

STATE OF NORTH CAROLINA
OFFICE OF STATE HUMAN RESOURCES
POSITION DESCRIPTION FORM (PD-102R)

APPROVED CLASSIFICATION:

EFFECTIVE DATE:

ANALYST:

(This Space for Personnel Department Use Only)

1. Present Classification Title of Position: Income Maintenance Caseworker II	7 Present Position Number: 530087	Proposed Position Number:
2. Usual Working Title of Position: IMC II	8. Department, University, Commission, or Agency Macon County DSS	
3. Requested Classification of Position: NA	A. Institution & Division: Macon County DSS	
4. Name of Immediate Supervisor: Sheila H. Conley	10. Section and Unit: Adult Medicaid	
5. Supervisor's Position: Income Maintenance Supervisor III	11. Street Address, City and County: 1832 Lakeside Drive Franklin, NC 28734 Macon County - NC	
6. Name of Worker: VACANT	12. Location of Workplace, Building and Room Number: Macon County Human Services Building Complex Department of Social Services	

I. A. Primary Purpose of Organizational Unit:

The Macon County Department of Social Services is a public agency that provides a multitude of services to citizens of Macon County. The Department has several programmatic units which operate specifically under Federal and State legal authority to provide services including, but not limited to the following: Work First, Medicaid, Family and Children's Services, Food & Nutrition Services, Emergency/Crisis Assistance, Child Care Subsidy, Child Support, Child Welfare Services, Adult Services, and Senior Services. As a local government agency, the functions and services provided by the Department are considered essential governmental operations and further the Department has a state and federally mandated responsibility in accordance with federal merit standards and the State Human Resources Act to carry out these functions and provide the services to the citizens of Macon County.

B. Primary Purpose of Position:

1. The Adult Medicaid caseworker may conduct the initial intake interviews and determines the applicant's eligibility for medical assistance. The Income Maintenance Caseworker II (IMCII) in this section is responsible for performing the function of eligibility re-determination or review of the recipient's case on a periodic basis in order to re-verify the recipient's eligibility for continued participation in the income maintenance program of Medical Assistance, including all subcategories. The IMC II must also determine eligibility for assistance in another aid program/category due to a change in situation or living arrangement. This position directly performs enrollment and eligibility activities in NCFast.
2. The IMC II conducts interviews and completes documents on applications for the Crisis/LIEAP Intervention Program.

3. The IMC II in this position has the ability to fully and accurately implement federal and state mandated regulations to insure the recipient receives all benefits to which he is entitled while concentrating on all procedural requirements in an effort to reduce county errors and prevent the cost of errors from being charged back to the county.

4. The IMC II in this position has the ability to fully and accurately implement the Alexander Court Order to insure the applicant receives all benefits to which he may be entitled as expediently as possible while concentrating on all procedural requirements to prevent imposition of penalties and fines and reduce county errors.

C. Work Schedule

The agency operates Monday through Friday from 8:00 a.m. to 5:00 p.m.

D. Change in Responsibilities or Organizational Relationship:

NA

II. A. DESCRIPTION OF RESPONSIBILITIES AND DUTIES:

An IMC II in the Adult Medicaid Unit does initial intake and processes applications, as well as doing re-determination of eligibility, takes action on changes and if necessary, completes program transfers in the following programs and sub-categories:

- M-AA Medical Assistance to the Aged
- M-AD Medical Assistance to the Disabled (including HCWD)
- M-AB Medical Assistance to the Blind
- M-QB Medicare Qualified Beneficiaries
- M-WD Medicare Working Disabled
- M-AF/D Family Planning

1. INTAKE

The IMC II must conduct initial interviews with all persons visiting the Income Maintenance Unit: assess the need of their request, explain all applicable programs, initiate application in the aid category of the client's choosing, explain in depth all requirements, rights and responsibilities of both client and agency, make proper referrals, and respond to any unusual emotional or physical state of the client in an atmosphere of mutual respect and trust. In addition, the IMC II must provide, via telephone call, information regarding all aid program categories to potential applicants. It is crucial that the IMC II be able to gather the needed information at the initial interview to help applicant determine their needs. IMC completes interviews and applications for the Crisis Intervention Program when funds are allocated.

