

Public Health Nurse III

1. Assists clients with special needs to obtain appropriate medical care with a qualified Medi-Cal covered service provider. (4)
2. Provides information to individuals and families about the Medi-Cal program and refers to Medi-Cal eligibility sites. (4)
3. Informs clients about Medi-Cal benefits and where to apply; works to assist clients at special risk in the application process. (4, 8)
4. Attends community and interagency meetings to inform of Homeless Persons Health Project services and attends interagency case conferences concerning client's case managed by staff. (4, 6)
5. Coordinates Medi-Cal covered health services for a client. (6)
6. Coordinates and monitors transportation if client has a physical or mental limitation, to Medi-Cal covered health services to meet their identified needs. (6)
7. Responds to incoming referrals from County Clinics and other HSA programs (6) assign appropriate staff to respond; tracks progress (6); closes open referrals (6) when appropriate and generates monthly report on referrals received and project responses.
8. Directs the work of subordinate staff in the case management of and planning for clients to assure adherence to program goals and requirements and client outreach (4), care case management, inter agency coordination, advocacy and support services. (6)
9. Assists individuals and families with aspects of the Medi-Cal application process. (8)
10. Assists in the development of case plans for complex, multi-need, and/or compliant clients that may involve multi-disciplinary and multi-agency teams. (6, 15, 17)
11. Performs program planning activities in collaboration with other health programs, including, but not limited to: Santa Cruz Health Clinic, Short-Doyle mental health, alcohol and drug programs, managed care, and other public health programs. (15, 16, 17, 18)
12. Assists the MAA/TCM Coordinator with MAA claims administration. (19)
13. Complete daily Medi-Cal Administrative Activities (MAA) time survey. (19)
14. Attends training related to the performance of MAA. (19)

Employee Signature (please sign in blue ink)

Date

Employee Name (printed)