JOB DESCRIPTION

Job Title:      ADRC Medicaid Benefits Counselor
Company:       Senior Resource Alliance
Reports To:    ADRC Triage Administrator

SUMMARY:

This professional staff shall perform activities that facilitate access to and the determination of Medicaid eligibility for individuals seeking services. The counselor expedites the individual’s application for determination of eligibility and participation or maintenance in a Medicaid program. The Medicaid Benefits Counselor is responsible for performing telephone, on-site, and/or in home screening to determine potential Medicaid program eligibility. This entails social service “triage” work, linking high risk elderly clients and their caregivers to Medicaid programs and other support services. Documentation; client tracking, and reporting are critical components of this position. The Medicaid Benefits Counselor is an integral part of the ADRC Triage Program and requires an up-to-date knowledge of community resources to ensure appropriate referrals.

ESSENTIAL DUTIES AND RESPONSIBILITIES

1. Determine the individual’s needs and screen for potential eligibility for Medicaid-related services, utilizing a standardized screening instrument.
2. Provide efficient, timely and consumer friendly services to facilitate the Medicaid eligibility application and review process.
3. Provide necessary forms and package all forms in preparation for Medicaid eligibility determination.
4. Assist the individual in collecting and gathering required information and documents for the Medicaid application. This assistance may be provided in the individual’s home. The activity includes assisting the potential applicant, as a secondary resource to family members and care providers, in gathering information and completing an application for Medicaid benefits.
5. Refer the individual to the local (or co-located) Department of Children and Families/Economic Self-sufficiency Services (DCF/ESS) staff to make application for Medicaid benefits. Coordinate with these staff regarding eligibility matters for Medicaid eligible or potentially eligible individuals.
6. Assist in obtaining the Physician Referral form (3008) for Medicaid Waiver probable individuals and coordinate with Comprehensive Assessment and Review for Long Term Care Services (CARES) staff for determination of functional eligibility.
7. Assist in tracking the Medicaid applications through the eligibility process.
8. Contact individuals on the waiting list, as required, to update information and screen for Medicaid eligibility.
9. Collect and maintain accurate Medicaid eligibility determination tracking data.
10. Participate in meetings with DCF, CARES and other entities as appropriate to facilitate and enhance the Medicaid eligibility determination process.

11. Build relationships with and educate service providers and other professionals to facilitate referrals and increase awareness of Medicaid resources.

12. Develop, compile, and/or distribute literature about the benefits, eligibility requirements, and availability of Medicaid programs.

13. Provide referral assistance for at-risk potential Medicaid probable clients, identifying the type of services needed, and connecting the clients with the appropriate agencies. Comply with follow-up and reassessment policies to monitor client status.

14. Initiate screening of clients who are potentially eligible for Long Term Care Diversion and Medicaid Waiver Programs, utilizing the Refer System and the Uniform Client Assessment on-line tool (701A or 701C) in the Client Information Registration and Tracking System (CIRTS).

15. Assist the CARES Team with nursing home diversion and nursing home transition clients, as applicable.


17. Act as a client advocate in complex service delivery system and maintain an open line of communication for at-risk seniors and their caregivers to ensure good customer relations and to watch over system efficiencies and protocols.

18. Refer cases to the Community-Based Ethics Committee to help professionals guide the clients through the ethical decision-making process.

**EDUCATION and/or EXPERIENCE**

1. Have a Bachelor’s Degree from an accredited college or university in a human services related field with experience as a caseworker, case manager, intake specialist, or related work experience with the long-term care client population, preferably Medicaid related experience; or,

2. Have an Associate of Arts Degree from an accredited entity in a human service related field and a minimum of two years experience as a caseworker, case manager, intake specialist, or related work experience with the long-term care client population, preferably Medicaid related experience.

**LANGUAGE SKILLS**

Ability to read, analyze, and interpret general business periodicals, professional journals, technical procedures, or governmental regulations. Ability to write reports, business correspondence, and procedure manuals. Ability to effectively present information and respond to questions from groups of managers, clients, customers, and the general public.

**MATHEMATICAL SKILLS**

Ability to add, subtract, multiply, and divide in all units of measure, using whole numbers, common fractions, and decimals. Ability to compute rate, ratio, and percent and to draw and interpret bar graphs.
REASONING ABILITY:
Ability to solve practical problems and deal with a variety of concrete variables in situations where only limited standardization exists. Ability to interpret a variety of instructions furnished in written, oral, diagram, or schedule form.

COMPUTER SKILLS
Proficient in computer applications with the ability to utilize a computerized resource data base and match clients’ needs and resources.

CERTIFICATES, LICENSES, REGISTRATIONS
Eligible to become certified as an Information and Referral Specialist

SUPERVISORY RESPONSIBILITIES:
None

PHYSICAL DEMANDS:
The physical demands described here are representative of those that must be met by an employee to successfully perform the essential functions of this job. Reasonable accommodations may be made to enable individuals with disabilities to perform the essential functions. While performing the activities are required of the employee:

<table>
<thead>
<tr>
<th>Activity</th>
<th>Amount Of Time</th>
</tr>
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<tbody>
<tr>
<td></td>
<td>Under 1/3 To</td>
</tr>
<tr>
<td></td>
<td>None 1/3 2/3</td>
</tr>
<tr>
<td>Stand</td>
<td>X</td>
</tr>
<tr>
<td>Walk</td>
<td>X</td>
</tr>
<tr>
<td>Sit</td>
<td>X</td>
</tr>
<tr>
<td>Use hands to finger, handle, or feel</td>
<td>X</td>
</tr>
<tr>
<td>Reach with hands and arms</td>
<td>X</td>
</tr>
<tr>
<td>Climb or balance</td>
<td>X</td>
</tr>
<tr>
<td>Stoop, kneel, crouch, or crawl</td>
<td>X</td>
</tr>
<tr>
<td>Talk or hear</td>
<td>X</td>
</tr>
<tr>
<td>Taste or smell</td>
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The employee must occasionally lift and/or move up to 10 pounds. No special vision requirement.
WORK ENVIRONMENT:

The work environment characteristics described here are representative of those an employee encounters while performing the essential functions of this job. Reasonable accommodations may be made to enable individuals with disabilities to perform the essential functions. The noise level in the environment is usually moderate.

The above job description is not intended to be an all-inclusive list of duties and standards of the position. Incumbents will follow any other instructions, and perform any other related duties, as assigned by their supervisor.

ACKNOWLEDGED:  Employee  Approved By: Supervisor

Date

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