



# DEPARTMENT OF STATE HOSPITALS

## Training and Experience Assessment Instruction

### EXAMINATION INFORMATION

All parts of this examination belong to the Department of State Hospitals. Copying or making any record of any parts of this examination is against the law.

### HOW TO COMPLETE YOUR TRAINING & EXPERIENCE ASSESSMENT

- Read the instructions on the Training and Experience Assessment carefully before you begin.
- Fill out all of your personal information truthfully and to the best of your knowledge.
- Include any previous and current Employment and/or Education References.
- Make sure you answer all items AND ensure an Employment and/or Education box is checked in the appropriate box for each item.
- Use the rating scales provided to indicate under the column “Experience,” the number of years you have performed each statement.
- Use the rating scales provided to indicate under the column “Frequency,” the number of times you have performed each statement.
- Under the column “References,” identify an Employment(s) and/or Education reference(s) for each statement.
- Make sure you do not skip any pages in the assessment. Check the page and item numbers as you work through the assessment.
- **NOTE: INCORRECT MARKS OR BLANK REPSONSES WILL NOT BE SCORED AND MAY AFFECT YOUR OVERALL SCORE.**

Please submit your completed Training and Experience Assessment, along with a standard State Application Form, STD. 678 as follows:

**Mail or Hand Deliver to:**

DEPARTMENT OF STATE HOSPITALS - SACRAMENTO  
SELECTION SERVICES UNIT  
1600 9<sup>TH</sup> STREET, ROOM 121  
SACRAMENTO, CA 95814  
(916) 651-8832

**\*Remember to sign your Training and Experience Assessment as well as your standard State Application Form, STD. 678.**

An example to fill out your Training and Experience Assessment has been provided on the next page.



# Training Program Specialist

## Training and Experience Assessment

### Read instructions carefully

The California civil service selection system is merit-based and eligibility for appointment is established through a formal examination process. The Training Program Specialist examination consists of a Training and Experience Assessment used to evaluate your education, training, and experience. The eligible list resulting from this examination process will be used by the Department of State Hospitals to fill their existing positions.

This Training and Experience Assessment will account for 100% of the weight of your examination for this classification. Therefore, please be sure to follow the instructions carefully.

Candidate's Name: John Doe

Social Security Number: 555-00-5555

Address: 1123 Mather Road, Sunny City, CA 91215

**\*\*\*In order to expedite the hiring process, your phone numbers are required\*\*\***

Home Phone Number: 123-555-555

Work Phone Number: 123-456-7890

Cellular Phone Number: 123-233-4455

**\*\*\*Verification References\*\*\***

Provide references that correspond with the ratings you provide in this examination. Prior to receiving an offer for employment, these references may be contacted to confirm that you have paid or unpaid experience pertaining to the duties and requirements listed in this examination. List all references that apply.

### EMPLOYMENT

#### Employment Reference 1

Job Title: Training Coordinator

Organization Name and Address: ABZ Corporate Agency

Dates Worked: From: 7/1/2010 To: 7/30/2013

Name of Supervisor(s) or Person(s) Who Can Verify Your Job Responsibilities: Dana Clark

Contact Phone Number(s) of the above Individual(s): 555-565-5656

### EDUCATION

#### Education Reference 1

School Name and Address: University of California, Sunny City

Degree(s) Earned: Business Administration with Concentration in Communications

Date(s) Attended: From: 9/1/2005 To: 5/1/2010

**Training Program Specialist  
TRAINING AND EXPERIENCE ASSESSMENT**

**WORK EXPERIENCE**

**Section 1: Task Ratings**

**Instructions:**

Using the rating scales provided below, you will rate your experience performing specific job-related tasks.

Respond to each of the following statements by indicating how the statement applies to you. You are required to respond to every statement by marking one option from the scale(s) provided.

In responding to each statement, you may refer to your FORMAL EDUCATION, FORMAL TRAINING COURSES, and WORK EXPERIENCE whether paid or volunteer.

**Note to Applicant:** Please read carefully. Utilizing the scales provided, for items 1-2, indicate under "Experience" the number of years you have performed each statement. Indicate under "Frequency," the number of times you have performed each statement. Under "References," identify an employment(s) and/or education reference(s) for each statement.

ITEM	<b>Experience</b> I have performed this task for:  4 - More than five years 3 - More than three years and up to five years 2 - More than one year and up to three years 1 - More than six months and up to one year 0 - Zero to six months	<b>Frequency</b> I have performed this task:  4 - More than 30 times 3 - At least 21-30 times 2 - At least 11-20 times 1 - At Least 1-10 times 0 - 0 times	EXPERIENCE	FREQUENCY	<b>REFERENCES:</b> EMPLOYMENT (EMP)/ EDUCATION (EDU)
1.	Develop Human Resources training curriculum (e.g. classification & pay, exam development, survey) to ensure a comprehensive class using PowerPoint, manuals, and handouts.		2	2	<input checked="" type="checkbox"/> EMP 1 <input type="checkbox"/> EDU 1 <input type="checkbox"/> EMP 2 <input type="checkbox"/> EDU 2 <input type="checkbox"/> EMP 3 <input type="checkbox"/> EDU 3 <input type="checkbox"/> EMP 4 <input type="checkbox"/> EDU 4 <input type="checkbox"/> EMP __
2.	Develop training exercises utilizing books, team building concepts, fill-in-the-blanks, and question/answer exercises in order to assist the students comprehend the materials.		2	1	<input checked="" type="checkbox"/> EMP 1 <input checked="" type="checkbox"/> EDU 1 <input type="checkbox"/> EMP 2 <input type="checkbox"/> EDU 2 <input type="checkbox"/> EMP 3 <input type="checkbox"/> EDU 3 <input type="checkbox"/> EMP 4 <input type="checkbox"/> EDU 4 <input type="checkbox"/> EMP __

