



**CALIFORNIA DEPARTMENT OF PUBLIC HEALTH
HEALTH FACILITIES EVALUATOR MANAGER I
HEALTH FACILITIES EVALUATOR MANAGER II
DEPARTMENTAL PROMOTIONAL
CONTINUOUS TESTING**



Bulletin Release Date: February 1, 2016

This bulletin supersedes the bulletin released on December 17, 2014

Health Facilities Evaluator Manager I SZ55-8050 2H1CS

Health Facilities Evaluator Manager II SZ50-7993 2H1CT

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), and sexual orientation.

WHO SHOULD APPLY: This is a promotional examination for the Department of Public Health. Competition is limited to employees who meet the minimum qualifications and have a permanent civil service appointment with the Department of Public Health. Employees who have limited-term appointments in the department (provided they have had a permanent appointment and no subsequent break in service) are allowed to participate in departmental promotional exams in the department or must be: 1) a current or former employee of the Legislature for two or more years as defined in Government Code (GC) Section 18990; or 2) a current or former non-elected exempt employee of the Executive Branch with two or more consecutive years (excluding those positions for which salaries are set by statute) as defined in GC Section 18992; or 3) persons retired from the United State military, honorably discharged from active military duty with a service-connected disability, or honorably discharged from active duty as defined in GC Section 18991.

HOW TO APPLY: Applications and Supplemental Responses (see page four of this bulletin) must be submitted to the address listed below via the U.S. Postal Service, or hand delivered to the Department of Public Health Human Resources Office (hours are 8:00 AM to 5:00 PM). Standard State Applications (STD. 678) can be found at: <http://jobs.ca.gov/pdf/std678.pdf>.

By Mail or In Person:

**California Department of Public Health
Examination Services Unit
1501 Capitol Avenue, Suite 71.1501
MS 1700-1702
P.O. Box 997378
Sacramento, CA 95899-7378**

(916) 650-0436

DO NOT SUBMIT APPLICATIONS TO THE CALIFORNIA DEPARTMENT OF HUMAN RESOURCES (CalHR).

FINAL FILING DATE: There is no final filing date. Testing is considered continuous as dates can be set at any time.

Applications must be submitted by the final filing dates indicated below. Applications postmarked, personally delivered, or received via interoffice mail after the final filing date, will be held for the next administration of the exam. The filing dates are:

January 7, 2016

April 7, 2016

July 7, 2016

October 7, 2016

CROSS FILING INFORMATION: If you meet the entrance requirements for both Health Facilities Evaluator Manager I and for Health Facilities Evaluator Manager II, you may file for both examinations on a single application. You must indicate the class title(s) corresponding to each examination for which you are applying on the application Form STD. 678.

SALARY RANGES: Health Facilities Evaluator Manager I \$5311 - \$6598 per month
Health Facilities Evaluator Manager II \$5830 - \$7245 per month

POSITION DESCRIPTION: Health Facilities Evaluator Manager I, function as supervisors in the Department of Public Health Licensing and Certification Program performing in one of the following capacities: (1) first-level supervisor in headquarters over at least four professional staff performing specialized support staff duties; or (2) second-level supervisor of a field office supervising a staff including at least two Health Facilities Evaluators II (Supervisor); and provide direct supervision of the medical consultants and support staff for a district office.

Health Facilities Evaluator Manager II, plan, organize, and direct either (1) the operation of a large district office defined as those offices with a minimum of 40 professional and clerical staff; (2) a statewide program of licensing, inspection, investigation, and/or certification of health facilities under public medical care legislation; (3) direct the administrative appeal hearing activities statewide; supervise appeal hearing staff, Health Facilities Evaluator Specialists; hear the most

complex health facilities appeals; and serve as senior program consultant to the Department's legal staff and the Attorney General's Office on the most controversial and sensitive enforcement issues involving licensing actions pursued through arbitration or court litigation; or (4) organize, plan, coordinate, and direct the activities of Health Facilities Evaluator Managers I engaged in providing policy direction, procedural development, and related support.

Positions may exist with the Department of Public Health statewide.

