



November 3<sup>rd</sup>, 2021

City Service Commission  
Department of Employee Relations  
City Hall, Room 706

Dear Board of City Service Commissioners:

Pursuant to Rule VIII, Section 8, I am requesting that the probationary period for the following Health Access Assistant incumbents be extended for 6 months until June 28<sup>th</sup>, 2022:

Benjamin Mattson  
Cheryl McCarter  
Jazmyn Smith  
Shanise Whitlow

**Background**

Milwaukee Health Department Health Access Assistants provide appropriate, comprehensive support and information to customers who are applying for Medicaid, Family Planning Waiver, Senior Care, Badger Care Plus, the CORE plan of Medicaid, other entitlement program such as FoodShare and Wisconsin Cares programs. The Health Access Assistant positions are designated as paraprofessional positions and need the appropriate orientation and training to establish the background, functional knowledge and adequate skills to perform the duties competently.

**Current Concerns**

The current training consists of a combination of reading, assessments, field training/shadowing, and documentation in CHAPTrak (database), Federally-Facilitated Marketplace Certified Application Counselor Training (FFM CAC Training) and outreach efforts. The Health Access Assistants are unable to conduct Marketplace Insurance enrollment without the FFM CAC Training from the Centers of Medicaid & Medicare. All FFM CAC Trainings are mandatory and require 80% completion score for 6 extensive modules. The FFM CAC certification is obtained after all trainings have been completed which includes online and in person training offered only in the fall of each year.

These positions also need shadowing in various stages of the health benefit enrollment process, which can occur in different times of the year (i.e. enrollment periods, different health center sites, etc.) which can also prolong the natural course of new employee orientation.

**Conclusion**

A full twelve-month probationary period will enable these new employees to have enough time to receive the necessary on-the-job training. It also enables management to have enough time to evaluate the employee's performance to assure comprehensive understanding of the Health Access Assistant position.

Thank you for your consideration.

Sincerely,

DocuSigned by:

*Kirsten Johnson*

62DBA10B7405423  
Kirsten Johnson

Commissioner of Health



CS-58  
r. 04.07.17

## REPORT ON PROBATIONARY SERVICE

Board of City Service Commissioners

DER REPORT NO.

**INSTRUCTIONS:** Complete this form and return the original to the Department of Employee Relations – Pay Services Section before the end of the probationary period. Refer to Civil Service Rule VIII, Section 8 – Probationary Periods.

**Copy to:**

- Employee
- Department

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |  |                                                                                                                                                                                                                                                                                       |  |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| 1. Employee's Name     Shanise Whitlow                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |  | 2. Employee ID     035058                                                                                                                                                                                                                                                             |  |
| 3. Job Title     Health Access Assistant                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |  | 4. Department/Division     Health/Maternal and Child Health                                                                                                                                                                                                                           |  |
| 5. Appointment Date     06/28/2021                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  | 6. Date Probationary Period Ends     12/28/2021                                                                                                                                                                                                                                       |  |
| 7a. Complete First Review by: SSR                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |  | 8a. Complete Second Review by:                                                                                                                                                                                                                                                        |  |
| 7b. Enter Factor Rating: (O, EJR, MJR, BJR, U)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |  | 8b. Enter Factor Rating: (O, EJR, MJR, BJR, U)                                                                                                                                                                                                                                        |  |
| PRODUCTIVITY <u>MJR</u><br>KNOWLEDGE <u>MJR</u><br>INITIATIVE <u>MJR</u><br>DEPENDABILITY <u>MJR</u><br>INTERPERSONAL RELATIONSHIPS <u>MJR</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |  | PRODUCTIVITY<br>KNOWLEDGE<br>INITIATIVE<br>DEPENDABILITY<br>INTERPERSONAL RELATIONSHIPS                                                                                                                                                                                               |  |
| 7c. Supervisor's Comments:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |  | 8c. Supervisor's Comments:                                                                                                                                                                                                                                                            |  |
| <p><b>Productivity:</b> Shanise does extremely well with following through with any tasks delegated to her. Shanise has been afforded the opportunity to work at one of our busiest sites and has shown the ability to assist community with applications, utilizing interpreters when necessary, and documenting encounters correctly in CHAPTrak. Shanise demonstrates excitement about connecting with the community and has made site visits to several targeted outreaches that she researched independently. Shanise has been observed at several outreaches including the BTSHF, where she helped with set up and break down as well as connecting with families without prompting.</p> <p><b>Knowledge:</b> Shanise meets job expectations at this stage of her employment as she has previous experience working with Medicaid members. Shanise has demonstrated the ability to understand policy and barriers that community members face, while providing advocacy for clients. Most recently she was able to provide detailed information that State workers had -clients in a holding pattern who required verbal signature as they did not want to utilize interpreters to go over the script. This information was shared to our liaison and being evaluated by Miles (Milwaukee Enrollment Services). Shanise's direct eligibility experience serves valuable in helping CHAP clients maintain/obtain health benefits. Shanise has competency in topics related to health insurance access, HMO's, and local eligibility program work. Shanise successfully completed Marketplace training and is a CAC (certified application counselor).</p> <p><b>Initiative:</b> Shanise does not have to be prompted to take on tasks or come up with ideas related to how to engage with the community during the pandemic. Shanise is an active participant in CHAP's monthly meetings and offers suggestions on agenda</p> |  | <p>9a. Complete Final Review by:</p> <p>9b. Enter Factor Rating: (O, EJR, MJR, BJR, U)</p> <p>PRODUCTIVITY<br/>           KNOWLEDGE<br/>           INITIATIVE<br/>           DEPENDABILITY<br/>           INTERPERSONAL RELATIONSHIPS</p> <p>9c. Supervisor's Comments:</p> <p>1.</p> |  |

