December 2018

JOB TITLE: **CONTINGENT HEALTH NAVIGATOR**

Job Summary

Under the general supervision of the Director of Operations, this position will be on an as needed basis and will provide health education and assistance to individuals who are enrolled in Genesee Health Plan. This position will assess individuals enrolled in Genesee Health Plan (GHP), for issues with their health condition(s), provide referrals to other community resources to address the member's immediate health and social needs, and coordinate with providers. This position will assess the health status of individuals and identify social determinants of health needs addressing gaps in the member's immediate health and social needs.

This position will interact with the public, medical providers, and other Health Navigation staff when questions or issues arise. When providing Health Navigation duties, this position will conduct assessments and interventions for chronic disease management, self-care and prevention linking the patient to community resources and other safety-net providers.

Principal Duties and Responsibilities

- Assesses and addresses the health promotion, disease prevention, chronic disease management and social needs of identified individuals through appropriate intervention and/or referral.
- Assists identified individuals with accessing appropriate interventions to meet their identified needs.
- Supports identified individuals with their self-care, disease management and behavior change efforts and assesses their readiness for change.
- Provides education to identified individuals on appropriate use of healthcare services including emergency room usage and promote practice of medical home.
- Maintains effective and quality interpersonal relationships with patients, family members, physicians, and co-workers.
- Intervenes and follows up with members and their providers through face-to-face, telephone, written and/or electronic formats.
- Develops a referral system that includes the accessibility and specialties of providers, and a mechanism to receive updates on client's progress while in treatment.
- Responsible for caseload monitoring and management.
- Meets with members, conducts assessments, and makes referrals to ensure member needs are addressed.
- Documents all activities in the DataWeb electronic software system including statistical data from surveys for tracking disease management and individual interaction.
- Maintains a working knowledge of community resources and contacts for referrals
- Completes necessary forms, inputs data for tracking and keeps accurate records of contacts, appointments, referrals, etc.
- Maintains provider relations and is able to problem solve/mediate when issues arise between the client and provider

- Acts as an advocate for individuals and families with medical providers, safety net providers, community resources, etc.
- Consistently act as a consultant to case managers, other team members, or outside agencies upon referral, request, or self-identification of needs.
- Promote positive decision-making, stress management, and coping skills to patients and families.
- Participates in required training, in-services and internal committees, as directed.
- Maintains client confidentiality and adhere to Health Insurance Portability and Accountability Act of 199 (HIPAA) and all related legislation to safeguard Protected Health Information (PHI).
- Documents all activities in the appropriate data systems including statistical data from surveys for tracking disease management and member satisfaction.
- Performs other duties, as assigned.

Qualifications:

- Bachelor or Associate Degree in Nursing; graduation from an accredited school of nursing.
    - Must have current State of Michigan licensure, in good standing. Registered Nurse or Licensed Practical Nurse acceptable.
- Must have a minimum of two years of experience and expertise in patient education/health education and in supporting behavior change relative to prevention and chronic disease management.
- Must possess a basic understanding of the principles of behavior change.
- Previous experience working with indigent and culturally diverse populations. Basic understanding of the social, environmental and cultural barriers to care that impact indigent populations.
- Previous experience communicating and working collaboratively with physicians, health care providers and social service agencies.
- Experience accessing community resources within Genesee County.
- Strong desire to help others.
- Demonstrated independent problem-solving ability.
- Effective communication skills and ability to make presentations.
- Willingness to work a flexible schedule
- Proficient computer skills
- Valid driver's license and proof of automobile insurance.

Physical Requirements:

This position involves sitting most of the time and/or being mobile or standing for brief periods of time. Additional requirements include the ability to move objects according to the following weight and frequency: generally, 10 pounds of force up to one third of the time.