REQUIREMENTS FOR ADMITTANCE TO THE EXAMINATION: It is your responsibility to make sure you meet the education and/or experience requirements stated on this announcement on the date you submit your application. Your signature on your application indicates that you have read, understood, and possess the basic qualifications required.

NOTE: Applications **MUST** include "to" and "from" dates (month/day/year), time base, civil service class title(s), and range (if applicable) for all work experience. College course information **MUST** include title, number of semester or quarter units, names of institutions, completion dates, and degree (if applicable). Applicants **MUST** submit a copy of official transcripts when using education to meet the entrance requirements for this examination. Applications received without this information will be rejected.

MINIMUM QUALIFICATIONS: Qualifying experience may be combined on a proportionate basis if the following requirements include more than one pattern and are distinguished as either I, or II, or III, etc.

ALL LEVELS: Possession of a master's degree in a recognized health field, i.e., microbiology, laboratory technology, nursing, physical therapy, psychology, medical social work, or other health related field from a recognized school may be substituted for one year of the required general experience.

Health Facilities Evaluator Manager I:

Either I

One year of experience performing the duties of a Health Facilities Evaluator II or Health Facilities Evaluator II (Supervisor) in the California state service.

Or II

Education: Equivalent to graduation from a four-year college or university with a degree in a recognized health field, i.e., microbiology, laboratory technology, nursing, physical therapy, psychology, medical social work, or other health related field. (Additional qualifying experience may be substituted for the required education on a year-for-year basis.) **and**

Experience: Four years of increasingly responsible professional experience requiring definition and implementation of operational program policy including or supplemented by at least one year of professional administrative or clinical experience as a supervisor or consultant in a health facility planning, licensing, certification, or general health administration program. [Experience in California state service applied toward this requirement must include one year at a level of responsibility equivalent to the Health Facilities Evaluator II or Health Facilities Evaluator II (Supervisor) levels.]

Health Facilities Evaluator Manager II:

Either I

One year of experience performing the duties of a Health Facilities Evaluator Manager I or Health Facilities Evaluator Specialist in the California state service.

Or II

Two years of experience performing the duties of a Health Facilities Evaluator II or Health Facilities Evaluator II (Supervisor) in the California state service.

Or III

Education: Equivalent to graduation from a four-year college or university in a recognized health field, i.e., microbiology, laboratory technology, nursing, physical therapy, psychology, medical social work, or other health related field. (Additional qualifying experience may be substituted for the required education on a year-for-year basis.) **and**

Experience: Four years of increasingly responsible professional administrative or clinical experience requiring definition and implementation of operational program policy including or supplemented by two years of professional administrative or clinical experience as a supervisor or consultant in a health facility planning, licensing, certification, or general health administration program. (Experience in California state service applied toward this requirement must include one year at a level of responsibility equivalent to the Health Facilities Manager I or Health Facilities Evaluator Specialist levels.)

Knowledge and Abilities:

Health Facilities Manager I: Knowledge of all of the principles and purposes of regulations governing health facilities and services; State and Federal laws, regulations, and rules administered by the Department governing the planning, construction, licensing, inspection, regulation. And supervision of such public and private health facilities as hospitals, nursing homes, intermediate care facilities, clinics, adult day-care centers, and home health agencies; health facility organization, operation, and procedures; applicable departmental policies and procedures; functions and techniques of

health facility management, services, organizations, and standards for patient care; investigative methods and techniques and rules of evidence; types and usage of modern health facility buildings, furnishings, and equipment; medical terminology; operations and services affecting patient care; effective group and individual training techniques and methods; principles, practices, and techniques used in the administration of the licensing and certification program; principles and practices of effective supervision and personnel relations; group and individual training methods; and principles of effective supervision and the Department's Equal Employment Opportunity (EEO) Program objectives; a supervisor's role in the EEO Program and the processes available to meet affirmative action objectives; the rules-of-conduct governing quasi-judicial hearings and conduct of proceedings before administrative bodies; enforcement action procedures against licensed health facilities; and principles of effective supervision and techniques to implement EEO objectives.

