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February 1, 2010

TEHAMA COUNTY CLERK OF THE  
BOARD OF SUPERVISORS

## TEHAMA COUNTY HEALTH SERVICES AGENCY

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*DEANNA GEE*  
ASSISTANT EXECUTIVE  
DIRECTOR, ADMINISTRATION

*JYME BOTTKE*  
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(530) 527-8491  
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### QUALITY ASSURANCE MANAGER

*Full time with benefits*

**CLOSING DATE:** March 04, 2010

**SALARY:** Range 87 \$5,420/mo - \$6,604/mo (Steps A – E)

**BENEFITS:** This position is represented by, the Joint Council Memorandum of Understanding. Benefits include an annual leave plan: 96 hours of vacation, increasing upon continuous years of service, 96 hours of sick leave, and 13 paid holidays plus one 8 hour personal holiday. County pays 100% of CalPERS Retirement Plan. County pays approximately 80% of premium for medical, dental, and vision plan (including \$20,000 life insurance plan for employee). Annual step increase based upon satisfactory performance and completion of 2,080 hours (Steps A to E). Deferred compensation and supplemental insurance plans are available. Employee Assistance Program sponsored by the County.

**DEFINITION:** Under direction of an assigned manager, plans, implements and supervises the activities of Quality Improvement, Quality Assurance, Utilization Management, and Program Integrity systems.

**SUPERVISION RECEIVED AND EXERCISED:** This position is a supervisory position and reports to an assigned manager. This position is responsible for the management of quality assurance programs for Health Services Agency treatment services to County residents. May provide direction in the areas of quality assurance, quality improvements and utilization review to clinical staff and clinical contractors.

**CLASS CHARACTERISTICS:** This classification is characterized by the responsibility for managing Quality Assurance Programs within the Health Services Agency to meet state, federal, and local regulations. Incumbent assumes responsibility for quality assurance program development and management including responsibility for the development and implementation of goals, objectives, policies and priorities for all assigned operations and activities. This class is distinguished from the Compliance Officer classification in that the latter provides general oversight for quality assurance (QA) and utilization review (UR) processes. Performance of the work requires the use of considerable independence, initiative, and discretion within established guidelines.

**EXAMPLES OF ESSENTIAL FUNCTIONS: (Illustrative Only)** Management reserves the right to add, modify, change or rescind the work assignments of different positions and to make reasonable accommodations so that qualified employees can perform the essential functions of the job. Plans, organizes, and performs duties related to Quality Improvement/Assurance Program (QI/QA). Administers managed care plan activities, audits organizational providers and authorizes out-of-County Medi-Cal utilization. Develops and provides training to service providers on professional responsibilities, technical skills, quality of care, scope of practice and on issues related to program compliance and integrity. Assists Health Services Agency supervisors to clarify program objectives, fiscal objectives and target populations to be served; provides analysis of the program structures of services system and provides information regarding QA/QI and utilization issues. Provides feedback to Directors and other management personnel regarding Agency or Division issues pertinent to program compliance for Federal and State standards/regulations and program integrity. Works closely with supervisors to ensure that all staff is aware of practice directives for service providers regarding services that can be claimed for reimbursement. Collaborates with supervisory and administrative staff in formulating policies and procedures, best practices and action plans; makes recommendations for administration of health programs including performance improvement and QI protocols. Manages activities to meet performance results; audits reports and staff activities to determine compliance to Federal and State performance QI measures. Reviews medical records for services provided; assures that appropriate services are provided; assures that services provided meet quality assurance, and program integrity and compliance standards; coordinates information and assures effective communication between programs. Reviews medical records of contracted providers for services provided; assures that appropriate services are provided; conducts utilization reviews and approves payments for services; assures effective communications between the Agency and contracted providers. Assists in development of treatment programs; assesses quality and conformance to Federal, State and other standards. Assures access to services for eligible clients. Supervises, coordinates and monitors the activities of the QI/QA/UR programs in order to obtain reimbursement for services and assure effective utilization of Agency resources. Conducts concurrent reviews of inpatient patient records to assess on-going medical necessity for hospitalization. Assures thorough review of medical necessity criteria and the appropriate length of authorization for services. Acts as the liaison with regulatory/reviewing agencies with regard to utilization of services, quality assurance and improvement activities. Performs Medi-Cal site certification reviews for contract providers. Keeps informed of laws, regulations, accreditation and licensure standards pertaining to quality assurance, outpatient and inpatient care, continuing care and other program operations. Confers with physician reviewer and chairs the Pharmacy Review Committee on a regularly scheduled basis and as necessary. Chairs the Quality Leadership/Quality Improvement Committees. Reviews current practices to identify opportunities to improve quality; gathers, compiles, maintains, and evaluates data related to staff treatment and charting practices, clinical programs, contractors, services performed, and client/patient feedback. Develops protocols for the review of inpatient and outpatient services; conducts and/or manages compliance reviews of contractor work-product. Manages the consumer grievance and appeal process. Organizes and tracks utilization review, medication support services (monitoring), and peer review in accordance with regulatory requirements. Prepares or assists in the preparation of Divisions' annual QI Plans in accordance with State requirements and/or Agency policies. Ensures program level compliance with all provisions of the Health Insurance Portability and Accountability Act of 1996 (HIPAA) within assigned programs. Ensures compliance with all relevant laws and regulations regarding confidentiality within assigned program areas. Reports documented or suspected abuse and neglect as mandated by law. Performs other related duties as assigned.

