

CLASSIFICATION REVIEW REQUEST

This form is intended for use in routine audits such as requests for additional allocated positions to existing job classifications. Please send the completed form and an organizational chart showing new positions to Personnel prior to the effective date of the new allocation. This form is to be submitted two-sided.

NOTE: This form should not be used for audits of existing positions or new job classifications.

Department: DHHS - Public Health Date: 3/22/2017

Division/Unit/Location of new position: Public Health

Name of contact person: Lara Weiss

Position status (check one) Regular ☒ Grant ☐ Other ☐

If position is in a new grant or program, explain the general purpose or function of the program:

The goal of the Dental Transformation Initiative Pilot Project is to increase the percentage of Dental eligible individuals who receive care coordination and care management and are linked to a permanent dental home.

Anticipated start date: April 2017 Duration of grant: 4 yrs.

FTE of new position: 1.0 Budget unit: 400

Name and title of person supervising this position: Lara Weiss, PH Deputy Director

Name and title of anyone currently in your department performing the same or similar duties:

Adam Brudny, Program Coordinator

Please list the primary duties of this position on the reverse side.

PERSONNEL USE ONLY

RECOMMENDATION: Program Coordinator DATE: 4/11/17

NAME OF ANALYST: David Gauthier, HR Analyst II

Personnel notes: HR has reviewed the request and has determined that the classification of Program Coordinator (class # 1425, salary range 419) aligns with the skills, knowledge, and experience requirements of this assignment.

List the primary duties of the proposed position: Plans, develops and coordinates the activities and performance of the Local Dental Pilot Program (LDPP). This position will oversee all activities of the program including the coordination of two CHWs, collaboration with the Program Planner on oral health activities. Manages subcontracts to ensure compliance with the scope of work. Review and manage expenditures to ensure they match the program requirements.

Indicate any required licenses:

Add any additional information, which might be useful for this review:

Positions being added through a grant but will be funded at the end of the grant to continue

Department head signature

C Beck by yw

Date

3/27/17

PERSONNEL USE ONLY

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Department: DHHS - Public Health Date: 3/22/2017

Division/Unit/Location of new position: Public Health

Name of contact person: Lara Weiss

Position status (check one) Regular ☒ Grant ☐ Other ☐

If position is in a new grant or program, explain the general purpose or function of the program:
The goal of the Dental Transformation Initiative Pilot Project is to increase the percentage of Denti-Cal eligible individuals who receive core coordination and care management and are linked to a permanent dental home.

Anticipated start date: April 2017 Duration of grant: 4 yrs

FTE of new position: 1.0 x 2 Budget unit: 400

Name and title of person supervising this position: Program Coordinator (new position)

Name and title of anyone currently in your department performing the same or similar duties:

Community Health Outreach Worker (CROW)

Please list the primary duties of this position on the reverse side.

PERSONNEL USE ONLY

RECOMMENDATION: Community Health Outreach Worker DATE: 4/11/17

NAME OF ANALYST: David Gauthier HR Analyst II

Personnel notes: HR has reviewed the request and has determined that the classification of Community Health Outreach Worker III (class #0511, salary range 334/362) aligns with the skills, knowledge, and experience requirements of this assignment.

List the primary duties of the proposed position: Providing oral health education in community based organizations and in the community at large.

Working directly with Medi-Cal children 2-12 years of age and their families who are assessed "at risk" for dental disease and are referred into the pilot program to coordinate services and provide support so that barriers to care are reduced for these children including the use of a patient activation measure to assess a family's oral health knowledge, confidence and skills followed by the creation of a family dental plan to assist the Program Coordinator and the family in setting goals to improve their child's oral health care.

Indicate any required licenses: _____

Add any additional information, which might be useful for this review: _____

Positions being added through a grant but will continue to be funded when grant ends

Department head signature C Beck by yw Date 3/27/17

PERSONNEL USE ONLY