



### **About Clever Care Health Plan**

Clever Care Health Plan is a newly founded Medicare Advantage health plan, will serve Medicare beneficiaries in Southern California. Our employees are passionate in providing best services to our members and healthcare providers. Two office locations are at Arcadia city of Los Angeles county and Westminster city of Orange county. To learn more, please visit [CleverCareHealthPlan.com](http://CleverCareHealthPlan.com).

### **Job Summary**

Clever Care Health Plan (Clever Care) works with members, providers and multidisciplinary team members to assess, facilitate, plan and coordinate an integrated delivery of care across the continuum, including behavioral health and long term care, for members with high need potential. Clever Care staff work to ensure that patients progress toward desired outcomes with quality care that is medically appropriate and cost-effective based on the severity of illness and the site of service.

### **Knowledge/Skills/Abilities**

- Completes comprehensive assessments of members per regulated timelines and determines who may qualify for case management based on clinical judgment, changes in member's health or psychosocial wellness, and triggers identified in the assessment.
- Develops and implements a case management plan in collaboration with the member, caregiver, physician and/or other appropriate healthcare professionals and member's support network to address the member needs and goals.
- Conducts face-to-face or home visits as required.
- Performs ongoing monitoring of the care plan to evaluate effectiveness, document interventions and goal achievement, and suggest changes accordingly.
- Maintains ongoing member case load for regular outreach and management.
- Promotes integration of services for members including behavioral health care and long term services and supports/home and community to enhance the continuity of care for Clever Care members.
- Uses motivational interviewing and Clever Care clinical guideposts to educate, support and motivate change during member contacts.
- Assesses for barriers to care, provides care coordination and assistance to member to address concerns.
- 25- 40% local travel required.
- RNs provide consultation, recommendations and education as appropriate to non-RN case managers.
- RNs are assigned cases with members who have complex medical conditions and medication regimens
- RNs conduct medication reconciliation when needed.

### **Job Qualifications**

- **Education**  
Graduate from an Accredited School of Nursing. Bachelor's Degree in Nursing preferred.
- **Experience**  
1-3 years in case management, disease management, managed care or medical or behavioral health settings.



- **License, Certification, Association**

Active, unrestricted State Registered Nursing (RN) license in good standing.

Must have valid driver's license with good driving record and be able to drive within applicable state or locality with reliable transportation.

Certified Case Manager (CCM) preferred