



STATE OF NEVADA
Department of Administration
Division of Human Resource Management

CLASS SPECIFICATION

<u>TITLE</u>	<u>GRADE</u>	<u>EEO-4</u>	<u>CODE</u>
HEALTH CARE COORDINATOR IV—NURSE	38*	B	12.332
HEALTH CARE COORDINATOR IV	36	B	12.351
HEALTH CARE COORDINATOR III—NURSE	37*	B	12.333
HEALTH CARE COORDINATOR III	35	B	12.330
HEALTH CARE COORDINATOR II—NURSE	36*	B	12.334
HEALTH CARE COORDINATOR II	34	B	12.369
HEALTH CARE COORDINATOR I—NURSE	34*	B	12.335
HEALTH CARE COORDINATOR I	32	B	12.373

SERIES CONCEPT

Health Care Coordinators perform professional work related to program operations and auditing providers to ensure compliance with program policies and regulations. They evaluate individuals referred to the medical services program and provide ongoing case management services to Medicaid eligible clients; evaluate the need for medical services, treatment, equipment and supplies and authorize payment; screen individuals to determine appropriate level of care in nursing homes; review programs to ensure services are being provided in a cost effective manner; participate in program development by providing input on policies and procedures, forms, medical coverage and system enhancements.

Assess potential client needs for case management services using assessment tools to identify social service and/or medical needs; develop and implement plans of care for those determined to be eligible for services; counsel and refer clients to services and/or contract with providers for services; maintain contact with clients through home visits and telephone calls; monitor the quality and cost of services provided to clients; periodically update plans of care; submit payment authorization requests; and maintain case files.

Participate in periodic reviews of facilities providing care to Medicaid eligible clients to validate and ensure adequacy of services and resident care; ensure reimbursement matches the cost of services provided; monitor nursing facility quality indicator reports; screen and assess Medicaid clients regarding discharge to community-based care; review medical records; document findings and deficiencies on appropriate forms; prepare reports of findings and participate in exit conferences; participate in independent professional reviews of providers to determine the quality of care, compliance with patient rights, and appropriateness of placement as assigned.

Review health care providers and fiscal agents to ensure clients are receiving appropriate services and payment is correct for services received; ensure providers and fiscal agents are in compliance with division policies and procedures; ensure employee health, certification and training needs are appropriate and properly documented in personnel records; verify client records have appropriate documentation and that authorized services correlate with services provided; confirm termination of services were appropriately documented and mandated reporting requirements were met; provide technical assistance regarding policies and procedures; complete written documentation using appropriate format; identify areas needing improvement and review plans of correction.

Process payment authorization requests from providers to ensure the requested service, treatment, equipment or supplies are medically necessary and in compliance with Medicaid criteria prior to approving or denying requests; review pertinent medical information and previous requests; evaluate medical necessity to justify payment by comparing the diagnosis and other medical information with the request; refer requests to a medical consultant for another medical opinion as necessary; render determinations in accordance with Medicaid policy and notify providers of decisions.

* Reflects a 2-grade, special salary adjustment granted by the 2007 Legislature to improve recruitment and retention.

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SERIES CONCEPT (cont'd)

Review records from the fiscal agent, providers, clients and computer generated reports in order to identify abuse and potential fraud and to ensure claims were paid properly by the fiscal agent; refer financial errors to the fiscal agent for adjustment of charges and refer potential cases of fraud and abuse for further investigation.

Explain proper billing procedures to contract providers selected by the client; monitor the quality of care given by the provider to clients; and submit billings for services provided to the fiscal agent for payment.

Perform related duties as assigned.

CLASS CONCEPTS

Health Care Coordinator IV and Health Care Coordinator IV—Nurse: Under general direction, incumbents supervise positions in the Health Care Coordinator ~~and Health Care Coordinator—Nurse~~ classes, other journey level professional and support personnel including hiring, evaluating performance, and administering disciplinary action. Incumbents plan and organize unit operations; develop procedures and guidelines; coordinate staff activities; evaluate the quality and quantity of work performed; prepare reports and recommendations to management; plan, arrange and/or provide training to staff members and providers; participate in community and public relations activities as assigned and assist with budgetary recommendations such as staffing, travel and program needs. Incumbents may be assigned to oversee a single program unit or a variety of programs, and they may be working supervisors who also perform the duties described in the series concept.

