



## **NURSE CARE MANAGER**

### **HEALTH CENTER**

#### **FULL-TIME (40 HOURS PER WEEK)**

**GENERAL RESPONSIBILITY:** The Nurse Care Manager is to identify approximately 5% of the costliest/at risk membership, excluding members with non-impactable costs such as high end pharmacy and members with SPMI. The Nurse Case Manager will work with the Clinical Nurse Manager and Medical Director (lead physician) to further develop this position to best serve the needs of the patient panel and the primary care teams.

**SPECIFIC RESPONSIBILITIES:** The Nurse Care Manager will complete initial patient assessment, including a comprehensive medical, psychosocial, and functional assessment of the patient, including in the home setting if needed. Provide detailed education about patient's specific chronic illness, including the pathology, signs and symptoms, complications, and medications used in treatment. Assure that screening tests are up to date. Utilize a multi-disciplinary team approach to address opportunities to plan and coordinate care. Help to arrange contact with ancillary personnel. Establish care management plans, interventions, treatment goals including self-management goals, and contact schedules. Promote compliance with chronic care plan. Coordinate care and communicate with multiple providers, both within and external to the practice. Review test results and tracks outcomes. Review patient compliance issues. Work one-on-one with patients and/or group visits. Leverage EMR / chronic disease registry reporting to prioritize patient follow-up. Identify and utilize cultural and community resources. Act as liaison to hospital, long-term care, specialists and home health representatives and utilize motivational interviewing techniques.

**QUALIFICATIONS:** RN (RI License) with a BS or MA in nursing required. Minimum of three years' experience as a licensed, registered nurse, including home care clinical experience; Bilingual Spanish preferred. Previous community-based nursing experience required. Previous nursing experience in a Federally Qualified Health Center strongly preferred.

**SPECIAL QUALIFICATIONS:** Ability to work autonomously in a self-directed manner. Excellent organizational, communication and interpersonal skills. Experience with Electronic Medical Records required. Experience with NextGen strongly preferred. Ability to work with other interdisciplinary team members to accomplish goals through collaboration and coordination. Strong background in behavior change techniques (e.g. Motivational Interviewing, Self-Management experience, etc.). Ability to utilize Microsoft Office Suite proficiently (Word, Excel, PowerPoint). Ability to write reports, and business correspondence. Ability to effectively present information and respond to questions from individuals or groups, managers, patients, colleagues, and the general public. Ability to define problems, collect data, establish facts, and draw valid conclusions. Ability to interpret an extensive variety of clinical documentation, procedural guidance, and eligibility requirements (managed care). Able to work in and foster a team environment. Knowledge of provider community and community resources in the Rhode Island area, and comprehensive knowledge of insurance company principles and outpatient delivery

systems. Demonstrate an understanding of everyone' experiences, every day. Ensuring the delivery of services that recognizes and respects that every moment matters.

**APPLICATION PROCESS:** Cover Letter and resume due to Tri-County Community Action Agency at [apply@tricountyri.org](mailto:apply@tricountyri.org); fax 1-855-372-4016; mail to Tri-County Community Action Agency, 1126 Hartford Avenue, Suite 201, Johnston, RI 02919.

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