## **QUALIFICATIONS:**

### **Knowledge of:**

Principles, methods, and procedures of clinical and behavioral health practices; Health care management, health plan administration, government compliance, internal audits and risk management, regulatory affairs and specialty health care consulting; Laws, rules and regulations applicable to medical and behavioral health practices; Principles and methods of management necessary to plan, implement, and evaluate medical and behavioral health practices and programs; to supervise workers; to use independent judgment and discretion in supervision the QI/UM programs; Standards and regulations governing the operation of government behavioral health and medical health facilities; Data collection and compilation techniques; All applicable Federal, State, County, Department, and Division laws, regulations, policies and procedures; Modern office practices, methods and computer equipment; Record keeping principles and procedures; Computer applications related to the work; English usage, grammar, spelling, vocabulary, and punctuation; Issues of diverse cultures and how they influence practices and program development; principles of supervision, training, education, and team building; Techniques for dealing effectively with and providing a high level of customer service to all individuals contacted in the course of work.

### **Ability to:**

Read and interpret complex materials pertaining to the responsibilities of the job; Communicate effectively in written and oral form; Speak effectively in public; Analyze problems, identify solutions, recommend and implement methods, procedures, and techniques for resolution of issues; Operate essential office equipment (desk top computer, etc.); Assess and prioritize multiple tasks, projects, and demands; Develop and produce reports using word processing and spreadsheet software applications; Plan, direct, train, supervise and evaluate the work of others; Provide effective employee training; use initiative and sound independent judgment with established guidelines; Understand, interpret and apply statutes, regulations and written directions; Pay meticulous attention to detail; Organize work and set priorities to meet established deadlines; Collect and analyze data to identify needs and draw logical conclusions and make appropriate recommendations; Assemble and analyze information and prepare written reports and records in a clear, concise manner; Maintain effective cooperative working relationships with those contacted on the job; React calmly and professionally in emergency, emotional and/or stressful situations. Organize and prioritize a variety of projects and multiple tasks in an effective and timely manner; organize own work, set priorities and meet critical time deadlines; Operate modern office equipment including computer equipment and specialized software applications programs; Use tact, initiative, prudence and independent judgment within general policy, procedural and legal guidelines; Maintain high personal standards of ethics and integrity; Work independently and as a team member; Make accurate arithmetic, financial and statistical computations. Interact effectively with persons of different social, economic, and ethnic backgrounds; Work effectively despite the stress of deadlines.

**EDUCATION AND EXPERIENCE:** Any combination of training and experience, which would provide the required knowledge, skills and abilities, is qualifying. A typical way to obtain the required qualifications would be:

- Equivalent to completion of high school (12<sup>th</sup> grade);
- Graduation from an accredited four-year college or university with a Bachelor's Degree in Nursing or a Master's Degree in Social Work or Psychology; or Doctoral Degree in Clinical Psychology.
- Five years experience in mental health or other related field with increasing responsibilities. Prefer at least one year of experience overseeing a mental health program and/or staff in medical or social work setting.
- Other combinations of education and experience may be considered.

**LICENSE AND SPECIAL REQUIREMENTS:** Requires a valid California driver's license; a valid California license to practice as a Registered Nurse; or as a Licensed Clinical Social Worker; or as a Licensed Marriage Family Therapist; or as a Licensed Clinical Psychologist. Must complete periodic continuing education coursework as required to maintain active licensure. Must possess or be willing to obtain a National Provider Identifier (NPI).

**PHYSICAL DEMANDS:** Must possess mobility to work in a standard office setting and use standard office equipment, including a computer; to operate a motor vehicle and to visit various County and meeting sites; vision to read printed materials and a computer screen; and hearing and speech to communicate in person, before groups and over the telephone. This is primarily a sedentary office classification although standing in work areas and walking between work areas may be required. Finger dexterity is needed to access, enter, and retrieve data using a computer keyboard, typewriter keyboard, or calculator and to operate standard office equipment. Positions in this classification occasionally bend, stoop, kneel, reach, push, and pull drawers open and closed to retrieve and file information. Employees must possess the ability to lift, carry, push, and pull materials and objects, up to 30 pounds, as necessary to perform job functions.

**WORKING CONDITIONS:** Employees work in an office environment with moderate noise levels, controlled temperature conditions, and no direct exposure to hazardous physical substances. Employees may interact with upset staff and/or public and private representatives in interpreting and enforcing departmental policies and procedures.

**FILING INSTRUCTIONS:** All applicants are required to submit a COMPLETED, ORIGINAL Tehama County Application for Employment Form. **A resume may be attached, but cannot be substituted for the County Application.** Postmarks and faxes will not be considered. Applications and job descriptions are available at 818 Main Street in Red Bluff, or by calling (530) 527-8491 ext. 3081 or online at: [www.co.tehama.ca.us](http://www.co.tehama.ca.us) under Job Opportunities.

Tehama County Health Services Agency  
Physical Address: **818 Main Street**  
Mailing Address: **P.O. Box 400**  
Red Bluff, California 96080

Incomplete applications will not be considered. Copies of all required degrees and/or certifications as outlined in the job description must be provided. Please attach copies of all required educational degrees beyond high school and special requirement documents such as certificates, licensures, etc. to your job application form to assist in the recruitment process. If unable to provide at time of applying, all required documents must be provided prior to beginning work if offered a position. Applications will be screened based upon written information provided. All offers of employment are contingent upon successful completion of background, fingerprinting and physical examination provided by the County.

**ALL MINIMALLY QUALIFIED CANDIDATES MAY NOT BE INVITED TO INTERVIEW  
EEO / ADA COMPLIANT / VETERAN'S PREFERENCE POLICY / DRUG-FREE WORKPLACE**