

CALIFORNIA DEPARTMENT OF SOCIAL SERVICES TRAINING AND EXPERIENCE ASSESSMENT DISABILITY EVALUATION SERVICES ADMINISTRATOR I

This examination will provide you with an opportunity to demonstrate significant aspects of your qualifications for the DISABILITY EVALUATION SERVICES ADMINISTRATOR I classification, with the California Department of Social Services (CDSS). The information you provide will be rated based on objective criteria created by Subject Matter Experts. The rating will be used to determine your final score in this examination. If successful, your name will be placed on an eligible list for the classification listed above. The list will be used by CDSS to fill existing vacancies. A "Conditions of Employment" form is included in this examination which will allow you to select the location and time bases you are interested in working. It is required that you personally complete this examination accurately without assistance, and then sign the form.

Read the instructions below carefully before completing the assessment. Failure to do so may result in an inability to process your assessment and disqualification from this examination.

AFFIRMATION STATEMENT

I hereby certify and understand that the information provided on this Training and Experience Assessment Questionnaire is true and complete to the best of my knowledge and contains no willful misrepresentations or falsifications. I also understand that if it is later discovered that I have made any false representations, I may be removed from the examination and/or the eligible list resultingfrom this examination, have adverse action taken against me which could result in loss of State employment, and/or suffer loss of right to compete in any future State examinations.

Name (Printed):	
Address:	
City/State/Zip Code:	
Home/Work Phone Number:	
Signature:	Date:

CONDITIONS OF EMPLOYMENT

If you are successful in this examination(s), your name will be placed on an active employment list and referred to fill vacancies according to the conditions you specify on this form. Therefore, before you mark this form, there are some things you should consider. 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 long way from your residence.

LOCATION(S) YOU ARE WILLING TO WORK

PLEASE MARK THE APPROPRIATE BOX(ES) OF YOUR CHOICE - YOU WILL ONLY BE ELIGIBLE FOR EMPLOYMENT IN LOCATIONS THAT YOU MARK.

\square ANYWHERE IN THE STATE – If this box is marked, no further selection is necessary.	
☐ LOS ANGELES County	
☐ SAN DIEGO County	
OUR CHOICE.	
∕OUR CHOICE. 〕(K) Limited-Term Full-Time	
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MAILING INSTRUCTIONS

Mail your completed examination along with a completed State Application Form, STD. 678 to the address listed below. You can print the State Application Form from the California Department of Human Resources (CalHR) website at https://jobs.ca.gov/.

FILE BY MAIL

California Department of Social Services Attention: Examination Unit P.O. Box 944243, MS 8-15-58 Sacramento, CA 94244-2430

FILE IN PERSON

California Department of Social Services Attention: Examination Unit 744 P Street, OB 8, 15th Floor Sacramento, CA 95814 Monday-Friday, 8:00 AM-5:00 PM

CRIMINAL RECORD CLEARANCE INFORMATION

Some positions within various divisions of the California Department of Social Services are subject to fingerprinting and criminal records check requirements. This check will be completed by the Department of Justice. Applicants will be notified during the hiring process if the position is affected by the criminal records clearance procedure. Criminal record clearance is a condition of employment in positions affected by this procedure.

INSTRUCTIONS

This examination is intended to provide candidates the opportunity to demonstrate their knowledge and experience in a variety of areas. It is not expected that you will have experience in all areas.

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 for each of the 2 scales provided.

In responding to each statement, you may refer to your FORMAL EDUCATION, FORMAL TRAINING COURSES, and/or WORK EXPERIENCE whether paid or not paid.

SCALE #1 - KNOWLEDGE RELATED TO PERFORMING THIS ACTION:

Extensive Knowledge

I possess an expert knowledge level to the extent that I have effectively performed tasks related to this knowledge in the most difficult and complex situations <u>and</u> I have instructed others on specific aspects of this knowledge.

Moderate Knowledge

I possess an advanced knowledge level to the extent that I could effectively perform this task under the majority of circumstances or situations encountered.

Basic Knowledge

I possess a sufficient knowledge level that would allow me to perform this task successfully in routine situations

Limited Knowledge

I have some knowledge of how to perform this task, but I may require additional instruction to apply my knowledge effectively.

No Knowledge

I have no knowledge of how to perform this task or what it may entail.

SCALE #2 - EXPERIENCE RELATED TO PERFORMING THIS ACTION:

Extensive Experience

I have at least 5 years of experience in regularly performing this action.

Moderate Experience

I have at least 4 years, but less than 5 years of experience in this action.

Basic Experience

I have at least 3 years, but less than 4 years of experience in this action.

Limited Experience

I have less than 3 years of experience in performing this action.

No Experience

I have never performed this action.

