Episcopal Health Services

Director of Care Management

Leadership Profile

June 2026

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WittKieffer

Contents

The Opportunity

Episcopal Health Services (EHS) is seeking a strategic and inspirational leader to serve as its Director of Care Management. The role presents a compelling opportunity to lead care management within a mission-driven, community-focused health system serving one of New York City's most diverse and underserved populations. As a 257-bed acute care facility and the only hospital providing emergency and ambulatory care on the Rockaway Peninsula, St. John's plays an essential role in ensuring access to high-quality, culturally sensitive care for a densely populated community with significant medical and socioeconomic needs. Supported by a network of outpatient sites, behavioral health services, and a robust medical group, EHS delivers comprehensive care across the continuum while maintaining strong partnerships with community organizations, elected officials, and labor groups. With more than 2,000 employees and a longstanding reputation for clinical excellence, education, and community outreach, the organization continues to expand its impact through facilities such as the Walsh Ambulatory Pavilion and a broad array of specialty and primary care services.

Reporting to the Assistant Vice President of Case Management, the Director of Care Management will have the opportunity to lead and advance a critical function that directly influences patient outcomes, operational performance, and financial sustainability. This role is central to optimizing care coordination, strengthening utilization management, and ensuring regulatory compliance in a complex, high-volume environment. The Director will oversee a multidisciplinary team responsible for discharge planning, utilization review, and care transitions, with a focus on improving throughput, reducing length of stay and readmissions, and enhancing the overall patient and family experience. Partnering closely with physician leadership, nursing, finance, and external providers, the Director will help drive a more integrated, patient-centered model of care while aligning departmental priorities with broader organizational goals, including value-based care initiatives.

This is a highly visible leadership position offering the ability to shape strategy and care protocol and to standardize care management practices across settings, including the implementation of data-driven performance improvement initiatives. The Director will be instrumental in strengthening relationships across the continuum of care, expanding post-acute networks, and leveraging technology and analytics to improve decision-making and outcomes. Ideal candidates will be energized by the opportunity to lead in a safety-net environment, where innovation, collaboration, and a deep commitment to community health are essential. EHS's Director of Care Management will play a pivotal role in advancing both the mission of the organization and delivery of coordinated, high-quality care to the populations they serve.

Organization Overview

St. John's Episcopal Hospital

Celebrating over 120 years of community care, St. John's Episcopal Hospital is Episcopal Health Services, Inc.'s main campus location. The hospital is a 257-bed acute care facility located in Far Rockaway, a neighborhood on the eastern part of the Rockaway Peninsula in the New York City borough of Queens. The hospital is widely recognized as the only hospital providing emergency and ambulatory care to its surrounding communities, densely populated, culturally and economically diverse, and medically underserved populations.

EHS is the largest employer on the Peninsula, with approximately 2,000 employees. Most of the workforce is unionized through 1199, CIR, SSOBA, and Local 30. The network lies within the Episcopal Diocese of Long Island. St. John's Episcopal Hospital has established strong relationships with internal and external stakeholders - elected officials, community groups, and unions.

Care Locations and Services

As a non-profit, faith-based institution, St. John's Episcopal Hospital provides people of all faiths with comprehensive preventive diagnostic treatment and rehabilitative services, regardless of ability to pay. The hospital's impact continues to grow with the opening of the Walsh Ambulatory Pavilion. EHS medical groups and outpatient behavioral health facilities are spread across Queens and Long Island, with the main campus in the Rockaways. Services provided include emergency medicine, a dialysis center, family practice, a hospitalist program, imaging, internal medicine, laboratory, obstetrics and gynecology, ophthalmology, pastoral care, pediatrics, physical and occupational therapy, population health, psychiatry, surgery, urology, community outreach, health education, and the hyperbaric center. St. John's Episcopal Hospital provides care through the following entities:

- St. John's Episcopal Hospital: Emergency and Ambulatory care
- St. John's Medical Group (SJMG)
- A Mobile Health Unit
- St. Johns Outpatient Behavioral Health Service Sites:
- Community Mental Health Center (CMHC)
- Wellness and Recovery Center (WRC)
- Family Peer Support Services
- Children's Care Coordination Program
- Home Base Crisis Intervention (HBCI)

EHS's Clinics are staffed by SJMG providers. Many clinics operate as Article 28 Diagnostic and Treatment Centers (DTCs) (Center for Medicare and Medicaid Services accredited hospital outpatient clinics), except for the Specialty and Surgical Clinics located at 105th Street.

