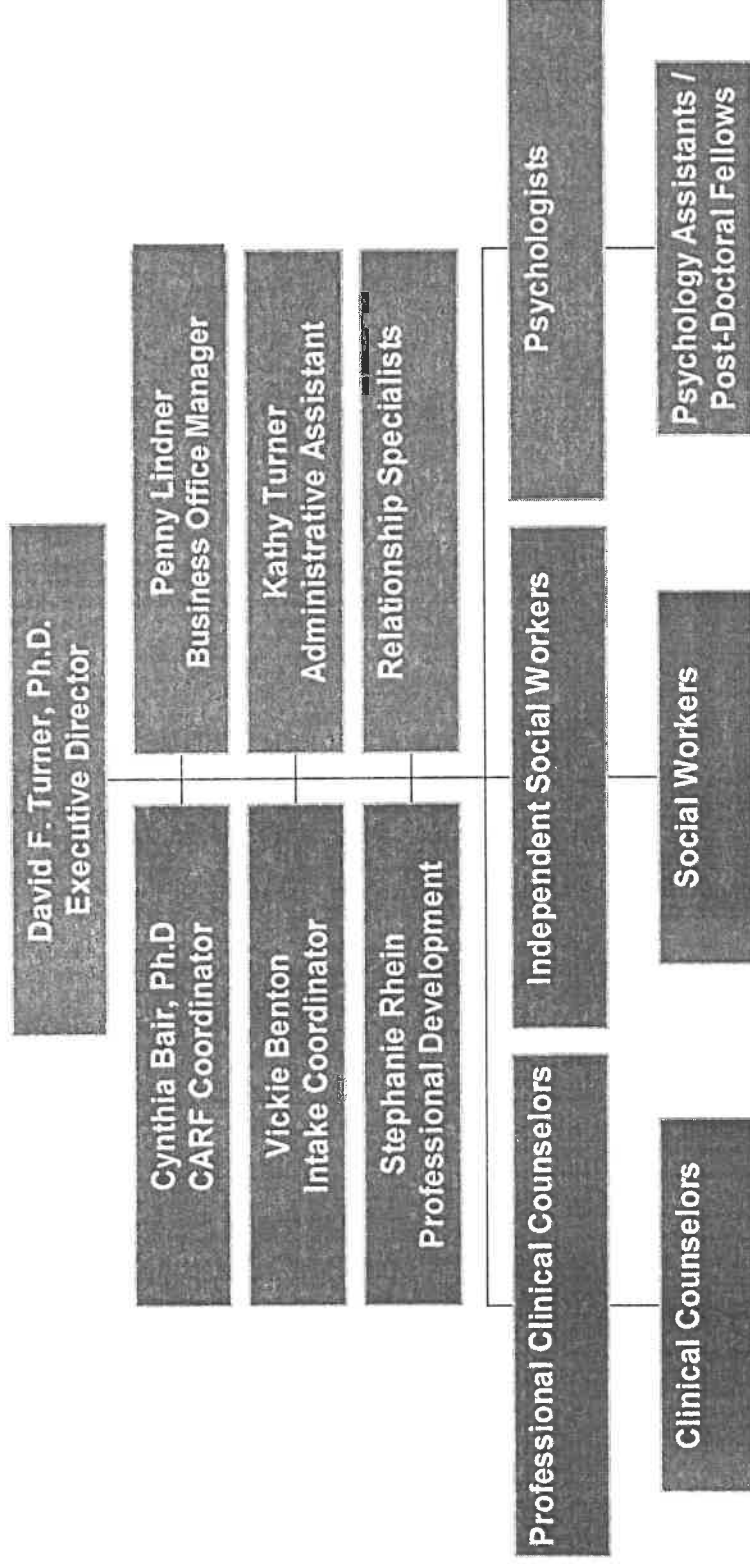


The Counseling Source, Inc.
Policies and Procedures – Human Resources
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The Counseling Source, Inc.

