



DEPARTMENT OF DEVELOPMENTAL SERVICES

STANDARDS COMPLIANCE COORDINATOR

EXAM CODE: 7DS06

**Final Filing Date: CONTINUOUS FILING
DEPARTMENTAL PROMOTIONAL**

CLASSIFICATION DETAILS

Salary Range:

\$6,742.00 - \$8,379.00 per month

Please click on the link below to review the official California Department of Human Resources (CalHR) classification specification.

<https://www.calhr.ca.gov/state-hr-professionals/pages/8328.aspx>

WHO SHOULD APPLY?

Applicants who meets the minimum qualifications as stated below. Once you have taken the examination, you may not retake it for 6 months.

This is a Departmental Promotional examination

1. Applicants must have a permanent civil service appointment with the California Department of Developmental Services as of the final filing date in order to participate in this examination, or
2. Must be a current or former employee of the Legislature with two or more consecutive years as defined in Government Code Section 18990; or
3. Must be a current or former non-elected exempt employee of the Executive Branch with two or more consecutive years as defined in Government Code Section 18992; or
4. Must be a person retired from the United States military, honorably discharged from active military duty with a service-connected disability, or honorably discharged from active duty as defined in Government Code Section 18991. Candidates filing under Government Code Section 18991 need to submit a legible copy of the DD214 along with the completed Veterans' Preference application form (CalHR 1093) to California Department of Human Resources.

FILING INSTRUCTIONS

Applicants must complete and submit both the State Examination/Employment Application (Std. 678) **and** the Supplemental Application, found at the end of this examination bulletin, by mail or in person to:

FILE BY MAIL:

Department of Developmental Services
Attention: Examinations Unit
1215 O Street, MS 10-14
Sacramento, CA 95814

FILE IN PERSON:

Department of Developmental Services
Attention: Examinations Unit
1215 O Street, MS 10-40
Sacramento, CA 95814
Monday-Friday, 8:00 AM-5:00 PM

FILE BY EMAIL

Due to COVID 19 we have limited staff in office. Therefore, the preferred method of application submittal is via email. Send exam materials via email to examhelpdesk@dds.ca.gov

POSITION LOCATIONS

Department of Developmental Services which includes, Headquarters (Sacramento County), Solano County, Orange County, Tulare County, and Riverside County

SPECIAL TESTING ARRANGEMENTS

If you require special testing arrangements due to a verified disability or medical condition, mark the appropriate box on your State Examination/Employment Application (Std. 678). You will be contacted to make specific arrangements.

ELIGIBLE LIST INFORMATION

An eligible list will be established for use by the Department of Developmental Services. The names of successful competitors will be merged onto the eligible list in order of final scores regardless of date. Eligibility expires twelve (12) months after it is established, unless the needs of the service and conditions of the list(s) warrant a change in this period. Competitors must then retake the examination to re-establish eligibility.

REQUIREMENTS FOR ADMITTANCE TO THE EXAMINATION

All applicants must meet the experience and/or education requirements for this examination at the time the application is submitted. Your signature on the application indicates that you read, understood, and possess the minimum qualifications required.

State Applications must include: "to" and "from" dates (month/day/year), time base, hours worked per week, civil service or private sector titles, and the duties performed. Applications without this information may be rejected from this examination. If using education to qualify, applicant must include copies of unofficial transcripts. College course information must include title, number of semester or quarter units, name of institution, completion dates, and degree (if applicable).

MINIMUM QUALIFICATIONS

Either I

One year of experience in the California state service performing the duties of a Medical Record Consultant or Health Program Coordinator, Correctional Facility.

Or II

Two years of clinical nursing experience in the California state service performing the duties of a class comparable in level of responsibility to those of a Unit Supervisor, Supervising Registered Nurse, or Senior Medical Technical Assistant.

Or III

Two years of experience in the Department of Mental Health performing the duties of an Associate Mental Health Specialist.

Or IV

Two years of experience as a Medical Record Director in a health care facility.

Or V

Three years of clinical experience as a psychiatric social worker, psychologist, rehabilitation therapist, recreation therapist, individual program coordinator, or teacher in a health care facility.