Health Care Coordinator III and Health Care Coordinator III—Nurse: Incumbents function at the advanced journey level and either:

- 1) Perform the full range of duties described in the series concept and function as a team leader for assigned programs as a permanent assignment. Incumbents coordinate reviews and services, assist in training, and review complex cases with other Health Care Coordinators ~~and Health Care Coordinator—Nurses~~. In addition to ongoing leadworker responsibility, incumbents may serve as the primary assistant to the supervisor; develop policies and procedures; assist in the maintenance of the State plan; develop forms and provide technical assistance with the assigned programs; or
- 2) Serve as the statewide technical expert and provide guidance on a statewide basis to the staff of an agency such as the Division for Aging Services. Incumbents provide clarification of a condition, medication, procedure or related circumstance in case management situations; anticipate training needs, and develop and present training modules for staff; develop, implement and monitor staff compliance with State laws regarding the agency's function in the community and communicable diseases; and assist staff in developing resources and preventive health care information for the clientele served.

Health Care Coordinator II and Health Care Coordinator II—Nurse: Under direction, incumbents perform the full range of duties described in the series concept. In addition, incumbents at this level may intermittently serve as the project lead of a case management team, function as coordinator of a specifically assigned portion of a program, and assist in training other Health Care Coordinators and providers. This is the journey level of the series.

Health Care Coordinator I and Health Care Coordinator I—Nurse: Under direct supervision, incumbents become familiar with Medicaid policies and procedures and receive training in the range of duties described in

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CLASS CONCEPTS (cont'd)

Health Care Coordinator I and Health Care Coordinator I – Nurse: (cont'd)

the series concept. This is the entry level in the series and progression to the journey level may occur upon successful completion of the probationary period, meeting the minimum qualifications, and with the recommendation of the appointing authority.

MINIMUM QUALIFICATIONS

SPECIAL REQUIREMENTS:

- * Some positions require a valid driver's license as a condition of employment and will be identified at the time of recruitment.
- * Candidates must submit to background checks prior to appointment and fingerprinting upon appointment.
- * Positions require professional licensure or certification as a social worker, nurse or in a medical specialty issued by the appropriate licensing board in the State of Nevada at the time of appointment. Incumbents must maintain professional licensure or certification in their specialty as a condition of continuing employment.

HEALTH CARE COORDINATOR IV – NURSE

~~EDUCATION AND EXPERIENCE: Licensure as a Registered Nurse and three years of experience providing case management services in a social or health related field, one year of which included the interpretation and application of Medicaid policies and procedures, coordinating reviews and services, training staff and reviewing complex cases; **OR** licensure and an equivalent combination of education and experience as described above. (See Special Requirements)~~

HEALTH CARE COORDINATOR IV

EDUCATION AND EXPERIENCE: Licensure or provisional licensure as a Social Worker or professional licensure or certification in a medical specialty applicable to the assignment, and three years of experience providing case management services in a social or health related field, one year of which included the interpretation and application of Medicaid policies and procedures, coordinating reviews and services, training staff and reviewing complex cases; **OR** licensure and an equivalent combination of education and experience as described above. (See Special Requirements)

ALL HEALTH CARE COORDINATOR IV POSITIONS

ENTRY LEVEL KNOWLEDGE, SKILLS AND ABILITIES (required at time of application):

Detailed knowledge of: federal regulations, State laws and agency directives applicable to the program assignment; mission, goals and objectives of the division; agency policies and procedures. **Working knowledge of:** system interface between all division programs. **General knowledge of:** basic principles of training and supervision; data collection techniques; principles of budgeting. **Ability to:** prepare and present verbal and written reports; recruit and train staff; delegate and assign work to subordinates; evaluate employee performance and provide constructive feedback; mediate and negotiate between contending parties; establish program and staff goals and objectives; determine appropriate training and equipment needs of assigned personnel; facilitate staff meetings; *and all knowledge, skills and abilities required at the lower levels.*

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MINIMUM QUALIFICATIONS (cont'd)

ALL HEALTH CARE COORDINATOR IV POSITIONS

FULL PERFORMANCE KNOWLEDGE, SKILLS AND ABILITIES (typically acquired on the job):

Working knowledge of: principles and practices of supervision; State personnel policies and procedures; program management techniques; budgetary processes and procedures. **Ability to:** interpret program policy to subordinates to ensure consistency with federal regulations, State laws and agency guidelines; develop staff corrective action plans; administer appropriate discipline; anticipate needs and prepare budget requests; analyze and solve complex problems, identifying relevant concerns, factors, patterns and tendencies; respond quickly to program and community needs; manage resources, space and equipment of the unit; develop and present training curriculum for staff, providers and contract vendors; prepare status reports; identify case trends, and organize staff and community resources to meet program requirements.

