



# Program Supervisor of Benefits Assistance

**Job Code:** BAP - 116  
**Revision Date:** Dec 21, 2018

**Salary Range:**  
\$20.31 - \$33.23 Hourly  
\$1,624.80 - \$2,658.40 Biweekly  
\$42,255.00 - \$69,124.00 Annually

**FLSA:** Exempt

## Overview

We are an agency committed to innovative behavioral health services in trauma-informed care that promote healing and recovery to instill a sense of empowerment and foster a lifelong sense of resilience.

## General Description

The purpose of this job is to maintain the quality of disability claim processing success for EHN client awards of SSA disability benefit. This position is responsible for all aspects of complex disability claim handling, such as eligibility criteria, medical and financial analysis, benefit determinations, denials and hearing representation at the Office of Disability and Adjudication Review (ODAR) and Social Security Administration (SSA) claim level.

This class works under general supervision, independently developing work methods and sequences.

## Duties and Responsibilities

**The functions listed below are those that represent the majority of the time spent working in this position. Management may assign additional functions related to the type of work of the position as necessary.**

- Supervises, directs, and evaluates assigned staff, processing employee concerns and problems, directing work, counseling, disciplining, and completing employee performance appraisals.
- Manages the daily operations of processing disability claims for retirement, survivors and disability benefits and/or supplemental security income.
- Coordinates, assigns and reviews work and establishes work schedules; maintains standards; monitors status of work in progress; inspects completed work assignments; answers questions; gives advice and direction as needed.
- Provides oversight of the quality of care provided to EHN consumers applying for disability benefits through the SSA and Texas HHSC.
- Reviews BAP staff's individual client caseloads to ensure proper documentation is completed in a timely manner.

- Completes departmental operational processes by developing schedules, assigning and monitoring work, gathering resources, implementing productivity standards, resolving operations problems, maintaining reference manuals and implementing new projects.
- Creates Award Reports, processes Client Services Management Report to obtain Medicaid captures for all awarded claims ensuring billing was processed to Medicaid for all services rendered to consumer.
- Processes client appeals at the cessation review when a client is denied their current awarded benefits; represent clients at the appeal cessation review hearings.
- Conducts case reviews with Medicaid Specialist staff in group and individual setting.
- Represents consumers in front of an ODAR administrative law judge and a SSA Vocational Expert.
- Reviews and analyzes cases to ensure sufficiency of evidence or documentation, and to ensure that cases are ready for hearing. Obtains both medical and non-medical evidence needed for hearings. This includes contact with the claimant and/or representative to secure current evidence of record or to independently request current evidence from a medical source. If the Request for Hearing untimely filed, contacts claimant or representative to secure information to decide whether good cause exists to extend the time for filing, or whether a dismissal should be issued.
- Drafts dismissal order if case does not meet sufficient legal and regulatory requirements. Identifies other discrepancies and/or deficiencies in the file and resolves by obtaining information, documentation and other pertinent data required to process the case.
- Prepares case summaries by outlining, in narrative form, information from all documents which reflect the prior medical history of the claimant and treatment undertaken, and any conflicting medical evidence. Also outlines the medical evidence, treatment and treating sources of diagnoses and all areas of medical treatment provided the claimant. Points out discrepancies in factual issues that should be addressed at the hearing.
- Based on a thorough knowledge of the disability program, selects pertinent exhibits to be included in the case record. Marks exhibits in preparation of the case.
- Summarizes pertinent and factual data extracted from the client file describing development taken to determine whether case should be dismissed as untimely or as not meeting sufficient legal and regulatory requirements. Drafts Dismissal, if appropriate.
- Identifies cases for which the record supports favorable reversals and prepares supporting summaries of medical evidence and legal issues to be incorporated into the final decision.
- Ensures that files are clearly annotated to identify congressional inquiries.
- Answers questions relating to the hearing process based on SSA law, regulations and policy.
- Provides and receives information related to documentary evidence, filing and processing procedures, status of client's applications and other related areas of case processing.
- Communicates as needed, either in a face-to-face situation or by telephone, with clients who may be ill, upset or resentful of the Administration's processing of or denial of claim, to explain the Social Security law and process to alleviate the client's distress.
- Performs a wide range of actions in support of post-hearing case development, including composing correspondence to request medical reports from physicians, hospitals, client's representatives, etc., and to prepare responses to written inquiries on cases. Maintains a follow-up system to ensure receipt of requested records.
- As requested, performs scheduling coordinator functions. Schedules cases for hearing in accordance with legal and regulatory requirements and coordinates time and date of hearing with client's.
- Upon receipt of additional evidence received after the hearing, reopens the record to admit the exhibits or closes the record if no additional evidence is received.
- Conducts an initial interview with claimant to gather the basic facts of the case. These facts are used to help determine if the claimant meets the SSA Disability Listing of Impairments considered severe enough to prevent an individual from doing any gainful activity.
- Manages client disputes with the Social Security Administration and providing clear and accurate information regarding client cases.
- Completes in a detailed manner, the ADL (Activities of Daily Living) function and Work History reports.

