



## **Clinical Partner Position Description**

**and**

## **Applicant Information For Lifespan Care Management Professional Practice Partner / Independent Contractor**

## CLINICAL PARTNER POSITION DESCRIPTION

The LifeSpan Clinical Partner is responsible for the facilitation of clients gaining access to needed services, and contributes to the coordination and integration of health care services. She/he is responsible for ensuring effective and efficient utilization of health services vis-à-vis care plan development. Manages and serves as a resource for cases involving complex medical or social needs. The Clinical Partner will provide creative solutions to care needs while assuring quality of outcomes from the perspective of the client and family.

### **PRIMARY RESPONSIBILITIES:**

Responsible a full assessment of the client needs and a care plan that reflects the needs as articulated by the client and family.

1. Care management and development for assigned clients to assure continuity of care to meet the needs of the client over time, place and discipline.
2. Identifies potential risks/complications.
3. Acts as advocate for client and family needs.
4. Establishes and maintains a client support system.
5. Applies knowledge of community resources and State and Federal initiatives that impact clients.
6. Coordinates care among community agencies, organizations, and programs as needed to assure quality and continuity of care for clients.
7. Acquires information and evaluates utilization of services for cost control.
8. Monitors delivery of services and follow up with clients/caregivers/providers as necessary.
9. Orients providers regarding plan of care as it pertains to services clients receive.
10. Establishes working relationships with referral sources, providers, and others involved with the client.
11. Assures documentation is performed timely and accurately reflects the identified problems, interventions, client responses, and effectiveness of services provided.
12. Reviews client file documentation for compliance with LifeSpan Care Management policy and procedures and applicable regulatory requirements.
13. Involved in ongoing training, networking and quality improvement activities.
14. Collaborates with physician and other appropriate parties to manage and coordinate client's care.
15. Performs evaluations on medically complex clients.
16. Requests direction as needed from supervisor and/or Medical Director on complex and/or non-routine issues.
17. Facilitates admissions or transfers of clients to appropriate setting.

18. Collaborates with discharge planners, physicians, and other parties to ensure appropriate discharge plan, plan of care, and coordination of acute care and long term care services.
19. Serves as clinical resource to the clinical partners in the group.
20. Assists in orientation of new care management associates.
21. Assists in preparation and analysis of reports pertinent to clients and the plan.

## **EDUCATION AND EXPERIENCE:**

### Required:

- Baccalaureate Degree in Nursing
- Training or experience in Geriatrics, Case Management or other specialty.
- Knowledge of Medicare.
- Familiarity with home care and long term care conditions and regulations.

Preferred: Master's Degree in Nursing or Human Services

### Years and Type of Experience

Required: A minimum of five year's experience in a specialty nursing field

Preferred: 20 or more years of clinical practice

### Specific Technical Skills

Required: Clinical Quality Standards of Practice, Microsoft Word and Outlook.

Preferred: Ability to use flash drives, PDA or handheld devices

### Certifications or Licensure Required:

- Active state license as Registered Professional Nurse.
- Driver's license and automobile.

Preferred: Subspecialty Nursing Certification

### Other Requirements:

- Possess critical-thinking skills
- Computer and internet search literate.
- Excellent written and verbal communication skills.
- Strong decision making skills.
- Ability to provide services in an environment that involves multiple health care systems.
- Ability to interact with all relevant components of the health care system.
- Ability to provide services that deal with the individual's broad spectrum of needs.
- Self-starter with ability to handle multiple projects at one time.
- Appreciation of cultural diversity and sensitivity towards client population.
- Ability to work effectively with people, exercising good judgment and discretion in all interpersonal contacts.

- Community/provider relations knowledge/skills.

Please call LifeSpan Care Management, LLC at 1-800-808-9044 for more information, or forward your resume, qualifications and application via email or mail to the address below.

**LifeSpan Care Management, LLC**  
***Personal Healthcare Concierge Service***

1-800-808-9844 ♥ Fax: 856-795-1297  
737 Redman Ave, Haddonfield, NJ 08033

[www.lifespanmanagement.com](http://www.lifespanmanagement.com) ♥ [info@lifespanmanagement.com](mailto:info@lifespanmanagement.com)



# Applicant Information for LifeSpan Care Management Professional Practice Partner / Independent Contractor

## Applicant Information

Full Name: \_\_\_\_\_ Date: \_\_\_\_\_  
*Last First M.I.*

Address: \_\_\_\_\_  
*Street Address Apartment/Unit #*  
\_\_\_\_\_  
*City State ZIP Code*

Phone: ( ) \_\_\_\_\_ E-mail Address: \_\_\_\_\_

Phone 2: ( ) \_\_\_\_\_ Date Available: \_\_\_\_\_ SS No.: \_\_\_\_\_

Position Applied for: \_\_\_\_\_

Are you a citizen of the United States? YES  NO  If no, are you authorized to work in the U.S.? YES  NO

Please list your certifications or specialty training: \_\_\_\_\_

Present Employment: \_\_\_\_\_

## Education

College: \_\_\_\_\_ Address: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Did you graduate? YES  NO  Degree: \_\_\_\_\_

Other: \_\_\_\_\_ Address: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Did you graduate? YES  NO  Degree: \_\_\_\_\_

## References

*Please list three professional references.*

Full Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Company: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_

Address: \_\_\_\_\_

Full Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Company: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_

Address: \_\_\_\_\_

Full Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Company: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_

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### Previous Employment

Company: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

Address: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Job Title and Responsibilities: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_

May we contact your previous supervisor for a reference?  YES  NO

Company: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

Address: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Job Title and Responsibilities: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_

May we contact your previous supervisor for a reference?  YES  NO

Company: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

Address: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Job Title and Responsibilities: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_

May we contact your previous supervisor for a reference?  YES  NO

### Military Service

Branch: \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_

Rank at Discharge: \_\_\_\_\_ Type of Discharge: \_\_\_\_\_

If other than honorable, explain: \_\_\_\_\_

### Disclaimer and Signature

*I certify that my answers are true and complete to the best of my knowledge.*

*If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release.*

**Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

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