2020



THE COUNSELING SOURCE, INC.

POLICY AND PROCEDURE

TITLE: Recruitment and Employment Practices

PURPOSE: To ensure that recruitment and employment practices consistently demonstrate nondiscrimination based on race, ethnicity, religion, disability, gender, sexual orientation, age, nation of origin, and any other protected classes.

POLICY: Recruitment and hiring of employees will be conducted in a manner that allows any potential candidates with the required qualifications and experience to apply and be considered for employment.

PROCEDURE:

- Job openings will be accessible to all potential applicants through on-line job posting agencies, and through direct mail to licensed clinicians.
- Potential applicants will be required to submit a resume to be considered for employment.
- The resume will be reviewed by the Executive Director for required licensure (when appropriate), skills and related experience.
- When appropriateness for the open position is determined, the Executive Director will schedule the applicant for an interview.
- A senior clinical staff member in addition to the Executive Director may also interview the applicant.
- A criminal background check will be obtained.
- Decision to hire will be based on applicant's qualifications to perform job duties as outlined in job description.

REFERENCED STANDARDS AND REGULATIONS:

CARF Behavioral Health Standards Manual

REVIEWED: 11/9/2020

THE COUNSELING SOURCE, INC. POLICY AND PROCEDURE

TITLE: Hiring Practices and Procedures

PURPOSE: To ensure that staff meet and maintain the qualifications necessary to legally provide services prior to hire and maintain required credentials throughout employment.

POLICY: Qualifications of employees will be verified prior to the delivery of services and throughout employment to ensure the quality and safety of services. Obtained information will be noted in the employee's personnel file, as appropriate.

PROCEDURE:

- Application – All employees will be required to complete an application prior to hire.
- I-9 Form – An I-9 Form will be completed and the appropriate required documentation will be verified and copied and placed in the personnel file.
- Job Description – The employee will review his job description and sign signifying that he/she understands and agrees to perform the duties as outlined. This document will be maintained in the personnel file.
- Resume – A resume will be obtained prior to or at the time of the formal interview. This document will be maintained in the personnel file.
- Employee Handbook Receipt – The employee will sign the “Handbook Acknowledgement of Receipt” for the employee handbook. This document will be maintained in the personnel file.
- Professional License - All personnel for whom licensure is required by law shall maintain current licensure by the appropriate body in the state of Ohio and shall practice only within the scope of their license. Licensure will be verified upon hire by means of the respective state boards' licensing verification systems. Licensure will be verified biannually thereafter, including the review of any disciplinary actions.
- Exclusionary Lists – The Office of Inspector General’s (OIG) List and the System for Award Management (SAM) screenings are conducted biannually.
- Pre-Employment Physical – All employees will be required to receive pre-employment physical, including a drug screen, prior to service delivery. This document will be maintained in the employee medical file.
- TB Test - All clinical staff will be required to receive a two-step TB Test prior to service delivery. This document will be maintained in the employee medical file.
- Background Check – All employees will be required to have a criminal background check prior to service delivery and regularly thereafter as part of the agency’s

routine background check cycle for all existing employees (which occurs every four years). This document will be maintained in the personnel file. If the Background check presents any criminal activity, the Executive Director will determine whether to rescind the offer of employment, terminate employment, or limit the employee's job responsibilities if possible.

- Name Badge – A name badge will be issued to all clinical employees.
- Automobile Liability Insurance – Employees will be required to show proof of automobile liability insurance.
- Corporate Compliance Training – In addition to clinical orientation, all new employees will receive Corporate Compliance Training. The employee will sign an acknowledgement of training.
- Training Checklist – A clinical training checklist will be completed during orientation.