The clinics include pediatric specialty services in endocrinology, neonatal, neurology, and pulmonary, and adult clinic specialties in family practice and internal medicine.

Clinical learning specialty care is provided in:

- Arthritis
- Audiology
- Cardiology
- Colorectal/General Surgery

- Dermatology
- Endocrinology
- ENT
- Gastroenterology
- Infectious Disease
- Nephrology
- Neurology
- OBGYN
- Orthopedics
- Podiatry
- Pulmonary
- Surgery
- Urology
- Vascular Surgery
- Wound Care Clinic specialties
- Wound Care

SJMG's Specialty Clinic at 105th Street provides care in the following specialties:

- Cardiology
- Dermatology
- Endocrinology
- Neurology
- Physical Medicine & Rehabilitation
- Podiatry
- Psychiatry

In addition, SJMG provides surgical clinical care at 104th Street, including:

- Colorectal Surgery
- Family Practice
- General Surgery
- Neurosurgery
- Orthopedic Surgery
- Vascular Surgery

The Margaret O. Carpenter Women's Health Center provides care in women's specialties, including Breast Surgery and Oncology Services, Family Practice, OBGYN, GYN Oncology, and Maternal Fetal Medicine. A nurse practitioner and nutritionist are on staff.

Patient Express Care specialty care is provided in family practice and obstetrics.

The Gerard Walsh Ambulatory Pavilion provides internal medicine and family medicine care, as well as OBGYN care. Endoscopy, Behavioral Health, Oncology, and Imaging services are also provided.

Graduate Medical Education

St. John's Episcopal Hospital is accredited by The Joint Commission's Health Facilities Accreditation Program and is approved by the New York State Department of Health. The hospital is a recipient of the Gold-Plus Get with the

Guidelines®-Stroke Quality Achievement Award and the Gold-Plus Get with the Guidelines®-Heart Failure Quality Achievement Award from the American Heart Association.

St. John's Episcopal Hospital is a teaching hospital, training over 180 residents annually in ten Graduate Medical Education programs accredited by the New York State Department of Education. The family medicine, general surgery, obstetrics and gynecology, rotating internship, and ophthalmology programs are accredited by the American Osteopathic Association and are affiliated with Lake Erie College of Osteopathic Medicine. Internal medicine, dermatology, and psychiatry are accredited by the Accreditation Council for Graduate Medical Education. Graduate medical education programs in podiatry and wound care are accredited by the Council on Podiatric Medical Education.

The hospital strives to support area residents in achieving optimal health outcomes and quality of life. Services extend beyond inpatient and outpatient care to include outreach to the community to improve health status. Outreach services include behavioral health screening, screening for hypertension, asthma, and diabetes, and information on health insurance, social work, and nutrition counseling. The Speaker's Bureau is another service provided that offers assistance to community organizations by arranging for doctors, nurses, social workers, pastors, nutritionists, and other healthcare professionals who conduct health education on topics such as childbirth and parenting, diabetes, asthma, hypertension, grieving, weight management and nutrition, osteoporosis, cholesterol management, substance abuse, scabies, exercise, aging, depression, and emergency care. The Mobile Health Unit offers services, such as administering flu shots and sharing imperative health education material that supports the community's health initiatives and healthcare partners on the Peninsula.

Mission

Episcopal Health Services, in partnership with our community, provides exceptional healthcare and education programs in an academic setting across the continuum of care. We deliver high-quality, value-based services with cultural sensitivity to the faiths and traditions of those we serve.

Vision

Episcopal Health Services will build an effective coalition aimed at achieving improved community health status in a financially stable environment, with emphasis on serving the needs of our patients and families, while training the physicians and healthcare providers of tomorrow.

ICARE

Innovation ♦ Compassion ♦ Accountability ♦ Respect ♦ Empathy

For more information on St. John's Episcopal Hospital, please visit: https://ehs.org/

Position Summary

Reporting Relationships

Reporting to the Assistant Vice President of Case Management, direct reports include case managers and support staff to ensure efficient patient throughput and resource utilization. The Director of Care Management ensures compliance with utilization review processes and safe, timely discharge transitions for all patient populations.

