



## Health Program Specialist II

KH06 - 8336 EXAM ID: 5H510

<b>Department:</b>	<b>California Health Benefit Exchange/ Covered California</b>
<b>Opening Date:</b>	<b>June 10, 2016</b>
<b>Final Filing Date:</b>	<b>Continuous</b>
<b>Salary Range:</b>	<b>\$5,550.00 to \$6,947.00</b>
<b>Employment Type:</b>	<b>Permanent Full Time</b>
<b>Exam Type:</b>	<b>Departmental Open – Sacramento</b>

### INTRODUCTION

Candidates may only establish eligibility in the location listed above.

### EQUAL EMPLOYMENT OPPORTUNITY

California Health Benefit Exchange/Covered California is an equal opportunity employer to all regardless of age, ancestry, color, disability (mental or physical), exercising the right to family care and medical leave, gender, gender expression, gender identity, genetic information, marital status, medical condition, military or veteran status, national origin, political affiliation, race, religious creed, sex (includes pregnancy, childbirth, breastfeeding and related medical conditions), and sexual orientation.

### DRUG FREE STATEMENT

It is an objective of the State of California to achieve a drug-free State workplace. Any applicant for State employment will be expected to behave in accordance with this objective because the use of illegal drugs is inconsistent with the law of the State, the rules governing civil service and the special trust placed in public servants.

## WHO SHOULD APPLY?

Applicants who meet the Minimum Qualifications (entrance requirements) as stated on this bulletin may apply and take the Supplemental Application examination, which is competitive. Once you have taken the Supplemental Application examination, you may not retest for 12 months.

## FILING INSTRUCTIONS

Final File Date: Testing is considered continuous as the dates can be set at any time. Applications must be submitted by the cut-off dates indicated below. Applications received after the set cut-off dates will be held for the next administration of this examination.

### Cut off dates:

**June 30, 2016   September 30, 2016   December 31, 2016   March 31, 2017**

Faxed or emailed applications will NOT be accepted. **The examination title and exam code (5H510) MUST be indicated on the application.**

Mail application (STD 678) to the address provided below.

California Health Benefit Exchange/Covered California  
Selection Services Unit  
1601 Exposition Blvd.  
Sacramento, CA 95815

Candidates are responsible for obtaining proof of mailing or submission of their application to Selection Services Unit.

## POSITION STATEMENT

Incumbents at this level function as highly skilled, technical program consultants in programs which are critical to the department's basic mission, where the level of expertise required is definably greater than that for any other supervisory position at this level; and where the person proposed for the position has an established reputation in the area of expertise required.

## ELIGIBLE LIST INFORMATION

An open, merged eligible list will be established for the California Health Benefit Exchange/Covered California in Sacramento. The names of successful competitors will be merged onto the eligible list in order of final score regardless of test date. List eligibility will expire 12 months after it is established. Competitors will be able to retake the Supplemental Application examination after 12 months to reestablish list eligibility.

## REQUIREMENTS FOR ADMITTANCE TO THE EXAMINATION

NOTE: All applicants must meet the education and/or experience requirements for this examination by the test date. Your signature on your application indicates that you read, understand, and possess the minimum qualifications required.

NOTE: All applications must include: “to” and “from” dates (month/day/year), time base, civil service or private sector titles, and the duties performed. Applications received without this information will be rejected. Your signature on your application indicates that the information provided is true and complete to the best of your knowledge.

Qualifying experience may be combined on a proportionate basis if the requirements stated below include more than one pattern and are distinguished as “Either” I, “or” II “or” III, etc. For example, candidates possessing qualifying experience amounting to 50% of the required time of Pattern I, and additional experience amounting to 50% of the required time of Pattern II, may be admitted to an examination as meeting 100% of the overall experience requirements.

## MINIMUM QUALIFICATIONS

### **Either I**

One year of experience in the California state service performing duties equivalent to a Health Program Specialist I or Health Program Manager I.

### **Or II**

Two years of experience in the California state service performing duties equivalent to an Associate Health Program Adviser.

### **Or III**

Experience: Four years of progressively responsible experience in health program administration, at least two of which must have been with independent responsibility for a significant program such as is normally found in a complex or departmentalized medical care delivery setting or health institution or organization. This experience must include program planning and/or evaluation experience and the making of recommendations to management. (Possession of a Doctoral Degree in Public Health, Health Administration, Health Planning, Public Administration, or a closely related health professional field may be substituted for one year of the required general experience.) **and**

**Education:** Possession of a Master’s Degree in Public Health, Health Administration, Hospital Administration, Comprehensive Health Planning, Public Administration, or a closely related health professional field. (One year of additional specialized qualifying experience may be substituted for the required master’s degree.)