**Training Program Specialist  
TRAINING AND EXPERIENCE ASSESSMENT**

**WORK EXPERIENCE**

**Section 2: KSA Ratings**

**Instructions:**

Using the rating scale provided below, you will rate your experience in accordance to specific job-related knowledge and abilities.

Respond to each of the following statements by indicating how the statement applies to you. You are required to respond to every statement by marking one option from the scale(s) provided.

In responding to each statement, you may refer to your FORMAL EDUCATION, FORMAL TRAINING COURSES, and WORK EXPERIENCE whether paid or volunteer.

**Note to Applicant:** Please read carefully. Utilizing the scales provided, for items 3-4, indicate under "Experience," the number of years you have performed each statement. Under "References," identify an employment(s) and/or education reference(s) for each statement.

<b>ITEM</b>	<b>Experience</b> I have performed this task for:  4 - More than five years 3 - More than three years and up to five years 2 - More than one year and up to three years 1 - More than six months and up to one year 0 - Zero to six months	<b>EXPERIENCE</b>	<b>REFERENCES: EMPLOYMENT (EMP) EDUCATION (EDU)</b>
<b>3.</b>	Knowledge of training techniques to ensure informative and engaging discussions for various audiences.	<b>3</b>	<input checked="" type="checkbox"/> EMP 1 <input checked="" type="checkbox"/> EDU 1 <input type="checkbox"/> EMP 2 <input type="checkbox"/> EDU 2 <input type="checkbox"/> EMP 3 <input type="checkbox"/> EDU 3 <input type="checkbox"/> EMP 4 <input type="checkbox"/> EDU 4 <input type="checkbox"/> EMP__
<b>4.</b>	Ability to effectively conduct and convey training objectives to audiences with varying levels of understanding.	<b>2</b>	<input checked="" type="checkbox"/> EMP 1 <input type="checkbox"/> EDU 1 <input type="checkbox"/> EMP 2 <input type="checkbox"/> EDU 2 <input type="checkbox"/> EMP 3 <input type="checkbox"/> EDU 3 <input type="checkbox"/> EMP 4 <input type="checkbox"/> EDU 4 <input type="checkbox"/> EMP__



# Patient Benefit & Insurance Officer III

## Training and Experience Assessment

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### Read instructions carefully

The California civil service selection system is merit-based and eligibility for appointment is established through a formal examination process. The Patient Benefit & Insurance Officer III examination consists of a Training and Experience Assessment used to evaluate your education, training, and experience. The eligible list resulting from this examination process will be used by the Department of State Hospitals to fill their existing positions.

This Training and Experience Assessment will account for 100% of the weight of your examination for this classification. Therefore, please be sure to follow the instructions carefully.

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Candidate's Name: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

Address: \_\_\_\_\_

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**\*\*\*In order to expedite the hiring process, your phone numbers are required\*\*\***

Home Phone Number: \_\_\_\_\_

Work Phone Number: \_\_\_\_\_

Cellular Phone Number: \_\_\_\_\_

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**\*\*\*Verification References\*\*\***

Provide references that correspond with the ratings you provide in this examination. Prior to receiving an offer for employment, these references may be contacted to confirm that you have paid or unpaid experience pertaining to the duties and requirements listed in this examination. List all references that apply.

### EMPLOYMENT

#### Employment Reference 1

Job Title: \_\_\_\_\_

Organization Name and Address: \_\_\_\_\_

Dates Worked (mm/dd/yyyy): From: \_\_\_\_\_ To: \_\_\_\_\_

Name of Supervisor(s) or Person(s) Who Can Verify Your Job Responsibilities: \_\_\_\_\_

Contact Phone Number(s) of the above Individual(s): \_\_\_\_\_

#### Employment Reference 2

Job Title: \_\_\_\_\_

Organization Name and Address: \_\_\_\_\_

Dates Worked (mm/dd/yyyy): From: \_\_\_\_\_ To: \_\_\_\_\_

Name of Supervisor(s) or Person(s) Who Can Verify Your Job Responsibilities: \_\_\_\_\_

Contact Phone Number(s) of the above Individual(s): \_\_\_\_\_

### Employment Reference 3

Job Title: \_\_\_\_\_  
Organization Name and Address: \_\_\_\_\_  
Dates Worked (mm/dd/yyyy): From: \_\_\_\_\_ To: \_\_\_\_\_  
Name of Supervisor(s) or Person(s) Who Can Verify Your Job Responsibilities: \_\_\_\_\_  
Contact Phone Number(s) of the above Individual(s): \_\_\_\_\_

### Employment Reference 4

Job Title: \_\_\_\_\_  
Organization Name and Address: \_\_\_\_\_  
Dates Worked (mm/dd/yyyy): From: \_\_\_\_\_ To: \_\_\_\_\_  
Name of Supervisor(s) or Person(s) Who Can Verify Your Job Responsibilities: \_\_\_\_\_  
Contact Phone Number(s) of the above Individual(s): \_\_\_\_\_

