Job Description

Job Title: Transition Specialist, Grade 5
Reports to: Lead Transition Coordinator
FLSA Status/Schedule: Non-Exempt; 37.5 hours per week
Location: Onondaga County

ARISE's mission is to work with people of all abilities to create a fair and just community in which everyone can fully participate.

Job Summary:
The Transition Specialist leads all efforts for individuals residing in skilled nursing facilities to facilitate and coordinate the safe discharge and transition process back into the community through appropriate referral process, development of a comprehensive plan, advocacy and one-on-one direct support.

Qualifications:
- Bachelor's Degree in Human Services or a related field, or equivalent experience.
- Experience and working knowledge of barriers faced by individuals of all ages with physical, mental and development disabilities, residing in nursing homes, seeking long-term care services to live independently in the community
- Experience and understanding of multi-county, LTC community services and support systems, such as Medicaid, DSS, MLTC, OHS, OFA, OPWDD, NHTD & TBI Waivers, Ombudsman, CDPAP, as well as other supports, services and programs available to participants
- Management of high caseload
- Proficiency in Word, Excel and multiple databases
- Clean driver license and reliable transportation for travel in multi-county region.

Essential Functions:

- Actively participate, develop and facilitate a person–centered discharge plan collaborating with social workers, service coordinators, case managers, family members, guardians, advocates, etc., to secure qualified housing, coordinate home and community services prior to transition and subsequently ensure continuation of services post-transition, for up to 11 months.
- Submit appropriate referrals to Medicaid-based community services and support systems, such as Medicaid, DSS, MLTC, OHS, OFA, OPWDD, NHTD & TBI Waivers, Ombudsman, CDPAP, as well as other supports, services and programs available to participants;
- Receive referrals from the Lead Transition Coordinator and ensure the transition process is followed through for everyone
- Provide counseling and information for individuals and families who are considering, or are in the process of, transitioning back to the community;
- Coordinate resident visits to skilled nursing facilities and provide potential participants with objective information regarding available home and community-based services;
- Explain peer mentor program to potential participants and, if appropriate, provide referral to peer mentor program
- Collaborate with supervisor to determine and resolve barriers to transition, including barriers related to housing, medical condition or counseling need

- Ensure all significant participant data and service provision details are current and accurate and that they are documented in a timely manner into ARISE's and NYAIL's databases
- Attend trainings, meetings and other agency-related activities
- Uphold code of ethics, code of conduct and all ARISE policies and procedures
- Exercise sound judgment as a matter of course, and hold protected health information and other sensitive information in the strictest of confidence in accordance with ARISE and HIPAA policies
- Consistently represent ARISE professionally by demonstrating the highest ethical standards
- Perform other duties as assigned