REFERENCED STANDARDS AND REGULATIONS:

OhioMHAS

CARF Behavioral Health Standards Manual

REVIEWED: 11/9/2020

THE COUNSELING SOURCE, INC. POLICY AND PROCEDURE

TITLE: Personnel Qualifications, Orientation and Training

PURPOSE: To ensure that clinical staff meet or exceed the qualifications necessary to legally provide services (directly or under supervision) for third party reimbursement for mandated insurance coverage.

POLICY: Qualifications and training of all personnel shall be maintained and documented in the personnel file.

PROCEDURE:

- Hiring: Administrative staff of TCS shall ensure that staff is hired with education and/or training appropriate to specialized services they provide. All appropriate legal requirements shall be met including applicable licensing, credential certification requirements and/or registration criteria.
- Licensure: All personnel for whom licensure is required by law shall maintain current licensure by the appropriate body in the state of Ohio and shall practice only within the scope of their license.
- Job Assignments: All personnel shall be qualified by education and/or experience to function in their assigned tasks, as defined in the job descriptions and hiring process. These job assignments will also be consistent with the allowable credentials for payer sources including Medicaid, Medicare and private insurance.
- Orientation: Each new clinical staff person shall receive orientation to the company policies and procedures in addition to Doc Tracker training and expected standards in each of the services settings where the clinician will be placed. Each new administrative staff person shall receive orientation to the company policies and procedures specific to their job functions. This will occur within a month of hire. However, sufficient basic orientation will occur prior to the provision of any direct service.
- Training: TCS shall provide cultural sensitivity and cultural competence training sufficient to provide culturally relevant services to persons served of culturally diverse backgrounds. Additional required training will be identified through consultation with the Quality Improvement Committee.

REFERENCED STANDARDS AND REGULATIONS:

OhioMHAS
CARF Behavioral Health Standards Manual

REVIEWED: 11/9/2020

THE COUNSELING SOURCE, INC. POLICY AND PROCEDURE

TITLE: Employee Evaluation/ Performance Management

PURPOSE: To ensure that staff and contracted personnel understand job duties, meet or exceed the qualifications for the position and are improving skills, an annual employee evaluation will be conducted.

POLICY: Annual Employee Evaluations will be conducted by the employee's supervisor or QI Mentor.

PROCEDURE:

- Job Descriptions: Job descriptions will be provided for all employees. The employee will review the job description with his/her supervisor upon hire and sign- acknowledging receipt and understanding. Job descriptions will be reviewed on an annual basis and revisions will be made as indicated and communicated to employees.
- Job Postings: Jobs within the organization will be posted internally as well as externally. Internal job postings will be communicated via a company wide email message. Job offerings will be made on a nondiscriminatory basis regardless of race, ethnicity, religion, disability, gender, sexual orientation, age, nation of origin, and any other protected classes.
- Annual Employee Evaluations: Employee Evaluations will be conducted annually for all staff. This process will include an assessment of progress made toward professional objectives that have been identified by the employee (in collaboration with his/her Clinical Supervisor or QI Mentor) during the preceding year's evaluation process. In addition, the employee's performance on measures including Client Satisfaction Surveys, Facility Satisfaction Surveys, Peer Review audits, and Field Audits of parallel documentation will also be evaluated. Areas of personal strength, as well as areas reflecting the need for improvement will be identified. Professional objectives for the coming year will be developed as part of this collaborative process.

REFERENCED STANDARDS AND REGULATIONS:
CARF Behavioral Health Standards Manual

EFFECTIVE DATE: 5/4/2006

REVIEWED: 11/9/2020

THE COUNSELING SOURCE, INC. POLICY AND PROCEDURE

TITLE: Table of Organization

PURPOSE: To clarify lines of responsibility for all administrative and service staff of the agency as well as any committees, a Table of Organization will be maintained by the Executive Director.

POLICY: A Table of Organization shall be created and maintained by the Executive Director of The Counseling Source, Inc.

PROCEDURE: The Executive Director of The Counseling Source, Inc will update the Table of Organization annually. The Table of Organization shall include all administrative, clinical and contract staff, specifying lines of supervision. The Table of Organization shall also include committees that have oversight or advisory responsibilities.