### Employment Reference 5

Job Title: \_\_\_\_\_  
Organization Name and Address: \_\_\_\_\_  
Dates Worked (mm/dd/yyyy): From: \_\_\_\_\_ To: \_\_\_\_\_  
Name of Supervisor(s) or Person(s) Who Can Verify Your Job Responsibilities: \_\_\_\_\_  
Contact Phone Number(s) of the above Individual(s): \_\_\_\_\_

### Employment Reference 6

Job Title: \_\_\_\_\_  
Organization Name and Address: \_\_\_\_\_  
Dates Worked (mm/dd/yyyy): From: \_\_\_\_\_ To: \_\_\_\_\_  
Name of Supervisor(s) or Person(s) Who Can Verify Your Job Responsibilities: \_\_\_\_\_  
Contact Phone Number(s) of the above Individual(s): \_\_\_\_\_

## EDUCATION

### Education Reference 1

School Name and Address: \_\_\_\_\_  
Degree(s) Earned: \_\_\_\_\_  
Date(s) Attended (mm/dd/yyyy): From: \_\_\_\_\_ To: \_\_\_\_\_

### Education Reference 2

School Name and Address: \_\_\_\_\_  
Degree(s) Earned: \_\_\_\_\_  
Date(s) Attended (mm/dd/yyyy): From: \_\_\_\_\_ To: \_\_\_\_\_

### Education Reference 3

School Name and Address: \_\_\_\_\_  
Degree(s) Earned: \_\_\_\_\_  
Date(s) Attended (mm/dd/yyyy): From: \_\_\_\_\_ To: \_\_\_\_\_

## Education Reference 4

School Name and Address: \_\_\_\_\_

Degree(s) Earned: \_\_\_\_\_

Date(s) Attended (mm/dd/yyyy): From: \_\_\_\_\_ To: \_\_\_\_\_

### **VERY IMPORTANT: PLEASE READ THIS ENTIRE SECTION CAREFULLY.**

Before a hiring decision will be made, your responses to exam questions will be verified. A hiring manager or personnel staff member may contact the references you have provided to confirm job dates, experiences, duties, achievements, and/or possession of knowledge, skills, and abilities. Failure to provide adequate references AND contact information may significantly limit our ability to make a job offer.

If it is determined at any time that you have made any false or inaccurate representations in any of the information you have provided, you may be disqualified from this process, suffer a loss of State employment, and/or suffer a loss of the right to compete in any future State of California hiring processes. You are solely responsible for the accuracy of the responses provided.

This warning has been provided to protect your rights as a job candidate as well as the rights of the department. Be advised that you are expected to answer truthfully and accurately.

**I certify and understand that all the statements I have made in this assessment is true and complete to the best of my knowledge and contains no willful misrepresentation of falsifications. (ORIGINAL SIGNATURE REQUIRED)**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

### ***FILING INSTRUCTIONS:***

Please submit your completed Training and Experience Assessment, along with a standard State Application Form, STD. 678 as follows:

#### **Mail or Hand Deliver to:**

DEPARTMENT OF STATE HOSPITALS-SACRAMENTO  
SELECTION SERVICES UNIT  
1600 9<sup>TH</sup> STREET, ROOM 121  
SACRAMENTO, CA 95814  
(916) 651-8832

**Patient Benefit & Insurance Officer III  
TRAINING AND EXPERIENCE ASSESSMENT**

Name: \_\_\_\_\_

**MINIMUM QUALIFICATIONS**

Each candidate must meet the minimum qualifications on his/her application by the established cut-off date. If not, the candidate's application in the examination process will be rejected and his/her Training and Experience Assessment will not be scored. Please ensure that your State application (STD. Form 678) clearly indicates your education, experience, and licensure information reflective of the minimum qualifications for this examination process as stated below:

**EITHER I**

Two years of experience in the California state service performing the duties of a Patient Benefit and Insurance Officer I.

**OR II**

One year of experience in the California state service performing the duties of a Patient Benefit and Insurance Officer II (Supervisor) or (Specialist).

**OR III**

One year of experience in the California state service performing duties involving the analysis and application of complex Federal and State laws, rules, and regulations pertaining to State administered insurance programs or performing work in reimbursement, revenue, or tax compliance programs. This experience must be in a class at a level of responsibility of not less than that of a Patient Benefit and Insurance Officer II (Supervisor) or (Specialist).

**Patient Benefit & Insurance Officer III  
TRAINING AND EXPERIENCE ASSESSMENT**

Name: \_\_\_\_\_

**WORK EXPERIENCE**

**Section 1: Task Ratings**

**Instructions:**

Using the rating scales provided below, you will rate your experience performing specific job-related tasks.

Respond to each of the following statements by indicating how the statement applies to you. You are required to respond to every statement by marking one option from the scale(s) provided.

In responding to each statement, you may refer to your FORMAL EDUCATION, FORMAL TRAINING COURSES, and WORK EXPERIENCE whether paid or volunteer.

**Note to Applicant:** Please read carefully. Utilizing the scales provided, for items 1-21, indicate under “Experience,” the number of years you have performed each statement. Indicate under “Frequency,” the number of times you have performed each statement. Under “References,” identify an employment(s) and/or education reference(s) for each statement.

