Director of Operations

1. Supports and articulates the program and organization mission to staff, patients, providers and others. (4)

2. Provides in service training with partners and distributes PR materials on a consistent basis. (6)

3. In accordance with accreditation, licensing and certification requirements, plans the program's direction, sets program goals, and develops program policies that reflect the mission of the program and the organization, including Medi-Cal (15,17)

4. Develops and monitors the program budget ensuring that budget targets are met. Establishes & implements productivity expectations that support generation of budgeted program revenues, including Medi-Cal. (15,17)

5. Ensures compliance with all policy and procedures including adherence to all licensing, quality, Information Technology (IT), Human Resources (HR), compliance and regulatory standards requirements set by contracted payers and state agencies. Including Medi-Cal (15,17)

6. Works with executive team to implement change initiatives across assigned programs, develop and implement appropriate policy and procedures for program development, and evaluate future program expansion opportunities. (15,17)

7. Ensures monthly financial and census goals are met by proactively implementing outreach, staffing and client intake strategies. (15,17)

8. Creates collaborations with key stakeholders to ensure program visibility and growth (15,17)

9. Brings issues of concern and /or importance to supervisor for consultation. Alerts supervisor to potential incidents, Program/staffing/financial/funder problems, new Program opportunities and Program/staff achievements. (15,17)

10. Participation in Agency management meetings and events. Including Medi-Cal (15,17)

11. Provides ongoing training and staff development to program staff. Including MAA trainings. (20)

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

13. Attends all required trainings and administrative meetings. (20)

_____   _____
Employee Signature (Please sign in blue ink)   Date

_____
Employee Name (Printed