REFERENCED STANDARDS AND REGULATIONS:

ODMH OAC 5122-26-05; CARF
Behavioral Health Standards Manual

EFFECTIVE DATE: 4/6/2005

REVIEWED: 11/9/2020

- See updated 2020 Table of Organization

THE COUNSELING SOURCE, INC. POLICY AND PROCEDURE

TITLE: Tuberculosis (TB) policy

PURPOSE: The purpose of this policy and procedure is to provide The Counseling Source, Inc. associates with specific guidelines to reduce the risk of exposure to Mycobacterium tuberculosis within the workplace.

POLICY: The policy will include an initial two-step Mantoux skin test of all associates upon hire, completion of an annual TB Exposure Affidavit, and initial and annual education regarding TB and reducing exposure risk.

PROCEDURE: The Counseling Source, Inc. will implement the following procedures in establishing and maintaining the Tuberculosis (TB) policy:

(A) Tuberculin Skin Testing

(1) Upon hire, new associates will complete a two-step Mantoux skin test (TST).

EXCEPTION: If the associate can provide evidence of a negative TST during the 12 months immediately preceding the hire date, then the associate is only required to complete a one-step skin test upon hire.

- If the result of the skin test is negative, nothing further is required and results of the negative skin test will be maintained in associate record.
- If the result of the skin test is positive, the associate will be referred for physical examination and completion of chest x-ray and must be cleared by a physician before starting work.

(2) If an associate has a history of a positive skin test or past treatment of TB, and documentation of the positive skin test and chest x-ray can be provided, then the associate must complete *Tuberculosis Risk Assessment Questionnaire* and a skin test is not required. If documentation of the past positive skin test or past treatment of TB cannot be provided, then the associate should complete a two-step skin test.

- If the associate has had a positive TB skin test in the past or treatment of TB disease in the past and does not exhibit any current symptoms of TB, the questionnaire will become a part of the associate record and nothing further is required.
- If the associate has had a positive TB skin test or treatment of TB disease in the past and is exhibiting any current signs or symptoms of TB, a chest x-ray must be completed and the associate should not begin work until the results of the chest x-ray are reviewed by a physician and the associate is cleared to begin work by the physician.

(3) If an associate has a medical condition or circumstance that precludes him or her from completing the TB skin test and the associate has documentation from his or her Doctor that he/she should not complete a TB skin test, the associate will then complete *Tuberculosis Risk Assessment Questionnaire* in place of a skin test, and will be referred to his or her physician only if there are current symptoms of TB reported by the associate.

- The associate will complete TB test following resolution of medical condition or circumstance, if applicable, which precluded the associate from testing at the time of hire.

(4) Annual TB skin testing is required for all associates who provide direct service with suspected or confirmed TB cases. All other associates only need to be retested if there is a known TB exposure.

(B) Education of Associates surrounding reducing exposure to TB

(1) Initial and annual training will be provided to all associates to include:

- A review of signs and symptoms of TB
- A review of TB risk factors
- A review of good infection control practices

(C) TB Exposure Affidavit

(1) All associates will complete a TB Exposure Affidavit annually, indicating if they have had any known or suspected exposure to TB over the past year.

- If the associate reports no known or suspected exposure to TB over the past year, the affidavit will be filed in associate record and nothing further is required.
- If the associate reports known or suspected exposure to TB, the associate will complete a TB skin test and will follow subsequent recommendations based on the results of the skin test, which may include a referral to a physician for further examination and a chest x-ray.

EFFECTIVE DATE: May 2017

REVIEWED: 11/9/2020

Tuberculosis Risk Assessment Questionnaire
The Counseling Source (TCS) and The Rehab Continuum (TRC)

Name _____ Social Security # _____
(Please Print Clearly)

These questions are being used to screen for symptoms of active Tuberculosis (TB) in people who have had a previously positive TB test and negative chest x-ray or unable to have a TB test done for other medical reasons. This form must be completed on an annual basis if the employee will not be having a TB test.