ITEM	<b>Experience</b> I have performed this task for:  4 - More than five years 3 - More than three years and up to five years 2 - More than one year and up to three years 1 - More than six months and up to one year 0 - Zero to six months	<b>Frequency</b> I have performed this task:  4 - More than 30 times 3 - At least 21-30 times 2 - At least 11-20 times 1 - At Least 1-10 times 0 - 0 times	EXPERIENCE	FREQUENCY	<b>REFERENCES:</b> EMPLOYMENT (EMP) EDUCATION (EDU)
1.	Locate, protect, and conserve patient assets to confirm ability to pay for skilled nursing, intermediate care, or acute care in accordance with California Code of Regulation, Title 22.				<input type="checkbox"/> EMP 1 <input type="checkbox"/> EDU 1 <input type="checkbox"/> EMP 2 <input type="checkbox"/> EDU 2 <input type="checkbox"/> EMP 3 <input type="checkbox"/> EDU 3 <input type="checkbox"/> EMP 4 <input type="checkbox"/> EDU 4 <input type="checkbox"/> EMP_
2.	Discover and obtain insurance and other benefits for patient upon their admission with the assistance of a social worker to arrange reimbursement that will cover the cost of care.				<input type="checkbox"/> EMP 1 <input type="checkbox"/> EDU 1 <input type="checkbox"/> EMP 2 <input type="checkbox"/> EDU 2 <input type="checkbox"/> EMP 3 <input type="checkbox"/> EDU 3 <input type="checkbox"/> EMP 4 <input type="checkbox"/> EDU 4 <input type="checkbox"/> EMP__
3.	Review guardianship inventories, appraisalment, and accounting to ensure the protection of the patient by securing items such as credit cards, jewelry and other high value personal effects, in keeping with Title 22.				<input type="checkbox"/> EMP 1 <input type="checkbox"/> EDU 1 <input type="checkbox"/> EMP 2 <input type="checkbox"/> EDU 2 <input type="checkbox"/> EMP 3 <input type="checkbox"/> EDU 3 <input type="checkbox"/> EMP 4 <input type="checkbox"/> EDU 4 <input type="checkbox"/> EMP__

**Patient Benefit & Insurance Officer III  
TRAINING AND EXPERIENCE ASSESSMENT**

Name: \_\_\_\_\_

<b>ITEM</b>	<b>Experience</b> I have performed this task for:  4 - More than five years 3 - More than three years and up to five years 2 - More than one year and up to three years 1 - More than six months and up to one year 0 - Zero to six months	<b>Frequency</b> I have performed this task:  4 - More than 30 times 3 - At least 21-30 times 2 - At least 11-20 times 1 - At Least 1-10 times 0 - 0 times	<b>EXPERIENCE</b>	<b>FREQUENCY</b>	<b>REFERENCES:</b> <b>EMPLOYMENT (EMP)/</b> <b>EDUCATION (EDU)</b>
4.	Implement departmental policy by encouraging the expansion of insurance and other resources to meet the costs of medical and psychiatric treatment as the eligibility of patients for Medicare increases.				<input type="checkbox"/> EMP 1 <input type="checkbox"/> EDU 1 <input type="checkbox"/> EMP 2 <input type="checkbox"/> EDU 2 <input type="checkbox"/> EMP 3 <input type="checkbox"/> EDU 3 <input type="checkbox"/> EMP 4 <input type="checkbox"/> EDU 4 <input type="checkbox"/> EMP__
5.	Investigate the financial status of patients and responsible payees to determine patient's ability to pay using the Uniform Method of Determining Ability to Pay (UMDAP) credit principles in more complex or interdepartmental situations.				<input type="checkbox"/> EMP 1 <input type="checkbox"/> EDU 1 <input type="checkbox"/> EMP 2 <input type="checkbox"/> EDU 2 <input type="checkbox"/> EMP 3 <input type="checkbox"/> EDU 3 <input type="checkbox"/> EMP 4 <input type="checkbox"/> EDU 4 <input type="checkbox"/> EMP__
6.	Review, evaluate, and rate admission questionnaire to determine if cases should be deferred or referred out for further investigation of more complex circumstances.				<input type="checkbox"/> EMP 1 <input type="checkbox"/> EDU 1 <input type="checkbox"/> EMP 2 <input type="checkbox"/> EDU 2 <input type="checkbox"/> EMP 3 <input type="checkbox"/> EDU 3 <input type="checkbox"/> EMP 4 <input type="checkbox"/> EDU 4 <input type="checkbox"/> EMP__
7.	Promote the enforcement of administrative policies and procedures to ensure compliance with applicable federal, state, and local laws and regulations and accreditation standards.				<input type="checkbox"/> EMP 1 <input type="checkbox"/> EDU 1 <input type="checkbox"/> EMP 2 <input type="checkbox"/> EDU 2 <input type="checkbox"/> EMP 3 <input type="checkbox"/> EDU 3 <input type="checkbox"/> EMP 4 <input type="checkbox"/> EDU 4 <input type="checkbox"/> EMP__
8.	Oversee patient money management in order to confirm understanding of the patient by involving social workers in cases of abuse or overspending on an individual basis.				<input type="checkbox"/> EMP 1 <input type="checkbox"/> EDU 1 <input type="checkbox"/> EMP 2 <input type="checkbox"/> EDU 2 <input type="checkbox"/> EMP 3 <input type="checkbox"/> EDU 3 <input type="checkbox"/> EMP 4 <input type="checkbox"/> EDU 4 <input type="checkbox"/> EMP__
9.	Negotiate with responsible designee to set cost-of-care payments on a case-by-case basis.				<input type="checkbox"/> EMP 1 <input type="checkbox"/> EDU 1 <input type="checkbox"/> EMP 2 <input type="checkbox"/> EDU 2 <input type="checkbox"/> EMP 3 <input type="checkbox"/> EDU 3 <input type="checkbox"/> EMP 4 <input type="checkbox"/> EDU 4 <input type="checkbox"/> EMP__