Ability to: Collect and analyze data; participate effectively in conferences in training sessions; communicate effectively; establish and maintain effective working relationships; interpret and apply pertinent State and Federal laws, regulations, and rules; establish and maintain cooperative relationships with personnel in the health facility industry, within the Department, and with other community social and health agencies; analyze problems arising out of field operations; perform quality control review of field staff work, design, develop, conduct, and provide a full range of in-service and out-service training for evaluators to include group and individual training techniques and methods; secure accurate data and record and report data systematically; develop and evaluate alternatives; reach logical conclusions and implement effective changes as corrective actions to identified problems; produce clear, accurate, and concise reports; analyze situations accurately and take effective action; utilize and apply effectively required technical knowledge; and plan, organize, direct, and control the work of others; establish and maintain effective working relations; communicate effectively; produce clear, accurate, and concise reports; utilize and apply effectively required technical knowledge; effectively train personnel; provide consultation to staff; and effectively contribute to the Department's EEO objectives; conduct the course of hearings in an effective and orderly manner; determine case factors; extract from testimony and case records pertinent facts and data; analyze evidence and draw logical conclusions; present statement of facts, laws, arguments, and findings clearly and logically in oral and written form; render decisions, citing contributing factors for the decision; write clear, accurate, concise, and logical decisions; function independently with general or limited guidelines; exercise a high degree of judgment in applying pertinent laws, rules, and regulations; provides assistance to legal staff for civil case litigations; plan, organize, and direct the operation of an office health facilities program involving the licensing, inspection, investigation, and certification of health facilities under public medical legislation; effectively contribute to the Department's EEO objectives.

Health Facilities Manager II: Knowledge of all of the above, and budgeting practices as applied to management of a major health facilities program of the Department; Department's EEO Program objectives; a manager's role in the EEO Program and the processes available to meet EEO objectives.

Ability to: All of the above, and plan, organize, and direct the operation of a health facilities program involving the licensing, inspection, investigation, and certification of health facilities under public medical care legislation, or related administrative appeal; effectively preside over quasi-judicial appeal hearings and render appropriate decisions based on case factors and findings; and consult with legal staff for civil case litigations; effectively contribute to the Department's affirmative action objectives.

SPECIAL PERSONAL CHARACTERISTICS: Both Levels: Willingness to travel throughout the State.

GENERAL QUALIFICATIONS: In addition to the scope defined on this announcement, candidates must possess essential personal qualifications including integrity, initiative, dependability, good judgment, 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.

EXAMINATION INFORMATION: The examination will consist of five Supplemental Questions that are weighted 100%. Applicants are required to respond to the following five supplemental items. These supplemental items are designed to identify job achievement in specific areas that demonstrates the ability to successfully perform at the Health Facilities Evaluator Manager I and/or II level. Responses to the supplemental items will be assessed based on predetermined job-related 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 that required under the minimum qualifications.

The Department of Public Health 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 law and rules and all competitors will be notified.

SUPPLEMENTAL APPLICATION: Each applicant for this examination **must** complete and submit his/her responses to **all five supplemental items** that follow. Answer questions completely; incomplete responses and omitted information cannot be considered or assumed. Resumes, letters of reference, and other materials will not be evaluated or considered as responses to items in the supplemental application. **YOUR RESPONSES ARE SUBJECT TO VERIFICATION** and should be an accurate reflection of your personal experience. Applications received without responses to the

SUPPLEMENTAL ITEMS

1. Describe your leadership, supervisory and/or team leading experience, including techniques of organizing and motivating groups and/or employees, and your experience interacting effectively with a variety of individuals, organizations, state agencies and local governments.
 2. Describe and quantify the number of years of experience you have in planning, organizing and prioritizing the work of multidisciplinary professional and administrative staff and allocating resources to ensure workload and assignment requirements are met and completed on time.
 3. Describe your experience interpreting and applying state and federal laws, regulations, and policies and procedures administered by the California Department of Public Health as they relate to the licensing and certification of health facilities and/or individuals certified and licensed by the Licensing and Certification program.
 4. Describe a specific experience that demonstrates your ability to analyze complex problems and recommend effective courses of action. Describe the steps you took to implement your recommended course of action. Please provide specific details.
 5. Describe two different experiences that demonstrate your ability to use appropriate communication skills to diffuse a difficult situation. Experiences/examples should describe interaction with: staff or providers/professionals or the general public or state or federal representatives. Include in your response the nature of the conflict and outcome.
-