items; participating fully in discussions about potential partnerships in the community. Shanise does well adapting to her surroundings and has been observed to appropriately engage children and parents about the importance of health insurance.

**Dependability:** At this time Shanise has shown that she is capable of following through when tasked with various assignments by Manager. She has good attendance and timely communication if there are any issues/concerns with her schedule. Shanise overall has demonstrated her ability to be a dependable MHD employee.

**Interpersonal Relationships:** Several peers and leadership staff have commented on Shanise's effective working relationships and enthusiasm about Public Health. Shanise is friendly and thoughtful in her interactions with her peers, MHD colleagues and MHD leadership; demonstrating a genuine respect for diversity.

*\*It should be noted that the Community Healthcare Access Program was derailed by COVID-19; causing a decrease in contact between CHAP and the community. Due to low traffic at the Health Center sites and some automatic renewal of DHS benefits these factors have created some lag in the Health Access Assistants' ability to fully onboard. These factors impact ability to shadow in various stages of the health benefit enrollment process; occurring in different times of the year (i.e. enrollment periods, different health center sites, etc.) Depending on the timing of MHD moving to extend the probation periods of all Health Access Assistants (due to duties/trainings/true reflection of performance) this may impact the timeline of completion of the probationary period.*

7d. Employee's Initials/Date

S. B. 10/19/21

8d. Employee's Initials/Date

10/19

9d. Employee's Initials/Date

Listed below are the factors on which you are to evaluate the employee. Next to each factor are examples that describe performance at the MEETS JOB REQUIREMENTS level. These are provided as reference points for evaluating performance. Indicate your rating for each factor by entering the appropriate letters (O, EJR, MJR, BJR, U) in the boxes in items 7b through 9b. If you have not observed how this person performed on a given factor, or if the factor is not relevant to the position which you are rating, enter "NO" (NOT OBSERVED). Comments should be recorded in the boxes in items 7c through 9c for any factors that are rated **BELOW JOB REQUIREMENTS OR UNSATISFACTORY**. Attach additional page(s) as necessary.

**O = OUTSTANDING    EJR = EXCEEDS JOB REQUIREMENTS    MJR = MEETS JOB REQUIREMENTS    BJR = BELOW JOB REQUIREMENTS    U = UNSATISFACTORY**

| Factor                 | "MEETS JOB REQUIREMENTS" Standards and Expectations                                                                                                                                                                                                                                                                                                                                                                                                |
|------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>A. PRODUCTIVITY</b> | <ul style="list-style-type: none"> <li>Manages own time and uses appropriate work methods, techniques, and equipment to achieve the most effective and efficient result in the time available.</li> <li>Demonstrates skill and proficiency in carrying out assignments.</li> <li>Work product is accurate, thorough and effective, and meets quality standards.</li> <li>Work output matches expectations within established timelines.</li> </ul> |
| <b>B. KNOWLEDGE</b>    | <ul style="list-style-type: none"> <li>Understands the needs and requirements of the job and applies skills and knowledge to perform the job competently.</li> <li>Understands the purposes, objectives, practices and procedures of the department.</li> <li>Demonstrates understanding of job procedures, methods, facts, and information related to assigned work.</li> </ul>                                                                   |
| <b>C. INITIATIVE</b>   | <ul style="list-style-type: none"> <li>Plans, organizes and prioritizes workload with little or no assistance.</li> <li>Offers suggestions on improving work methods and procedures.</li> <li>Willingly accepts suggestions for improvement and occasionally seeks counsel on performance and work habits.</li> <li>Accepts additional challenges and responsibilities, and adapts to changes.</li> </ul>                                          |

