

# WASATCH HOMELESS HEALTH CARE, INC.

## POSITION POSTING

<b>Position Title:</b>	Care Coordination Manager	<b>Date:</b>	July 2017
<b>Department:</b>	Administration	<b>FSLA Status:</b>	Non-Exempt
<b>Supervisor:</b>	Clinic Manager	<b>To Apply:</b>	Send cover letter and resume to <a href="mailto:jobs@fourthstreetclinic.org">jobs@fourthstreetclinic.org</a>
<b>Status:</b>	Full Time		

### OVERVIEW:

The Care Coordination is responsible in providing medical referral management of Fourth Street Clinic patients. The primary duties include providing support to the mission of the organization with patient-oriented care coordination. Care Coordination works closely with Medical Providers and Behavioral Health staff to provide a full range of health, medical and social services to those patients identified as needing specialized and resource-intensive services, medical referrals to outside community partners, and follow up with medical care in clinic.

### Duties & Responsibilities:

The following information is intended to be representative of the essential functions performed by incumbents in this position and is not all-inclusive. The omission of a specific task or function will not preclude it from the position if the work is similar, related, or a logical extension of position responsibilities.

### Core Responsibilities:

- Provide comprehensive primary health services to homeless individuals and families in the Salt Lake City area.
- Provide care coordination services to patients identified by the clinic as those requiring specialized and intensive services by virtue of their high utilization of clinic and community resources.
- Provide support to medical providers, clinic staff, and Department of Workforce Services and Medicaid personnel for the purpose of facilitating patients' access to government and community benefits.
- Liaison between patients, hospitals/DC planners/social workers and case managers to facilitate appropriate placement of patients upon hospital DC and/or trouble shoot on-going medical/social issues.
- Collaborates with other members of the health care team, the patients and community liaisons to assure achievement of high patient care standards and to enhance efficient clinic operation
- Serves as a resource and advocate for professional and community education and assists consumers in accessing community resources and referrals for patients
- Meets regularly with community agencies/facilities, representing WHHC. Provides and updates clinic information to maintain awareness of available community services.

### Qualifications:

- Relevant experience with underserved populations.
- Strong interpersonal skills
- Progressive and self-motivated
- Able to multi task
- Skilled in effective oral communication techniques; able to communicate technical material or highly complex issues
- Ability to write effectively to capture details and relevant information regarding patient care referral and follow up care
- Bilingual preferred, but not mandatory

### Education:

- College education preferred, at least associate level, but will consider experience in areas of social services, psychology, case management, or direct patient care with underserved/indigent population.