INSTRUCTIONS: When responding to the supplemental items, please follow these guidelines:

- Your responses must be typewritten or generated by word processing on 8½" X 11" paper.
- Your font size should be no smaller than "10" pitch.
- Your responses must be limited to one page per item.
- Identify each page with your full name.
- Make sure your responses are complete, specific, clear, and concise.
- Answer each numbered item separately, indicating the corresponding item number for each response. (You may include multiple responses on a single page.)
- Include place of employment, pertinent dates, duties performed, etc., when responding to items.
- In the event that one particular job contained responsibilities applicable to several items, separate the different functions of the job in order to respond to all items completely.
- Please return your state application (678) and two copies of the Supplemental Items to the address listed on the front of the bulletin.

FILING INSTRUCTIONS:

Applicants must submit:

- A completed Standard State Application (STD. 678)
- A response to each of the five supplemental items (two copies)
- Signed Certification Page (see page 5)
- Signed Conditions of Employment Form (see page 6)

NOTE: Resumes, letters, and other materials will not be evaluated or considered as responses to the supplemental items.

**California Department of Public Health
SECURITY INFORMATION FOR PARTICIPANTS**

Preparation, Development, Review of
State Civil Services Examination Material

Examination Title: HEALTH FACILITIES EVALUATOR MANAGER I
HEALTH FACILITIES EVALUATOR MANAGER II

State law requires that civil service examinations are confidential and impartial. We ask that you assume a personal responsibility in maintaining the competitive aspects and confidential nature of this examination. The personal information that you provide on this form is required for documentation purposes. All information will remain confidential.

As a candidate, you must comply with the following test security standards:

1. DO NOT REVEAL the fact that you are participating in the examination process to anyone.
2. DO NOT DISCUSS any aspect of the examination with anyone. This includes supervisors, peers and co-workers. This security limitation includes information on all questions and answers.

I certify that:

1. I will not reveal to anyone that I am participating in this examination.
2. I will not discuss any aspect of this material with anyone.
3. I will adhere to all the established security measures.

I hereby certify and understand that the information provided by me in this supplemental application is true and complete to the best of my knowledge and contains no willful misrepresentation or falsification. I further understand that this information may be verified and that, if it is discovered I have made any false representations, I will be removed from the promotional list resulting from this examination, and possibly dismissed from civil service.

Signature

Date

Printed Name

Return this page with your original signature along with your Supplemental Application.

Please ensure that your return envelope has adequate postage. Facsimiles (FAX) or electronic versions (email) will not be accepted under any circumstance.

ELIGIBLE LIST INFORMATION: Possession of the entrance requirements does not assure a place on the eligible list. In order to obtain a position on the eligible list, a minimum rating of 70% must be attained. A departmental promotional list will be established for use by the department(s) listed on this announcement. List eligibility will expire 24 months after it is established unless the needs of the service and conditions of the list warrant a change in this period.

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, and 6) open. When there are two lists of the same kind, the older must be used first.

VETERANS' PREFERENCE: Veterans' preference is not granted in promotional examinations.

TDD is Telecommunications Device for the Deaf and is reachable only from phones equipped with a TDD device.

The California Relay (Telephone) Service for the deaf or hearing impaired:

MCI from TDD: 1-800-735-2929

MCI from voice telephone: 1-800-735-2922

Sprint from TDD: 1-888-877-5378

Sprint from voice telephone: 1-888-877-5379

CONDITIONS OF EMPLOYMENT (631)

Examination Title: HEALTH FACILITIES EVALUATOR MANAGER I
HEALTH FACILITIES EVALUATOR MANAGER II

Name: _____
(Print: first, middle initial, last)

FFD: Continuous

If you are successful in your examination your name will be placed on the active employment list and certified to fill vacancies according to the conditions you specify on this form. If you are unwilling to accept work or do not reply promptly to communications your name will be placed on the inactive list.

Locations in which you are willing to work:

Please indicate a maximum of 16 choices on this form - you will not be offered a job in locations not checked.