|                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                         |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>D. DEPENDABILITY</b>                                                                                                                                                                                                                                                                                                                                                                                                               | <ul style="list-style-type: none"> <li>Accepts responsibility for completing assignments and meeting deadlines.</li> <li>Reliably completes assignments on time with minimal follow-up from supervisor.</li> <li>Consistently punctual and regular in attendance and follows policy when requesting and reporting time off.</li> <li>Practices workplace safety rules and procedures on a consistent basis.</li> </ul>  |
| <b>E. INTERPERSONAL RELATIONSHIPS</b>                                                                                                                                                                                                                                                                                                                                                                                                 | <ul style="list-style-type: none"> <li>Establishes and maintains effective and productive working relationships with peers.</li> <li>Works cooperatively with supervisor(s) and as part of a team.</li> <li>Builds and maintains customer satisfaction by responding to the needs of internal and external customers.</li> <li>Readily accepts and applies constructive feedback to improve job performance.</li> </ul> |
| <b>10. In view of the performance of the employee rated above:</b>                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                         |
| <input type="checkbox"/> I certify that the employee's service has been satisfactory and that the appointment should become regular.                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                         |
| <input type="checkbox"/> I am terminating the employee's appointment before the completion of the probationary period effective _____.<br>[Termination Notice form CS-80 must be received in DER with this form.]                                                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                         |
| <input type="checkbox"/> I recommend that the probationary period be extended for <u>6</u> months. The employee has been notified of this request and has been counseled regarding improvement needed. [This requires City Service Commission action. The Commission does not grant extensions for City Laborers. Send this request to the Employee Relations Director at least 30 days prior to the end of the probationary period.] |                                                                                                                                                                                                                                                                                                                                                                                                                         |
| SUPERVISOR (PRINT NAME)<br>Sherida Strong-Rimmer                                                                                                                                                                                                                                                                                                                                                                                      | SIGNATURE <i>SSR</i><br>TITLE Community Healthcare Access Program Manager<br>DATE 10/19/2021                                                                                                                                                                                                                                                                                                                            |
| DEPARTMENT HEAD (PRINT NAME)<br>Kirsten Johnson                                                                                                                                                                                                                                                                                                                                                                                       | SIGNATURE <i>Kirsten Johnson</i><br>TITLE Commissioner of Health<br>DATE 12/28/2021                                                                                                                                                                                                                                                                                                                                     |

### REPORT ON PROBATIONARY SERVICE INSTRUCTIONS FOR SUPERVISORS/MANAGERS

Rule VIII, Section 8 of the Rules of the City Service Commission requires that a person appointed to a position or transferred to a different department or division or reinstated to a different department or division successfully complete a probationary period. The length of the probationary period is generally six months of actual service for positions classified as non-exempt from FLSA or twelve months of actual service for positions classified as exempt from FLSA with the exceptions of those positions designated in the Rule.

A regularly appointed City employee does not gain permanent civil service status and the rights associated with that status until they pass probation. Supervisors are responsible for welcoming and training probationary employees and for assessing their performance during the probationary period. Performance assessments shall be documented on the Probationary Service Report, Form CS-58, on a quarterly basis.

The probationary period starts the date the employee is appointed. During the employee's first week of employment, provide a copy of the job description and probationary report form; discuss the performance factors that he/she will be evaluated on; and provide a timeline of when the formal evaluations will be completed. Formal evaluations should occur periodically throughout the probation period, with a final meeting just prior to the end of the probation. (e.g. formal meetings should be held after three months of the employee's service during a six-month probation period; and at approximately four and eight months of service during a twelve month probation). The purpose of the meetings are (1) to evaluate performance; (2) to provide feedback by developing specific plans to enhance performance levels or to correct deficiencies; and (3) to recommend for/against retention of the employee. Formal evaluations are in addition to the frequent informal feedback necessary for successful management of the probationary period.

#### Evaluation

The probationary period performance ratings must take into consideration that the employee being rated is new to the job. The performance levels of the new employee during the probationary period must not be compared with those of experienced employees. Instead, the examples of satisfactory performance levels on the front of the form should be benchmarks to evaluate job performance.

#### Procedure

Study the instructions and behavioral examples for the performance factors. Prepare for the evaluations by obtaining documentation such as informal notes, input from other supervisors, or productivity numbers.

During each formal evaluation, rate the employee in terms of their demonstrated performance. Discuss the performance with the employee and provide feedback and suggestions about performance improvement, where needed. Allow the employee to ask questions and assure that he/she understands the requirements for successful performance.

At the end of each evaluation session the employee must initial the line on the form to indicate that you have discussed the performance and expectations (item numbers 7c-9c). The initialing indicates that the evaluation was reviewed, not that there is implicit agreement with the evaluation.

Other documentation to show a record of on-going discussions with the employee may be attached to the form.

As part of the final evaluation session, you must indicate whether you recommend the employee for retention or if other action is warranted.

#### Ratings

**OUTSTANDING**-- Performance at this level is superior. Performance always exceeds standard and expectations of the position.

**EXCEEDS JOB REQUIREMENTS**-- Performance consistently exceeds all of the standards and expectations of the position. The employee is performing at a level well beyond what is normally expected.

