

**LIFE MANAGEMENT CENTER OF NORTHWEST FLORIDA, INC.**  
**JOB DESCRIPTION**

DATE ESTABLISHED: 08/01/2014

DATE REVISED: 12/02//2021

DATE REVIEWED: 12/02/2021

DATE APPROVED: 12/02/2021

**TITLE OF POSITION:** Case Manager

**POSITION NUMBER:** CM-40

**PROGRAM:** Family Services – North (Jackson/Holmes/Washington)

**COMPONENT:** Bachelor's degree from an accredited university or college with a major in counseling, social work, psychology, criminal justice, nursing, rehabilitation, special education, health education, or a related human services field (a human services related discipline is one in which major course work includes the study of human behavior and development) AND a minimum of one year of full time or equivalent experience working with adults. Complete required trainings and testing to earn and to keep certification status as a Targeted Mental Health Case Manager through the Florida Board of Certification within the time-frame required by the State of Florida. Valid drivers' license required.

Compliance with minimum standards for screening of mental health personnel as contained in F.S. 394.4572.

**SUPERVISOR:** Family Services Component Director

**POSITIONS SUPERVISED:** None

**WAGE AND HOUR STATUS:** Non-exempt

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**DESCRIPTION OF DUTIES AND RESPONSIBILITIES: \***

**ESSENTIAL FUNCTIONS:** (Essential functions of this position are listed below. The position also includes additional functions as needed and/or assigned by supervisor.)

1. Explains in assessment the circumstances that prompted services and considers information from the client, family and significant others and collateral resources to include current and past treatment records.
2. Assesses needs for physical health and mental health needs, abstinence from substance use and effectiveness of current/past services & interventions.
3. Assesses relationships with environmental supports including natural support system and family relationships
4. Assesses personal current and potential strengths
5. Assesses emotional, social, behavioral and developmental functioning and needs within the home, school, work place and community

\*Expectations regarding quality and quantity of work are further delineated in the criteria-based performance appraisal.

6. Includes a home visit within 30 days of Case Management Certification that assesses the safety and wellbeing of the client
7. Case management assessment is current and updated every six months and at significant life event junctures.
8. Clearly forms the basis for the service plan.
9. Develops a service plan that clearly relates to the service assessment. Each area of identified need that is discussed in the assessment is addressed in the plan and all plan service need areas are discussed in the assessment
10. Assures that the service plan is developed in partnership with the client, parent/guardian/ legal custodian (if applicable), service providers and other significant to the implementation of the plan
11. Assures and documents that the client, parent/guardian/ legal custodian (if applicable) receives service plan
12. Specifies objectives that are measurable and outlines the strategy (intervention for how the goals will be achieved) including activities of the case manager, client and family members
13. Specifies time frame for achievement of service plan components and the name of the individual or agency responsible for providing the specific assistance or services
14. Reviews/revises service plan every 6 months or at significant life junctures including comments on the status of each service plan component
15. Expresses justification for purchase of service with state funding (e.g., SAMH, TANF) with specific explanation as to why the expenditure is needed to meet service plan goals and objectives.
16. Provides individualized case management services based on the service plan and identifies SNAP (Strengths, Needs, Abilities, Preferences)
17. Assures that service goals/objectives clearly justify expenditures made with state funding (e.g., payment of utility bill, purchase of clothing).
18. Ensures implementation of the service plan through a variety of monitoring, planning, advocating, and assessing activities designed to procure specified services, treatment and resources for the client
19. Monitors service plan goals and objectives and determines if any changes/updates are needed to the service plan
20. Provides supportive services to include working with the client's natural support system to develop and implement the service plan
21. Conducts discharge planning with the client (and involves significant others when available and appropriate)
22. Conduct monitoring as required by Medicaid Manual. Work closely with the individual, family or support system, and local providers to locate appropriate community placements and arrange for needed aftercare services for individuals determined appropriate for discharge. Intervene when necessary to resolve issues among stakeholders to ensure the process moves forward in a timely manner.
23. Establishes rapport with clients and families to foster engagement and develop a therapeutic relationship
24. Adapt evidence-based practice to the individual needs of the client (EBPs include, but not limited to, Motivational Interviewing)
25. Assess for risk and protective factors
26. Recognizes and responds to high risk factors including suicidal and homicidal ideation
27. Recognizes, responds to and defuses volatile or dangerous situations
28. Seeks supervision and consultation as needed in regard to safety management

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29. Recognizes and manages transfers/hand-offs and other critical points in treatment (critical risk points include but are not limited to: initial contact; change or transfer of care; change in legal status; change in life events; change in mental status; change in physical condition; change to a less restrictive level of care; discharge from services).

**Physical & Other Requirements:**

Activity	Expectation		
Standing	<input type="checkbox"/> Minimal Frequent	<input checked="" type="checkbox"/> Moderate	<input type="checkbox"/>
<input checked="" type="checkbox"/> Sitting	<input type="checkbox"/> Minimal Frequent	<input checked="" type="checkbox"/> Moderate	<input type="checkbox"/>
<input checked="" type="checkbox"/> Driving vehicles	<input type="checkbox"/> Minimal Frequent	<input type="checkbox"/> Moderate	<input type="checkbox"/>
Lifting and/or Carrying	<input type="checkbox"/> Minimal Frequent	<input checked="" type="checkbox"/> Moderate	<input type="checkbox"/>
Bending and/or Stooping	<input type="checkbox"/> Minimal Frequent	<input checked="" type="checkbox"/> Moderate	<input type="checkbox"/>
Climbing Stairs and/or Ladders	<input checked="" type="checkbox"/> Minimal Frequent	<input type="checkbox"/> Moderate	<input type="checkbox"/>
Walking or Moving (between offices, other facilities, etc.)	<input type="checkbox"/> Minimal Frequent	<input checked="" type="checkbox"/> Moderate	<input type="checkbox"/>
Other (lift above waist/reaching etc., please explain) Filing charts	<input checked="" type="checkbox"/> Minimal Frequent	<input type="checkbox"/> Moderate	<input type="checkbox"/>

Speaking:  Yes  No  
 Hearing:  Yes  No  
 Reading Comprehension:  Yes  No  
 Repetitive motion with hands, wrists, arms  
 (e.g keyboard, typing, handwriting, etc.)  Yes  No

Ability to lift and carry up to **10** pounds.

Ability to handle stressful situations:  Minimal  Moderate  Frequent

	Infrequent	Occasional	Frequent	N/A*
Travel Same Day	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Travel Overnight	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Overtime (Non-Exempt only)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Holidays/Weekends	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Shift Work (PMs/Midnights)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Copy received by:**

\_\_\_\_\_ **Date** \_\_\_\_\_

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