

ORANGE COUNTY CLASS SPECIFICATION

TITLE: ASSISTANT ADMISSIONS ASSESSOR **GRADE:** 11

TITLE ABBREVIATION: ASST ADMISSIONS ASSESS **TITLE NO.:** 6060

JURIS.CL: NC **SALARY CODE:** 01 **UNIT:** **EEO CODE:** TE **FLSA CODE:** NE

DEPARTMENT: RESIDENTIAL HEALTH CARE SERVICES **DIVISION:** HUMAN SERVICES

SUPERVISOR'S TITLE: DIRECTOR OF ADMISSIONS AND HUMAN SERVICES

DISTINGUISHING FEATURES OF THE CLASS: The work involves responsibility for establishing and maintaining a good rapport with hospitals and other resident referral agencies and for conducting pre-admission evaluations of applicants for long term and managed care. Assessment methods include, but are not limited to, interviews with the applicants, their families, and appropriate medical personnel, as well as the evaluation of medical charts and related health information. Data gathered is forwarded to and discussed with the Admissions Assessor. This position is also responsible for oversight of the Managed Care Program and monitoring the care of residents in the program. General supervision is received from the Director of Admissions and Human Services with latitude to exercise independent judgment in recommending the appropriate level of resident care required. Does related work as required.

TYPICAL WORK ACTIVITIES:

1. Receives and prioritizes referrals of prospective applicants from hospitals and other sources;
2. Schedules and conducts face-to-face interviews with prospective applicants at their place of residence or medical facility at time of application;
3. Interviews health care staff and/or case managers who are familiar with applicant's physical, mental and basic financial status, to obtain pertinent information;
4. Conducts interviews with family members to obtain additional information about the applicant;
5. Reviews applicant's medical history and medical charts;
6. Keeps accurate, well-documented records on all applicants utilizing required forms currently in effect and forwards data to the Admissions Assessor;

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7. For the Managed Care Program, researches insurance companies' ratings and local membership;
8. Negotiates reimbursement rates and contractual agreements with insurance companies for services rendered to Managed Care Program residents with Administrative approval;
9. Provides nursing staff with information pertinent to the care plan and the documentation required for reimbursement of services;
10. Monitors charts of Managed Care residents to ensure services rendered are properly documented for reimbursement purposes;
11. Works closely with Facility fiscal staff and insurance company staff to ensure proper billing and reimbursement;
12. Attends meetings as required;
13. May be assigned to nursing division to perform LPN activities on an as-needed basis.

FULL PERFORMANCE, KNOWLEDGES, SKILLS, ABILITIES AND PERSONAL CHARACTERISTICS:

Thorough knowledge of professional nursing principles and techniques as they relate to medical and surgical practice; good knowledge of geriatric population, pathology of diseases affecting the elderly, dementia and family dynamics; ability to interpret and evaluate medical charts and related medical information; ability to secure the cooperation of others; ability to establish rapport with health care professionals and geriatric patients; ability to keep records and make reports; good observation; patience; tact; physical condition commensurate with the demands of the position.

MINIMUM QUALIFICATIONS: Two (2) years experience in managed care, utilization review, and reimbursement practices.

SPECIAL REQUIREMENTS: Must possess and maintain a license to practice as a Licensed Practical Nurse in New York State.

SPECIAL REQUIREMENTS: Must possess and maintain a valid driver's license.

REVISED: 6/3/17 AT