



Job Title: Lead Care Manager (LCM)
Program/Dept.: Enhanced Care Management (ECM) Program
Classification: Temporary, Full-time, Non-Exempt
Salary Range: \$18.00
Reports to: Program Director
Location: 4879 E. Kings Canyon Road, Fresno, CA 93727
Date: February 22, 2024

1. AGENCY

The Fresno Center (TFC) is a non-profit organization that was established in the past 30+ years, serving the community of Fresno County. TFC offers 20 different support services that include mental health, wellness, and healing, from immigration to education advocacy to clinical behavioral services to holistic wellness services. TFC is the one-stop shop that promotes cross-cultural understanding and cultural preservation. Eight of our 20+ programs focus on mental health services (Horticultural Therapeutic Community Centers Program, Living Well Center, Holistic Wellness Program, California Reducing Disparity Project, Central Valley Regional Center Latino and Southeast Asian Navigator Program, and Kaiser Community Benefits Program). Our motto is to “Inspire, Empower, and Cultivate”. Our commitment is to equip staff with the best training and practices to develop and maintain client loyalty and be the employer of choice in the Central Valley.

The Fresno Center’s Mission Statement: To assist individuals in becoming self-sufficient, self-fulfilled and productive members of the community while fostering cultural preservation and promoting cross cultural understanding.

The Fresno Center’s Vision: The Fresno Center will be a champion for positive change through empowerment, education, and collaboration.

2. THE PROGRAM

The Fresno Center (TFC) is a certified Enhanced Care Management (ECM) provider. Enhanced Care Management (ECM) is a whole-person, interdisciplinary approach to comprehensive and intensive care that addresses the clinical and non-clinical needs of high-need and/or high-cost Medi-Cal beneficiaries through systematic coordination of services and comprehensive care management that is community-based, interdisciplinary, high-touch, and person-centered.

ECM provides seven core services at the point of care: (1) outreach and engagement, (2) comprehensive assessment and care management plan, (3) enhanced care coordination, (4) health promotion, (5) comprehensive transitional care, (6) member and family supports, and (7) coordination of and referral to community and social support services. The overall goal of the ECM program is to provide comprehensive care and achieve better health outcomes for the highest need beneficiaries in Medi-Cal.

The position is contingent upon continued funding. The Fresno Center will not be responsible in any manner for terminations which are due to the defunding of Federal or State Contracts/Grants. The Fresno Center is at-will and may be terminated by you or the company at any time regardless of the end date of the Federal or State Contracts/Grants.

3. POSITION SUMMARY

Under the direction of the ECM Director and/or Clinical Consultant, the Lead Care Manager (LCM) provides direct service, as well as coordinates care management and functions as a part of a "Care Team" for the Enhanced Care Management (ECM) Program. The LCM oversees specific cases, coordinates health care benefits, provides education and facilitates member access to care in a timely and cost-effective manner. The LCM collaborates and communicates with members, caregivers/family support persons, other providers, and TFC ECM team in order to promote wellness, recovery, independence, resilience, and member empowerment, while ensuring access to

appropriate services and maximizing member benefit. The LCM also serves as a clinical advocate for members, an active interdisciplinary team member, a liaison with other Center programs and external health and social service providers in the community.

Lead Care Managers will be the main point of contact between Members and their other health providers as well as perform the required outreach duties for the ECM program.

4. JOB DUTIES & RESPONSIBILITIES

- 4.1. Reviews data and interviews potential members to verify eligibility for enrollment in the Enhanced Care Management program (ECM) and completes the referral process when necessary.
- 4.2. Conducts appropriate member assessments telephonically and/or in person.
- 4.3. Conduct in-person member meetings on a monthly basis.
- 4.4. Responsible for coordinating with individuals and/or entities to ensure a seamless experience for the member and non-duplication of services.
- 4.5. Oversee provision of ECM services, including the completion of member assessments, development of member Care Management Plans (CMP), and provide educational and community resources.
- 4.6. Offer services where the member lives, seeks care, or finds most easily accessible and within Managed Care Plan (MCP) guidelines and connect the member to other community services and supports he/she may need, including transportation.
- 4.7. Partners with healthcare professionals, community and social support services, and other healthcare entities to coordinate care and locate member resources.
- 4.8. Documents evidence of care in the member's EHR record concisely and abides by all deadlines.
- 4.9. Actively manages assigned patient cases to ensure coordination of care, retention of patients, and ensuring a high level of care coordination is maintained.
- 4.10. Whenever needed, accompany members to office visits to serve as an advocate.
- 4.11. Communicates and collaborates with providers and care teams, regarding the members' progress and care needs.
- 4.12. Identifies, coordinates, and follows up on member referrals to ensure continuity of care, and member needs are being met.
- 4.13. Reassesses care plans to ensure effectiveness in achieving desired outcomes for members and their family.
- 4.14. Supports members.
- 4.15. Investigates and directs member inquiries or complaints to appropriate staff members and follow up to ensure satisfactory resolution.
- 4.16. Follows established policies to enroll and disenroll members.
- 4.17. Maintains knowledge of community services and resources available to members including housing resources, financial/income assistance, transportation assistance and food assistance.
- 4.18. Facilitates care transitions between providers, partners, and referral sources and specialty care providers.
- 4.19. Follows established protocol around patients experiencing pain, safety concerns and/or mental health concerns and creates safety plans, if necessary.
- 4.20. Recognizes signs of child and elder abuse and reports appropriately to Child/Adult Protective Services.
- 4.21. Understands and abides by all departmental and companywide policies and procedures.
- 4.22. Complies with all safety and injury prevention policies and regulations.
- 4.23. Be the primary point of contact between Members and their other health providers
- 4.24. Performs other duties as assigned or required.

