, and creditable work experience. Degree must be from an accredited college/university. *Eastpointe LME/MCO is an equal opportunity employer.*