**Patient Benefit & Insurance Officer III  
TRAINING AND EXPERIENCE ASSESSMENT**

Name: \_\_\_\_\_

ITEM	<b>Experience</b> I have performed this task for:  4 - More than five years 3 - More than three years and up to five years 2 - More than one year and up to three years 1 - More than six months and up to one year 0 - Zero to six months	<b>Frequency</b> I have performed this task:  4 - More than 30 times 3 - At least 21-30 times 2 - At least 11-20 times 1 - At Least 1-10 times 0 - 0 times	EXPERIENCE	FREQUENCY	<b>REFERENCES:</b> EMPLOYMENT (EMP) EDUCATION (EDU)
10.	Review performance of all staff to recommend appropriate action, which may include commendations, adverse actions or other administrative response according to CalHR personnel procedures.				<input type="checkbox"/> EMP 1 <input type="checkbox"/> EDU 1 <input type="checkbox"/> EMP 2 <input type="checkbox"/> EDU 2 <input type="checkbox"/> EMP 3 <input type="checkbox"/> EDU 3 <input type="checkbox"/> EMP 4 <input type="checkbox"/> EDU 4 <input type="checkbox"/> EMP__
11.	Recruit and select employees to develop and train them in accordance with Equal Employment Opportunity guidelines and organizational policies and procedures.				<input type="checkbox"/> EMP 1 <input type="checkbox"/> EDU 1 <input type="checkbox"/> EMP 2 <input type="checkbox"/> EDU 2 <input type="checkbox"/> EMP 3 <input type="checkbox"/> EDU 3 <input type="checkbox"/> EMP 4 <input type="checkbox"/> EDU 4 <input type="checkbox"/> EMP__
12.	Act as a resource person in order to apply knowledge of patient benefits, special purpose trust accounts, patients trust account and miscellaneous state revolving cash accounts according to hospital procedures.				<input type="checkbox"/> EMP 1 <input type="checkbox"/> EDU 1 <input type="checkbox"/> EMP 2 <input type="checkbox"/> EDU 2 <input type="checkbox"/> EMP 3 <input type="checkbox"/> EDU 3 <input type="checkbox"/> EMP 4 <input type="checkbox"/> EDU 4 <input type="checkbox"/> EMP__
13.	Maintain relations with various government agencies (Social Security, Department of Public Social Services, Veterans Administration, and Public Guardian) to advocate for patients by fostering a professional rapport as needed.				<input type="checkbox"/> EMP 1 <input type="checkbox"/> EDU 1 <input type="checkbox"/> EMP 2 <input type="checkbox"/> EDU 2 <input type="checkbox"/> EMP 3 <input type="checkbox"/> EDU 3 <input type="checkbox"/> EMP 4 <input type="checkbox"/> EDU 4 <input type="checkbox"/> EMP__
14.	Contact responsible family members (or other conservator) to represent the patient by making the determination of patient assets and ability to pay hospital costs on a case-by-case basis.				<input type="checkbox"/> EMP 1 <input type="checkbox"/> EDU 1 <input type="checkbox"/> EMP 2 <input type="checkbox"/> EDU 2 <input type="checkbox"/> EMP 3 <input type="checkbox"/> EDU 3 <input type="checkbox"/> EMP 4 <input type="checkbox"/> EDU 4 <input type="checkbox"/> EMP__
15.	Promote and practice equal opportunity in hiring, promotion, and employee development by applying Equal Opportunity Employment guidelines to recruitment, upward mobility, and training.				<input type="checkbox"/> EMP 1 <input type="checkbox"/> EDU 1 <input type="checkbox"/> EMP 2 <input type="checkbox"/> EDU 2 <input type="checkbox"/> EMP 3 <input type="checkbox"/> EDU 3 <input type="checkbox"/> EMP 4 <input type="checkbox"/> EDU 4 <input type="checkbox"/> EMP__