Reason for not having TB test done: _____

Doctor's name: _____

*** Please attach Doctor's note with brief description of why TB test should not be completed, along with Doctor's signature.**

Employee Signature _____ Date _____

COMPLETE THE FOLLOWING ONLY IF YOU HAVE HAD A POSITIVE TB TEST:

Please complete the following questions by circling yes or no.

Have you experienced any of the following symptoms of TB over the last year:

Frequent cough (with blood) lasting for over 2 weeks? Yes No
Fatigue (extremely tired)? Yes No
Night sweats? Yes

No

Unexplained weight loss? Yes No
Fever of unknown reason? Yes No

If you answered "Yes" to any of the questions above, you need to call your Healthcare Provider before returning to work. You have symptoms of active TB, which is a highly contagious and potentially fatal disease. You need to call and schedule your appointment with a Healthcare Practitioner immediately; you will need a chest x-ray to verify your TB status. You will not be allowed to return to work until you have submitted a copy of a negative chest x-ray within the last 2 years to Human Resources.

If you answered "No" to any of the questions above, you need to submit this form to Human Resources.

Please review the symptoms listed above, they are the symptoms of active TB. Active TB is a highly contagious and potentially fatal disease. If you should experience any of the symptoms above, you need to call your Healthcare Provider immediately.

Your signature below indicates you have completed this form honestly and understand the symptoms of active TB listed above, the severity of the disease, and the actions to take if you experience these symptoms.

Employee Signature _____ Date _____

·TB EXPOSURE AFFIDAVIT ANNUAL REVIEW

I understand and agree that it is my duty to disclose promptly either to my supervisor or to the Executive Director, if I have had any known or suspected exposure to TB. I acknowledge that my duty to make such prompt disclosure is part of my responsibility as a Counseling Source Inc. associate. I understand that I will be required to complete a TB skin test if exposure to known or suspected TB is reported, and I will follow all subsequent recommendations made based on the results of the skin test, which may include a referral to my physician and completion of a chest x-ray.

During the past year,

- () I have not become aware of any known or suspected exposure to TB.
- () I have become aware of known or suspected exposure to TB.

Employee Name (Please Print)

Employee Signature

Date

**THE COUNSELING SOURCE, INC.
POLICY AND PROCEDURE**

TITLE: Employee Drug and Alcohol Policy

PURPOSE: To ensure a safe and healthy work environment for all employees and the client's we serve.

POLICY: The Counseling Source is a drug, alcohol, and nicotine free workplace.

PROCEDURE:

1. The use, possession, or sale of illegal drugs, alcoholic beverages, drug paraphernalia or unauthorized prescription drugs is prohibited.
2. Employees may not report to work under the influence of illegal drugs, alcoholic beverages, or unauthorized prescription drugs.
3. The smoking of nicotine cigarettes is not permitted on TCS property.
4. Employees are permitted to take authorized prescription drugs (in the manner in which prescribed) while at work, providing the medication does not interfere with the employee's ability to perform his/her duties safely and effectively.
5. All employees are subject to random drug testing at any time during the course of his/her employment.

EFFECTIVE DATE: 10/21/18

REVIEWED: 11/9/2020

**THE COUNSELING SOURCE, INC.
POLICY AND PROCEDURE**

TITLE: Employee Grievance and Appeal Process

PURPOSE: To promote a prompt, orderly, and fair resolution of employee problems or complaints.

POLICY: The Counseling Source is committed to supporting essential lines of communication between employees and supervisors and/or agency leadership. The agency strives to promote prompt consideration of employee problems, misunderstandings, and complaints while providing ample time for a fair and balanced clarification of the facts.

