**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)

Continued on next page
Program Director

14. Assists to administer MAA claiming, including development of claim plans, overseeing time survey and invoice process. (19)

15. Complete daily Medi-Cal Administrative Activities (MAA) time survey. (19)

16. Attends training related to the performance of MAA. (19)

_____________________________________________              ____________________
Employee Signature (please sign in blue ink)                                      Date

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Employee Name (Printed)