



SENIOR RISK MANAGEMENT SPECIALIST

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| Department | Human Resources | FLSA Status | Exempt |
| Section | Multi-Functional | Bargaining Unit | |
| Reports To | Risk Manager | SRN | A37* |
| Job # | | EEO Job Category | 2-Professionals |
| Supervises | Not Applicable | | |

*For Salary and Benefit Purposes Only

JOB SUMMARY:

Under the direction of the Risk Manager, the Senior Risk Management Specialist leads, plans, organizes and performs the most highly complex professional, technical, and analytical work, to implement the District's Risk Management programs. An incumbent may be assigned to some or all of the following program areas: Adjust and negotiate self-insured claims (personal injury, liability, & property), workers' compensation self-insured program, insurance and contract compliance, procuring and maintaining property and casualty insurance for insured and self-insured programs.

Incumbents in the classification may perform all the duties as listed or part of, depending upon the program(s) assigned. Additionally, the listed duties are not necessarily inclusive of all duties that may be assigned.

ESSENTIAL FUNCTIONS (without limitation):

- Provide professional and technical advice regarding regulations, policies, procedures, and tort and workers' compensation law, contract and insurance requirements, and compliance for vendors. Review, approve, and maintain insurance records, compliance reports, and databases for the program.
- Prepares insurance renewal underwriting information, documentation, and applications for the District's property and casualty insurance program.
- Determine liability, perform routine and specialized tasks related to adjusting self-insured liability and property claims including processing reports concerning damages against the District. Assisting with the administration of a self-insured workers' compensation program. This includes providing, collecting, and processing claim forms, physician work status forms, and a multitude of other documents.
- Evaluates claims by verifying information, status, and completeness of claims. Obtain required documents, reports, and status in order to process and develop claims.
- Perform field investigations including taking photographs, preparing diagrams, interviewing witnesses, inspecting the incident location, obtaining police reports, and compiling documentation necessary to determine liability. Responds to after hour calls and incidents.
- Invoice and collect from responsible parties including represent the District in small claims court.
- Report claims timely, provide ongoing status reports, pay and collect from the public and insurance companies.
- Advise employees and management on established policies, procedures, guidelines, and completing incident and claim forms. Collect, prepare and distribute pertinent notices to relevant departments and third party administrator.
- Effectively phone, speak, correspond and confer with other departments, employees, management,

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the general public, claimants, witnesses, attorneys, third-party administrators, and board of directors.

- Perform the interactive process meetings and appropriate documentation regarding workers' compensation cases for reasonable accommodation in accordance with the Fair Employment and Housing Act (FEHA) and the Americans with Disabilities Act (ADA).
- Creates, maintains and updates files according to established internal departmental procedures by using chronological, and alphabetical filing systems either manually and/or electronically to ensure that accurate data is kept on claims status; updates records to show claims information at various stages of processing.
- Prepare and present Board Action Items (BAI) within respective program area(s).
- Write correspondence and prepare reports on a variety of technical, professional and legal matters; deliver associated presentations on same.
- Conduct special studies as assigned; prepares reports on various programs; prepares recommendations for consideration to management.
- Interpret and explain risk management provisions of laws, rules, policies, ordinances and agreements to District officials, employees, employee organizations, and the public.
- Perform daily activities in accordance with applicable risk management policies, procedures, methods and techniques.
- Perform data analysis and report preparation-incorporating determinations into recommendations.
- Provide efficient and effective assistance and service to District employees and external customers.
- Train and advise staff; provide information and guidance on applicable policies, procedures, methods and techniques; respond to questions and assist in reviewing work products.
- Utilize computer software and/or claims-related information systems to perform duties, and train users on same.
- Evaluate assigned programs and review policies, procedures, and methods used relative to effective utilization of resources and achievement of goals; formulates, develops, recommends, and/or implements action for program improvement.
- Prepare budget forecasts, monitor and audit certain District activities, legal fees, insurance, process monthly invoices, and prepare claim status reports.
- Analyze and evaluate district's contractual exposure to risk.
- Lead in the development, implementation and evaluation of new or revised policies or programs
- Prepare reports for in-house decision-making and professional/technical correspondence, including Board of Directors communications; training; make oral presentations of findings and conclusions.
- Serve as a lead for professional, technical and clerical staff to support daily program operations of the Department.
- Performs general office duties, which include special projects, filing, operating a computer work station, answering phones, or any other tasks that fall under the Risk Management sections umbrella. May perform all or some of the responsibilities, included but limited to any other duties assigned by the District

MINIMUM QUALIFICATIONS:

Knowledge of:

- Fundamental principles and practices of public sector liability claims, general insurance claims, policies, and practices, insurance, contracts, and workers' compensation.

