CASA de SALUD

Always by Your Side

Bilingual GUIA Case Manager

ABOUT CASA DE SALUD

Casa de Salud (Casa) delivers high quality clinical and mental health services for uninsured and underinsured patients, focusing on new immigrants and refugees who encounter barriers to accessing other sources of care. Casa's vision is to combine low-cost access to treatment with a focus on long-term prevention that results in better health and lower costs. Casa is unique in that it is the only organization in the metro area that offers the new immigrant community low-cost access while also acting as a portal to other services through our collaboration with numerous health and social service organizations throughout the metro St. Louis area.

The GUIA (Guides for Understanding Information and Access) Program is the team of case managers that provides health education, self-care management, and patient advocacy services at Casa de Salud. Our case managers work with individual patients to overcome barriers to health care by setting up appointments, attending those appointments with patients, ensuring follow-up care is scheduled, and assisting with the financial aid process as needed. The GUIA Program team also promotes prevention through education and home visits that provide crucial information about the factors that lead to a healthy life. As part of our holistic view of health, GUIA also works to create systemic change in our region, making St. Louis a more welcoming place for the uninsured and immigrant communities.

POSITION SUMMARY

A case manager works as part of the GUIA Program team. Under the goal-oriented case management system, the case manager works to build the self-sufficiency of each patient so that, after barriers to care have been overcome through the assistance of GUIA, patients feel empowered to seek care on their own. Each case manager may have a specialty focus area and works collaboratively with the team to make sure excellent care is provided to each patient.

RESPONSIBILITIES

Provide Goal-Oriented Case Management

- Empowers patients by working with them to identify barriers to care and solutions
- Promotes health education through home visits for patients with complex situations
- Makes referrals for patients to outside agencies for their health care needs
- Accompanies patients to appointments to increase their level of comfort in the health care setting
- Provides advocacy by assisting with applications for financial aid
- Guides patients through obtaining supporting documentation for their care
- Implements Casa's Home Visit Health Education Program for clients on their caseload diagnosed with diabetes and hypertension, who are determined eligible by the GUIA Program Coordinator
- Makes sure follow up appointments are arranged
- Requests records for continuity of care
- Documents in Casa's electronic medical record in a timely, professional, and accurate manner
- Maintains an effective organizational system to ensure clients are contacted and their cases followed up on in a timely manner. Follow the guidance of the GUIA Program Coordinator in modifying this system, as needed, to meet organizational needs.

Work with the GUIA Team

- Attends weekly GUIA Program meetings and monthly staff meetings
- Collaborates with and supports other team members as necessary to ensure high-quality, seamless care
- Provides "on-call" services, joining other Case Managers in readiness to go with a patient to the ER or see them for an urgent financial assistance appointment
- Attends any trainings as assigned by the GUIA Program Coordinator and participates in the implementation of GUIA initiatives

- Promotes health literacy in the community and the clinic in coordination with the GUIA Program Coordinator
- Promptly communicates changes in outside organization referral processes, financial assistance policies, and/or personnel to the GUIA Program Coordinator and team

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ESSENTIAL QUALIFICATIONS

- Oral and written fluency required in English and Spanish
- Bachelor's degree preferred
- Experience in case management preferred
- Commitment to working with medically underserved patient populations
- Strong interpersonal skills and ability to communicate effectively with organizational leadership, Casa medical providers, patients from diverse backgrounds, and colleagues from within and outside the organization
- Strong, collaborative problem solving skills
- Ability to handle high work volume, prioritize urgent issues, and remain focused on full scope of tasks
- Good fit with a dynamic and growing nonprofit organization
- Working knowledge of Microsoft Word and Excel
- Experience with electronic medical record documentation preferred, and ability to learn to use Casa's electronic medical record required.

WORKING CONDITIONS

- Work is performed in a typical clinic and office environment, as well as health care facilities, patient homes and other locations
- Occasional evening and weekend activities
- Individual means of transportation required to attend appointments all around the St Louis Metro area
- Average physical effort with some handling of light weights such as supplies or materials on an infrequent basis (10-15 pounds)

BENEFITS

Full-time employees are eligible for a full benefits package, including health insurance, 401(k), and paid time off

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APPLICATION INFORMATION

Casa de Salud considers qualified applicants for employment without regard to age, race, color, religion, sex, national origin, sexual orientation, disability, or veteran status.

Position is open until filled; first reviews begin immediately.

Interested applicants should send a cover letter and resume to info@casadesaludstl.org or 3200 Chouteau Ave. St. Louis, MO 63103. www.casadesaludstl.org