**MEETS JOB REQUIREMENTS** -- Performance consistently meets the standards and expectations of the position.

**BELOW JOB REQUIREMENTS**-- Performance on the job is inadequate and does not consistently meet the standards and expectations of the position. To reach the standard required of a competent permanent employee by the end of the probationary period, greater effort and/or training will be needed.

**UNSATISFACTORY**– Performance on the job is unacceptable and demonstrates an inability or unwillingness to meet standards and expectations of the position. Special training, reassignment, or termination may be advisable.

*Note: any rating of “BJR” or “U” must be substantiated by a written statement.*

**Extension of Probationary Period**

Under certain circumstances, the City Service Commission may extend a probationary period. To request an extension you must submit the request directly to the Employee Relations Director with a letter that explains your reason(s) for the request and a description of the plan to address those concerns. Also include a copy of an **Employee Performance Improvement Plan** or other documentation to support your request. Your request must be made at least 30 days prior to the end of the probationary period.

**Termination During Probation**

Granting permanent status to a poor performer can create a negative workplace environment and be very time consuming for the manager. If an employee is not successful on the job, you do not have to wait until the end of their probation period to terminate their employment; you do have to show that you have provided the employee with the information, training and support they need to be successful. Termination may occur at any time during the employee's probationary period. A copy of the **Termination Notice**, form CS-80 with a full statement of the reasons for termination must be filed with DER within three days of the termination.

**Processing**

After the final evaluation session, distribute the completed and signed form as indicated at the top of the form.

**Questions?** Contact your department's Human Resources Office or the Department of Employee Relations on 414.286.3394.



# JOB DESCRIPTION

## FOR DER USE ONLY

### Vacancy No.

City Service  
Commission:  
Fire & Police  
Commission:

Finance  
Committee:  
Common  
Council:

**Instructions:** Complete all sections. Refer to the *Guidelines for Preparing Job Descriptions* for instructions on completing specific items.

|                                                                                                       |  |                                                                                   |  |                                                                                                                      |  |
|-------------------------------------------------------------------------------------------------------|--|-----------------------------------------------------------------------------------|--|----------------------------------------------------------------------------------------------------------------------|--|
| <b>1. Date Prepared/ Revised:</b><br>12/4/20                                                          |  | <b>2. Present Incumbent:</b><br>Vacant                                            |  | <b>Is incumbent underfilling position?</b>                                                                           |  |
| <b>3. Date Filled:</b>                                                                                |  | <b>4. Previous Incumbent:</b><br>Lorena Cornejo Rodriguez                         |  | YES <input type="checkbox"/> NO <input checked="" type="checkbox"/><br>If YES, indicate Underfill Title in box 10.   |  |
| <b>5. Department:</b><br>Health                                                                       |  | <b>Bureau:</b> Community Health<br><b>Division:</b> Health Care Access            |  | <b>Unit:</b><br><b>Section:</b>                                                                                      |  |
| <b>6. Work Location:</b> KHC, NWHC, SSHC                                                              |  | <b>Telephone:</b><br><b>Email:</b>                                                |  | <b>Work Schedule:</b><br>Hours: 8 – 4:45, may vary<br>Days: Mon-Fri                                                  |  |
| <b>7. Represented by a Union?</b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |  | <b>8. Bargaining Unit:</b> DC48<br><b>If in District Council 48, which local?</b> |  | <b>9. FLSA Status (check one):</b><br><input type="checkbox"/> Exempt <input checked="" type="checkbox"/> Non-Exempt |  |
| <b>10. Official Title:</b><br>Health Access Assistant                                                 |  | <b>Pay Range</b>                                                                  |  | <b>Job Code</b>                                                                                                      |  |
| <b>Underfill Title (if applicable):</b>                                                               |  | 5FN                                                                               |  | 2200DC                                                                                                               |  |
| <b>Requested Title (if applicable):</b>                                                               |  |                                                                                   |  | 501                                                                                                                  |  |
| <b>Recommended Title (DER Use Only):</b>                                                              |  | <b>Approved by:</b>                                                               |  |                                                                                                                      |  |
|                                                                                                       |  | <b>Date:</b>                                                                      |  |                                                                                                                      |  |

## 11. BASIC FUNCTION OF POSITION:

Provide appropriate, comprehensive support and information to customers who are applying for Medicaid, Family Planning Waiver, Senior Care, Badger Care Plus, the CORE plan of Medicaid, other entitlement program such as FoodShare and Wisconsin Cares programs. Engage with customers to assess their needs around medical concerns and assist with applications for various program and/or make referrals to programs that would fulfill the customer needs at the time of interview. Further assess customer needs when there are issues with eligibility; including but not limited to: advocacy, reaching out to state and local officials to assist the customer in trouble shooting their case circumstances. Assist customer in experiencing a higher quality of life through diligent efforts. Work location and customer base will vary depending on funding, program strategy and design, outreach and partner activities, and delegation of responsibilities by leadership.