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- Techniques and methodologies used in claim investigations, evaluation, adjustment and settlement.
- Pertinent laws, codes, resolutions, and ordinances dealing with claims against special districts; departmental policies, rules and regulations.
- Research and statistical analysis practices.
- Principles of technical report preparation and professional business writing.
- Principles of effective presentations and public speaking.
- Principles and practices of effective customer service.
- Principles of insurance reserving and risk analysis.
- Effective case management and office procedures
- District policy and procedures.
- Accounting principles and practices.
- Obtain a working knowledge of the work performed by various district departments.

Skills & Abilities:

- Interpret and explain pertinent local, state, federal and District and department policies and procedures.
- Perform difficult and complex risk management work, ensuring compliance with District policies and procedures, local, state and federal laws and regulations.
- Analyze systems, administrative and management practices and identify opportunities for improvement; analyze situations quickly and objectively, apply appropriate elements of decision-making and determine the proper course of action.
- Understand, interpret and apply complex laws, regulations, policies, and procedures.
- Use information systems and applicable software as tools in the performance of risk management work.
- Determine effective method of research; and compile data and present in form most likely to enhance understanding.
- Collect, research, analyze, evaluate, and interpret a variety of complex statistical and narrative information and data and make sound recommendations.
- Perform accurate mathematical and statistical calculations in the preparation of reports, forms, questionnaires, and surveys.
- Develop and recommend policies and procedures related to assigned operations.
- Communicate clearly and concisely, both orally and in writing.
- Establish and maintain effective, collaborative and respectful working relationships with those contacted in the course of work.
- Recognize, identify, and resolve conflict or problems of a sensitive or political nature.
- Function under challenging conditions and/or confrontational situations requiring instructing, persuading and motivating people.
- Exercise exemplary independent judgment and initiative, maintain a high degree of confidentiality, and maintain professional demeanor and composure in stressful or confrontational situations.
- Consistently provide exceptional quality service and work products.
- Actively assists in the day to day activities of the Risk Management Department.
- Organizational skills
- Command of basic mathematics

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- Prioritize and meet deadlines.
- Communicate effectively both verbally and in writing.
- Exercises sound, independent judgement using general policy guidelines.
- Establish and maintain cooperative working relationship.
- Use professional customer service skills.
- Operate a computer workstation and accurately input data.
- Maintain accurate records and files in paper and paperless systems.
- Prepare clear and concise reports and/or special projects.
- Understand and interpret public liability case law, rules and official documents
- Manages a caseload and respond to claims in timely manner.

EDUCATION:

Bachelor's degree from an accredited college or university in Risk Management, insurance, law, business administration, public administration, or a closely related field is highly desirable.

LICENSES & CERTIFICATIONS:

Possession of a valid California Class C Driver License is required at time of appointment and must be valid at all times during employment.

Professional Risk Management Certification Designation, such as Associate in Risk Management (ARM™) designation, ARM-Public, RIMS-Certified Risk Management Professional, Associate in Claims (AIC), Chartered Property Casualty Underwriter (CPCU), Human Resources Management Certificate is desirable.

EXPERIENCE:

Five (5) years of progressively professional level experience in a multi-faceted public sector agency, risk management, insurance, legal, or claim role.

Microsoft Office Proficiency:

- Intermediate Skill Level or Above in Word, PowerPoint, Excel, Charts, Graphs, Windows Explorer, and Databases.

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WORKSITE LOCATION:

Coachella Campus and/or Palm Desert Campus

PHYSICAL REQUIREMENTS:

Work is primarily indoors sitting at a desk for prolonged periods with the ability to move about at will. Also travels moderately outside the office to satellite offices and/or to offsite areas and property sites (roads, farms, canal, and homes) to investigate claims. Position requires walking, reaching, standing, twisting, turning, kneeling, bending, squatting, and stooping in the performance of daily duties. Position also requires grasping, repetitive hand movement, and coordination in the preparation of correspondence, minutes, reports, and forms using a computer keyboard.

- See Human Resources for Physical Assessment Form.

TESTING:

Testing for this position may include, but is not limited to the following: written exam, proficiency assessment of Microsoft Office applications: Word, Excel and PowerPoint, panel interview(s), oral presentation, project assignment, etc.

Read and Acknowledged: _____
Employee Signature

_____/_____/_____
Date

Employee Name (Printed)

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