PROCEDURE:

1. Employees are encouraged to promptly discuss any concerns/complaints with his/her clinical supervisor, if applicable. Supervisors are expected to be responsive, thorough, and fair in the discussion of all concerns raised as well as the range of possible satisfactory resolutions available.
2. If concerns cannot be satisfactorily resolved through discussion with one's clinical supervisor or, if an employee does not have a clinical supervisor, concerns may be directed in writing to the agency's HR consultant, with a copy also directed to the Executive Director.
3. The written statement should describe the problem, the supervisor's response (if applicable), and the reason(s) for the employee's dissatisfaction with the supervisor's response (if applicable).
4. The agency's HR consultant, in consultation with the Executive Director, will review the written statement and arrange a meeting with the employee to determine what measures are necessary to achieve successful resolution of the problem. The Executive Director will make a determination of any required or advisable measures within (5) working days of meeting with the employee to discuss his/her concerns.

EFFECTIVE DATE: 10/21/18

REVIEWED: 11/9/2020

JOB DESCRIPTION

EXECUTIVE DIRECTOR

Purpose:

The Executive Director will be responsible for the overall operation of the agency. He/she will oversee organizational planning and development; financial management, clinical policy, protocol development, and staff training, development, retention and review. He/she will also oversee and participate in the interview and selection process of new employees; oversee preparation for external reviews/audits; participate in program evaluation and provide staff leadership. When appropriate, he/she will continue to provide direct service and provide supervision for assistants.

Supervises: All Staff

Specific Duties/Expectations:

1. Planning and Development
 - a) Oversee, direct, and execute intermediate and long range planning for the development and management of services.
 - b) Present a quarterly "State of the Agency" summary to the staff outlining observations as Executive Director and recommendations for further study and/or growth.
2. Financial Planning, Budgeting and Oversight
 - a) Prepare or oversee the preparation of prospective annual budgets and associated contracts and/or reports.
 - b) Oversee the preparation of payroll, payables, billing, accounts receivable and collections.
 - c) Oversee and guide the development and maintenance of financial systems for the successful operation of the agency.
3. Business / Clinical Policy and Protocol Development and Review
 - a) With ongoing feedback from the Staff, oversee the development of a set of Business and Clinical Policies and Protocols for the delivery of service.
 - b) Perform an annual review of the Business/Clinical Policies and Protocols in collaboration with senior clinical and administrative staff.
4. Staff Training, Development, Retention, and Review
 - a) Work collaboratively with the Quality Improvement and Professional Development staff to ensure staff training and development.
 - b) Oversee, in coordination with the Quality Improvement staff, the efforts to provide an ongoing program of training for both the provision of clinical services as well as the adherence to regulatory requirements.
5. Interview and Selection of New Employees

- a) Conduct, as needed, the interview and selection process of new clinicians.
 - b) Oversee the process of supervising and clinical training of subordinate staff.
6. External Review/Audit Support
- a) Oversee the involvement of staff as needed to ensure superior performance with relation to external reviews and/or audits.
 - b) Oversee the execution of a meaningful program of chart review.
7. Program Review / Quality Improvement
- a) Oversee and collaborate the ongoing effort of the Quality Improvement staff to ensure high quality clinical services are delivered in a manner that meets and exceeds all regulatory requirements.
 - b) Oversee, on an ongoing basis, an effort to ensure the reduction and/or simplification of regulatory processes associated with the delivery of clinical service.
 - c) Oversee, on an ongoing basis, an effort to ensure that technology is brought to bear to fully benefit the clinician in such a way as to minimize frustration and maximize efficiency.
8. Staff Leadership
- a) Lead Staff Meetings on a regular basis to discuss the progression of the clinical programming.
 - b) Meet on an as needed basis with the clinicians to address their system and clinical needs and to gather information which may be helpful in planning and decision making.
 - c) Oversee and have ultimate responsibility for Emergency on Call duties.

Qualifications:

Independently Licensed Mental Health Professional with a minimum of 5 years Mental Health Agency Experience.

