COOK COUNTY HEALTH

Standard Job Description

Job Code: 9269
Grade: 14
HCWR: Y

Job Title	**Department**
Community Resource Navigator	Cook County Health

Job Summary

The Community Resource Navigator (CRN) works under the supervision to support the provision of care coordination services for members who are community based. These services are offered at the patient's home, physician office, and/or hospital stay throughout the County of Cook. The CRN helps the members navigate the health care delivery system, advocates on their behalf and works to reduce barriers that interfere with the member's ability to successfully interface with their medical home provider.

Typical Duties

- Completes health risk screenings by asking the members questions and documenting the response.
- Provides education to members on ways to increase the benefits of health system interaction, i.e., call before medications run out, call medical home prior to going to the Emergency Department (ED) for non-life-threatening issues, being prepared for provider visits.
- Performs supportive tasks for members such as scheduling appointments, referrals to community-based resources and directions on how to access services and care, follows up with the member to close gaps in care.
- Receives referrals to assist members in completing applications, i.e., Department of Rehabilitation Services (DRS), Department of Aging (DOA), Home Delivered Meals (HDM), etc., mail/email the member the confirmation to support coordination of care by case management that will follow.
- Works under direction of Community Based Social Work Care Coordinator (CBSWCC) to link members to appropriate programs.
- Supports efforts to locate members, i.e., completing the Unable to Reach (UTR) process when necessary. This may include calling medical homes, pharmacies, driving by last known address to place outreach materials, conduct online search using white pages, contacting healthcare providers for updated demographic information, etc.
- Utilizes health risk screenings to determine escalation to licensed clinical staff as determined by Care Coordination policy.
- Calls patient discharged from ED to screen for improvement in symptoms and engagement of ED treatment plan such as prescriptions filled, appointments made. Refers cases to Community Based Nurse Care Coordinator (CBNCC) for non-improvement in symptoms and incomplete after-care.
- Interfaces with payers to validate authorization for required services.
- Completes all education activities/training as required by state or accreditation standards. Attends training and receives certification to support patient education, i.e., diabetic education.
- Provides lay education to members on self-management for chronic conditions consistent with CRN role. Coordinates care with CBNCC or CBSWCC to escalate issues needing

Typical Duties

immediate attention.
- Participates in Interdisciplinary Rounds as requested.
- Documents all activities in the Care Management System according to Care Management policy and procedure.
- Retrieves documentation from outside care organization such as history and physical, discharge summaries, and medication list to support effective transitions of care.
- Travels to the homes of members and their sites of patient care to perform outreach and follow-up on care.
- Protects Protected Health Information (PHI) and complies with Cook County Health Privacy Policy.
- Consults information systems such as passport, managed care portals or care management systems to assess member eligibility for service.
- Performs other duties as assigned.

Minimum Qualifications

- High School Diploma or GED
- One (1) year of experience in a health care organization or community based social service agency performing health risk screenings, providing health education or supporting linkages to community-based resources
- Valid Illinois Driver's license and mandatory vehicle insurance as required in the State of Illinois
- One (1) year of experience with software and computers, i.e., data entry, word processing, appointment scheduling, Microsoft Office

Preferred Qualifications

- Bachelor's degree from an accredited college or university
- Graduate of a Community Health Worker (CHW) Program

Knowledge, Skills, Abilities and Other Characteristics

- 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
- Ability to track meetings, appointments, and emails in Microsoft Outlook
- Ability to effectively prioritize work
- Ability to meet deadlines

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.