Responsibilities

The successful Director of Care Management candidate will:

- Complete oversight of utilization review following CMS and New York State regulatory requirements to ensure appropriate level-of-care designations.
- Maintain departmental records and tracking logs and minutes to ensure accuracy, timeliness, and compliance with The Joint Commission (TJC) and CMS standards regarding patient rights, medication reconciliation handoffs, and care coordination timeliness, and maintain 100% compliance with 42 CFR § 482.30 (Utilization Review) and 42 CFR § 482.43 (Discharge Planning).
- Oversee use of clinical information systems (e.g., Meditech, Xsolis, and Milliman), and criteria for accuracy, appropriate use to validate medical necessity, and reduce denials.
- Follow established case management standards applicable to discharge planning and transitions of care.
- Manage throughput optimization and capacity management, including:
  - Length of Stay (LOS) and Readmission metrics, and work with the team to ensure that departmental priorities meet organizational performance goals.
  - Communicate key discharge barriers and utilization concerns to physicians, leadership, and relevant stakeholders.
  - Participate in multidisciplinary rounds and committee meetings and complete assigned follow-up actions regarding complex discharge placements.
  - Partner with CMO and Physician Advisors to review complex and outlier cases experiencing excessive LOS and execute structured action plans.
- Identify opportunities for workflow improvements and share them through established leadership channels to enhance patient throughput.
- Coordinate with external agencies, post-acute facilities, and insurance payers to meet patient service expectations and ensure timely continuity of care.
- Monitor case managers, productivity, and assigned units and address staffing gaps or escalate clinical concerns as needed.
- Work with department leadership to ensure improved case management performance and efficient quality of work.
- Collaborate with EHS's teams to improve service excellence initiatives.
- Implement approved departmental policies and quality initiatives within the scope of case management.

- Direct daily work activities and clinical workflows for Case Managers, Navigators, and support staff.

- Engage with CDI, Physician Advisors, and HIM on the following:
  - Ensure strict institutional adherence to the CMS Two-Midnight Rule, actively managing the accurate division of Inpatient vs. Observation status lines.
  - Align care coordination data with clinical documentation systems to protect the hospital's Case Mix Index (CMI).
  - Oversee the concurrent appeals process. Direct UR specialists to intercept and defend against aggressive commercial payer medical necessity denials in real time.

- Review productivity data and performance information and address performance issues or staff training needs as needed, including the following:
  - Acute Length of Stay (LOS): Meet or exceed established DRG-specific and overall institutional geometric mean length of stay targets.
  - Readmission Mitigation: Maintain a 30-day all-cause readmission rate below national safety-net benchmarks.
  - Observation Hours: Maintain average observation hours through rapid diagnostic and discharge routing.
  - Denial Overturn Rate: Achieve an aggregate concurrent commercial denial overturn rate of 75%.

- Facilitate day-to-day operations of the discharge planning program within the department.

- Track performance metrics and outcomes and take action to support a high-performing department.

Goals and Objectives

The following goals and objectives have been identified as priorities for this position:

- Establish clear strategic and operational priorities to optimize patient outcomes, care coordination, resource utilization, and regulatory compliance while supporting both patients and clinical teams.
- Develop and implement a comprehensive, patient-centered care management strategy aligned with the mission, vision, and financial goals of EHS. This includes standardizing care management models across inpatient and outpatient settings, defining clear roles for case management and social work, and ensuring integration with population health initiatives.
- Strengthen care coordination across the continuum by improving collaboration between physicians, nursing, post-acute providers, and community resources. Focus on reducing fragmentation of care, ensuring smooth transitions from admission through discharge, and minimizing avoidable delays. Establish protocols for timely discharge planning beginning at admission.
- Reduce length of stay and avoidable days through proactive case management practices, including early identification of barriers to discharge, escalation processes, and interdisciplinary rounds. Monitor and address throughput challenges in real time to support hospital capacity and patient flow.
- Decrease hospital readmissions and improve discharge outcomes by enhancing transitional care programs, ensuring appropriate post-acute placements, improving patient and caregiver education, and strengthening follow-up processes. Target high-risk populations with tailored interventions.
- Ensure regulatory and accreditation compliance across all care management functions, including adherence to CMS Conditions of Participation, utilization review requirements, and documentation standards. Maintain audit readiness and implement corrective actions as needed.
- Optimize utilization management processes to ensure appropriate level of care, accurate status determinations, and effective payer communication. Partner with physician advisors to support medical necessity reviews and reduce denials. Track and improve key utilization metrics such as observation rates and denial rates.
- Enhance patient and family experience by promoting clear communication, timely discharge readiness, and access to necessary resources. Ensure that care management teams address psychosocial, financial, and logistical barriers to care.
- Drive performance improvement through data analytics by establishing and monitoring key performance indicators such as length of stay, readmissions, discharge disposition, avoidable days, and denial rates. Use data to identify trends, implement targeted initiatives, and measure success.
- Lead, develop, and retain a high-performing care management team by focusing on staff engagement, education, and competency development. Ensure appropriate staffing models, provide ongoing training, and foster a culture of accountability and collaboration.
- Build relationships with post-acute providers and community organizations to ensure a robust network for patient transitions. Evaluate partner performance, expand preferred networks, and improve access to services such as home health, skilled nursing, and behavioral health support.
- Align care management with financial and operational goals by partnering with executive leadership, finance, and clinical departments to manage cost of care, reduce penalties, and support value-based care initiatives.