OUT-OF-CLASS EXPERIENCE: Applicant must submit copies of Out-Of-Class documentation approved by HR Office. Experience must be dated within one year of assignment completion to use as out-of-class experience to meet the minimum qualifications for examination purposes. Employees may obtain this documentation from his/her management. Out-of-class experience without required documentation will not be considered for examination purposes.

POSITION DESCRIPTION

Incumbents provide consultation, resource information, reference material, technical assistance, and training to facility administration and staff on all applicable State, Federal, and voluntary standards, rules, regulations, and public laws governing the operation of health care facilities, and on their interpretation, application, and implementation; advise facility administration of the facility's compliance status, make recommendations for courses of action to ensure standards compliance, and participate in facility policy and program formulation to assure that policies, procedures, and practices are in accordance with applicable regulations and standards; coordinate and monitor all applicable facility surveys, maintain survey schedules, prepare the facility for survey, and coordinate completion of necessary documents, such as applications, self-assessment surveys, plans of correction, and requests for waivers or program flexibility; develop and maintain a monitoring, audit, and feedback system that ensures ongoing standards, regulatory compliance activities, and corrective action plans are conducted timely, are appropriate, and assures quality client/patient care and service delivery; provide liaison between the facility and survey agencies, local, State, and Federal offices, department headquarters, and others in matters relating to survey processes and standards compliance; keep abreast of changes or proposed changes in regulations; review proposed regulations for facility impact, and communicate changes to pertinent facility staff; provide consultation assistance with certain Medicare/MediCal and utilization review matters; monitor facility medical/social review team findings and their implications; review level-of-care redeterminations; organize appeals and fair hearings; participate in and chair committees and work groups, prepare summaries, reports, and correspondence; and do other related work.

SPECIAL PERSONAL CHARACTERISTICS

Experience in hospital administration, nursing administration, or health facility evaluation and consultation.

EXAMINATION INFORMATION

The examination will consist of a Supplemental Application. Candidates must attain an overall minimum score of 70% to be placed on the eligible list. The examination is designed to elicit specific information regarding each candidate's training and experience relative to the testing classification. Responses to the examination will be assessed based on pre-determined rating criteria.

Supplemental Application – Weighted 100%

KNOWLEDGE AND ABILITIES

A. Knowledge of:

1. Laws, rules, regulations, and standards governing the operations of State hospitals/developmental centers, health care facilities, and health care institutions within the Department of Corrections
2. Policies and procedures of the Department of Developmental Services, the Department of Mental Health, the Department of Corrections, or the Department of Veterans Affairs
3. State hospital/developmental centers and correctional institution organization and management
4. Principles and procedures of assessment evaluation, analysis, data collection, and report writing

B. Ability to:

1. Establish and maintain cooperative relations with a multidisciplinary hospital staff and with officials of State, Federal, and local agencies
2. Analyze situations accurately and recommend effective action
3. Communicate effectively

VETERANS' PREFERENCE/CAREER CREDIT

Veterans' Preference will not be granted for this examination. Career credits will not be granted in this examination.

EQUAL EMPLOYMENT OPPORTUNITY

The State of California is an equal opportunity employer to all, regardless of age, ancestry, color, disability (mental and 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(s), and sexual orientation.

DRUG-FREE STATEMENT

It is an objective of the state of California to achieve a drug free state work place. 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.

GENERAL INFORMATION

It is the applicant's responsibility to contact the DDS Examinations Unit at ExamHelpDesk@dds.ca.gov within three weeks after submitting an application if you have not received a progress notice.

Examination and/or Employment Application (STD 678) forms are available at the California Department of Human Resources, local offices of the Employment Development Department, or on-line by logging into your [CalCareer Account](#).

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 examination, and all candidates who pass will be ranked according to their scores.

The Department of Developmental Services reserves the right to revise the examination plan to better meet the needs of the service if the circumstances change under which this examination was planned. Such revision will be in accordance with civil service laws and rules and all competitors will be notified.

General Qualifications: Candidates must possess essential personal qualifications including integrity, initiative, dependability, good judgment, and ability to work cooperatively with others, and a state of health consistent with the ability to perform the assigned duties of the class. 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.

