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| Job Title: | Social Worker 2 | Job ID: | 64458 |
| Department/Group: | TN DOH | Position Type: | Contract |
| Duration : | 07/01/2025 - 06/30/2026 | Date Posted: | 06/02/2025 |
| Expenses Allowed : | Yes | Posting Expires: | 06/13/2025 |
| **Location :** | Hybrid  **Address**  1216 Trotwood Avenue Columbia, Tennessee 38401 | **Quantity Requested :** | 1 |
| **Lvel/Salary Range :** | $25/hr on C2C | Send Resumes to : | resumes@taurusbiz.com |
| **Schedule:** | | | |
| **Days**  Monday Yes Tuesday Yes Wednesday Yes Thursday Yes Friday Yes Saturday No Sunday No  **Hours/Day**  7.5  **Time Zone**  CST  **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **Shifts Start Time End Time Description Active**    Shift 1 8:00 AM 4:30 PM Regular Shift Yes  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_    **Description**  **Job Duties:**  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 partners  o 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:** | Lisa G | **Date:** | 06/02/2025 |
| **Approved By:** | Ram S | **Date:** | 06/02/2025 |
| **Last Updated By:** | Lisa G | **Date/Time:** | 06/02/2025 |