- Advance technology and documentation practices by optimizing electronic health record workflows, implementing care management tools, and ensuring accurate, timely documentation that supports both clinical care and reimbursement.
- Improve patient outcomes, operational efficiency, and financial performance while ensuring a seamless and coordinated care experience.

Candidate Qualifications

Education/Certification

- Bachelor's degree in nursing is required.
- 5-7 years of clinical experience required, with at least 3 years in a formal supervisory or managerial role.
- Experience operating in a safety net or critical access environment is highly preferred.
- Prior Care Management/Utilization Management and discharge planning experience, preferred.
- Master’s degree, preferred.
- Certified Case Manager (CCM) or Certified Professional in Utilization Review (CPUR), preferred.

Knowledge and Work Experience

- Establish clear strategic and operational priorities that enhance patient outcomes, care coordination, resource utilization, and regulatory compliance while effectively supporting both patients and clinical teams.
- Design and implement comprehensive, patient-centered care management strategies that align with organizational mission, vision, and financial objectives, including standardizing care management models across inpatient and outpatient settings and integrating population health initiatives.
- Strengthen care coordination across the continuum, foster collaboration among physicians, nursing, post-acute providers, and community organizations to reduce fragmentation and ensure seamless transitions from admission through discharge.
- Improve throughput by reducing length of stay and avoidable days through proactive case management practices, interdisciplinary collaboration, and real-time problem-solving.
- Reduce readmissions and enhance discharge outcomes is essential, including experience with transitional care programs, patient and caregiver education, and targeted interventions for high-risk populations.
- Thorough understanding of regulatory and accreditation requirements, including CMS Conditions of Participation, utilization review standards, and documentation compliance, with a consistent focus on audit readiness and performance improvement.
- Expertise in utilization management is critical, including ensuring appropriate level-of-care determinations, partnering effectively with physician advisors, minimizing denials, and improving key metrics such as observation rates and denial performance.
- Leveraging data analytics to drive performance improvement, with experience establishing and monitoring key indicators such as length of stay, readmissions, discharge disposition, avoidable days, and denials, and using insights to implement targeted, measurable initiatives.
- Demonstrate a strong commitment to enhancing the patient and family experience by addressing clinical, psychosocial, financial, and logistical barriers to care through effective communication and resource coordination.

- Lead, develop, and retain high-performing teams is essential, including fostering staff engagement, supporting professional development, and maintaining appropriate staffing models within a culture of accountability and collaboration.
- Build and strengthen relationships with post-acute providers and community partners to ensure a reliable and high-quality network for patient transitions.
- Align care management operations with broader financial and organizational goals. Partner with executive leadership and clinical departments to manage the cost of care, support value-based initiatives, and reduce financial risk.
- Advance technology and documentation practices, including optimizing electronic health record workflows and ensuring accurate, timely documentation to support both clinical outcomes and reimbursement, is strongly preferred.

