

Bullhook Community Health Center (BCHC) is an equal opportunity employer. BCHC shall, upon request, provide reasonable accommodations to otherwise qualified individuals with disabilities.

Job Title: Care Manager

Department: Behavioral Health

Supervisor: Behavioral Health Manager

Supervises: N/A

Salary: DOE: \$32,323 - \$46,084.87

Job Overview: The primary responsibility of the Care Manager is to provide Bullhook Community Health Center patients with care management services that include supporting the patient by assessing needs and coordinating services to meet those needs. The Care Manager works closely with the patient's primary care team to provide support and advocate for the patient as needed. The Care Manager answers the patient's questions about treatment or finds the answer for the patient. The Care Manager checks in with the patient to keep track of treatment progress and assists the patient in identifying any side effects they are experiencing. The Primary Care Physician and the Care Manager work together to determine if a change in treatment is needed.

Essential Functions (Major Duties or Responsibilities): Support patients in making informed choices about opportunities and services and assuring timely access to needed assistance and services. Provides brief intervention counseling such as motivational interviewing, behavioral activation, and problem-solving treatment and help facilitate changes in treatment if patients are not improving as expected. Facilitates patient engagement and education regarding overall patient health. Supports medication management. Provide opportunities and encouragement for self-help activities and assist patients in the development of realistic and attainable life goals. Locate, coordinate, and monitor all services to meet these goals. Support community-based services to enable growth in some or all aspects of the individual's vocational, educational, residential, social, mental, and physical health. Enter and maintain electronic medical record system. Implement and track shared care planning among the disciplines. Enter progress notes timely in an electronic medical record system. Assist individuals in taking charge of their own lives through informed decision-making, self-advocacy, patient education, skill development and participation in the planning and delivery of services. Structure, coordinate and maintain continual contact between service providers and the patient. Track patient risks, interventions, and outcomes. Complete screenings for behavioral health referrals and facilitate referrals to services. Conduct pre-appointment phone calls to identify needs and barriers prior to the patient's scheduled appointment. Monitor and remind patients about routine appointments and provide follow up with the patient after appointments. Scrub charts daily and attend daily huddles to provide pertinent patient information to assist the provider treating the patient.

Minimum Qualifications (Education and Experience): Graduation from an accredited college or university of recognized standing with an associate's or bachelor's degree in Nursing, Health Promotion, Psychology is preferred. Combination of education/experience is considered. Valid driver's license by the State of Montana.

Knowledge, Skills, and Abilities (KSA's): Ability to multi-task, work under pressure, set priorities, and work with diversified populations. Communicate with clients, families, employees, and health care professionals effectively verbally and in writing. Ability to meet the standards and metrics of the patient centered medical and



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behavioral health home model and quality improvement measures. Maintain positive working relationships with colleagues and foster a cooperative work environment. Provide clear, concise pertinent reports and information. Flexibility in learning and working in a team setting. Ability to organize work effectively and timely. Ability to maintain composure and set boundaries. Excellent customer service skills. Ability to work independently knowing who to contact for what services and acts in the patient's best interest without waiting for direction. The Care Manager is available and able to respond to a patient in crisis and can identify and assess the situation and diffuse as appropriate.

Physical and Environmental Demands: Work is performed in an office and clinic setting; stands, walks with intermittent sitting; reaches for and uses writing instruments and keyboard; reads reports and other written materials; extensive use of telephone and oral communication with the public and coworkers; stoops; bends; kneels; reaches for; picks up; and pushes or pulls; ability to lift up to 30 pounds.

Special Requirements: Performs duties in the deliverance of health services. Hazardous risks may include exposure to infected body fluids, sharp instruments, and chemicals, requires adherence to universal safety precautions.

Position Expectations: The Care Manager will cross train with the Front Desk. The Care Manager will assist in rooming patients, checking patients in and out, and flipping rooms in all Departments (Medical, Dental, Behavioral Health).

Team Approach: Managing patient care is a team effort that involves clinical and nonclinical staff (i.e., physicians, nurse practitioners, physician assistant, nurses, medical assistants, schedulers, billers, and front-end staff) interacting with patients and working as a team to achieve stated objectives. Emphasis is on ongoing interactions of team members to discuss roles, responsibilities, communication, and patient hand-off, working together to provide and enhance the care provided to patients. All staff are members of the team. Involvement of the patient/family/caregiver with care team members is critically important to patient-centeredness.

Position: Care Manager Hours: 40 hours per week