

State of California - Department of Social Services

DUTY STATEMENT

EMPLOYEE NAME:

Vacant

CLASSIFICATION:

Associate Governmental Program Analyst

POSITION NUMBER:

800-907-5393-767

DIVISION/BRANCH/REGION: *(UNDERLINE ALL THAT APPLY)*

Adult Programs Division (APD)/Policy and Quality Assurance Branch

BUREAU/SECTION/UNIT: *(UNDERLINE ALL THAT APPLY)*

Quality Assurance Monitoring and Reimbursement Bureau/Reimbursements Unit

SUPERVISOR'S NAME:

Sean Driscoll

SUPERVISOR'S CLASS:

Staff Services Manager I

SPECIAL REQUIREMENTS OF POSITION *(CHECK ALL THAT APPLY):*

- Designated under Conflict of Interest Code.
- Duties require participation in the DMV Pull Notice Program.
- Requires repetitive movement of heavy objects.
- Performs other duties requiring high physical demand. *(Explain below)*
- None
- Other *(Explain below)*

I certify that this duty statement represents an accurate description of the essential functions of this position.

I have read this duty statement and agree that it represents the duties I am assigned.

SUPERVISOR'S SIGNATURE

DATE

EMPLOYEE'S SIGNATURE

DATE

SUPERVISION EXERCISED *(Check one):*

- None Supervisor Lead Person Team Leader

FOR SUPERVISORY POSITIONS ONLY: Indicate the number of positions by classification that this position DIRECTLY supervises.

Total number of positions for which this position is responsible:

FOR LEADPERSONS OR TEAM LEADERS ONLY: Indicate the number of positions by classification that this position LEADS.

MISSION OF ORGANIZATIONAL UNIT:

Adjudicate claims pertaining to the Provider Reimbursement Program and the Implementation of the Conlan v. Shewry court case. The Conlan v. Shewry lawsuit requires the Department to process claims and reimburse eligible class members. Class members include Medi-Cal beneficiaries who should have received reimbursement for In-Home Supportive Services (IHSS) covered services for which they paid. This applies to Medi-Cal recipients who have valid claims arising on or after June 27, 1997.

The Provider Reimbursement Program enables CDSS to reimburse IHSS providers directly, removing the requirement of the IHSS recipients to pay their providers. This applies to IHSS providers who have valid claims on or after July 1, 2014.

CONCEPT OF POSITION:

Under the direction of the Reimbursements Unit Manager, Staff Services Manager I (SSM I), the Associate Governmental Program Analyst (AGPA) performs the work associated with the development and implementation of the Provider Reimbursement Program, the Conlan v. Shewry court case, and the Fair Labor Standards Act (FLSA). The AGPA analyzes and adjudicates claims, communicates with claimants orally and in writing, attends state hearings and prepares a variety of written documents. The Reimbursements Unit is the central processing point for claims filed by clients in the 58 counties relating to erroneous share of cost reimbursement under the Provider Reimbursement Program and the Conlan v. Shewry court settlement.

Under general direction, specific duties include:

A. RESPONSIBILITIES OF POSITION:

ESSENTIAL FUNCTIONS

45% Claims Analysis and Adjudication: Under the direction of the SSM I, the analyst reviews, analyzes, and adjudicates claims for reimbursement of erroneous Medi-Cal share of cost withheld from IHSS providers' pay warrants or paid by IHSS Program recipients. Reviews Provider Reimbursement and Conlan II claim packets and notifies the proper entity (i.e. the submitting county or the Department of Health Care Services (DHCS)) regarding missing information. Researches recipient and provider history in multiple databases, including SharePoint, Case Management, Information and Payrolling System (CMIPS), and Medi-Cal Eligibility Data System (MEDS). Analyzes all data and evaluates various documents supporting each claim. Updates SharePoint and submits claim to SSM I for review and final approval.

35% Research and Outreach: Communicates with IHSS recipients and providers orally and in writing. Completes required outreach, research and analysis of claims in order to process them in accordance with established timelines. Contacts the recipient and/or provider to clarify claims processes or to request additional information after reviewing the claim and supporting documentation. Recommends appropriate claims disposition. Researches Medi-Cal rules and regulations to discover Medi-Cal eligibility and associated share of cost for the claim period. As a technical expert, functions as the liaison to the private sector, and other governmental agencies for the purpose of providing clarification and direction of departmental policies and procedures. Conduct the needed research in MEDS, CMIPS and SharePoint to accurately respond to phone calls, emails and written correspondence from IHSS program participants, counties, state and federal agencies, stakeholders and the general public. Prepares formal written correspondence to address claim status, provide decision on the outcome of review, and to address specific claim inquiries.

