



Job Code: 6855

Grade: 23

HCWR: N

Job Title

Manager of Transitional Care

Department

Health Plan Services

This position is exempt from Career Service under the CCH Personnel Rules.

Job Summary

The Manager of Transitional Care serves as a key member of the clinical services team, supporting utilization management and integrating across all health plan clinical team. Using evidenced based practices, is responsible for developing programs, goals, and processes to support members experiencing transitions levels of care, care providers/settings or program eligibility. Oversees the Transition of Care (TOC) models utilized by Health Plan Services partners to ensure a cohesive approach and appropriate support and continuity for all members' physical and behavioral health services, achieve members' health goals, and improve cost-effective health outcomes. Works independently and as a collaborative member of the Health Plan Services administrative team and with all levels of Cook County Health (CCH), partners and providers.

General Administrative Responsibilities

Collective Bargaining

- Review applicable Collective Bargaining Agreements and consult with Labor Relations to generate management proposals
- Participate in collective bargaining negotiations, caucus discussions and working meetings

Discipline

- Document, recommend and effectuate discipline at all levels
- Work closely with labor relations and/or labor counsel to effectuate and enforce applicable Collective Bargaining Agreements
- Initiate, authorize and complete disciplinary action pursuant to CCH system rules, policies, procedures and provision of applicable collective bargaining agreements

Supervision

- Direct and effectuate CCH management policies and practices
- Access and proficiently navigate CCH records system to obtain and review information necessary to execute provisions of applicable collective bargaining agreements



General Administrative Responsibilities

Management

- Contribute to the management of CCH staff and CCH' systemic development and success
- Discuss and develop CCH system policies and procedures
- Consistently use independent judgment to identify operational staffing issues and needs and perform the following functions as necessary; hire, transfer, suspend, layoff, recall, promote, discharge, assign, direct or discipline employees pursuant to applicable Collective Bargaining Agreements
- Work with Labor Relations to discern past practice when necessary

Typical Duties

- Develops program description work plans and annual program goals for transitions of care, for approval by leadership and oversight committees
- Ensures that plans and program goals reflect the needs of the membership and a clear model for promoting cost-efficiency and quality of care goals and strategic directions of health plan and CCH, including National Committee for Quality Assurance (NCQA) health plan accreditation
- Analyzes data and conducts monthly/quarterly/annual evaluation of work plan to identify program successes as well as barriers/impediments to achieving performance benchmarks.
- Recognizes trends, identifies opportunities, and assess financial impact to design and lead improvement initiatives
- Utilizes data and experiences of members, provider, and partners to make recommendations to leadership regarding network providers
- Develops relationships with transition stake holders, e.g., large volume hospitals, CCH staff, ACHN leadership, community organizations
- Prepares reports for various audiences, makes, and implements recommendations for improvement
- Develops, organizes, and manages workflows, processes, and job aids to support the provision of transition related activities and assesses ability to promote desired outcomes as well as comply with regulatory requirements and vendor agreements
- Researches, develops, and implements TOC interventions that will increase use of health care, improve health, and promote cost-effectiveness of health care utilization
- Collaborates and coordinates people and systems to leverage health plan and CCH resources.
- Foster strong relationships with diverse stakeholders from all community sectors
- Engages and works collaboratively with contracted/delegated care management entities and medical management staff, vendors, behavioral and physical health providers, and social services to assure integration of direct health care services
- Provides oversight of vendors including facilitation of vendor meetings, monitoring of key performance indicators and collateral outcomes
- Provide and facilitates training for Health Plan Services staff and network partners
- Support health plan accreditation standards, regulatory compliance and effective participation in broader care delivery systems and mandates



Typical Duties

- Participates in the development of information technology systems for optimal information sharing across entities and care settings
- Facilitates and promotes timely problem identification, analysis, and resolution
- Travels to work sites throughout Cook County including Federally Qualified Health Centers, hospitals, regulatory and State agency offices
- Performs other duties as assigned

Minimum Qualifications

- Bachelor's degree from an accredited college or university
- Licensed as a Registered Nurse, Licensed Clinical Social Worker (LCSW) or Licensed Clinical Professional Counselor (LCPC) in the State of Illinois or have the ability to obtain Illinois license prior to starting employment
- Two (2) years of work experience in a health care setting such as home care, physician's office/ambulatory care, acute care
- Two (2) years of supervisory or management work experience
- One (1) year of care coordination work experience
- One (1) year of work experience pertaining to transition related activities

Preferred Qualifications

- One (1) year working on transition related activities within a community-based, hospital-based or health plan setting
- One (1) year of experience working with Medicaid and/or Medicare population

Knowledge, Skills, Abilities and Other Characteristics

- Knowledge of quality improvement approaches
- Knowledge of electronic medical records or care management systems
- Knowledge with identifying data needs and supporting report development
- Knowledge of managed care
- Excellent verbal and written communication skills necessary to communicate with all levels of staff and a patient population composed of diverse cultures and age groups
- Strong analytical and problem-solving skills
- Ability to develop workflows to support transition activities
- Ability to engage internal and external stakeholders to support transition activities
- Ability to adhere to department policies and standards utilizing best practices incorporating the use of electronic health record (EHR)
- Ability to meet appropriate confidentiality standards for protected health information (PHI)



Physical and Environmental Demands

This position is functioning within a healthcare environment. The incumbent is responsible for adherence to all hospital and department specific safety requirements. This includes but is not limited to the following policies and procedures: complying with Personal Protective Equipment requirements, hand washing and sanitizing practices, complying with department specific engineering and work practice controls and any other work area safety precautions as specified by hospital wide policy and departmental procedures.

The above statements are intended to describe the general nature and level of work being performed by people assigned to this classification. They are not intended to be construed as an exhaustive list of all responsibilities, duties and skills required of the personnel so classified.

For purposes of the American with Disabilities Act, “Typical Duties” are essential job functions.