MARK NORTHERN REGION COUNTY CHOICES:

- | | | |
|---|---|--|
| <input type="checkbox"/> 0400 Butte | <input type="checkbox"/> 2300 Mendocino | <input type="checkbox"/> 4600 Sierra |
| <input type="checkbox"/> 0600 Colusa | <input type="checkbox"/> 2500 Modoc | <input type="checkbox"/> 4700 Siskiyou |
| <input type="checkbox"/> 0800 Del Norte | <input type="checkbox"/> 2900 Nevada | <input type="checkbox"/> 5100 Sutter |
| <input type="checkbox"/> 1100 Glenn | <input type="checkbox"/> 3100 Placer | <input type="checkbox"/> 5200 Tehama |
| <input type="checkbox"/> 1200 Humboldt | <input type="checkbox"/> 3200 Plumas | <input type="checkbox"/> 5300 Trinity |
| <input type="checkbox"/> 1700 Lake | <input type="checkbox"/> 4500 Shasta | <input type="checkbox"/> 5800 Yuba |
| <input type="checkbox"/> 1800 Lassen | | |

MARK CENTRAL REGION COUNTY CHOICES:

- | | | |
|--|---|---|
| <input type="checkbox"/> 0100 Alameda | <input type="checkbox"/> 2200 Mariposa | <input type="checkbox"/> 4100 San Mateo |
| <input type="checkbox"/> 0200 Alpine | <input type="checkbox"/> 2400 Merced | <input type="checkbox"/> 4300 Santa Clara |
| <input type="checkbox"/> 0300 Amador | <input type="checkbox"/> 2700 Monterey | <input type="checkbox"/> 4400 Santa Cruz |
| <input type="checkbox"/> 0500 Calaveras | <input type="checkbox"/> 2800 Napa | <input type="checkbox"/> 4800 Solano |
| <input type="checkbox"/> 0700 Contra Costa | <input type="checkbox"/> 3400 Sacramento | <input type="checkbox"/> 4900 Sonoma |
| <input type="checkbox"/> 0900 El Dorado | <input type="checkbox"/> 3500 San Benito | <input type="checkbox"/> 5000 Stanislaus |
| <input type="checkbox"/> 1000 Fresno | <input type="checkbox"/> 3800 San Francisco | <input type="checkbox"/> 5500 Tuolumne |
| <input type="checkbox"/> 2000 Madera | <input type="checkbox"/> 3900 San Joaquin | <input type="checkbox"/> 5700 Yolo |
| <input type="checkbox"/> 2100 Marin | | |

MARK SOUTHERN REGION COUNTY CHOICES:

- | | | |
|---|--|---|
| <input type="checkbox"/> 1300 Imperial | <input type="checkbox"/> 2600 Mono | <input type="checkbox"/> 4000 San Luis Obispo |
| <input type="checkbox"/> 1400 Inyo | <input type="checkbox"/> 3000 Orange | <input type="checkbox"/> 4200 Santa Barbara |
| <input type="checkbox"/> 1500 Kern | <input type="checkbox"/> 3300 Riverside | <input type="checkbox"/> 5400 Tulare |
| <input type="checkbox"/> 1600 Kings | <input type="checkbox"/> 3600 San Bernardino | <input type="checkbox"/> 5600 Ventura |
| <input type="checkbox"/> 1900 Los Angeles | <input type="checkbox"/> 3700 San Diego | |

TYPE OF EMPLOYMENT DESIRED:

ON A PERMANENT BASIS, I AM WILLING TO WORK:

- | | | |
|---------------------------------------|---|---|
| <input type="checkbox"/> Full Time | <input type="checkbox"/> Part Time (regular hours less than 40) | <input type="checkbox"/> Intermittent (on call) |
| <input type="checkbox"/> Limited Term | | |

ON A TEMPORARY BASIS, I AM WILLING TO WORK:

- | | | |
|---------------------------------------|---|---|
| <input type="checkbox"/> Full Time | <input type="checkbox"/> Part Time (regular hours less than 40) | <input type="checkbox"/> Intermittent (on call) |
| <input type="checkbox"/> Limited Term | | |

It is your responsibility to notify the Department of Public Health, Examination Services Unit, of any changes in your address or availability for employment. All correspondence must include your examination title, identification number and Social Security number.

Signature: _____

Date: _____