5. COMPETENCY:

- 5.1. Strong leadership skills
- 5.2. Fluent in Spanish or Hmong preferred
- 5.3. Knowledgeable of healthcare programs: Covered California and Medical
- 5.4. Prior knowledge and experience of governmental systems and policy changes
- 5.5. Ability to inspire, empower, and cultivate self and others,
- 5.6. Ability to adapt to various environments.

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- 5.7. Strong leadership skills,
 - 5.8. Ability to inspire others,
 - 5.9. Ability to maintain motivation to achieve goals while dealing with challenges.
Ability to manage and supervise a culturally diverse staff
 - 5.10. Ability to manage agency wide budgets
 - 5.11. Demonstrated ability to work effectively as a part of the management team
 - 5.12. Maintains professional working relationships with coworkers, clients, families, community stakeholders,
and multidisciplinary providers, grantors, funders, and contractors
 - 5.13. Works independently and exercises professional judgment

6. SUPERVISORY RESPONSIBILITIES:

None.

7. PERSONAL QUALITIES

- 7.1. Accountable
- 7.2. Diligent and organized
- 7.3. Ethical and loyal
- 7.4. Punctual
- 7.5. Flexible
- 7.6. Problem-solver
- 7.7. Creative
- 7.8. Honest

8. WORK ENVIRONMENT:

- 8.1. The work environment characteristics described here are representative of those an employee encounters while performing the essential functions of this job.
- 8.2. Reasonable accommodations may be made to enable individuals with disabilities to perform the essential functions.

9. TYPICAL WORKING CONDITIONS:

- 9.1. The office setting is a normal environment.
- 9.2. Occasionally work during early morning, evening, or weekend.
- 9.3. May be subject to temperature variances in the office.
- 9.4. The noise level in the work environment is usually moderate but may become excessively loud with the increased patient flow during a busy day.

10. TYPICAL PHYSICAL DEMANDS.

- 10.1. Requires sitting, standing, or walking for up to eight hours a day.
- 10.2. Some bending, stretching, or reaching may be necessary.
- 10.3. Lifting to 40 pounds may be required on occasion.
- 10.4. Vision must be correctable to 20/20
- 10.5. Hearing must be in the normal range for telephone contact.

11. POSITION TYPE AND EXPECTED HOURS OF WORK:

- 11.1. Full-time, typical work hours are between 8:00 am to 5:00 pm, Monday to Friday
- 11.2. Evenings and weekends as needed.

12. TRAVEL:

- 12.1. Travel time is expected for the position. Travel time includes travel to meetings, off-site training, or between job sites, as needed, locally.



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- 12.2. Individuals may also be expected to use their own vehicle to travel and with mileage reimbursement.
 - 12.3. A company car may be used when transporting a client to and from his or her placement, or field activities.

13. REQUIRED EDUCATION AND EXPERIENCE:

- 13.1. Bachelor's degree or higher in Healthcare Administration, Nursing, Behavioral Health, Social Science or a related field or previous experience with providing Case Management Services and/or care coordination for vulnerable populations or an equivalent combination of education and experience may be qualifying
- 13.2. Experienced working with the community in the area of advocacy, education, and social services

14. PREFERRED EDUCATION AND EXPERIENCE:

None.

15. ADDITIONAL ELIGIBILITY QUALIFICATIONS:

None.

16. BENEFITS:

- 16.1. Medical, vision, and dental coverage.
- 16.2. Life insurance coverage at annual salary.
- 16.3. Sick leave, per personnel policy.
- 16.4. 401k retirement plan, after completion of 90 days of employment; potential 3% match.
- 16.5. Vacation, per personnel policy
- 16.6. Holidays per personnel policy

17. Affirmative action plan/Equal employment opportunity (AAP/EEO):

It is the policy of The Fresno Center to provide equal employment opportunities without regard to race, color, religion, sex, national origin, age, disability, marital status, veteran status, sexual orientation, genetic information or any other protected characteristic under applicable law. This policy relates to all phases of employment, including, but not limited to, recruiting, employment, placement, promotion, transfer, demotion, reduction of workforce and termination, rates of pay or other forms of compensation, selection for training, the use of all facilities, and participation in all company-sponsored employee activities. Provisions in applicable laws providing for bona fide occupational qualifications, business necessity or age limitations will be adhered to by the company where appropriate.

As part of the company's equal employment opportunity policy, The Fresno Center will also take affirmative action as called for by applicable laws and Executive Orders to ensure that minority group individuals, females, disabled veterans, recently separated veterans, other protected veterans, Armed Forces service medal veterans, and qualified disabled persons are introduced into our workforce and considered for promotional opportunities.