Leadership Skills and Competencies

- Strategic leadership and systems thinking: Translate organizational goals into actionable care management strategies that improve patient outcomes, operational efficiency, and financial performance. This includes aligning care management initiatives with value-based care models, population health priorities, and enterprise-wide objectives.
- Operational excellence and execution: Drive throughput, reduce length of stay and readmissions, and improve care transitions through disciplined processes, real-time decision-making, and accountability structures. They will be skilled in optimizing workflows, standardizing practices, and ensuring consistency across care settings.
- Clinical and regulatory acumen: Deep knowledge of care management, utilization review, CMS Conditions of Participation, and accreditation standards. The candidate will ensure compliance, audit readiness, and best practices in documentation and medical necessity while mitigating risk and denials.
- Collaboration and relationship-building skills**:** Influence and partner effectively with physicians, nursing leadership, post-acute providers, and community organizations. The candidate will foster interdisciplinary teamwork and build a cohesive network that supports seamless patient transitions across the continuum.
- Data-driven decision-making and performance improvement expertise: Utilizing analytics to identify trends, establish KPIs, and implement targeted initiatives that yield measurable results. They will create a culture of continuous improvement grounded in transparency and accountability.
- Financial and business acumen: Connect care management practices to cost of care, reimbursement, denial prevention, and overall organizational performance. This includes partnering with finance and executive leadership to support sustainability and growth.
- Talent leadership and team development: Recruit, mentor, and retain high-performing teams. The candidate will foster engagement, support ongoing education and competency development, and build a culture rooted in collaboration, ownership, and professional excellence.
- Strong Communication and change leadership skills: Critical, enabling the candidate to clearly articulate vision, drive adoption of new processes, and lead teams through transformation. They will be adept at managing change in complex environments while maintaining focus on patient-centered care.
- Patient- and family-centered care: Ensure that care management practices address not only clinical needs but also psychosocial, financial, and logistical barriers, ultimately enhancing the patient experience and outcomes.

Procedure for Candidacy

Please direct all nominations and applications to Lisa DeSimone and Stephanie Odorisio Arriviello via email to: sodorisio@wittkieffer.com or via the WittKieffer Candidate Portal by clicking here. Candidates can also find this portal via the WittKieffer website at www.wittkieffer.com and by selecting the "Become a Candidate" button.

Lisa DeSimone	Stephanie Odorisio Arriviello
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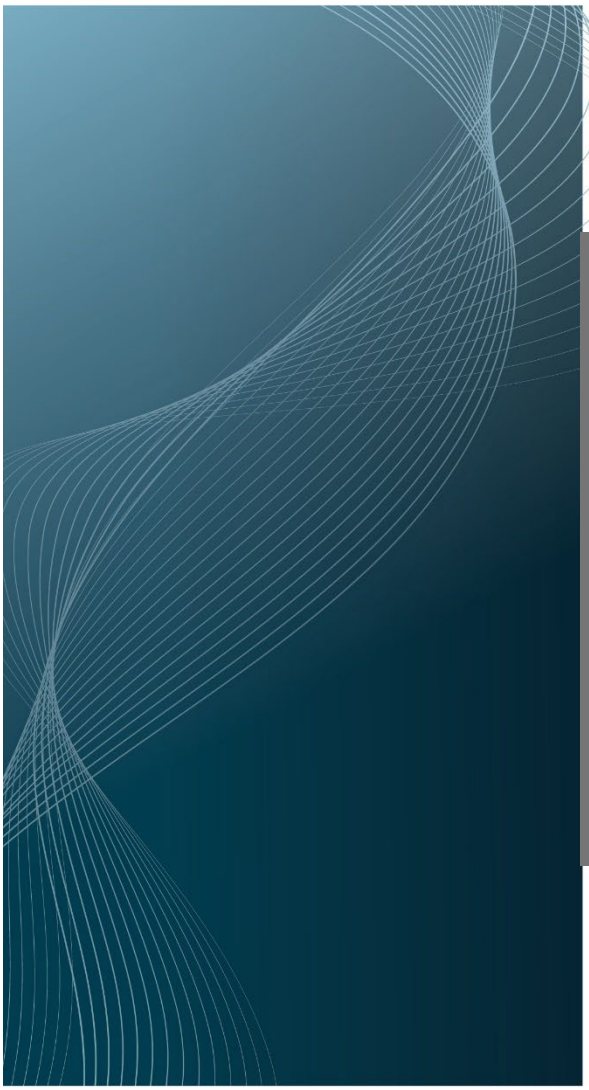
Expected Salary Range: $185,000 - $200,000

Episcopal Health Services values diversity and is committed to equal opportunity for all persons regardless of age, color, disability, ethnicity, marital status, national origin, race, religion, sex, sexual orientation, veteran status, or any other status protected by law.



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