

The worker must have good interviewing skills and the ability to communicate effectively and develop a satisfactory relationship with people of all socioeconomic backgrounds, while at the same time multi-tasking (i.e. comprehending, interpreting, and applying complex rules and regulations and practical judgment).

This position must be efficient and have excellent organizational skills in order to maintain a current and ever-changing / increasing caseload.

DESCRIPTION OF WORK:

The primary purpose of this position is to accept and process applications, determine initial and ongoing eligibility for the medically needy who apply through programs to include Medicaid for the Aged, Blind, Disabled and Medicaid Qualified Beneficiary. The employee maintains a Long-Term Care caseload which requires functioning with a great deal of independence in the performance of a variety of complex, technical tasks.

Day to day tasks include, but are not limited to: interviewing in person or via telephone; direct contact with applicants/recipients and direct or indirect contact with the family or representative and collaterals in order to gather, verify, and make decisions based on the required information regarding family composition, finances, employment, health status, etc. to determine initial and/or on-going eligibility; to accurately process/complete work by agency, Federal and State required timeframes is crucial; act on changes reported; effectively communicate verbally and in writing with various agencies and the public to obtain data; accurate documentation of case files and forms. This position requires the ability to work under pressure and handle multiple tasks. Careful visual attention to details and excellent mental concentration are essential; reading, interpreting and applying policy; precision and accuracy in issuance of benefits must be exact in order to administer the programs and provide benefits to those who are eligible, without adverse actions such as errors and overpayments. Multitasking includes (i.e. comprehending, interpreting, and applying complex rules and regulations and practical judgment

The employee will complete all related functions within the program and will assume responsibility for the resolution of the most difficult issues where the consequence of action will have a considerable impact upon the client and the agency. In addition, due to the complexity of functions, the employee will serve as a resource and primary contact for problem resolution. The Long-Term Care caseload requires extensive program knowledge in making difficult eligibility decisions. The employee is responsible for taking and processing Long-Term Care applications to include interviewing the client, completing intake functions, verifying information, processing new applications, determining eligibility, keying client information into the state system, NC FAST and local agency computer systems and documenting the case file. All case documents are reviewed, verified and maintained to insure complete accuracy and to address issues concerning eligibility. The employee will remain knowledgeable of program policies and procedures and maintain the ability to accurately interpret and apply them to each client's situation. All reviews / recertifications must be based upon program requirements, deadlines and status changes as provided by the client.

The employee will remain accountable for the verification of all case information provided by the client to include the verification of wages, income, retirement benefits, insurance policies, property, savings accounts, military income, social security benefits, will information, burial benefits and all other monetary contributions. Income must also be verified through financial facilities, mortgage and finance companies. Considerable accountability rests with this position for the development of complex budgets to ensure the verification of all funding streams a client may possess and to ultimately determine the accurate Medicaid assistance for the client. The employee must have an extensive understanding of the program requirements in addition to an in-depth understanding of benefits / funding possessed by the client. All client information and data, including interview information and resources, must be properly documented and maintained both in the client file and keyed into the state system. The role in Long-Term Care requires precise interviewing to assist families with balancing needs; resource assessment to ensure financial structure in the home; discussing work histories; and completing difficult calculations associated with determining accurate benefits.

The employee is responsible for assessing needs for referral to other services that may be vital to the well-being of the client and possessing a basic understanding of all Income Maintenance programs, Medicaid Transportation and Carolina Access. The employee may also initiate referrals outside the agency to alleviate crisis situations and refer clients to other community support resources. The employee in this position may also be responsible for the intake and processing of applications for the CRISIS program. The employee is required to adhere to the laws of Confidentiality. **Responsible for any other duties as assigned by the Supervisor or Director.**

PREFERENCES:

Computer knowledge and experience with various computer software programs, such as MS Word, MS Excel, Web-based programs, etc.

A Criminal Background Check will be required before any offer of employment

Employee may be called upon in case of disaster, either natural or man-made, to serve the citizens of Bertie County. This service, if required will take precedence over duties described in this position vacancy announcement.