**Patient Benefit & Insurance Officer III  
TRAINING AND EXPERIENCE ASSESSMENT**

Name: \_\_\_\_\_

ITEM	<b>Experience</b> I have performed this task for:  4 - More than five years 3 - More than three years and up to five years 2 - More than one year and up to three years 1 - More than six months and up to one year 0 - Zero to six months	<b>Frequency</b> I have performed this task:  4 - More than 30 times 3 - At least 21-30 times 2 - At least 11-20 times 1 - At Least 1-10 times 0 - 0 times	EXPERIENCE	FREQUENCY	<b>REFERENCES:</b> EMPLOYMENT (EMP) EDUCATION (EDU)
16.	Manage a staff that administers Patient's Personal Fund Deposit Accounts by adhering to guidelines established by benefit sources, applicable laws, and departmental policies.				<input type="checkbox"/> EMP 1 <input type="checkbox"/> EDU 1 <input type="checkbox"/> EMP 2 <input type="checkbox"/> EDU 2 <input type="checkbox"/> EMP 3 <input type="checkbox"/> EDU 3 <input type="checkbox"/> EMP 4 <input type="checkbox"/> EDU 4 <input type="checkbox"/> EMP__
17.	Establish a process to facilitate patient access to funds by following hospital policy procedures and state regulations.				<input type="checkbox"/> EMP 1 <input type="checkbox"/> EDU 1 <input type="checkbox"/> EMP 2 <input type="checkbox"/> EDU 2 <input type="checkbox"/> EMP 3 <input type="checkbox"/> EDU 3 <input type="checkbox"/> EMP 4 <input type="checkbox"/> EDU 4 <input type="checkbox"/> EMP__
18.	Renew, approve, and participate in the process of assisting individuals or their representatives by obtaining benefits or entitlements, protecting their assets, and billing all sources to request reimbursement on their behalf as required by hospital procedures and rules/regulations of the agency issuing the entitlement.				<input type="checkbox"/> EMP 1 <input type="checkbox"/> EDU 1 <input type="checkbox"/> EMP 2 <input type="checkbox"/> EDU 2 <input type="checkbox"/> EMP 3 <input type="checkbox"/> EDU 3 <input type="checkbox"/> EMP 4 <input type="checkbox"/> EDU 4 <input type="checkbox"/> EMP__
19.	Represent the Trust Sections by responding to surveys, audits, and reviews of agencies such as Social Security, Department of Finance, HCFA, Veterans Administration, and Client Financial Services.				<input type="checkbox"/> EMP 1 <input type="checkbox"/> EDU 1 <input type="checkbox"/> EMP 2 <input type="checkbox"/> EDU 2 <input type="checkbox"/> EMP 3 <input type="checkbox"/> EDU 3 <input type="checkbox"/> EMP 4 <input type="checkbox"/> EDU 4 <input type="checkbox"/> EMP__
20.	Oversee Trust operations to ensure they conform to applicable statutes, regulations, and policies of the hospital, Department of State Hospitals, and relevant governmental agencies, as well as State Licensing and Joint Commission standards.				<input type="checkbox"/> EMP 1 <input type="checkbox"/> EDU 1 <input type="checkbox"/> EMP 2 <input type="checkbox"/> EDU 2 <input type="checkbox"/> EMP 3 <input type="checkbox"/> EDU 3 <input type="checkbox"/> EMP 4 <input type="checkbox"/> EDU 4 <input type="checkbox"/> EMP__
21.	Arrange training and other staff development opportunities by assessing and directing the needs of staff in order to comply with all mandatory training requirements.				<input type="checkbox"/> EMP 1 <input type="checkbox"/> EDU 1 <input type="checkbox"/> EMP 2 <input type="checkbox"/> EDU 2 <input type="checkbox"/> EMP 3 <input type="checkbox"/> EDU 3 <input type="checkbox"/> EMP 4 <input type="checkbox"/> EDU 4 <input type="checkbox"/> EMP__

**Patient Benefit & Insurance Officer III  
TRAINING AND EXPERIENCE ASSESSMENT**

Name: \_\_\_\_\_

**WORK EXPERIENCE**

**Section 2: KSA Ratings**

**Instructions:**

Using the rating scale provided below, you will rate your experience in accordance to specific job-related knowledge and abilities.

Respond to each of the following statements by indicating how the statement applies to you. You are required to respond to every statement by marking one option from the scale(s) provided.

In responding to each statement, you may refer to your FORMAL EDUCATION, FORMAL TRAINING COURSES, and WORK EXPERIENCE whether paid or volunteer.

**Note to Applicant:** Please read carefully. Utilizing the scales provided, for items 22-39, indicate under “Experience,” the number of years you have performed each statement. Under “References,” identify an employment(s) and/or education reference(s) for each statement.

