

**COMMONWEALTH OF PENNSYLVANIA
STATE CIVIL SERVICE COMMISSION**

**APPLICATION SUPPLEMENT NO. 2010-168-1
FOR
COUNTY CARE MANAGEMENT MANAGER
(LOCAL GOVERNMENT)
(L0761)**

BE SURE TO READ ANNOUNCEMENT NO. 2010-168 THOROUGHLY BEFORE YOU COMPLETE THIS SUPPLEMENT. THE ANNOUNCEMENT INCLUDES INFORMATION ON THE MINIMUM REQUIREMENTS FOR THE JOB, THE EXAMINATION AND OTHER INFORMATION.

Your completed Application for Employment/Promotion will be used to determine if you meet the minimum experience and training requirements. The information you provide in your Application Supplement No. 2010-168-1 and your Application for Employment/Promotion constitutes the examination and will be used to rate and score your qualifications. You must complete this supplement.

This supplement lists the 3 major Work Behaviors that a newly-appointed County Care Management Manager (LG) is expected to perform, and related certifications. Read each Work Behavior carefully, and select the Level of Performance that most closely resembles your background. List the employers where you gained your related experience in the indicated spaces following each Work Behavior. Be sure to clearly and completely describe your experience in the corresponding section of your Application for Employment/Promotion. In order to receive credit for experience, you must have worked in a job for at least 6 months performing the work. If the information you provide does not support your claim, your level of performance will be revised and you may receive a lower-than-deserved score.

Then, read Section 4- Certifications and indicate if you possess the listed certifications.

Please try to confine your responses to the spaces provided; however, if more space is necessary, you may attach additional pages. If you attach extra sheets, write the Work Behavior number and your Social Security number at the top of each page.

Do not submit a resume in lieu of the requested information. Resumes will not be scored.

After you have finished, read the statement at the end of the supplement, then sign and date the form in the spaces provided. Submit this completed supplement along with your completed Application for Employment/Promotion.

WORK BEHAVIOR 1 – COLLECTION AND ANALYSIS OF INFORMATION

Gathers demographic and clinical information by telephone or other methods, to authorize referrals to consumers in need of professional psychiatric, behavioral, or drug and alcohol treatment services.

Documents all data obtained, in an electronic system and client records.

Completes referral and case documentation in accordance with program standards.

Levels of Performance

Select the Level of Performance that best describes your claim.

- I have independently performed most of the activities listed above.
- I have independently performed some of the activities listed above.
- I have performed some of the activities listed above under close supervision.
- I have completed college coursework or other training related to the activities listed above.
- I have no related experience or training.

WORK BEHAVIOR 1 – COLLECTION AND ANALYSIS OF INFORMATION (CONTINUED)

List below the employer(s) shown on your Application for Employment/Promotion where you gained this experience, your job title, and the dates worked.

<u>Employer</u>	<u>Job Title</u>	<u>Dates Worked</u>

WORK BEHAVIOR 2 – PATIENT, CLIENT AND CONSUMER SERVICES

Provides consumers with information and referrals regarding benefits, treatment options, the managed care system, and community resources.

Advocates for consumers and families.

Conducts follow-ups of referrals with consumers and providers of services.

Assesses customer services, consumer satisfaction etc.

Levels of Performance

Select the Level of Performance that best describes your claim.

- I have independently performed most of the activities listed above.
- I have independently performed some of the activities listed above.
- I have performed some of the activities listed above under close supervision.
- I have completed college coursework or other training related to the activities listed above.
- I have no related experience or training.

WORK BEHAVIOR 2 – PATIENT, CLIENT AND CONSUMER SERVICES (CONTINUED)

List below the employer(s) shown on your Application for Employment/Promotion where you gained this experience, your job title, and the dates worked.

<u>Employer</u>	<u>Job Title</u>	<u>Dates Worked</u>

WORK BEHAVIOR 3 – CLINICAL ASSESSMENT AND EVALUATION

Reviews and evaluates the medical appropriateness of psychiatric, behavioral health and substance abuse cases.

Renders certification decisions in consultation with a supervisor.

Facilitates and coordinates care with other care managers.

Completes clinical rounds, seminars and training sessions to maintain licensure and clinical credentials.

Levels of Performance

Select the Level of Performance that best describes your claim.

- I have independently performed most of the activities listed above.
- I have independently performed some of the activities listed above.
- I have performed some of the activities listed above under close supervision.
- I have completed college coursework or other training related to the activities listed above.
- I have no related experience or training.

WORK BEHAVIOR 3 – CLINICAL ASSESSMENT AND EVALUATION (CONTINUED)

List below the employer(s) shown on your Application for Employment/Promotion where you gained this experience, your job title, and the dates worked.

<u>Employer</u>	<u>Job Title</u>	<u>Dates Worked</u>

SECTION 4 – CERTIFICATIONS

Levels of Certification

Select your appropriate Level of Certification.

- I have certification as an Addictions or Drug and Alcohol Counselor, Prevention or Treatment Specialist, Licensed Psychologist or Licensed Social Worker.
- I have certification in Pennsylvania Client Placement Criteria (PCPC).
- I have none of these certifications.

If you indicate that you possess the above certifications, you must submit copies of your certificates. You may fax copies of your related certifications to (717) 787-8650, e-mail them to: RA-cs-transcripts@state.pa.us , or mail them to: State Civil Service Commission, ATTN: Applications, P.O. Box 569, Harrisburg, PA 17108-0569. Write your name and Social Security number at the top of each page you submit.

Supplement #2010-168-1

Social Security Number

I understand this Supplement and all additional sheets constitute part of my Civil Service Application for Employment/Promotion. If requested, I will provide documentation and the names, addresses and phone numbers of persons who can verify the validity of the claims I make in this Supplement and the information reported as part of the Application.

Printed Name of Applicant

Date

Signature of Applicant

() _____
Home Phone Number

Street Address

() _____
Daytime Phone Number

City

State

Zip Code

E-Mail Address