|  |  |
| --- | --- |
| Job Title: Program Director | Revision Date: 9/2020 |
| Department/Program: ADHC/CBAS | Reports To: Administrator |
| Salary Labor Grade: Open | Exempt/Non-Exempt: EXEMPT |

|  |
| --- |
| **Job Summary:** |
| Under the direct supervision of the ADHC/CBAS Administrator, supervises and evaluates Adult Day Health Care services. Works with key management personnel, in achieving services according to licensing standards and/or regulatory agency standards, which are applicable to Adult Day Health Care Centers.  |
|  |
| **Basic Responsibilities for Job Title:** |
| 1. Provides excellent customer service, as a full-time staff on duty during all of center’s hours of service.
2. Responsible for the recruitment, selection, supervision and evaluation of program staff.
3. Implements and coordinates program in accordance with license requirements and established policy, program and budget requirements/parameters.
4. Responsible for the management of program operations including:

 a. developing and maintaining program policies and procedures for Adult Day Health Services. b. planning and scheduling activities for overall program operations; c. developing and evaluating program in accordance with needs of participants served; d. monitoring and analysis of day to day program performance; and e. implementing short term corrective action when appropriate and making recommendations for long  range planning to the Administrator. 1. Participates on the Utilization Review Committee and the multi-disciplinary assessment team (MDT).
2. Reviews expenditure reports and performance reports and makes recommendations on improvement of service delivery.
3. Coordinates activities among Medical Director, rehabilitation consultants, Physical/Occupational Therapist, and psychologist and nutrition consultants.
4. Assists Administration in meetings with funding source and community representative.
5. Provides and/or implements a mechanism for on-the-job training, continuing education, and in-service education of staff.
6. Additional responsibilities as assigned by the Administrator.
 |

|  |
| --- |
| **Basic Responsibilities for all Employees:** |
| 1. Works effectively and professionally as a team member. 2. Produces quality desired results in an efficient manner.3. Recognizes and accepts responsibility for all parts of the job.4. Demonstrates honesty and ethical behavior as an employee.5. Arrives on time and meets daily commitments.6. Participates in program/organization activities.7. Communicates accurately and effectively.8. Serves as an advocate for the health and wellness of individual patients, their families and the community.9. Complies with organizational and departmental policies and procedures.10. Performs other duties as assigned.  |

|  |
| --- |
| **Skills and Abilities:** |
| 1. Bilingual (second language) desired but not required.2. Analytical Skills and Excellent Communication Skills.3. Ability to track and follow-up on multiple projects in an efficient and expedient manner. |

|  |
| --- |
| **Physical Requirements:** |
| 1. Positions requires - walking; standing; siting; possible stooping, bending; in an office-type environment. 2. Physical Fitness to deal with multiple projects simultaneously. |

|  |
| --- |
| **Environmental Conditions Critical to Performance:** |
| 1. Work is performed in an office environment. |

|  |
| --- |
| **Education and Experience:** |
| 1. Master’s degree in Social Work, MFT, Nursing, or related health care field, or equivalent industry experience.2. Experience in working with Title XXII (licensing regulations) and the elderly population.3. Experience and knowledge regarding the physical, mental and social needs of the elderly.4. Experience working collaboratively with the following disciplines: nursing, social work, psychology, recreation, occupational therapy, physical therapy, speech therapy, dietetics, gerontology. |

**Employee Acknowledgment**

My signature below acknowledges that my job description was reviewed with me and I understand my duties. Should I have any questions or need further clarification, I agree to contact my supervisor for guidance.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Employee Signature

\_\_\_\_\_\_\_\_\_\_\_\_

Date