HEALTH CARE COORDINATOR III—NURSE

~~EDUCATION AND EXPERIENCE: Licensure as a Registered Nurse and two years of professional experience providing case management services in a social or health related field; **OR** one year of experience as a Health Care Coordinator II—Nurse in Nevada State service; **OR** licensure and an equivalent combination of education and experience as described above. (See Special Requirements)~~

HEALTH CARE COORDINATOR III

EDUCATION AND EXPERIENCE: Licensure or provisional licensure as a Social Worker or professional licensure or certification in a medical specialty applicable to the assignment, and two years of professional experience providing case management services in a social or health related field; **OR** one year of experience as a Health Care Coordinator II in Nevada State service; **OR** licensure and an equivalent combination of education and experience as described above. (See Special Requirements)

ALL HEALTH CARE COORDINATOR III POSITIONS

ENTRY LEVEL KNOWLEDGE, SKILLS AND ABILITIES (required at time of application):

Working knowledge of: goals and objectives of the assigned programs; programs administered by the division; psychological and emotional changes caused by anatomical positional deformities, physiological abnormalities, developmental disabilities, and other physical limitations; physical, psychological and social characteristics associated with the population served. **Ability to:** provide guidance and training to lower level staff; review case files and documents to ensure compliance with established policies and procedures; assist the supervisor in reviewing and approving the work of lower level staff; work as a team coordinator and assist team members with difficult issues or cases; provide technical assistance and information concerning case management issues; act as part of the office management team in identifying trends and potential solutions to problems and issues; make decisions and appropriately respond to situations; *and all knowledge, skills and abilities required at the lower levels.*

FULL PERFORMANCE KNOWLEDGE, SKILLS AND ABILITIES (typically acquired on the job):

Working knowledge of: division mission, goals and objectives; interaction between all agency programs. **Ability to:** direct activities of lower level staff; coordinate staff assignments and prioritize tasks; determine whether problems/conditions/diagnoses are appropriately addressed; recognize and recommend training for staff; assist the supervisor in reviewing, analyzing, and providing input regarding the performance of lower level staff; write policies and procedures related to the program assignment.

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MINIMUM QUALIFICATIONS (cont'd)

~~HEALTH CARE COORDINATOR II—NURSE~~

~~EDUCATION AND EXPERIENCE: Licensure as a Registered Nurse and one year of professional experience providing case management services in a social or health related field; **OR** one year of experience as a Health Care Coordinator I—Nurse in Nevada State service; **OR** licensure and an equivalent combination of education and experience as described above. (See Special Requirements)~~

HEALTH CARE COORDINATOR II

EDUCATION AND EXPERIENCE: Licensure or provisional licensure as a Social Worker or professional licensure or certification in a medical specialty applicable to the assignment, and one year of professional experience providing case management services in a social or health related field; **OR** one year of experience as a Health Care Coordinator I in Nevada State service; **OR** licensure and an equivalent combination of education and experience as described above. (See Special Requirements)

ALL HEALTH CARE COORDINATOR II POSITIONS

ENTRY LEVEL KNOWLEDGE, SKILLS AND ABILITIES (required at time of application):

Working knowledge of: theories, principles, practices and methods of social work, nursing, or a health care profession applicable to the program assignment; case management practices applicable to the program assignment; interviewing techniques; crisis intervention techniques; assessment tools used to evaluate clients; normal and abnormal human growth, behavior and development. **General knowledge of:** federal regulations and State laws applicable to the program assignment; anatomy, physiology, pharmacology, and psychology; medical and pharmaceutical terminology; services, roles and responsibilities of social service agencies; impact of diseases and disabilities on individuals. **Ability to:** manage a caseload of individuals with significant physiological, developmental, emotional and psychological problems and related disorders; determine initial and ongoing ability to meet the criteria for pertinent agency programs; read and interpret program regulations and policies; access and verify information using computer equipment and records; analyze health and social information to determine risk factors, client needs and functional level; monitor and evaluate services provided; research, review, and interpret medical records and make recommendations; develop and implement plans of care including authorizing services as appropriate; document case activities and write reports; provide instruction and direction to clients and others in group or individual settings; *and all knowledge, skills and abilities required at the lower level.*

FULL PERFORMANCE KNOWLEDGE, SKILLS AND ABILITIES (typically acquired on the job):

Working knowledge of: federal regulations, State laws, and agency policies and procedures related to the program assignment; service programs and provider responsibilities relative to the program assignment; licensing regulations of various living arrangements; functions and costs of rehabilitative and assistive medical equipment related to the program assignment; physical, psychological and social characteristics associated with the population served; medical and pharmaceutical terminology; agency hearing process and protocol. **Ability to:** provide technical assistance regarding policy compliance and coverage; project the cost of medical services, equipment and supplies; monitor the cost effectiveness of services for each individual client; develop and modify case plans, procedures and methods to maximize services and effect change in clients; visually observe the general condition of the population served and assist in verifying the level of care needed and received; audit contractors and review corrective action plans; navigate, locate and enter data into the agency's computer systems.