10% Administrative Functions: Provide verbal responses over the phone to address general Conlan II and Provider Reimbursement claim questions. Retrieve and return phone calls to address status inquiries received on the Reimbursements Unit general phone line, or as redirected from the Bureau Secretary or APD management. Assists in the on-going development of the Provider Reimbursement Procedure Manual and the Conlan II claims processing procedure manual. Participates in the on-going effort to streamline work procedures and artifacts Provides training and mentoring to new personnel. Prepares reports for briefing with management. Research and respond to inquiries from other internal CDSS Divisions regarding Provider Reimbursement and Conlan II claims inventory. Responds to inquiries from legislative offices, government agencies, special interest groups and the general public in accordance with established policies and guidelines.

MARGINAL FUNCTIONS

5% Prepares position statements for appealed claims and testifies at State Hearings. Develops and updates presentation materials and facilitate statewide web-casts with IHSS counties on established Provider Reimbursement and Conlan II claims policies.

5% Other duties as assigned.

B. SUPERVISION RECEIVED:

The AGPA receives direction from and reports directly to the Reimbursements Unit Manager (SSM I). The AGPA is required to utilize initiative and resourcefulness in completing assignments.

C. ADMINISTRATIVE RESPONSIBILITY:

None.

D. PERSONAL CONTACTS:

The AGPA will have contact with departmental employees, representatives from county governmental agencies, claimants, legislative and legal personnel.

E. ACTIONS AND CONSEQUENCES:

The AGPA adjudicates the Provider Reimbursement and Conlan v. Shewry claims and identifies errors/problems relative to compliance with regulations and court mandate. Therefore, good judgment in making recommendations is critical in order to achieve the following: Meeting the responsibility to evaluate and maximize the effectiveness of the claims processes. Having accurate and consistent information on which to base findings of statewide compliance with regulations and the court mandates. Meeting claims adjudication time-lines established by the court. Failure to use good judgment in researching and handling sensitive and confidential material and in imparting information could result in misspent program dollars, litigation against the department, or information being released to unauthorized persons in violation of State and Federal law and/or the deprivation of rights and services to In-Home Supportive Services (IHSS) clients.

F. OTHER INFORMATION:

The AGPA must have good interpersonal communication skills and be able to work well under pressure. Some local travel may be required on rare occasions.

State of California - Department of Social Services

DUTY STATEMENT

EMPLOYEE NAME:

Vacant

CLASSIFICATION:

Staff Services Analyst (SSA)

POSITION NUMBER:

800-907-5157-767

DIVISION/BRANCH/REGION: *(UNDERLINE ALL THAT APPLY)*

Adult Programs Division (APD)/Policy and Quality Assurance Branch

BUREAU/SECTION/UNIT: *(UNDERLINE ALL THAT APPLY)*

Quality Assurance Monitoring and Reimbursement Bureau/Reimbursements Unit

SUPERVISOR'S NAME:

Sean Driscoll

SUPERVISOR'S CLASS:

Staff Services Manager I

SPECIAL REQUIREMENTS OF POSITION *(CHECK ALL THAT APPLY)*:

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The Provider Reimbursement Program enables CDSS to reimburse IHSS providers directly, removing the requirement of the IHSS recipients to pay their providers. This applies to IHSS providers who have valid claims on or after July 1, 2014.

CONCEPT OF POSITION:

Under the direction of the Reimbursements Unit Manager, Staff Services Manager I (SSM I) and the lead Associate Governmental Program Analyst, the Staff Services Analyst (SSA) performs the work associated with the development and implementation of the Provider Reimbursement Program, the Conlan v. Shewry court case, and the Fair Labor Standards Act (FLSA). The SSA analyzes and adjudicates claims, communicates with claimants orally and in writing, prepared documents for state hearings, attends state hearings in collaboration with the lead analyst, and prepares a variety of written documents. The Reimbursements Unit is the central processing point for claims filed by clients in the 58 counties relating to erroneous share of cost reimbursement under the Provider Reimbursement Program and the Conlan v. Shewry court settlement.