Alexander Court Order demands that persons requesting information or assistance be interviewed with initiation of an application for those choosing to apply on the same day the applicant appears at the agency. The IMC II must exhibit an explicit oral communication skill needed to explain, describe, and counsel in terms, which can be easily understood. The IMC II must retain a current and thorough understanding of federal programs and policies, state and departmental rules, regulations and procedures in the multitude of complex programs.

Each applicant/representative must be informed of their rights to appeal or withdraw their application. Voter registration, reporting changes, confidentiality of information, need to cooperate in establishing eligibility, effects of third party insurance, penalties for fraud, "old bills" policy, medical deductibles, spousal

impoverishment regulations, including assessment of assets if applicable, explanation of use of Medicaid Identification Card, classification for categorically needy, medically needy, categorically needy non-payment (SSI), dual eligibility, possible review by state and federal quality control, information needed to complete re-determination, and participation in Carolina Access.

The IMC II must assess the applicant's need for referral to proper agencies for assistance needed or requested. The IMC II must evaluate need for non-requested services and make referrals to protective services worker, if appropriate.

2. PROCESSING OF APPLICATIONS AND REAPPLICATIONS

The IMC II must offer assistance in obtaining the information requested from the client. If the client accepts assistance, or is hospitalized, housebound or otherwise impaired as described in the MAABD manual the IMC II is held responsible for obtaining the requested information. Current living arrangement information will dictate how the IMC II calculates reserve. Utilizing income sources available to IMC II, a budget is computed on each case. For private living cases a budget is computed to determine deductible cases on excess income. Once a deductible is established, medical expenses are evaluated to determine eligibility for medical assistance. An eligibility determination must be made in 45 or 90 days (depending on program) and applicants must be notified in writing. If information has not been received to allow for an eligibility decision to be reached within processing time, the case must spend up to three to six months, depending on the information needed.

3. REDETERMINATION OF ELIGIBILITY

The IMC II will maintain an ongoing active caseload in the private living arrangement Medicaid unit. In re-determining eligibility of a recipient, the IMC II must use the interviewing process to ascertain any changes in the situation of the recipient. Updated budgets must be completed in determining payments, liabilities and deductibles. Proper notification must be sent to notify recipients of continuing eligibility or termination of assistance and their rights to appeal such decisions.

During the process of program transfers, the IMC II must explain the appropriate eligibility factors of the program for which the recipient requires assistance. Also close working relationships are established between the IMC II, LTC or adult care facility staff, hospital staff, medical providers, Social Security Administration, attorneys and other agency staff.

4. APPEALS & FRAUD REFERRALS

Clients have the right to appeal every decision made by the IMC II. In the appeal process, a local hearing is held. The IMC II states the issue, reviews how the decision was made by citing manual policy and presenting supporting documentation. If the client is dissatisfied with the decision at the county level, a state hearing may be requested. The IMC II has the same responsibilities in the state hearing.

The IMC II must constantly be alert to the possibilities of misrepresentation and fraud. Once fraud is suspected, IMC II must act upon the case and determine if an overpayment or issuance has been established. The IMC II determines the amount, completes appropriate forms and submits for fraud investigation.

In either situation, if it becomes necessary, the IMC II must possibly testify in court actions.

5. OTHER

The IMC II is required to perform duties as outlined in the Macon County Department of Social Services Shelter Management Manual and any other duties assigned by the supervisor, director or director's designee.

II. B. OTHER POSITION CHARACTERISTICS:

1. Accuracy Required in Work:

100% accuracy is necessary in the determination of eligibility. Any errors in a Medicaid case could result in a client being denied benefits to which he/she is entitled, a delay in approved benefits or a charge back to the county resulting from over issuance of benefits. Processing penalties or discouragement penalties could result from inability to meet a deadline or failing to initiate an application on the same day a client visits the agency requesting assistance. The work of the IMC II is subject to second party review by the supervisor, Medicaid Program Representative, Alexander Exit Plan monitoring, or State Quality Control. Each inquiry is reviewed as well as a large percentage for compliance. The IMC II is responsible for any corrective action necessary.

