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| Job Title: | Social Worker 2 | Job Code/ Req#: | 63917 |
| Department/Group: | TN DOH | Position Type: | Contract |
| Duration : | 02/03/2025 - 02/03/2026 | Date Posted: | 01/24/2025 |
| Expenses Allowed | Yes | Posting Expires: | 02/27/2025 |
| **Location :** | Hybrid**Address** 1100 England Dr, Cookeville TN Cookeville, Tennessee 38501 | **Quantity Requested :** | 1 |
| **Level/Salary Range :** | $32/hr on C2C | Send Resumes to : | resumes@taurusbiz.com |
| **Schedule:** |
| **Days**Monday Yes Tuesday Yes Wednesday Yes Thursday Yes Friday Yes Saturday NoSunday No**Hours/Day**8**Time Zone**CST**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_****Shifts Start Time End Time Description Active**Shift 1 8:00AM 5:00PM Regular Shift Yes **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_****Description**The Clinical Care Team will take referrals from primary care providers and will work with the primary care team to accomplish the following tasks: Social support navigation for social determinants of health (SDOH) such as food insecurity, housing insecurity, etc. o Compile and maintain a resource list for SDOH resources including eligibility criteria, referral process, and contact information o Collaborate with primary care nurse and providers o Provide in-person or remote social needs screening/assessment with primary care patients referred by nurse or provider o Coordinate or make aware of social services resources, i.e., housing, clothing, food, mental health services, etc. o Collaborate with other social workers to identify patient and community resources · Conduct case management activities o Work with hospitals for discharge planning, follow-up and education o Assist with obtaining patient records from hospitals o Assist in securing needed medical equipment through community partnerso Conduct follow-up on care plans o Identify patients lost to follow-up or overdue for care and assist them in returning to care · May assist with specialty referral navigation o Schedule, coordinate, and track non-BCS specialist and imaging referrals o Assist with obtaining patient records from specialists and imaging centers o Compile and maintain resource list for specialty referrals including eligibility criteria, referral process, cost and contact information · Assist patients to locate and access low-cost prescription options such as patient assistance programs, discount retailers, etc. o May assist with patient assistance program applications and serve as a patient-provider liaison with the drug companies o Assist patient with applications for programs such as CoverRx and RxOutreach · May help with other regional primary care-based initiatives with a social work component · Documents in patient’s record, updates consults, and tags provider and/or clinical staff as necessary · Provide patient education or find appropriate education resources **Expectations may include:** · Complete onboarding and orientation · Participate in regional office and primary care clinical meetings as requested · Attend provider meetings as requested · Attend Health Councils and other community meetings to build relationships with social service agencies and promote health department services · Identify barriers to care or assistance experienced by our patients and seek ways to address them **Tools and Equipment:** 1. Personal Computer 2. Telephone 3. Fax Machine 4. Printer 5. Scanner 6. Copy Machine 7. Calculator 8. Personal Vehicle Other office related equipment as required |
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| **Reviewed By:** | Swathi G | **Date:** | 01/24/2025 |
| **Approved By:** | Ram S | **Date:** | 01/24/2025 |
| **Last Updated By:** | Swathi G | **Date/Time:** | 01/24/2025 |