## EXAMINATION INFORMATION

This examination consists of a Supplemental Application that is weighted 100%. Candidates who have been verified as meeting the requirements for admittance to the examination (minimum qualifications) will be emailed the Supplemental Application within two weeks of the final file date which are listed on page 2. **Be sure to include your current email address on your application.** The Supplemental Application has been designed to elicit specific information regarding each candidate's education and experience relative to the testing classification. Responses to the questionnaire will be assessed based on pre-determined rating criteria. In appraising the relative qualifications of candidates, consideration will be given to the extent and type of pertinent experience and education over and above what is minimally required.

## KNOWLEDGE AND ABILITIES

Knowledge of:

1. Public Health, mental health and health care services programs and trends
2. Problems and procedures involved in establishing community relationships and assessing community health program needs and resources
3. Preparation and planning for coordinated programs and with local and Federal agencies, private agencies and health care providers
4. Principles and methods of public administration including organization, personnel and fiscal management
5. Methods of preparing reports
6. Research and survey methods
7. Methods and principles of medical care administration, disease and disability prevention, health promotion and medical rehabilitation
8. Procedures, planning, implementation and monitoring of programs
9. Design and plan for coordination of programs with Federal and local agencies
10. Legislative process

Ability to:

1. Assist in development of public health and health care projects
2. Apply health regulations, policies and procedures
3. Participate in monitoring and evaluating health programs and projects
4. Gather, analyze and organize data related to health programs
5. Analyze administrative problems and recommend effective action
6. Speak and write effectively
7. Act as program liaison with staff in other programs at the Federal, State, and local level
8. Assist in planning, conducting and evaluating of field projects
9. Recommend and take actions on a variety of health programs, project activities, staffing and budgetary processes
10. Analyze proposed legislation, regulations and health program standards
11. Provide consultation and technical assistance to local agencies

12. Serve on task forces and committees as a program representative

### **ADDITIONAL DESIRABLE QUALIFICATIONS**

- Work under pressure and time constraints
- Handle changing priorities
- Interacts with poise, tact and professionalism
- Strong communication skills both orally and in writing
- Works independently or in a group setting as or of a team or as a team lead

### **VETERANS PREFERENCE**

Veterans' Preference will be granted for this examination. Effective January 1, 2014, in accordance with Government Codes 18973.1 and 18973.5, whenever any veteran, widow or widower of a veteran, or spouse of a 100 percent-disabled veteran achieves a passing score on an open examination, he or she shall be ranked in the top rank of the resulting eligibility list. This section shall not apply to any veteran who has been dishonorably discharged or released.

Veteran status is verified by the California Department of Human Resources (CalHR). Directions to apply for Veterans' Preference are on the Veterans' Preference Application (CalHR Form 1093) which is available at <https://www.jobs.ca.gov/Public/JobSeekers.aspx> or from the California Department of Human Resources, 1515 "S" Street, North Building, Suite 400, Sacramento, CA 95811 and the Department of Veterans' Affairs.

### **CAREER CREDITS**

Career Credits will not be added to the final score of this examination, because it does not meet the requirements for Career Credits.

### **CONTACT INFORMATION**

For additional information regarding this exam, please send an email to: [selectionservices@covered.ca.gov](mailto:selectionservices@covered.ca.gov)

### **DISCLAIMER**

Please click on the link below to review the official California State Personnel Board class specification:  
<http://jobs.spb.ca.gov/wvpos/jobspecs.cfm>

## GENERAL INFORMATION

Applications are available at [www.jobs.ca.gov](http://www.jobs.ca.gov), California Department of Human Resources (CalHR) offices, local offices of the Employment Development Department and the testing department on this job bulletin.

If you meet the requirements stated on this bulletin, you may take this examination, which is competitive. Possession of the entrance requirement does not assure a place on the eligible list. Your performance in the examination will be compared with the performance of the others who take this test, and all candidates who pass will be ranked according to their scores.

The testing department reserves the right to revise the examination plan to better meet the needs of the service, if the circumstances under which this examination was planned change. Such revision will be in accordance with civil service laws and rules and all competitors will be notified. Candidates needing special testing arrangements due to a disability must mark the appropriate box on the application and/or contact the testing department.

**General Qualifications:** Candidates must possess essential personal qualifications including integrity, initiative, dependability, good judgment, and the ability to work cooperatively with others; and a state of health consistent with the ability to perform the assigned duties of the classification. A medical examination may be required. In open examinations, investigation may be made of employment records and personal history and fingerprinting may be required.

**Eligible Lists:** Eligible lists established by competitive examination, regardless of date, must be used in the following order: 1) sub-divisional promotional, 2) departmental promotional, 3) multi-departmental promotional, 4) service-wide promotional, 5) departmental open, 6) open. When there are two lists of the same kind, the older must be used first. Eligible lists will expire in one to four years unless otherwise stated on the bulletin.

TDD is Telecommunications Device for the Deaf and is reachable only from phones equipped with a TDD Device. Voice (916) 228-8386 California Relay Service: Voice 1-800-735-2922 or TTY 1-800-734-2929.