

POSITION TITLE: Case Manager, PRN

CENTER:	Rural Services	DEPARTMENT:	Louisa Counseling Center
LOCATION:	Louisa Counseling Center 206 Elm Ave Louisa, VA 23093		
FSLA STATUS:	Non-Exempt	INCLEMENT STATUS:	Non-Essential
GRADE:	9	SCHEDULE:	PRN
GROUP:		GROUP:	40
Job Requirements ☐ Annual TB ☒ Driving Consumers			

GENERAL STATEMENT OF RESPONSIBILITIES:

This is a FLSA non-exempt PRN (as needed) position. The Case Manager has the responsibility for providing case management services to individuals of all ages with a primary diagnosis of mental illness/emotional disturbance, substance addiction, or development disabilities. This includes assessing service needs; developing plans for access to services; liaison with client, families, programs, and service providers; ongoing monitoring or client service needs; advocacy; and consultation and education to clients, families and community.

The Case Manager reports to the Director III for Louisa County Clinic and is expected to function with initiative and independent judgment, based on application of standard practices and with guidance from the supervisor. In carrying out position duties, he/she performs in accordance with applicable professional ethics and established Region Ten policies.

MAJOR DUTIES:

The essential functions of this job are starred below (*) under "Major duties."

- Enhancing community integration through increased opportunities for community access and involvement and creating opportunities to enhance community living skills to promote community adjustment including, to the maximum extent possible, the use of local community resources available to the general public.
- Making collateral contacts with the individual's significant others with properly authorized releases to promote implementation of the individual's individualized services plan and his community adjustment.
- *Assessing needs and planning services to include developing a case management individualized serves plan.
- *Linking the individual to those community supports that are likely to promote the personal habilitative/rehabilitative and life goals of the individual as developed in the individualized service plan (ISP).
- *Assisting the individual directly to locate, develop or obtain needed services, resources and appropriate public benefits.
- *Assuring the coordination of services and service planning within a provider agency, with other providers and with other human service agencies and systems, such as local health, CSA, and social services departments.
- *Monitoring service delivery through contacts with individuals receiving services, service providers and periodic site and home visits to assess the quality of care and satisfaction of the individual.
- *Provide follow up instruction, education and counseling to guide the individual and develop a supportive relationship that promotes the individualized services plan.
- Advocating for individuals in response to their changing needs, based on changes in the plan.
- *Developing a crisis plan for an individual that includes the individual's references regarding treatment in an emergency situation and providing emergency prescreening as necessary.
- Planning for transitions in individual's lives.
- Coordinating health care needs with other health professionals.
- *Knowing and monitoring the individual's health status, any medical conditions, and his medications and potential side effects, and assisting the individual in accessing primary care
- *Maintains complete and current consumer records and other required reports, service reporting and documentation in compliance with agency, state and federal standards.
- Reads all agency communication (i.e., Ten, Region Ten's Newsletter, e-mail, etc.)
- Acquires and maintains valid certification in first-Aid and CPR to comply with State and Federal staffing requirements.
- Provides crisis intervention to individuals experiencing emotional/psychological distress, consultation regarding the petitioning process for ECOs and TDOs.
- Other duties as assigned by the supervisor in keeping with general requirements of the position.

QUALIFICATIONS:

To ensure the safe and efficient operation of the program, a valid Virginia Driver's License plus an acceptable driving record as issued by the Department of Motor Vehicles are required. For business use of a personal car, a certificate of valid personal automobile insurance must be provided. A bachelor's degree in a human services related field is preferred. In addition, the incumbent needs to possess the following knowledge, skills, and abilities:

EDUCATION:

- Bachelor's Degree (preferred)
- Degree in Human Services or related (preferred)

EXPERIENCE:

- None

CERTIFICATION/LICENSE:

- None

KSAS

Knowledge of:

1. Services and systems available in the community including primary health care, support services, eligibility criteria and intake processes and generic community resources.
2. The nature of serious mental illness, intellectual disabilities and/or substance abuse depending on the population served, including clinical and developmental issues.
3. Treatment modalities and intervention techniques, such as behavior management, independent living skills training, supportive counseling, family education, crisis intervention, discharge planning, and service coordination.
4. Different types of assessments, including functional assessment, and their uses in service planning.
5. Consumers' rights
6. Local community resources and service delivery systems, including support services (e.g., housing, financial, social welfare, dental, educational, transportation, communications, recreation, vocational, legal/advocacy), eligibility criteria and intake processes, termination criteria and procedures, and generic community resources (e.g., churches, clubs, self-help groups).
7. Types of intellectual disabilities programs and services.
8. Effective oral, written and interpersonal communication principles and techniques.
9. General principles of record documentation.
10. The service planning process and major components of a service plan.

Skills in:

1. Interviewing
2. Negotiating with consumers and service providers.
3. Observing, recording and reporting on an individual's functioning.
4. Identifying and documenting a consumer's needs for resources, services, and other supports.
5. Using information from assessments, evaluations, observation and interviews to develop service plans.
6. Identifying services within community and established service system to meet the individual's needs.
7. Promote goal attainment
8. Coordinating the provision of services by diverse public and private providers.
9. Identifying community resources and organizations and coordinating resources and activities.
10. Using assessment tools (e.g., level of function scale, life profile scale).

Abilities to:

1. Be persistent and remain objective
2. Work as a team member, maintaining effective inter and intra-agency working relationships.
3. Demonstrate a positive regard for consumers and their families (e.g., treating consumers as individuals, allowing risk-taking, avoiding stereotyping of people with intellectual disabilities, respecting consumers' and families' privacy, and believing consumers are valuable members of society).
4. Work independently performing position duties under general supervision.
5. Communicate effectively, verbally, and in writing.
6. Establish and maintain ongoing supportive relationships.

POSITION ORGANIZATION CHART:



innovative services for mental health, developmental
disabilities and substance use disorders

a better life, a better community

Director III
I
Case Manager

I have reviewed this job description and acknowledge the duties as well as the included KSA (knowledge, skills, abilities). I also understand the performance standards as they apply to this position.

Signature

Name Printed

Date

Position Description updated: 9/30/2025

Template Language:

Driving Consumers:

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