

## Utilization Review & Clinical Care Manager, Behavioral Health

<b>Only open to candidates residing in California</b>	<b>Opportunity to make a difference in your community</b>	<b>Position not eligible for sponsorship</b>
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### **General Description**

As a Utilization Review and Clinical Case Manager, you will play a crucial role in coordinating an interdisciplinary approach to support the continuity of care for our members. You will conduct comprehensive assessments, develop individualized care plans, and provide support through person-centered care plans. Your focus will be on Mental Health and Substance Use Treatment, including Behavioral Health Treatment (BHT) services for youth under 21 with Autism and other commonly cooccurring treatments or community supports for members with behavioral health treatment needs.

### **Duties & Responsibilities**

#### **Essential Functions:**

- Coordinate an interdisciplinary approach to ensure the continuity of care, providing utilization management, transfer coordination, discharge planning, and authorizations for covered services.
- Conduct comprehensive assessments and develop individualized care plans based on assessment information.
- Coordinate services with other departments, providers, programs, and community partners to provide necessary support.
- Lead and participate in clinical huddles and interdisciplinary care team meetings with internal HPSM staff and external partners and providers.
- Make referrals to various HPSM departments, community-based organizations, and governmental agencies when appropriate.
- Promote clear communication amongst the care team, including family and community supports, and treating providers.
- Teach appropriate interventions, link to resources, educate about benefits, and discuss medication effects and side effects as needed.
- Adhere to case management practice standards and participate in continuous quality improvement efforts.

### **Requirements**

These are the qualifications typically needed to succeed in this position. However, you don't need to meet every requirement to apply.

#### **Education and experience**

- Licensed Master's degree in Psychology, Social Work, Counseling, or Marriage/Family Counseling, BCBA, or Licensed Ph.D. with 2 or more years of behavioral/mental health experience.
- Three (3) years of managed care experience, preferably in Care Coordination or working with the health needs of the population served.
- Certification as Certified Case Manager (CCM) preferred.
- Bilingual in Spanish.

#### **Knowledge of:**

- Case management principles and practices.
- Behavioral health programs, services, and healthcare public policy issues.
- Advanced knowledge of community resources and social determinants of health.
- HIPAA and other applicable federal and state regulations for confidentiality.

**Skills:**

- Strong interpersonal, conflict resolution, assertiveness, and collaboration skills.
- Excellent written, verbal, and listening communication skills.

**Salary and benefits**

**The starting salary range** is \$43.05-\$57.05, depending on the candidate's work experience.

**Excellent benefits package** includes:

- HPSM-paid premiums for employee's medical, dental and vision coverage (employee pays 10% of each dependent's premiums)
- Fully paid life, AD&D and LTD insurance
- Retirement plan (HPSM contributes equivalent of 10% of annual compensation)
- 12 paid holidays a year, 12 paid sick days a year and paid vacation starting at 16 days a year
- Tuition reimbursement plan
- Employee wellness program

**To apply, submit a resume to [careers@hpsm.org](mailto:careers@hpsm.org).**

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