## 12. DESCRIPTION OF JOB (Check if description applies to **Official Title** ☒ or **Underfill Title** ☐):

### A. ESSENTIAL FUNCTIONS/Duties and Responsibilities: (Refer to the "Guidelines for Preparing Job Descriptions" for instructions on determining Essential Functions.)

| % of Time | ESSENTIAL FUNCTION                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
|-----------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 50        | <b>Application Assistance</b> <ul style="list-style-type: none"> <li>Meet with walk in customers, assess their needs for entitlement programs, apply on line with the customer, for programs to which they are entitled, staff clinics, CBO, other settings to identify eligible populations</li> <li>Inform customers of the documents required for application; walk them through the entire process or application for Badger Care Plus, CORE plan, Family Planning Waiver, Express Enroll eligible populations, other Medicaid programs</li> <li>Encourage application to other programs from which customers might benefit: Food Share ,Wisconsin Shares, WIC, Nursing programs, Milwaukee Cares, Medication free and reduced cost clinics -make referrals to internal and external programs that would further benefit the customers health and well being</li> <li>Provide information and outreach to non-traditional populations and inform them of their potential eligibility</li> <li>Conduct outreach to identify and recruit clientele in need of services.</li> </ul> |

The above statements are intended to summarize the nature and level of work and typical responsibilities and duties being performed by the incumbent(s) of this job. They are not intended to be an exhaustive list of all responsibilities, duties, and tasks required of the position.

| % of Time | ESSENTIAL FUNCTION                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
|-----------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 30        | <b>Customer Advocacy and Troubleshooting</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
|           | <ul style="list-style-type: none"> <li>Advocate on behalf of customers and non-customers –all health department populations who have an insurance coverage issue</li> <li>Receive and process referrals from other programs for those who have no coverage or are experiencing coverage issues or breaks in coverage</li> <li>Ensure that each customer receives the best quality service available; use contacts within local and state government to press for quality customer care</li> <li>Collaborate with community, state and local officials to have a network of advocates working to improve the quality of health in the Milwaukee community</li> <li>Engage in cross programming, training and referral to ensure continuity of care for customers who come to the department</li> <li>Remain abreast of administrative changes in Medicaid and other entitlement programs to ensure accuracy of application information given to customers</li> </ul> |
| 10        | <b>Reporting and Other Administrative Duties</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
|           | <ul style="list-style-type: none"> <li>Complete monthly reports of work productivity</li> <li>Enter customer information into the database daily</li> <li>Maintain client confidentiality</li> <li>Maintain and report out on all required programmatic data as assigned</li> <li>Complete all required agency documentation in a timely fashion</li> <li>Order supplies as necessary</li> </ul>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
|           | •                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |

**B. PERIPHERAL DUTIES:**

| % of Time | PERIPHERAL DUTY                                                                                                                                                                                                                                                                                                                                     |
|-----------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 10        | <b>Other Duties</b>                                                                                                                                                                                                                                                                                                                                 |
|           | <ul style="list-style-type: none"> <li>Participate in evaluation of the program to ensure program compliance and quality</li> <li>Complete other reports and duties as assigned by the program supervisor and agency to ensure efficiency and efficacy for the program</li> <li>Participate in program and agency trainings as necessary</li> </ul> |
|           | •                                                                                                                                                                                                                                                                                                                                                   |

**C. NAME AND TITLE OF IMMEDIATE SUPERVISOR:**

CHAP Program Manager, Sherida Strong Rimmer

**D. SUPERVISION RECEIVED:** (Describe the extent to which work assignments and methods are outlined, reviewed, and approved by this position's supervisor.)

Daily, weekly, monthly individual and team supervision session depending on the assignment and nature of information to be shared and retained

**E. SUPERVISION EXERCISED:**

Total number of employees for whom responsible, either directly or indirectly = 0.

**Direct Supervision:** List the number and titles of personnel directly supervised. Specify the kind and extent of supervision exercised by indicating one or more of the following:

| of supervision exercised by indicating one or more of the following: |                                                           |                                                                                     |
|----------------------------------------------------------------------|-----------------------------------------------------------|-------------------------------------------------------------------------------------|
| a. Assign duties                                                     | e. Sign or approve work                                   |                                                                                     |
| b. Outline methods                                                   | f. Make hiring recommendations                            |                                                                                     |
| c. Direct work in progress                                           | g. Prepare performance appraisals                         |                                                                                     |
| d. Check or inspect completed work                                   | h. Take disciplinary action or effectively recommend such |                                                                                     |
| Number Supervised                                                    | Job Title                                                 | Extent of Supervision Exercised<br>(Select those that apply from list above, a - h) |
|                                                                      |                                                           |                                                                                     |

**F. MINIMUM QUALIFICATIONS REQUIRED:** (Indicate the MINIMUM qualifications required to enter the job.)

**I. Education and Experience:**

*The above statements are intended to summarize the nature and level of work and typical responsibilities and duties being performed by the incumbent(s) of this job. They are not intended to be an exhaustive list of all responsibilities, duties, and tasks required of the position.*