Supervise a group of professional and support staff who provide direct program services.
Knowledge related to performing this action
Experience related to performing this action
Supervise a group of analysts and clerical staff who provide administrative services.
Knowledge related to performing this action
Experience related to performing this action
3. Plan the duties and assignments of a team who provide quality services for adjudication of disability claims for benefits.
Knowledge related to performing this action
Experience related to performing this action

4. Organize the tasks and assignments of a team to provide quality services for adjudication of disability claims.
Knowledge related to performing this action
Experience related to performing this action
5. Implement procedures to enhance the Department's policies and practices in accordance with the Department's mission and vision.
Knowledge related to performing this action
Experience related to performing this action
6. Maintain program standards to effectively adjudicate claims.
Knowledge related to performing this action
Experience related to performing this action

7. Work closely with the Program Support Bureau to ensure compliance with Division objectives.
Knowledge related to performing this action
Experience related to performing this action
8. Act as a liaison with assigned Social Security District Offices.
Knowledge related to performing this action
Experience related to performing this action
9. Provide oversight to professional and support staff.
Knowledge related to performing this action
Experience related to performing this action

10. Implement corrective action plans to improve performance/behavior.
Knowledge related to performing this action
Experience related to performing this action
11. Participate in the hiring, promotions, and staffing changes.
Knowledge related to performing this action
Experience related to performing this action
12. Analyze data reports with respect to workload, productivity, quality assurance and budgetary matters.
Knowledge related to performing this action
Experience related to performing this action

16. Promote a workplace free of discrimination and harassment.
Knowledge related to performing this action
Experience related to performing this action
17. Conduct training programs to provide information/instruction.
Knowledge related to performing this action
Experience related to performing this action
18. Resolve claimant and vendor complaints/problems related to program issues.
10. Resolve claimant and vendor complaints/problems related to program issues.
Knowledge related to performing this action
Experience related to performing this action

19. Prepare statistical reports and summaries for management.
Knowledge related to performing this action
Experience related to performing this action
20. Serve as an expert regarding complex case issues.
Knowledge related to performing this action
Experience related to performing this action
21. Participate in the provisions of collective bargaining agreements.
Knowledge related to performing this action
Experience related to performing this action

22. Assign work to employees to meet and/or comply with Branch and Division goals.
Knowledge related to performing this action
Experience related to performing this action
23. Document employee performance to complete employee performance evaluations and probationary reports.
and probationary reports.
Knowledge related to performing this action
Experience related to performing this action

KNOWLEDGE, SKILL, OR ABILITY (KSA) ASSESSMENT

Rate your knowledge, skill, or ability performing specific job-related actions, using the rating scale below.

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 for the scale provided. Responses may not be changed or added once submitted to the Department of Social Services Examination Unit. Missing responses will result in a lower score.

In responding to each statement, you may refer to your <u>formal education</u>, <u>formal training</u> courses, and/or work experience whether paid or not paid.

SCALE - KNOWLEDGE, SKILL, OR ABILITY RELATED TO THIS STATEMENT

Extensive Knowledge, Skill, or Ability

I have applied this KSA in an actual setting while performing a job and have used it to instruct others on the specific task.

Moderate Knowledge, Skill, or Ability

I have applied this KSA in an actual setting while performing a job.

Limited Knowledge, Skill, or Ability

I have education or training relevant to this KSA, but have not applied it to an actual job.

No Knowledge, Skill, or Ability

I have no experience, education, or training relevant to this KSA

1. Practices in the interpretation of medical reports, psychological tests, and laboratory studies.

Knowledge, Skill, or Ability related to performing this action

2. Vocational implications of physical and mental impairments and disease processes.

Knowledge, Skill, or Ability related to performing this action

3. Medical terminology.
Knowledge, Skill, or Ability related to performing this action
4. Welfare and Institutions Code, Social Security Act, and other related State and Federal laws, rules, and regulations pertaining to medical and legal responsibilities.
Knowledge, Skill, or Ability related to performing this action
5. Principles, trends, procedures, methods, and techniques used in the supervision and administration of disability claims development and adjudication.
Knowledge, Skill, or Ability related to performing this action
6. Research methods.
Knowledge, Skill, or Ability related to performing this action
7. Analyze situations accurately and take effective action.
Knowledge, Skill, or Ability related to performing this action

8. Utilize and apply effectively technical knowledge and skills.
Knowledge, Skill, or Ability related to performing this action
9. Communicate effectively.
Knowledge, Skill, or Ability related to performing this action
10. Effectively promote equal opportunity in employment and maintain a work environment that is free of discrimination and harassment.
Knowledge, Skill, or Ability related to performing this action
11. Act independently with objectivity, flexibility, and tact.
Knowledge, Skill, or Ability related to performing this action

THIS CONCLUDES THE ASSESSMENT FOR THE DISABILITY EVALUATION SERVICES ADMINISTRATOR I EXAMINATION

Please refer to Page 2 for filing/mailing instructions.