Program Manager

1. Provides information to individuals and families about the Medi-Cal program and refers to Medi-Cal eligibility sites. (4)

2. Coordinates Medi-Cal covered health services for a client. (6)

3. Assists individuals and families with aspects of the Medi-Cal application process. (8)

4. Prepares proposals for expansion and enhancement of health and Medi-Cal services to clients and families based on intra and interagency coordination and collaboration. (15, 17)

5. Communicates with FRC Program Director about any significant shifts and makes recommendations for future planning as appropriate. (15, 17)

6. Develops and maintains positive professional relationships with collaborative service providers, funders, and communities. Actively engages in community planning and county initiatives ensuring agency presence. (15, 17)

7. Develops strategic plans, sets objectives based on goals, mission and values, gathers input and knowledge of others, adjusts and monitors plans in coordination with FRC Program Director to ensure responsive programming to the changing community needs. (15, 17)

8. Ensures that improvements to center operations and programs, including procedures, methods and systems are implemented as directed. (15, 17)

9. Participates in the renewal and acquisition of new foundation grants and government contracts by providing reports, writing proposals, letters, and other communications in coordination with the FRC Program Director. Works with the FRC Program Director and Fund Development Department to organize fundraising events, as well as assists with development and implementation of new projects and/or events, as needed. (15, 17)

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

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

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

__________________________________________                _____ ________________
Employee Signature (please sign in blue ink)                                            Date

___________________________________________
Employee Name (printed)