

**Medical Services Director/Health Officer**

1. Serve as the liaison and medical expert in Public Health matters to the local medical society and community agencies. (4 – Health related Outreach)
2. Serves as an advocate to promote State-wide public health policies which also benefit the County. (4 – Health related Outreach)
3. Serve as the County liaison and medical expert to the State, the local medical society, and other agency and community groups. (4 – Health related Outreach) (16 & 18 – Health related Program Planning and Policy Development)
4. Orients consultants to the objectives, operations and regulations of the contract program. (12 & 13 – Health related Contract Administration)
5. Provides medical consultation to private physicians and other personnel on matters related to the prevention, diagnosis and treatment of diseases of public health significance. (16 & 18 – Health related Program Planning and Policy Development)
6. Confer with public officials, private physicians, community organizations and representatives of other agencies on public health matters. (16 & 18 – Health related Program Planning and Policy Development)
7. Approves protocols and standardized procedures for new medical developments and procedures. (16 & 18 – Health related Program Planning and Policy Development)
8. Keep abreast of legislative changes and formulates policies and programs as required. (16 & 18 – Health related Program Planning and Policy Development)
9. Evaluates medical and public health policies, programs and procedures and formulates improvements. (16 & 18 – Health related Program Planning and Policy Development)
10. Serves as an executive management team member to coordinate with other divisions, departments and agencies to develop procedures and to resolve administrative and other problems. (16 & 18 – Health related Program Planning and Policy Development)
11. Develops departmental policy and programs. (16 & 18 – Health related Program Planning and Policy Development)
12. Complete daily Medi-Cal Administrative Activities (MAA) time survey. (20)
13. Attends training related to the performance of MAA. (20)

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Employee Signature (please sign in blue ink)

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Date

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Employee Name (printed)