2. Consequence of Error:

Any errors in a Medicaid case could result in a client being denied benefits to which he/she is entitled, a delay in approved benefits or a charge back to the county resulting from over issuance of benefits. Processing penalties or discouragement penalties could result from inability to meet a deadline or failing to initiate an application on the same day a client visits the agency requesting assistance. Repeated errors in economic services cases directly processed by the worker could result in disciplinary action (up to and including termination) against the worker.

3. Instructions Provided to Worker:

The Job Description and the Income Maintenance Supervisor III provide general instruction.

4. Guides, Regulations, Policies and References Used by Worker:

This position must adhere to the Federal, State, and County guidelines that are received in the form of manuals, written policies, law and operational directives. This includes, but is not limited to, the County Worker manual, DSS Worker and Policy and Procedure Manual.

5. Supervision Received by Worker:

This worker's duties are monitored daily in administrative and technical functions. Worker is responsible for planning and reporting absences to Supervisor so coverage for continued workflow can be assured. This worker must be able to prioritize workload and work independently as required.

6. Variety and Purpose of Personal Contacts:

This worker represents the agency by contact with coworkers, county officials, state personnel, other county departments, and clients as a daily part of the job.

7. Physical Effort:

Sedentary work; exerting up to 10 lbs. of force occasionally as well as the ability to talk, hear, use a mouse and type repeatedly. The ability to concentrate and use close visual attention is required.

8. Work Environment and Conditions:

Duties are carried out in the office of the Department of Social Services. Worker is responsible for duties assigned during a crisis when an emergency shelter is opened as outlined in the Shelter Management Manual.

9. Machines, Tools, Instruments, Equipment, and Materials Used:

Primary tools are a computer, computer software, calculator, fax machine, scanner, document imaging system and copier. The ability to concentrate is required. Close visual attention is required for research. The ability to interpret policies and procedures and communicate effectively is other important skills to perform this job successfully.

10. Visual Attention, Mental Concentration, and Manipulative Skills:

The work of an IMC II demands close visual attention in transferring important information from one document to another, reading correspondence from numerous agencies and brought in by the client. The IMC II must research manual policies and pay close visual attention to body language of applicants, representatives, and/or family members. Every facet of the IMC II's position requires constant mental concentration. The most intense being interviewing clients in an effort to assess their needs in a particular program or category. The IMC II must be able to intelligently respond to any and all questions posed by client/representative in a manner that can be understood by one unfamiliar with assistance programs.

11. Safety for Others:

Responsible for the surrounding work areas in the event of an emergency.

III. A. KNOWLEDGES, SKILLS, & ABILITIES:

Considerable knowledge of the program areas of assignment. General knowledge of all agency and community programs and services which could affect the client/applicant. Good mathematical reasoning and computational skills. Ability to read, analyze, and interpret rules, regulations and procedures. Ability to communicate with clients/applicants, the public at large, and public officials to obtain data, and to explain and interpret rules, regulations and procedures. Ability to instruct and to evaluate the work of lower level workers. Ability to perform caseworker functions within structured time frames.

B. 1. Required Minimum Training:

One year of experience as an Income Maintenance Caseworker; or an equivalent combination of training and experience.

IV. License or Certification Required by Statute or Regulation:

Valid Driver's License to drive a county vehicle.

V. Signatures indicate agreement with all information provided, including designation of essential functions.

Supervisor's Certification: I certify that (a) I am the immediate Supervisor of this position, that (b) I have provided a complete and accurate description of responsibilities and duties and (c) I have verified (and reconciled as needed) its accuracy and completeness with the Worker.

Signature: _____ Title: _____ Date: _____

Worker's Certification: I certify that I have reviewed this position description, completed by the above named immediate supervisor, is complete and accurate.

Signature: _____ Title: _____ Date: _____

Director's Certification: I certify that this is an authorized, official position description of the subject position.

Signature: _____ Title: _____ Date: _____