CONTACT INFORMATION

Department of Developmental Services
1215 O Street, MS 10-14
Sacramento, CA 95814
ExamHelpDesk@dds.ca.gov

California Relay Service for the Deaf or Hearing Impaired from TDD phones call: 1-800-735-2929 or from voice phones call: 1-800-745-2922.



DEPARTMENT OF DEVELOPMENTAL SERVICES (DDS)

Standards Compliance Coordinator

SUPPLEMENTAL APPLICATION INSTRUCTIONS

The STANDARDS COMPLIANCE COORDINATOR (SCC) examination is being administered as a Departmental PROMOTIONAL examination for the Department of Developmental Services (DDS). This is a Training and Experience (T&E) examination and consist solely of a Supplemental Application and accounts for 100% of the examination. Applicants successful in the examination will be placed on an eligible list, which will be used to fill vacancies at DDS Headquarters and Developmental Centers.

The examination is designed to elicit a range of specific information regarding each candidate's knowledge, skills and abilities to successfully perform the duties of the SCC classification. The score a candidate receives is based upon an evaluation of the responses provided in the Supplemental Application. The examination utilizes a predetermined rating criteria and an established rating scale.

Applicants **MUST** read and follow the directions on the following pages and complete and submit the required documents for acceptance into the examination. The information you provide on the Supplemental Application may be used for any portion of the selection and/or recruitment process.

WHO SHOULD APPLY?

Applicants meeting the ***minimum qualifications*** of the classification (located on the examination bulletin).

HOW TO APPLY?

1. Complete and Print:

- Supplemental Application - located on the following pages
- Standard State Application (STD. 678) – located at calcareers.ca.gov

2. Submit to:

Department of Developmental Services
1215 O Street, MS 10-14
Sacramento, CA 95814
Attention: Yusuf Lang

Contact Information: If you have any questions regarding the exam process, please contact the Examhelpdesk@dds.ca.gov.

Standards Compliance Coordinator

SUPPLEMENTAL APPLICATION INSTRUCTIONS

Please read the instructions prior to proceeding to the “**Supplemental Application**” examination. This Supplemental Application consists of three “**SCALES**”. Utilizing the **THREE SCALES (A-C)** below, rate each job-related task statement utilizing **SCALES A & B** and assign one reference code from **SCALE C**. You will assign only one rating/reference code from each of the three scales for every task statement.

The three scales below include; two Rating Scales (Scale A & B) and one Reference Code (Scale C). If any of the scales are left blank your supplemental application will not be accepted and you will be disqualified from the exam.

SCALE A – Amount of Experience/Training/Education

Instructions: In Scale A – (Ratings 1- 5), assign one rating indicating the amount of time, based on your Experience (Training and/or Education) you have performing a specific job-related task. You may also refer to formal education, training and/or on the job experience (paid and/or volunteer).

Scale A: (Ratings 1- 5)

- 1** = 0 to 6 months
- 2** = More than six months and up to one year
- 3** = More than one year and up to three years
- 4** = More than three years and up to five years
- 5** = More than five years

SCALE B – Frequency

Instructions: In Scale B – (Ratings 1- 5), identify one rating for the number of times you have performed and/or received training in a specific job-related task on the following pages.

Scale B: (Ratings 1- 5)

- 1** = 0 times
- 2** = At least 1 – 10 times
- 3** = At least 11 – 20 times
- 4** = At least 21 – 30 times
- 5** = More than 30 times

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SUPPLEMENTAL APPLICATION

SCALE C – Reference Codes (A-E)

Instructions: In **Scale C (Reference Codes A - E)**, list **reference verification** information of persons that can verify your experience, training and/or education. A **Reference Code** can include **previous/current Employers, Trainers and/or Teachers/Instructors**. **DO NOT** list personal references (friends or family members).