<b>ITEM</b>	<b>Experience</b> I have performed this task for:  4 - More than five years 3 - More than three years and up to five years 2 - More than one year and up to three years 1 - More than six months and up to one year 0 - Zero to six months	<b>EXPERIENCE</b>	<b>REFERENCES: EMPLOYMENT (EMP) EDUCATION (EDU)</b>
<b>22.</b>	Knowledge of investigation and interview techniques in cases of potential financial abuse or other concerns.		<input type="checkbox"/> EMP 1 <input type="checkbox"/> EDU 1 <input type="checkbox"/> EMP 2 <input type="checkbox"/> EDU 2 <input type="checkbox"/> EMP 3 <input type="checkbox"/> EDU 3 <input type="checkbox"/> EMP 4 <input type="checkbox"/> EDU 4 <input type="checkbox"/> EMP__
<b>23.</b>	Knowledge of legal procedure required to enforce payment of accounts according to Welfare and Institutions Code.		<input type="checkbox"/> EMP 1 <input type="checkbox"/> EDU 1 <input type="checkbox"/> EMP 2 <input type="checkbox"/> EDU 2 <input type="checkbox"/> EMP 3 <input type="checkbox"/> EDU 3 <input type="checkbox"/> EMP 4 <input type="checkbox"/> EDU 4 <input type="checkbox"/> EMP__
<b>24.</b>	Knowledge of principles of property management, accounting, financial record keeping, and commercial law to account for the value of patient assets.		<input type="checkbox"/> EMP 1 <input type="checkbox"/> EDU 1 <input type="checkbox"/> EMP 2 <input type="checkbox"/> EDU 2 <input type="checkbox"/> EMP 3 <input type="checkbox"/> EDU 3 <input type="checkbox"/> EMP 4 <input type="checkbox"/> EDU 4 <input type="checkbox"/> EMP__
<b>25.</b>	Knowledge of laws governing probate, divorce, annulment, community property, homestead, liens, and conveyance of real property in keeping with Welfare & Institutions Code.		<input type="checkbox"/> EMP 1 <input type="checkbox"/> EDU 1 <input type="checkbox"/> EMP 2 <input type="checkbox"/> EDU 2 <input type="checkbox"/> EMP 3 <input type="checkbox"/> EDU 3 <input type="checkbox"/> EMP 4 <input type="checkbox"/> EDU 4 <input type="checkbox"/> EMP__

**Patient Benefit & Insurance Officer III  
TRAINING AND EXPERIENCE ASSESSMENT**

Name: \_\_\_\_\_

<b>ITEM</b>	<b>Experience</b> I have performed this task for:  <b>4</b> - More than five years <b>3</b> - More than three years and up to five years <b>2</b> - More than one year and up to three years <b>1</b> - More than six months and up to one year <b>0</b> - Zero to six months	<b>EXPERIENCE</b>	<b>REFERENCES: EMPLOYMENT (EMP)/ EDUCATION (EDU)</b>	
26.	Knowledge of Health and Welfare programs, guardianships, trusts, and other provisions of the Welfare and Institutions Code relating to patient's benefits and insurance.		<input type="checkbox"/> EMP 1 <input type="checkbox"/> EMP 2 <input type="checkbox"/> EMP 3 <input type="checkbox"/> EMP 4 <input type="checkbox"/> EMP__	<input type="checkbox"/> EDU 1 <input type="checkbox"/> EDU 2 <input type="checkbox"/> EDU 3 <input type="checkbox"/> EDU 4
27.	Knowledge of principles, practices and techniques of personnel management and supervision to plan, organize, and direct the work of others.		<input type="checkbox"/> EMP 1 <input type="checkbox"/> EMP 2 <input type="checkbox"/> EMP 3 <input type="checkbox"/> EMP 4 <input type="checkbox"/> EMP__	<input type="checkbox"/> EDU 1 <input type="checkbox"/> EDU 2 <input type="checkbox"/> EDU 3 <input type="checkbox"/> EDU 4
28.	Knowledge of supervisor's role in the implementation of the department's Equal Employment Opportunity policy to effectively hire, promote, and develop employees.		<input type="checkbox"/> EMP 1 <input type="checkbox"/> EMP 2 <input type="checkbox"/> EMP 3 <input type="checkbox"/> EMP 4 <input type="checkbox"/> EMP__	<input type="checkbox"/> EDU 1 <input type="checkbox"/> EDU 2 <input type="checkbox"/> EDU 3 <input type="checkbox"/> EDU 4
29.	Knowledge of credit and adjustment principles and procedures to manage patient trust accounts.		<input type="checkbox"/> EMP 1 <input type="checkbox"/> EMP 2 <input type="checkbox"/> EMP 3 <input type="checkbox"/> EMP 4 <input type="checkbox"/> EMP__	<input type="checkbox"/> EDU 1 <input type="checkbox"/> EDU 2 <input type="checkbox"/> EDU 3 <input type="checkbox"/> EDU 4
30.	Ability to apply to specific situations the provisions of the Welfare and Institutions Code relating to patients' benefits and insurance.		<input type="checkbox"/> EMP 1 <input type="checkbox"/> EMP 2 <input type="checkbox"/> EMP 3 <input type="checkbox"/> EMP 4 <input type="checkbox"/> EMP__	<input type="checkbox"/> EDU 1 <input type="checkbox"/> EDU 2 <input type="checkbox"/> EDU 3 <input type="checkbox"/> EDU 4
31.	Ability to interpret and apply legal and other documents to satisfy the requirements of the court or other authority.		<input type="checkbox"/> EMP 1 <input type="checkbox"/> EMP 2 <input type="checkbox"/> EMP 3 <input type="checkbox"/> EMP 4 <input type="checkbox"/> EMP__	<input type="checkbox"/> EDU 1 <input type="checkbox"/> EDU 2 <input type="checkbox"/> EDU 3 <input type="checkbox"/> EDU 4
32.	Ability to conduct informal conferences with patients regarding complex and controversial matters.		<input type="checkbox"/> EMP 1 <input type="checkbox"/> EMP 2 <input type="checkbox"/> EMP 3 <input type="checkbox"/> EMP 4 <input type="checkbox"/> EMP__	<input type="checkbox"/> EDU 1 <input type="checkbox"/> EDU 2 <input type="checkbox"/> EDU 3 <input type="checkbox"/> EDU 4
33.	Ability to negotiate equitable programs for payment of charges and settlement of claims.		<input type="checkbox"/> EMP 1 <input type="checkbox"/> EMP 2 <input type="checkbox"/> EMP 3 <input type="checkbox"/> EMP 4 <input type="checkbox"/> EMP__	<input type="checkbox"/> EDU 1 <input type="checkbox"/> EDU 2 <input type="checkbox"/> EDU 3 <input type="checkbox"/> EDU 4
34.	Ability to locate assets in order to ascertain the patient's source(s) of income.		<input type="checkbox"/> EMP 1 <input type="checkbox"/> EMP 2 <input type="checkbox"/> EMP 3 <input type="checkbox"/> EMP 4 <input type="checkbox"/> EMP__	<input type="checkbox"/> EDU 1 <input type="checkbox"/> EDU 2 <input type="checkbox"/> EDU 3 <input type="checkbox"/> EDU 4