- May request the SSA to schedule a consultative examination (CE) with one of their doctors.
- Study the Social Security Laws on disability, by utilization of the Blue book of disability listings; which are the Code of Federal Regulations (CFR).
- Entering the claim via SSA internet and completion of the SSA 8001-F5, 1696, 827 and Medicaid application through the HHSC online request.
- Assists clients with Medicare in completing the application for HHSC in obtaining QMB (Qualified Medicare Beneficiary) /SLMB (Specific Low-Income Medicare Beneficiary) Medicaid assistance to assist the clients in obtaining Part D Medicare and assistance in paying for their Premiums and Co-Payments.
- Active involvement in the Community Partnership Program with The San Vicente Clinic in the use of the HHSC online Medicaid application process and access to upload all necessary documentation to ensure a fast turnaround time on all Medicaid applications for reinstatements of terminated Medicaid as well as Medicaid renewals to avoid coverage terminations.
- Assists clients in reinstating their SSI/Medicaid benefits as well as RSDI/Medicare benefits in the event the claimant was denied after Medical review or due to clients failed attempt to go back to work and obtain substantial gainful income.
- Assists client in completing the necessary forms to assist them in obtaining the full SSI amount.
- Evaluates findings and develops strategies and arguments in preparation for presentation of cases from Initial claim to hearing claim level.
- Performs other duties as assigned.

### **Minimum Education and Experience Requirements**

Requires a Bachelor's Degree in Health or Human Services, Social Services or related field, supplemented by four (4) years of experience medical billing and coding, preferably for a mental and/or behavioral organization or closely related field; or possession of any equivalent combination of education, training, and experience which provides the requisite knowledge, skills, and abilities.?

Experience with trauma-informed services; cognitive behavioral therapies, including DBT; and motivational therapies including the use of incentives, preferred.

### **Required Knowledge and Abilities**

Knowledge of trauma-informed theories, principals, and practices (includes multi-faceted understanding of concepts such as community trauma, intergenerational and historical trauma, parallel processes, and universal precautions), preferred.

### **Physical Demands**

Performs sedentary work that involves walking or standing some of the time and involves exerting up to 10 pounds of force on a regular and recurring basis or sustained keyboard operations.

### **Unavoidable Hazards (Work Environment)**

- None

### **Special Certifications and Licenses**

- Texas Health and Human Service Commission (HHSC) Certification for the Community Partner Program.
- Requires certification by the HHSC Medicaid online system.

- Texas Department of Health Services for Consumer Benefits Assistance Certification in Social Security Administration rules and regulations.
- Requires certification by the Texas MHIDD Consumer Benefits Organization.
- Requires certification by the Texas Department of Assistive and Rehabilitative Services for the Work Incentives Planning Supports and Service Training.
- Must possess and maintain a valid state Driver's License with an acceptable driving record.
- Must be able to pass a TB, criminal background and drug screen.

### **Americans with Disabilities Act Compliance**

Emergence Health Network is an Equal Opportunity Employer. ADA requires Emergence Health Network to provide reasonable accommodations to qualified persons with disabilities. Prospective and current employees are encouraged to discuss ADA accommodations with management.

### **Other Job Characteristics**

- Staffing requirements, including criteria that staff have diverse disciplinary backgrounds, have necessary State required license and accreditation, and are culturally and linguistically trained to serve the needs of the clinic's patient population.
- Credentialed, certified, and licensed professionals with adequate training in person-centered, family centered, trauma informed, culturally-competent and recovery-oriented care.

**Note:** This Class Description does not constitute an employment agreement between the Emergence Health Network and an employee and is subject to change by the Emergence Health Network as its needs change.