



Area Agency on Aging

## **Job Description & Classification Specification Lewis Mason Thurston Area Agency on Aging**

### **Health Homes Care Coordinator**

FLSA Status: Overtime eligible/Non-Exempt  
2023 Salary Range: \$56,448 to \$75,096 Annually  
Reports To: Case Management Supervisor  
Supervisory Responsibilities: No

#### **JOB OVERVIEW**

Provides support for designated health home clients which includes coordinating an array of services designed to improve the health of high needs, high risk clients. Care coordination responsibilities will include assessment and care planning and monitoring of client status, and implementation and coordination of services. Provides/arranges for support to clients for effective improved self-management skills, enhanced client-provider communication, and care transitions. Will facilitate interdisciplinary consultation, collaboration, and care continuity across care settings.

#### **ESSENTIAL JOB FUNCTIONS & RESPONSIBILITIES**

1. Engage clients in care coordination activities designed to promote improved utilization of health care services.

##### *Standards of Performance:*

- Has the ability to clearly explain the Health Home Program to potential clients by phone, in person, and via written correspondence. Contacts potential clients to explain benefits of the Health Home Program to each with the goal of building a caseload.
- The creation and ongoing maintenance of a patient-centered, goal-oriented Health Action Plan.
- Assesses activation level of self-care using Patient Activation Measure (PAM)
- Provides evidence-based health assessments and screenings such as BMI, PHQ-9, Katz ADL, GAD-7.
- Provides/arranges for transition support services, generally based on the Coleman model of Care Transition Intervention.
- May coach the client to build confidence and competence in four conceptual areas, or “pillars”: medication self-management, use of a patient-centered health record, primary care and specialist follow-up, and knowledge of red flags of their condition and how to respond.
- Provides teaching/coaching re: self-management of the client’s chronic health conditions and provides resource links to ongoing disease self-management support services.

2. Works with supervisors and other healthcare providers, hospital discharge planners, skilled nursing facility staff, and staff at the client's health home to implement services and analyze the disposition of cases.

*Standards of Performance:*

- Performs facility visits, home visits, and follow up telephone calls to develop critical coaching relationships to empower clients to take an active and informed role in their discharge planning and introduce them to the patient-centered Personal Health Record.
  - Coordinates follow-up activities and referrals with other programs including Case Management, Information & Assistance, Family Caregiver Support Programs, etc.
  - Develops and maintains relationships with the community agencies and organizations that have the potential to provide resource support to the program or to the individuals.
  - As applicable, coordinates and communicates regarding the client's post-discharge status with all involved health care providers including, but not limited to, primary care, mental health, and social services.
  - Provides referrals and advocacy for clients and their caregivers to community long term services and supports, which includes family caregiver programs, nutrition programs, in-home care, and case management, etc.
  - Works collaboratively with multi-disciplinary teams involving nurses, case managers and case aides.
3. Develops and maintains complete and concise client files in compliance with policy to appropriately document activities performed for the client and all elements required for specific programs.

*Standards of Performance:*

- Tracks coaching-related metrics and reports on intervention progress.
- Maintains all required documentation related to services provided and conforms to monthly deadlines.

## **CORE COMPETENCIES & JOB REQUIREMENTS**

- Well-developed human relations skills and ability to work in a team-based environment. Knowledge of social service or human service issues pertaining to elders and people with disabilities preferred.
- Ability to research and propose solutions to a variety of problems presented by clients.
- Ability to communicate with the public, both orally (in person and over the phone) and using written materials. Hear and speak clearly on the phone. Excellent communication skills, oral and written.
- Valid/current WA State Driver's License with current automobile insurance.
- Ability to Successfully pass a background check according to DSHS/ALISA and agency policies
- Ability to drive independently between LMTAAA offices and various meetings off site.
- Ability to travel to client homes and community agencies or to work at a desk up to eight hours a day using a computer and telephone.
- Ability to climb stairs and to make home and residential client visits in settings that may not be accessible or may not meet prevailing community standards.
- Ability to maintain records and files of clients and services. Ability to document services, review and write on paper forms.
- Skill in interviewing clients in person, on the phone, and others involved as relevant, to elicit information and impact client situation.

- Knowledge of Microsoft Office Suite Word, Excel, Outlook email programs and database applications.
- Ability to utilize other computer programs and systems that may be specific to positions or duties.
- Ability to acquire proficiency in respective client documentation platforms.
- Participates in staff meetings, public education, and provider training sessions, as appropriate.
- Participates in continuing education and training programs.
- Performs other related job duties as assigned.

## **EDUCATION/EXPERIENCE**

- Bachelor's Degree in behavioral or health sciences and two years of paid on the job social service experience,
- OR Licensed Practical Nurse licensed to practice practical nursing under chapter 18.79 RCW with at least two years of related job experience,
- OR Bachelor's Degree and four years on the job paid social service experience,
- OR Master's Degree in behavioral or health science and one year paid on the job social service experience.
- Training in Coleman CTI or another coaching modality is preferred.
- Experience working on cross disciplinary, cross-organizational teams.
- Experience meeting and working with people in homes and other medical or community settings.
- Knowledge of community resources for the elderly, disabled adults, and caregivers.

## **WORKING CONDITIONS**

- This position requires an ability to perform office functions in a hybrid work model, which includes working two days per work week in a designated Agency office. Work is performed indoors in an office environment, usually weekdays between the hours of 8:00 AM and 5:00 PM.
- Travel is required within Lewis, Mason and Thurston counties and occasionally to other parts of the state.
- The employee must lift and/or move up to 25lbs occasionally, and/or up to 10lbs frequently, and/or negligible amount of force constantly to move objects.
- Reasonable accommodations will be made to enable individuals with disabilities to perform the essential functions of this position.

## **DISCLAIMER**

The statements contained herein reflect general details as necessary to describe the essential functions and core competencies of this position, the level of knowledge and skill typically required and the scope of responsibility. This job description, while comprehensive, should not be considered an all-inclusive listing of work requirements or tasks. Individuals may perform other duties as assigned.

This Agency is an equal opportunity employer and is committed to working with its employees to reasonably accommodate them with the physical aspects of a position. Qualified applicants are considered for employment without regard to race, creed, religion, color, age, sex, national origin, marital status, veteran status, sexual orientation, or the presence of any sensory, mental, or physical handicap, or any other protected characteristic as outlined by federal, state, or local laws.