<u>Job Description and Duties</u> <u>CBRS</u>

JOB DESCRIPTION AND DUTIES

- You may have scheduled days that you will be on call to cover or take questions. While you are on call will be available by phone at all times. Will also be available to go to a facility and fill in or run an errand within 1 hour if needed.
- □ Report to Director of HR of any discrepancies with employees.
- □ Assist and work with the Director of Finance and Resident Care in distributing resident spending money and accounting for it.
- □ Work with staff on setting up and scheduling transportation for residents to and/or attend doctor appointments, meetings, transfers as needed.
- □ To assist the Directors in updating, implementing and training staff in new policy and procedures and forms that would enhance performance or productivity.
- Provides individual psychosocial rehabilitation in accordance with the objectives specified/ authorized in the individualized treatment plan and in accordance with Optum.
- Provides the following tasks: assistance in gaining/utilizing skills necessary to undertake school, employment, independence; interventions in social skills training/interpersonal behavior; assistance with receiving necessary services; development of skills as necessary for community integration and crisis prevention.
- □ Engage with clients to help in building social and basic living skills, learning to manage their personal funds and how to interact in the community and manage their psychiatric symptoms.
- Documents all provided CBRS services in client's record per Optum requirements.
- □ To work with staff on implementing Service Agreements (Service Plans) and (ADL's).
- To notify the Directors with things needed at the facilities that may be missing or incomplete. For example paper work, phone lists, schedules, tools, supplies, repairs, cleaning, documentation, things that they may unaware of, things that need to audited, etc.
- □ To act in a professional and ethical manner.
- □ Keep updated records and follow confidentiality and HIPPA laws.

Name: _____

Signature: _____

Date: _____