**Patient Benefit & Insurance Officer III  
TRAINING AND EXPERIENCE ASSESSMENT**

Name: \_\_\_\_\_

<b>ITEM</b>	<b>Experience</b> I have performed this task for:  <b>4</b> - More than five years <b>3</b> - More than three years and up to five years <b>2</b> - More than one year and up to three years <b>1</b> - More than six months and up to one year <b>0</b> - Zero to six months	<b>EXPERIENCE</b>	<b>REFERENCES:</b> <b>EMPLOYMENT (EMP)/</b> <b>EDUCATION (EDU)</b>
<b>35.</b>	Ability to provide advice and information to interested persons and agencies to maintain rapport and share information.		<input type="checkbox"/> EMP 1 <input type="checkbox"/> EDU 1 <input type="checkbox"/> EMP 2 <input type="checkbox"/> EDU 2 <input type="checkbox"/> EMP 3 <input type="checkbox"/> EDU 3 <input type="checkbox"/> EMP 4 <input type="checkbox"/> EDU 4 <input type="checkbox"/> EMP__
<b>36.</b>	Ability to establish and maintain cooperative relations with other programs in the hospital, State and local agencies, and private organizations to serve as a liaison.		<input type="checkbox"/> EMP 1 <input type="checkbox"/> EDU 1 <input type="checkbox"/> EMP 2 <input type="checkbox"/> EDU 2 <input type="checkbox"/> EMP 3 <input type="checkbox"/> EDU 3 <input type="checkbox"/> EMP 4 <input type="checkbox"/> EDU 4 <input type="checkbox"/> EMP__
<b>37.</b>	Ability to prepare extensive correspondence and accurate reports to communicate with clients and colleagues.		<input type="checkbox"/> EMP 1 <input type="checkbox"/> EDU 1 <input type="checkbox"/> EMP 2 <input type="checkbox"/> EDU 2 <input type="checkbox"/> EMP 3 <input type="checkbox"/> EDU 3 <input type="checkbox"/> EMP 4 <input type="checkbox"/> EDU 4 <input type="checkbox"/> EMP__
<b>38.</b>	Ability to plan, direct, and evaluate the work of others to efficiently meet the goals and objectives of individual team members and the entire unit.		<input type="checkbox"/> EMP 1 <input type="checkbox"/> EDU 1 <input type="checkbox"/> EMP 2 <input type="checkbox"/> EDU 2 <input type="checkbox"/> EMP 3 <input type="checkbox"/> EDU 3 <input type="checkbox"/> EMP 4 <input type="checkbox"/> EDU 4 <input type="checkbox"/> EMP__
<b>39.</b>	Ability to effectively promote Equal Employment Opportunity in hiring, promotion, and employee development, for maintaining a work environment that is free of discrimination and harassment.		<input type="checkbox"/> EMP 1 <input type="checkbox"/> EDU 1 <input type="checkbox"/> EMP 2 <input type="checkbox"/> EDU 2 <input type="checkbox"/> EMP 3 <input type="checkbox"/> EDU 3 <input type="checkbox"/> EMP 4 <input type="checkbox"/> EDU 4 <input type="checkbox"/> EMP__

**Patient Benefit & Insurance Officer III  
TRAINING AND EXPERIENCE ASSESSMENT**

Name: \_\_\_\_\_

If you are successful in this examination, your name will be placed on an active employment list for 12 months and utilized to fill vacancies. Before you mark this form, please consider relocation and distance. If you are not planning to relocate or are not willing to travel to a distant job location, do not select locations that are a great distance from your residence. You may choose multiple locations.

**TYPE OF APPOINTMENT YOU WILL ACCEPT**

- Permanent/Full Time
- Other than Permanent/Full Time
- Both

**LOCATIONS IN WHICH YOU ARE WILLING TO WORK**

- (4001) DSH – Atascadero  
Atascadero, CA
- (1002) DSH – Coalinga  
Coalinga, CA
- (1945) DSH – Metropolitan  
Norwalk, CA
- (2802) DSH – Napa  
Napa, CA
- (3619) DSH – Patton State Hospital  
Patton, CA
- (2705) DSH – Salinas Valley  
Soledad, CA
- (3914) CHCF – Stockton  
San Joaquin, CA
- (4810) DSH – Vacaville  
Vacaville, CA



*Please notify the Department of State Hospitals, Human Resources Branch promptly of address or location preference changes at 1600 9<sup>th</sup> Street, Room 121, Sacramento CA 95814 or (916) 651-8832.*