

# Position Description

Read each heading carefully before proceeding. Make statements simple, brief, and complete. Be certain the form is signed. Send the original to the Office of Personnel Services.

CHECK ONE:  NEW POSITION  EXISTING POSITION  UNCLASSIFIED

Agency  
Number

**Part 1 - Items 1 through 12 to be completed by department head or personnel office.**

1. Agency Name Department for Children and Families		9. Position No. K0230863	10. Budget Program Number	
2. Employee Name (leave blank if position vacant)			11. Present Class Title (if existing position)	
3. Division <b>APS</b>		12. Proposed Class Title <b>APS Family Support Coordinator</b>		
4. Section <b>PPS/ APS</b>	For Use By Personnel Office	13. Allocation		
5. Unit <b>APS - East Region</b>		14. Effective Date		
6. Location (address where employee works)  City _____ County _____		15. By _____	Approved _____	
7. (circle appropriate time) <b>Full time</b> Perm. Regular Part time    Temp.		16. Audit Date: _____ By: _____ Date: _____ By: _____		
8. Regular hours of work: (circle appropriate time)  FROM: <b>8:00 AM</b> To: <b>5:00 PM</b>	17. Audit Date: _____ By: _____ Date: _____ By: _____			

Position  
Number

**PART II - To be completed by department head, personnel office or supervisor of the position.**

18. If this is a request to reallocate a position, briefly describe the reorganization, reassignment of work, new function added by law or other factors which changed the duties and responsibilities of the position:

NA

19. Who is the supervisor of this position? (person who assigns work, gives directions, answers questions and is directly in charge)?

<b>Name</b>	<b>Title</b>	<b>Position Number</b>
<b>Alonda Forde Harris</b>	<b>East Region APA</b>	

Who evaluates the work of an incumbent in this position?

<b>Name</b>	<b>Title</b>	<b>Position Number</b>
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20. a) How much latitude is allowed employee in completing the work? b) What kinds of instructions, methods and guidelines are given to the employee in this position to help do the work? c) State how and in what detail assignments are made.

The cases assigned to the APS Family Support Coordinator range in complexity from simple to complex in nature. The Support Coordinator exercises independent judgment in working the assigned cases and in coordination with the Adult Protection Specialist. Work is controlled by routine review and reporting to or in consultation with the Adult Protection Specialist and/or APS Assistant Program Administrator.

21. Describe the work of this position using the page or one additional page only. (Use the following format for describing job duties):

**What** is the action being done (use an action verb); to **whom** or **what** is the action directed (object of action); **why** is the action being done (be brief); **how** is the action being done (be brief). For each task state: Who reviews it? How often? What is it reviewed for?

**Number Each Task and Indicate Percent of Time and Identity each function as essential or marginal by placing an E or M next to the % of time for each task.** Essential functions are the primary job duties for which the position was created and that an employee must be able to perform, with or without reasonable accommodation. A marginal function is a peripheral, incident of minimal part of the position.

No. Each Task and Indicate Percent of Time	E or M	<p>The person in this position has access to protected health information (PHI) under the provisions of the Health Information Portability Act of 1996 (HIPAA) Privacy Rule. PHI must be treated in accordance with the provisions of the HIPAA Privacy Regulation including the requirements for safeguarding, releasing and recording the release of such information. The person will receive training in the provision of the HIPAA Privacy Regulations as they relate to the duties of this position and has signed a confidentiality agreement.</p> <p>In addition to the tasks listed below, the incumbent is expected to communicate the Mission, Vision and Guiding Principles of the agency to peers, clients and the public; identify personal strengths and developmental needs to increase job performance and long-term career growth. Continually analyze work processes, seek new approaches and make recommendations to enhance efficiency and effectiveness of the agency. Works in a harmonious and cooperative fashion with other staff to provide efficient and effective customer service. Uses free time as available to assist other staff in the completion of work assignments. Contributes to a positive work environment through a positive, helpful, courteous demeanor towards staff, clients, and the general public. Adheres to appropriate standards of conduct regarding the use of leave and reports to work on time.</p>
50%		<p><b>COORDINATION OF ABUSE/NEGLECT/EXPLOITATION REFERRALS</b></p> <ul style="list-style-type: none"> <li>• As a member of the Joint Investigative Team (APA, Supervisor, Adult Protection Specialist,) receives assignment reports of Adults that are suspected of being abused or neglected or exploited and in need of help defined by K.S.A.. 39-1430</li> <li>• Reviews preliminary data and in conjunction with the Adult Protection Specialist, develops a plan</li> <li>• Identify needed services and supports</li> <li>• Help the Involved Adult completed applications for eligibility and follow-up</li> <li>• Completes crisis exception request for Home and Community Based Services.</li> <li>• Complete and send out requests for needed records to support the APS investigation</li> <li>• Prepares investigative report for review and approval for case closures.</li> <li>• Request Background checks be completed for Alleged Perps</li> <li>• Complete and send out notifications to the clients and community partners</li> <li>• Provide back-up to the APS specialist as needed</li> </ul>
25%		<p><b>CASE MANAGEMENT ACTIVITIES</b></p> <ul style="list-style-type: none"> <li>• Timely enters all information into the Kansas Information System (KIPS) per policy.</li> <li>• Provide timely follow up on referrals made for the client.</li> <li>• Document all activities in the Kansas Information System (KIPS)</li> <li>• Report to the APS Specialist activities on the case</li> </ul>
25%		<p><b>OTHER ASSIGNED TASKS</b></p> <ul style="list-style-type: none"> <li>• Assignments may be made by Program Administrator, Assistant Regional Director, Regional Director or DCF Administration.</li> </ul>

