Admissions Manager

1. Coordinates and implements all activities related to the screening of persons interested in or referred to the recovery programs. (4, 6)

2. Ensures that patients entering the Perinatal, Lighthouse Therapy & Recovery Programs are matched to the correct level of care. (6)

3. Coordinates with clients, community funders, and insurance companies to coordinate treatment funding. (4, 6, 8)

4. Contributes to the admissions process as needed by completing the entire admissions workflow in the AVATAR system. (6)

5. Responsible for maintaining continuous utilization of available treatment slots both internally and externally. (6)

6. Maintains communication with the Clinical Director to coordinate treatment appropriateness, availability and census management. (6)

7. Work in partnership with the Residential and Perinatal managers along with Lighthouse counseling staff to ensure program census levels provide a safe and healthy environment for all of our clients. (6, 15, 17)

8. Central point of communication with County representatives and other area providers regarding funding and referrals. (6)

9. Coordinates client stays with third party payers, EAP representatives, and other authorized parties prior to admission. (4 or 8)

10. Coordinates transition of patients from Admissions to the programs ensuring that all policies and procedures are followed according to Janus SOP, and county, state, and federal laws and regulations. (6)

11. Coordinates admissions’ connectivity with the Recovery team(s) to ensure smooth patient transitions and LOC changes. (6)

12. Works with Insurance Billing Supervisor to conduct benefit verification; secures authorization for treatment from insurance companies, EAPs, Workers Compensation, etc. (8)

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Admissions Manager

13. Works with the CEO, CFO, and Clinical Director to develop payer and admissions policies, protocols, and procedures. (15, 17)

14. Complete daily Medi-Cal Administrative Activities (MAA) time survey. (20)

15. Attends Medical Administrative meetings and trainings (20)

________________________________________________________________________
Employee Signature (Please sign in blue ink)  Date

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Employee Name (Printed)