- i. One year certificate from college or technical school; or three to six months related experience and/or training; or equivalent combination of education and experience.
- ii. Must have three or more years of experience working with low income families community outreach, human services, health care service, or a closely-related field

**II. Knowledge, Skills and Abilities:**

**i. Language Skills**

1. Ability to read, analyze and interpret general business periodicals, professional journals, technical procedures, or government regulations. Ability to write reports, business correspondence, and procedure manuals. Ability to effectively present information and respond to questions from groups of managers, clients, customers, and the general public.
2. Must be able to read and interpret State rules and memos regarding eligibility requirements

**ii. Mathematical Skills**

1. Ability to add, subtract, multiply, and divide in all units of measure, using whole numbers, common fractions, and decimals. Ability to compute rate, ratio, and percent, and to draw and interpret bar graphs.

**iii. Reasoning Ability**

1. Ability to solve practical problems and deal with a variety of concrete variables in situations where only a limited standardization exists. Ability to interpret a variety of instructions furnished in written, oral, diagram, or schedule form.
2. Must be able to reason, understand sometimes difficult, complex customer issues and resolve in a professional manner

**iv. Computer Skills**

1. To perform this job successfully, an individual should have knowledge of basic database software, Excel Spreadsheet software and Microsoft Word Processing software.

**v. Other Skills and Abilities:**

1. Ability to build and maintain good working relationships with a multi-cultural and multi-discipline staff, other agencies and the public.
2. Ability to provide services in a culturally sensitive manner.
3. Ability to maintain confidentiality.
4. Bilingual Spanish PREFERRED, not required

**III. Certifications, Licenses, Registrations:**

- i. Valid driver's license must be maintained throughout employment.
- ii. Must become a Certified Application Counselor within 1 year of hire (contingent on annual availability of the certification training)
- iii. Must complete Medicaid Trainings within 1 year of hire to become certified in income-maintenance.

**IV. Other Requirements:**

- i. Travel outside the City of Milwaukee may be required.
- ii. Occasional overnight travel may be required.
- iii. Required to carry a cellular phone or similar device during business hours.
- iv. Properly insured vehicle for use on the job is required (automobile allowance provided).

**13. PHYSICAL AND ENVIRONMENTAL DEMANDS: TOOLS AND EQUIPMENT USED**

The Americans with Disabilities Act (ADA) of 1990, as amended by the Americans with Disabilities Act Amendments Act (ADAAA) of 2008 requires job descriptions to provide detailed information regarding the physical demands required to perform the essential functions of a job; the conditions under which the job is performed; and the tools and equipment the employee will be required to use on the job. Reasonable accommodations may be made to enable qualified individuals to perform the essential duties and responsibilities of the job for each of the categories listed below.

**G. PHYSICAL ACTIVITY OF THE POSITION:** (List the physical activities that are representative of those that must be met to successfully perform the essential functions of the job).

*The above statements are intended to summarize the nature and level of work and typical responsibilities and duties being performed by the incumbent(s) of this job. They are not intended to be an exhaustive list of all responsibilities, duties, and tasks required of the position.*



