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Sarah N. Stroud, CEO

**Vacancy Announcement**  
**Internal and External Vacancy**

**March 4, 2019**

**Position:** Diversion Clinical Care Coordinator

**Category:** Exempt

**Location:** Kinston

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

**Closing Date:** Until Filled

**Position Number:** 17-40-342

**Position Description:**

The Diversion Clinical Care Coordinator is responsible for identifying the right treatment and supports an individuals needs before transition into a community setting to increase the likelihood of a successful transition. The Coordinator facilitates and supports the development of rapport and engagement between the consumer and provider to increase likelihood of treatment effectiveness. The Coordinator reviews and decides on the status of the Referral Screening Verification Process (RSVP) for diverting members from institutional facilities.

**Responsibilities:**

The Diversion Clinical Care Coordinator is responsible for (though not limited to):

**Clinical Assessment**

- The Care Coordinator provides proactive intervention and care coordination to individuals identified as eligible to participate in the Transition to Community Living Program.
- Ensures timely referral for assessments of individuals identified as eligible for participation in the Transition program in order to identify appropriate treatment prior to beginning the process
- Completes clinical interview using motivational interviewing to enhance connectedness/treatment adherence

**Managed Care Treatment Planning Care Coordination**

- Ensures individuals identified to transition to community living have an individualized person centered plan designed to meet any needs of the individual
- Ensures individuals transitioning to community living have a Behavioral Health Clinical Home and a Medical Home



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

- Ensure that all individuals in the TCLI priority population process of diversion have the elements of community integration plans a Community Integration Plan (CIP) that meets requirements standards set by DHHS
- Review the CIPs to ensure they are completed with clear documentation that informed choice drove the individual's decision and the degree to which that decision has been implemented.
- Review the diversion information to assess if individuals are eligible for Medicaid services, or State-funded services as available, are offered to individuals whether moving to the community or to an Adult Care Home.
- Connect individuals who have had CIP with services and supports that they are eligible for and determine if person is housing slot eligible.
- Assure that individuals who choose to be admitted to an ACH are referred for In-Reach, per the In-Reach requirements of the DOJ Settlement Agreement.
- Completes the clinical interview required as part of the transition to community living program
- Identify providers/participants/advocates in the person centered planning process
- Develops and/or oversees Person Centered Plans (PCPs) or Individual Service Plans (ISPs)
- Works with the individual and other persons on the planning team to identify levels of treatment needed
- Assesses barriers to treatment and recommends solutions
- Screens for general physical and specific behavioral health needs and recommend referrals
- When appropriate – may order a diagnostic assessment to determine level of care

### **Collaboration**

- Serves as a collaborative partner in identifying system barriers through work with consumers, hospitals, community stakeholders, providers, family members and others
- Collaborate with Transition Coordinators to monitor services being provided and assess for potential barriers to successful transition
- Reviews behavioral health services to determine if they are meeting the needs of the member
- Works in partnership with other organizations and with other internal departments to address identified needs
- 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.

### **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.

The Diversion Clinical Care Coordinator must exhibit an extensive understanding of the Diagnostic and Statistical Manual of Mental Disorders (current version) and have considerable knowledge of the MH/SU/IDD 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. 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:**

Master's degree in a human services field and four years of post-degree therapeutic counseling experience in mental health or related human services field such as rehabilitation counseling, professional counseling, pastoral counseling,

marriage and family therapy, child life program that provides the techniques in therapy or therapeutic assessments, one of which must be supervised.

**Additionally, valid North Carolina licensure is required. (LCSW, LMFT, LCAS and LPC, including provisionally licensed clinicians)**

**Application Process:**

Email Lynn Parrish, HR Director, or hr@eastpointe.net and request a copy of your application be placed in the position vacancy file. If your current application on file is over two years old, please complete a new application and submit with your request.

**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.*