

# **Standard Job Description**

Job Code: 6992

Grade: 15 HCWR: N

**Job Title** 

Home/Community Based Services Referral Coordinator

### **Department**

Health Plan Services

### **Job Summary**

Working with a team of Home/Community Based Services (HCBS) Waiver staff members, the HCBS Referral Coordinator assists with the completion of the administrative tasks to support the requirements of the Department of Rehabilitation Services (DRS) and Department of Aging (DOA). Timely completion of forms, authorizations and data entry supports the provision of care and timeliness of services. The referral coordinator also responds to vendor questions regarding authorizations and service plans in a timely manner.

### **Typical Duties**

- Completes initial authorizations consistent with service plan details.
- Updates authorizations based upon changes in service plan requirements.
- Updates file with end date authorizations when the member has switched to another Managed Care Organization, is hospitalized, or is out of the country for a prolonged period or opts out.
- Forwards authorization information to providers upon authorization entry.
- Answers all inquiries in regards to authorizations from CountyCare, vendors or complaints.
- Notifies supervisor of vendor related issues.
- Processes waiver transfers, ensure transfer forms are completed in time and loaded into care management system.
- Reviews Long Term Services and Support members with personal assistants and monitor service claims. Compare and contrast to authorization and service plan requirements in effect at the time of the claims.
- Compiles packets of authorization information
- Prints Determination of Need (DON) documents from agency and upload into care management system.
- Provides a list of non-contracted agencies to CountyCare provider relations.
- Supports completion of Electronic Voice Verification (EVV) forms
- Performs other duties as assigned.

#### **Minimum Qualifications**

- High School Diploma or GED
- Two (2) years of experience in claims processing or utilization review
- One (1) year of managed care experience
- One (1) one year of experience using electronic systems to retrieve or review data
- One (1) one year of experience with a health care organization

### **Preferred Qualifications**

• NA

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### Knowledge, Skills, Abilities and Other Characteristics

- Knowledge of LTSS program requirements
- Knowledge of managed care concepts
- Strong oral and listening skills
- Ability to effectively prioritize
- Ability to communicate effectively and solve problems within scope of responsibility
- Focuses on team accomplishments

### **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.

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