**CHECK ALL THAT APPLY:**

|                                     |                                                                                                                                                                                                                                                                                           |
|-------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/>            | <b>Climbing:</b> Ascending or descending ladders, stairs, scaffolding, ramps, poles, and the like; using feet and legs and/or hands and arms. Body agility is emphasized. Check only if the amount and kind of climbing required exceeds that required for ordinary locomotion.           |
| <input type="checkbox"/>            | <b>Balancing:</b> Maintaining body equilibrium to prevent falling when walking, standing or crouching on narrow, slippery or erratically moving surfaces. Check only if the amount and kind of balancing exceeds that needed for ordinary locomotion and maintenance of body equilibrium. |
| <input type="checkbox"/>            | <b>Stooping:</b> Bending body downward and forward by bending spine at the waist. Check only if it occurs to a considerable degree and requires full use of the lower extremities and back muscles.                                                                                       |
| <input type="checkbox"/>            | <b>Kneeling:</b> Bending legs at knee to come to a rest on knee or knees.                                                                                                                                                                                                                 |
| <input type="checkbox"/>            | <b>Crouching:</b> Bending the body downward and forward by bending leg and spine.                                                                                                                                                                                                         |
| <input type="checkbox"/>            | <b>Crawling:</b> Moving about on hands and knees or hands and feet.                                                                                                                                                                                                                       |
| <input checked="" type="checkbox"/> | <b>Reaching:</b> Extending Hand(s) and arm(s) in any direction.                                                                                                                                                                                                                           |
| <input checked="" type="checkbox"/> | <b>Standing:</b> Particularly for sustained periods of time.                                                                                                                                                                                                                              |
| <input checked="" type="checkbox"/> | <b>Walking:</b> Moving about on foot to accomplish tasks, particularly for long distances.                                                                                                                                                                                                |
| <input type="checkbox"/>            | <b>Pushing:</b> Using upper extremities to exert force in order to draw, press against something with steady force in order to thrust forward, downward or outward.                                                                                                                       |
| <input type="checkbox"/>            | <b>Pulling:</b> Using upper extremities to exert force in order to draw, drag, haul or tug objects in a sustained motion.                                                                                                                                                                 |
| <input type="checkbox"/>            | <b>Lifting:</b> Raising objects from a lower to a higher position or moving objects horizontally from position-to-position. Check only if it occurs to a considerable degree and requires substantial use of the upper extremities and back muscles.                                      |
| <input checked="" type="checkbox"/> | <b>Fingering:</b> Picking, pinching, typing or otherwise working primarily with fingers rather than with the whole hand or arm, as in handling.                                                                                                                                           |
| <input checked="" type="checkbox"/> | <b>Grasping:</b> Applying pressure to an object with fingers and palm.                                                                                                                                                                                                                    |
| <input checked="" type="checkbox"/> | <b>Feeling:</b> Perceiving attributes of objects such as size, shape, temperature or texture by touching with the skin, particularly that of the fingertips.                                                                                                                              |
| <input checked="" type="checkbox"/> | <b>Talking:</b> Expressing or exchanging ideas by means of the spoken word. Those activities which demand detailed or important instructions spoken to other workers accurately, loudly or quickly.                                                                                       |
| <input checked="" type="checkbox"/> | <b>Hearing:</b> Perceiving the nature of sounds with no less than a 40 db loss. Ability to receive oral communication and make fine discriminations in sound.                                                                                                                             |
| <input type="checkbox"/>            | <b>Repetitive Motions:</b> Substantial movements (motions) of the wrist, hands, and/or fingers.                                                                                                                                                                                           |
| <input checked="" type="checkbox"/> | <b>Driving:</b> Minimum standards required by State Law (including license).                                                                                                                                                                                                              |

**H. PHYSICAL REQUIREMENTS OF THE POSITION:** (List the physical requirements that are essential functions of the job.)**CHECK ONE:**

|                                     |                                                                                                                                                                                                                                                                                                                                                              |
|-------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <input checked="" type="checkbox"/> | <b>Sedentary Work:</b> Exerting up to 10 pounds of force occasionally and/or negligible amount of force frequently or constantly to lift, carry, push, pull or otherwise move objects. Sedentary work involves sitting most of the time. Jobs are sedentary if walking and standing are required only occasionally and all other sedentary criteria are met. |
| <input type="checkbox"/>            | <b>Light Work:</b> Exerting up to 10 pounds of force occasionally and/or negligible amount of force constantly to move objects. If the use of arm and/or leg controls requires exertion of forces greater than that for sedentary work and the worker sits most of the time, the job is rated for Light Work.                                                |
| <input type="checkbox"/>            | <b>Medium Work:</b> Exerting up to 50 pounds of force occasionally and/or up to 20 pounds of force frequently, and/or up to 10 pounds of force constantly to move objects.                                                                                                                                                                                   |
| <input type="checkbox"/>            | <b>Heavy Work:</b> Exerting up to 100 pounds of force occasionally, and/or up to 50 pounds of force frequently, and/or up to 20 pounds of force constantly to move objects.                                                                                                                                                                                  |
| <input type="checkbox"/>            | <b>Very Heavy Work:</b> Exerting in excess of 100 pounds of force occasionally, and/or in excess of 50 pounds of force frequently, and/or in excess of 20 pounds of force constantly to move objects.                                                                                                                                                        |

**I. VISUAL ACUITY REQUIREMENTS:** (List the visual acuity requirements that are essential functions of the job.)**CHECK ONE:**

|                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                |
|-------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <input checked="" type="checkbox"/> | <b>Operators (Electronic Equipment), Inspection, Close Assembly, Clerical, Administrative:</b> This is a minimum standard for use with those whose job requires work done at close visual range (i.e. preparing and analyzing data and figures, accounting, transcription, computer terminal, extensive reading, visual inspection involving small parts, operation of machines, using measurement devices, assembly or fabrication of parts). |
| <input type="checkbox"/>            | <b>Machine Operators, Mechanics, Skilled Tradespeople:</b> This is a minimum standard for use with those whose work deals with machines where the seeing job is at or within arm's reach. This also includes mechanics and                                                                                                                                                                                                                     |

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|                          |                                                                                                                                                                                                                                |
|--------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> | skilled tradespeople and those who do work of a non-repetitive nature such as carpenters, technicians, service people, plumbers, painters, mechanics, etc. (If the machine operator also inspects, check the "Operators" box.) |
| <input type="checkbox"/> | <b>Mobile Equipment Operators:</b> This is a minimum standard for use with those who operate cars, trucks, forklifts, cranes, and high lift equipment.                                                                         |
| <input type="checkbox"/> | <b>Other:</b> This is a minimum standard based on the criteria of accuracy and neatness of work for janitors, sweepers, etc.                                                                                                   |