JOB DESCRIPTION

MEDICAL DIRECTOR

Purpose:

The Medical Director will be responsible for the overall provision of physician services. He/she will oversee organizational planning and development; management, clinical policy and protocol development for medical services within the Agency.

Reports to: Executive Director

Supervisees: The Medical Director is not intended to have any direct supervisees.

Specific Duties/Expectations:

1. Planning and Development

- a) Participate in needed intermediate and long range planning for the development and management of Medical (Psychiatric) services.
- b) Confer on a regular basis with the Executive Director making recommendations as appropriate for the enhancement of psychiatric services.

2. Clinical Policy and Protocol Development and Review

- a) With ongoing feedback from the Staff, assist in the development of a set of Clinical Policies and Protocols for the delivery of psychiatric service.
- b) Assist an annual review of the Clinical Policies and Protocols (specifically those regarding psychiatric services) with Quality Improvement staff and Executive Director.

3. Staff Training, Development, Retention, and Review

- a) Work collaboratively with the Quality Improvement staff and Executive Director to ensure staff training and development.
- b) Oversee, in coordination with Quality Improvement staff, the efforts to provide an ongoing program of training for both the provision of Clinical Services as well as the adherence to regulatory requirements as they relate to the provision of and support of psychiatric services.

4. External Review/Audit Support

- a) Participate as needed in external audit processes and reviews to ensure superior performance with relation to external reviews and/or audits.
- b) Participate as needed in ongoing chart review and auditing procedures

5. Program Review / Quality Improvement

- a) Collaborate with the ongoing efforts of the Quality Improvement staff and Executive Director to ensure high quality clinical services are delivered in a manner which meets and exceeds all regulatory requirements.

- b) Collaborate on an ongoing basis with the Quality Improvement staff and Executive Director in their efforts to ensure that technology is brought to bear to fully benefit the clinician in such a way as to minimize their frustration and maximize their efficiency.
6. Staff Leadership
- a) When possible participate in staff meetings or teleconferences to discuss the progression of the clinical programming.
 - b) Oversee and have ultimate responsibility for emergency psychiatric on-call duties.

Qualifications:

Licensed Medical Doctor, State of Ohio, minimum of 5 years Mental Health Agency Experience

JOB DESCRIPTION

MENTAL HEALTH THERAPIST

Purpose:

The Mental Health Therapist provides mental health services, both diagnostic and psychotherapeutic, to clients of The Counseling Source.

Reports to: Executive Director or Clinical Supervisor

Supervises: None

Requirements: Master's or Doctoral Degree in Psychology, Counseling, Social Work or related field or Master's or Doctoral level student completing required practicum or internship.

Specific Duties:

1. Gather client histories through chart review and interviews with the client, facility staff and the client's family when appropriate.
2. Present client history and initial mental health assessment information to supervisor, when applicable.
3. Participate in and/or conduct interdisciplinary team meetings for development of client mental health treatment goals. Assure the client goals are reviewed as per regulations and/or facility policy.
4. Implementation of mental health interventions toward meeting client goals. Evaluate client progress toward mental health goals on an ongoing basis.
5. Prepare information for and participate in clinical supervision sessions with supervisor.
6. Provide consultation to facility staff as needed. Prepare and develop staff training sessions related to mental health and/or psychosocial needs of clients.
7. Intervene with client families as appropriate.
8. Prepare materials necessary for implementation of mental health goals and interventions.
9. Complete all documentation per applicable government regulations and policy of the contracting facility.
10. Participate in peer audits of client records as per request of supervisor.
11. Participate in appropriate orientation and training opportunities to improve clinical skills and increase knowledge of applicable regulations.
12. Other duties as assigned by supervisor.

JOB DESCRIPTION

QUALITY IMPROVEMENT COORDINATOR

Reports to: Executive Director

Supervises: None

Purpose: The Quality Improvement Coordinator is to perform the essential duties of quality improvement processes including data collection and report generation.

