GENERAL SUMMARY:

Participates in the planning, implementation and evaluation of care plans that meet the objectives, standards and policies of the PACE model of care. Demonstrates proficiency in providing traditional social work services in a professional and respectful manner with the goal of assisting frail elders to remain living in the community for as long as they can do so safely.

Essential Responsibilities:

- Participates on the Interdisciplinary Team’s initial assessments, care planning and on-going reassessments of participant care.
- Attends daily team meetings and other team meetings, as needed, to share information and participate in developing participants’ care plans.
- Completes initial, periodic and annual psychosocial assessments for all assigned participants.
- Assesses the psychosocial needs of the participant and provides therapeutic counseling, or refers the participant to an appropriate behavioral health provider.
- Facilitates hospital, rehabilitation and nursing home admissions and discharges as determined by the Interdisciplinary Team.
- Assists in the conversion of the participant from community to long-term care.
- Communicates all participant related pertinent information with the Interdisciplinary Team in a timely fashion, and works with the Team to develop appropriate care plans.
- Arranges and facilitates family meetings, as needed.
- Refers participants and families to appropriate community services and acts as liaison and/or advocate with community organizations for participants.
- Maintains professional, accurate and timely social service documentation in the participants’ medical records.
- Conducts monthly participant council meetings.
- Works collaboratively with fiscal department to maintain participant insurance benefits.
- Performs other duties as required.
- Frequent local travel.

Job Specification:

- Master of Social Work required
- Current Social Work licensure in the Commonwealth of Massachusetts at the Masters level (L.I.C.S.W. or L.C.S.W.)
- Minimum of 1 experience in Social Work providing traditional Clinical or Case Management services with a geriatric population.
- Current C. P. R. Certification or ability to become certified
- Ability to be able to relate well to participants, to anticipate their needs and to encourage their independence.
- Ability to convey information clearly and succinctly with team members, to insure that relevant participant related information is available to the appropriate disciplines and departments.
- Ability to be able to work well with others.
- Proven strong technical ability