**J. THE CONDITIONS THE WORKER WILL BE SUBJECT TO IN THIS POSITION:**

List the environmental/working conditions to which the employee may be exposed while performing the essential functions of the job. Include scheduling considerations such as on-call for emergencies, rotating shift, etc. **Approximate Percentage of time performing field work: 25%**

**CHECK ALL THAT APPLY:**

|                                     |                                                                                                                                                                                                                        |
|-------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <input checked="" type="checkbox"/> | <b>None:</b> The worker is not substantially exposed to adverse environmental conditions (such as typical office or administrative work).                                                                              |
| <input type="checkbox"/>            | <b>The worker is subject to inside environmental conditions:</b> Protection from weather conditions but not necessarily from temperature changes (i.e. warehouses, covered loading docks, garages, etc.)               |
| <input type="checkbox"/>            | <b>The worker is subject to outside environmental conditions:</b> No effective protection from weather.                                                                                                                |
| <input type="checkbox"/>            | <b>The worker is subject to extreme cold:</b> Temperatures below 32 degrees for period of more than one hour.                                                                                                          |
| <input type="checkbox"/>            | <b>The worker is subject to extreme heat:</b> Temperatures above 100 degrees for periods of more than one hour.                                                                                                        |
| <input type="checkbox"/>            | <b>The worker is subject to noise:</b> There is sufficient noise to cause the worker to shout in order to be heard above the surrounding noise level.                                                                  |
| <input type="checkbox"/>            | <b>The worker is subject to vibration:</b> Exposure to oscillating movements of the extremities or whole body.                                                                                                         |
| <input type="checkbox"/>            | <b>The worker is subject to hazards:</b> Includes a variety of physical conditions, such as proximity to moving mechanical parts, electrical current, working on scaffolding and high places or exposure to chemicals. |
| <input type="checkbox"/>            | <b>The worker is subject to atmospheric conditions:</b> One or more of the following conditions that affect the respiratory system or the skin: Fumes, odors, dust, mists, gases or poor ventilation.                  |
| <input type="checkbox"/>            | <b>The worker is subject to oil:</b> There is air and/or skin exposure to oils and other cutting fluids.                                                                                                               |
| <input type="checkbox"/>            | <b>The worker is required to wear a respirator.</b>                                                                                                                                                                    |

**K. MACHINE, TOOLS, EQUIPMENT, ELECTRONIC DEVICES, SOFTWARE, ETC. USED BY POSITION:**

List equipment needed to successfully perform the essential functions of the job. Reasonable accommodations may be made to enable qualified individuals with disabilities to perform the essential functions.)

**CHECK ALL THAT APPLY:**

|                          |                                         |                                     |                                                 |
|--------------------------|-----------------------------------------|-------------------------------------|-------------------------------------------------|
| <input type="checkbox"/> | Camera and photographic equipment       | <input checked="" type="checkbox"/> | Office Equipment (desk, chair, telephone, etc.) |
| <input type="checkbox"/> | Cleaning supplies                       | <input checked="" type="checkbox"/> | Office supplies (pens, staplers, pencils, etc.) |
| <input type="checkbox"/> | Commercial vehicle                      | <input type="checkbox"/>            | Packing materials (boxes, shrink wrap, etc.)    |
| <input type="checkbox"/> | Data processing equipment               | <input checked="" type="checkbox"/> | PC equipment (monitor, keyboard, printer, etc.) |
| <input type="checkbox"/> | Handcart                                | <input checked="" type="checkbox"/> | PC software                                     |
| <input type="checkbox"/> | Hand tools (please list):               |                                     |                                                 |
| <input type="checkbox"/> | Office Machines (check all that apply): | <input checked="" type="checkbox"/> | Copier                                          |
|                          |                                         | <input checked="" type="checkbox"/> | Facsimile                                       |
|                          |                                         | <input type="checkbox"/>            | Calculator                                      |
|                          |                                         | <input type="checkbox"/>            | Cash register                                   |
| <input type="checkbox"/> | Other (please list):                    |                                     | Cell Phone                                      |

**L. SUPPLEMENTARY INFORMATION:** (Indicate any other information which further explains the importance, difficulty, or uniqueness of the position, such as its scope of responsibility related to finances, equipment, people, information, etc. Also indicate success factors such a personal characteristics that contribute to an individual's ability to perform well in the job, and any other special considerations.)

Must be a person who is willing to help others at a time of need.

**M. I believe that the statements made above in describing this job are complete and accurate.**

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Signature of Department Head or Designated Representative

The above statements are intended to summarize the nature and level of work and typical responsibilities and duties being performed by the incumbent(s) of this job. They are not intended to be an exhaustive list of all responsibilities, duties, and tasks required of the position.