Reference Code A

Name of Reference: _____

Phone Number: _____ E-mail: _____

Employer Name: _____ Employment Title: _____

Reference Code B

Name of Reference: _____

Phone Number: _____ E-mail: _____

Employer Name: _____ Employment Title: _____

Reference Code C

Name of Reference: _____

Phone Number: _____ E-mail: _____

Employer Name: _____ Employment Title: _____

Reference Code D

Name of Reference: _____

Phone Number: _____ E-mail: _____

Employer Name: _____ Employment Title: _____

Reference Code E

Name of Reference: _____

Phone Number: _____ E-mail: _____

Employer Name: _____ Employment Title: _____

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SUPPLEMENTAL APPLICATION

SCALES	<u>SCALE A</u> - Assign <u>one</u> rating I have performed this task for: 1 = Zero to six months 2 = More than six months 3 = More than one year and up to three years 4 = More than three years and up to five years 5 = More than five years	<u>SCALE B</u> - Assign <u>one</u> rating I have performed this task: 1 = 0 times 2 = At least 1 – 10 times 3 = At least 11 – 20 times 4 = At least 21 – 30 times 5 = More than 30 times <u>SCALE C</u> – Assign <u>one</u> Reference code per task (A – E)	SCALE A – Rating 1- 5	SCALE B - Rating 1- 5	SCALE C – Code A- E
	TASK STATEMENT				
1.	Experience advising facility administration of the facility's compliance status; make recommendations for courses of action to ensure standards compliance, and participate in facility policy and program formulation to assure that policies, procedures, and practices are in accordance with applicable regulations and standards.				
2.	Experience coordinating and preparing completion of necessary documents, such as applications, correspondence, self-assessment surveys, plans of correction and requests for waivers or program flexibility.				
3.	Experience developing and maintaining a monitoring, audit, and feedback system that ensures ongoing standards, regulatory compliance activities, and corrective action plans are conducted timely, are appropriate, and assures quality client/patient care and service delivery measures.				
4.	Experience participating in and/or chairing committees, work groups and mock survey teams.				
5.	Experience developing policies and procedures ensuring on-going compliance with all relevant standards, rules, and regulations in the operation of Developmental Centers/Facilities utilizing various resources (e.g., legal resources, long range planning, desk manuals, computer systems, programs, etc.).				
6.	Experience coordinating/facilitating an on-site audit related to licensing and certification compliance activities.				
7.	Experience assisting and monitoring on-site federal and state licensing and certification surveys including preparation and completion of survey documents, reports, and plans of correction.				
8.	Experience with Risk Management Systems, including database development and maintenance, data collection and analysis, tracking systems, incident reporting systems and required reports.				

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SUPPLEMENTAL APPLICATION

SCALES	<u>SCALE A</u> - Assign <u>one</u> rating I have performed this task for: 1 = Zero to six months 2 = More than six months 3 = More than one year and up to three years 4 = More than three years and up to five years 5 = More than five years	<u>SCALE B</u> - Assign <u>one</u> rating I have performed this task: 1 = 0 times 2 = At least 1 – 10 times 3 = At least 11 – 20 times 4 = At least 21 – 30 times 5 = More than 30 times <u>SCALE C</u> – Assign <u>one</u> Reference code per task (A – E)	<u>SCALE A</u> – Rating 1- 5	<u>SCALE B</u> - Rating 1- 5	<u>SCALE C</u> – Code A- E
	TASK STATEMENTS				
9.	Experience coordinating, monitoring, and providing assistance relating to survey readiness, requests for citation review, and decertification appeals and processes relating to regulatory sanctions.				
10.	Experience as a liaison between departments relating to reportable incidents, unusual occurrences, survey processes/outcomes and standards compliance.				

This is the end of the Supplemental Application and concludes the examination. Complete the following personal information and select the Location(s) that you are willing to accept employment.

Select county locations you are willing to accept employment:

- ☐ **(3400) Sacramento County**
- ☐ **(3308) Riverside County**
- ☐ **(3004) Orange County**
- ☐ **(5403) Tulare County**
- ☐ **(4907) Solano County**
- ☐ **(0000) All locations within California**

Candidate Name: _____

Phone Number: _____(Home) _____(Work)

E-mail Address: _____

Signature: _____ **Date:** _____

I certify and understand that my original signature certifies that all statements made in this Supplemental Application is true to the best of my knowledge.