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22. a. If work involves leadership, supervisory, or management responsibilities, check the statement which best describes the position:
- Lead worker assigns, trains, schedules, oversees, or reviews work of others.
  - Plans, staffs, evaluates, and directs work of employees of a work unit.
  - Delegates authority to carry out work of a unit to subordinate supervisors or managers.

b. List the names, class titles, and position numbers of all persons who are supervised directly by employee on this position.

Name	Title	Position Number
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NA

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23. Which statement best describes the results of error in action or decision of this employee?

- Minimal property damage, minor injury, minor disruption of the flow of work.
- Moderate loss of time, injury, damage or adverse impact on healthy and welfare of others.
- Major program failure, major property loss, or serious injury or incapacitation.
- Loss of life, disruption of operations of a major agency.

Please give examples.

Assists Adults Protection Specialist with investigations alleging abuse, neglect, and/or financial exploitation of Adults per Kansas Statutes and agency policy. Failure to investigate or observe procedures could result in serious harm, permanent injury, or death to an adult

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24. For what purpose, with whom and how frequently are contacts made with the public, other employees or officials?

Numerous contacts are required with clients, agency personnel, community partners, law enforcement. Contacts are made in person, by telephone, and/or e-mail to gather information that will assist the Adult Protection Specialist in determining that the needs of the adult have been met.

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25. What hazards, risks or discomforts exist on the job or in the work environment?

Discomforts and hazard exist due to exposure to weather conditions. Contacts with dangerous and hostile clients can pose threats to health and safety.

Entering homes and other environments that may be dirty, cluttered, possibly infested with bugs and rodents and/or offensive odors.

There are also hazards associated with having to ascend and descend stairs.

The potential exists for normal travel hazards associated with automobile travel in the assigned Region

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26. List machines or equipment used regularly in the work of this position. Indicate the frequency with which they are used:

Personal computer with state access for state data systems, internet and e-mail, fax machine, copier, calculator, digital camera, cell phone, state owned or leased vehicles, and telephone used daily. Occasional use of video recorders and audio recorders

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**PART III - To be completed by the department head or personnel office**

27. List the minimum amounts of education and experience which you believe to be necessary for an employee to begin employment in this position.

Education - General

High School Diploma, GED, or Associates Degree

Education or Training - special or professional

Two years' experience in working with elderly or disabled adults that need assistance with applications, referrals for needed services and follow up

Licenses, certificates and registrations

Maintain a valid driver's license.

Special knowledge, skills and abilities

Experience - length in years and kind

**28. SPECIAL QUALIFICATIONS**

State any additional qualifications for this position that are necessary either as a physical requirement of an incumbent on the job, a necessary special requirement, a bona fide occupational qualification (BFOQ) or other requirement that does not contradict the education and experience statement on the class specification. A special requirement must be listed here in order to obtain selective certification.

Must maintain security clearance throughout employment.

\_\_\_\_\_  
Signature of Employee                      Date

\_\_\_\_\_  
Signature of Personnel Official                      Date

**Approved:**

\_\_\_\_\_  
Signature of Supervisor                      Date

\_\_\_\_\_  
Signature of Agency Head or  
Appointing Authority                      Date