Specific Duties/Expectations:

1. Assure ongoing collection of data as needed for quality improvement reports.
2. Oversee the completion of monthly, quarterly, and annual quality improvement reports.
3. Review and suggest revisions to TCS Quality Improvement Plan at least annually and ongoing as needed.
4. Prepare all materials for Quality Improvement Committee meetings and follow-up on issues from QI meetings as needed.
5. Oversee Client Rights Officer including follow-up per procedure on all client rights complaints and grievances and filing of all required reports.
6. Oversee the audit of client records as per established sampling methods.
7. Assure that client, facility, and employee satisfaction surveys are sent and follow-up on survey responses as needed.
8. Assist with policy and procedure development and review as assigned.
9. Oversee staff orientation and training as required.
10. Generate and annotate administrative/management reports as assigned.
11. Provide administrative support for specific projects and areas as assigned.

JOB DESCRIPTION

BUSINESS OFFICE MANGER

Reports to: Executive Director

Supervises: None

Purpose: The Business Office Manager is to perform the essential duties of the business office operation including but not limited to tasks relating to Personnel Management, Payroll, Accounts Receivable, Accounts Payable, Client Billing, Audit and Account Maintenance, Supply Maintenance, and Computer Network Oversight and Maintenance.

Specific Duties/Expectations:

1. Computer Network/System Review and Maintenance.
2. Answering telephones, taking messages, and routing messages to appropriate employees.
3. Photocopying as needed.
4. Maintain and manage personnel database.
5. Mailing information (preparing mailings when necessary).
6. Assist with licensing and credential process of clinical staff.
7. Complete Payroll and all payroll related functions.
8. Ensure all forms completed upon hire of new staff.
9. Enroll new staff and manage benefits for all existing personnel.
10. Maintain voicemail system/ new voicemail set-up.
11. Maintain mailboxes and key in office.
12. Coordinate service for office machines and office repairs.
13. Maintain Personnel Records in compliance with Personnel Policies and Procedures and in accordance with applicable Federal, State and Local guidelines.
14. Review and manage Accounts Payable.
15. Review and manage Accounts Receivable.
16. Order and maintain office supplies.
17. Maintain Productivity Spreadsheet.
18. Maintain Clinician Expense Spreadsheet.
19. Field calls from clients regarding insurance and billing.
20. Maintain accounts in Quick Books.

JOB DESCRIPTION

Intake Coordinator

Reports to: Executive Director

Supervises: None

Purpose: The Intake Coordinator is to perform the essential duties of the referral and intake process and maintenance of the clinical records.

Specific Duties/Expectations:

1. Oversee documentation of incoming referrals, verifying fax referral information and completing fax referral if necessary.
2. Assess the urgency of the referrals (notify clinician immediately if urgent).
3. Verify insurance/payer source information.
4. Communicate fees to referral sources and clients.
5. Notify assigned clinical staff of referrals.
6. Notify referral source of referral status.
7. Establish clinical records and file referral information.
8. Maintain records of pending referrals, follow-up with clinicians within 14 days of status of referrals.
9. Remove clients from pending status as appropriate.
10. Assure proper storage and indexing of active and closed client information.
11. Manage closing of records of discharged clients.
12. Complete entries into client databases as assigned.
13. Generate reports from database as assigned.
14. Assure adequate supplies of clinically related forms.
15. Inputs all non-automated billing into system.
16. Process records requests both from TCS to other entities and from other entities to TCS>
17. Send out agency form letters per clinician request.
18. Communication and cooperation with clinical and administrative staff.
19. Assist with Quality Improvement Process as needed or assigned.
20. Assure confidentiality of client information.
21. Send out Satisfaction Surveys to discharged clients on monthly basis.
22. Assist with telephone answering and relaying messages.
23. Other duties as assigned by supervisor.