## **Program Director**

- 1. Provide direct assistance to clients as needed including food distribution programs, support services, and information and referral about safety net services (social and health services). (4)
- 2. Oversee and/or establish and maintain outreach contacts with related agencies, groups, businesses and individuals. (4)
- 3. Produce and/or organize educational materials, PSA's and press releases.(4)
- 4. Represent the Program to agency staff and directors, outside agencies, the media, and general public. (4)
- 5. Provides information to high risk, high need populations to provide information about services offered by Medi-Cal and directs clients to application and eligibility staff for eligibility determination. Refers Medi-Cal eligible individuals and families directly to provider services. (4)
- 6. Coordinates Medi-Cal covered health services for a client. (6)
- 7. Arranges transportation if client has a physical or mental limitation, to Medi-Cal covered health services to meet their identified needs. (6)
- 8. Assists individuals and families with aspects of the Medi-Cal application process. (8)
- 9. Provide administrative oversight to program services such as developing client service policies, maintaining and negotiating service contracts, and creating relationships with key service providers. (15, 17)
- 10. Identify and develop new sources of funding through such actions as grant writing & fund-raising. (15, 17)
- 11. Oversee and/or establish a system of outreach to labor camps and isolated residents. (4, 15, 17)
- 12. Oversee and implement program services including on and off-site services. (15, 17)
- 13. Monitor the needs of the North Coast, low-income community; re-evaluate and determine service needs. (15, 17)

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## **Program Director**

<ul><li>14. Assists to administer MAA claiming, including development of claim plans, overseein time survey and invoice process. (19)</li><li>15. Complete daily Medi-Cal Administrative Activities (MAA) time survey. (19)</li></ul>	
Employee Signature (please sign in blue ink)	Date
Employee Name (Printed)	