Under general direction, specific duties include:

A. RESPONSIBILITIES OF POSITION:

ESSENTIAL FUNCTIONS

45% Claims Analysis and Adjudication: Under the direction of the SSM I and the lead analyst, the SSA reviews, analyzes, and adjudicates claims for reimbursement of erroneous Medi-Cal share of cost withheld from IHSS providers' pay warrants or paid by IHSS Program recipients. Reviews Provider Reimbursement and Conlan II claim packets and notifies the proper entity (i.e. the submitting county or the Department of Health Care Services (DHCS)) regarding missing information. Researches recipient and provider history in multiple databases, including SharePoint, Case Management, Information and Payrolling System (CMIPS), and Medi-Cal Eligibility Data System (MEDS). Analyzes date, and consults with the SSM I and lead analyst on their review of data and evaluates various documents supporting each claim. Updates SharePoint and submits claim to lead analyst for review prior to submission to the SSM I for review and final approval.

35% Research and Outreach: Communicates with IHSS recipients and providers orally and in writing. Completes required outreach, research and analysis of claims in order to process them in accordance with established timelines. Contacts the recipient and/or provider to clarify claims processes or to request additional information after reviewing the claim and supporting documentation. Recommends appropriate claims disposition. Researches Medi-Cal rules and regulations and consults with the lead analyst or SSM I to discover Medi-Cal eligibility and associated share of cost for the claim period. Conduct the needed research in MEDS, CMIPS and SharePoint to accurately respond to phone calls, emails and written correspondence from IHSS program participants, counties, state and federal agencies, stakeholders and the general public, upon obtaining final review and approval by the lead analyst or SSM I. Prepares formal written correspondence, using guided templates, to address claim status, provide decision on the outcome of review, and to address specific claim inquiries.

10% Administrative Functions: Provide verbal responses over the phone to address general Conlan II and Provider Reimbursement claim questions. Retrieve and return phone calls to address status inquiries received on the Reimbursements Unit general phone line, or as redirected from the lead analyst, Bureau Secretary or APD management. Assists in the on-going development of the Provider Reimbursement Procedure Manual and the Conlan II claims processing procedure manual. Participates in the on-going effort to streamline work procedures and artifacts. Prepares draft reports for review by lead analyst to help with briefing management. Research and respond to inquiries from other internal CDSS Divisions regarding Provider Reimbursement and Conlan II claims inventory. Gathers information to aid in responses to inquiries from legislative offices, government agencies, special interest groups and the general public in accordance with established policies and guidelines.

MARGINAL FUNCTIONS

5% Prepares position statements for appealed claims. In coordination with the lead analyst or SSM I, aids in providing testimony at State Hearings. Under the guidance of the lead analyst or SSM I updates presentation materials for statewide web-casts with IHSS counties on established Provider Reimbursement and Conlan II claims policies.

5% Other duties as assigned.

B. SUPERVISION RECEIVED:

The SSA receives direction from and reports directly to the Reimbursements Unit Manager (SSM I). The SSA receives guidance from the lead Associate Governmental Program Analyst. The SSA is required to utilize initiative and resourcefulness in completing assignments, and make recommendations for final approval.

C. ADMINISTRATIVE RESPONSIBILITY:

None.

D. PERSONAL CONTACTS:

The SSA will have contact with departmental employees, representatives from county governmental agencies, claimants, legislative and legal personnel.

E. ACTIONS AND CONSEQUENCES:

The SSA adjudicates the Provider Reimbursement and Conlan v. Shewry claims and identifies errors/problems relative to compliance with regulations and court mandate. Therefore, good judgment in making recommendations is critical in order to achieve the following: Meeting the responsibility to evaluate and maximize the effectiveness of the claims processes. Having accurate and consistent information on which to base findings of statewide compliance with regulations and the court mandates. Meeting claims adjudication time-lines established by the court. Failure to use good judgment in researching and handling sensitive and confidential material and in imparting information could result in misspent program dollars, litigation against the department, or information being released to unauthorized persons in violation of State and Federal law and/or the deprivation of rights and services to In-Home Supportive Services (IHSS) clients.

F. OTHER INFORMATION:

The SSA must have good interpersonal communication skills. Some local travel may be required on rare occasions.