

### Senior Social Worker

1. If out of home care is required, research the available residential care or skilled nursing facilities and arrange the placement. (4)
2. Provides outreach to high risk, high need populations to provide information about services offered by Medi-Cal and directs clients to Medi-Cal eligibility workers for eligibility determination. Refers Medi-Cal eligible individuals directly to services to meet their needs. (4)
3. Coordinates with public health nursing who conducts a medical assessment, to develop a complete coordinated plan of care to maintain the individual in their home. (6)
4. Conducts interviews with the client, available relatives and caretakers, and representatives from other agencies providing services to develop a comprehensive care plan. (6)
5. Gathers detailed information about client's ability to function in daily living activities, mobility, formal and informal supports and determines unmet service needs. (6)
6. Develops, coordinates and implements a plan of care which includes a wide range of services such as home health services, transportation resources, IHSS, Public Guardianship, home health nursing, companionship, and home repair services. (6)
7. Monitors and supervises the care plan. (6)
8. Coordinating Medi-Cal covered health services for a client. (6)
9. Coordinates and monitors transportation if client has a physical or mental limitation, to Medi-Cal covered health services to meet their identified needs. (6)
10. Assists individuals and families with aspects of the Medi-Cal application process. (8)
11. Works with community and government agencies to identify and fill gaps in health and Medi-Cal services by collaborating and planning for clients and families in need of such services. (15,17)
12. Collaborates with agency and outside agency staff by engaging in program planning and policy activities to enhance and expand health services, including Medi-Cal services to meet the needs of clients and families. (15,17)
13. Complete daily Medi-Cal Administrative Activities (MAA) time survey. (20)
14. Attends training related to the performance of MAA. (20)

---

Employee Signature (please sign in blue ink)

---

Date

---

Employee Name (printed)