

Claims Specialist (CLMS3)

State of Alaska

All-Hazards

Position Task Book

Assessment and Guide

Finance/Administration Section

Type 3 Complexity

The Claims Specialist (CLMS3) will be used as assigned by the Finance Section Chief or designee.

May 2018



For more information or to suggest changes, corrections, or improvements, please contact:

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State of Alaska (SOA)

Type 3 Position Task Book (PTB)

State of Alaska (SOA) Type 3 Position Task Books (PTBs) have been created for designated National Incident Management System (NIMS) positions. Each PTB lists the competencies, tasks, and behaviors required to be successful in a specific position. Trainees must complete all competencies, tasks, and behaviors and demonstrate acceptable performance during the completion of this PTB.

Evaluator(s) will complete an Evaluation Record documenting the trainee's progress after each evaluation opportunity. Trainees will be observed and evaluated by qualified evaluators during a qualifying event and their performance will be documented in the PTB for each task by entering the Evaluation Record number, date of completion, and the evaluator's initials. Evaluation and confirmation of the trainee's performance on all tasks may require more than one qualifying event and may involve more than one evaluator during each opportunity.

After the trainee has met all the requirements in the State of Alaska (SOA) Type 3 Position Task Book (PTB), the home Agency will complete the final agency certification verifying the trainee is qualified in the position and will submit the Agency-certified PTB to the Alaska Interstate Mutual Aid Committee/Credentialing Subcommittee for approval and issuance of an SOA Type 3 All Hazards Credential.

Position Task Book Timeline

1. Emergency management experience must include a minimum of three (3) events.
 - Emergency management events may include one (1) tabletop exercise and at least two (2) emergency management events.
 - Additional events may be required to complete the qualification process.
2. The three (3) emergency management events must occur within a five (5) year period.
3. All qualifying events must be completed within a five (5) year period with no more than three (3) years between each event.

Training Specialist/Certifying Official Responsibilities

1. Be authorized by the AHJ.
2. Maintain PTBs and training records for agency staff.
3. Initiate or issue PTBs and blank Evaluation Records to trainees when they are deployed on a Type 3 assignment.
4. Meet with the Evaluator and Trainee to discuss training and experience needs.
5. As the Trainee completes required training, enter the information into the Required Training section on page 2 of the PTB.

6. Once a Trainee completes all the requirements of a Position Task Book (PTB) and is approved by the AHJ, submit a Nomination Package to the DHS&EM for processing, which includes fully completed:
 - PTB and associated Evaluation Records
 - “Agency Certification” (last page of PTB)
 - State of Alaska Type 3 Nomination Application
7. Provide a report to the DHS&EM Training Section once a year showing how individuals maintained their currency for All-Hazards credentialing (see page 16 of the All Hazard Qualification Guide).

Trainee Responsibilities

1. Review and understand the assigned PTB.
2. Share training and experience with the Evaluator and Training Specialist.
3. After each assignment, meet with the evaluator to review and discuss overall performance and the continued expectations to successfully perform all competencies, tasks, and behaviors for the assigned position.
4. Return the PTB and Evaluation Record to your home agency.
5. Understand that PTBs do NOT replace the standard performance appraisal process by your home agency.
6. Coordinate with the AHJ to find opportunities to maintain currency once Type 3 All-Hazards credentialing has been obtained.

Evaluator Responsibilities

1. Be qualified in the position for which they are evaluating a trainee.
2. Review the competencies, tasks, and behaviors listed in the PTB, so you know what to observe while the trainee performs his/her duties.
3. Fully complete an Evaluation Record form for each qualifying event the trainee has participated.
 - The evaluation records should be numbered sequentially.
 - The evaluator must sign and date the Evaluation Record form, which validates the trainee’s experience.
4. For the current Type 3 qualifying event:
 - Enter the evaluation record number, date, and initials into the PTB, if the trainee performed the task **OR**
 - Enter N/A, date and initials, if the task was not performed by the trainee.
5. Conduct the PTB review meeting in a private setting.
 - Begin by asking the individual to comment on his or her performance, including strengths, areas needing improvement, and any thoughts for training.
 - Provide a summary of the trainee’s overall performance demonstrated during the assigned event.
 - Review the completed assessment with the trainee.
 - Return the PTB and Evaluation Record to the trainee, so they can return it his/her home agency.
6. Once a trainee completes all the requirements of the PTB, review the evaluation records and PTB entries to ensure they are completed correctly.
 - On the trainee’s final assignment, complete the Final Evaluator’s Verification section and submit the completed PTB to the AHJ Training Specialist recommending Type 3 All-Hazards Credentialing.



State of Alaska Position Task Book

Evaluation Record #: _____

Trainee Information

Printed Name: _____

Position: **Claims Specialist Type 3 (CLMS3)**

Agency Name: _____

Agency Address: _____

Home Unit Phone Number: (____) _____

Evaluator Information

Printed Name: _____

Evaluator position: _____

Agency Name: _____

Agency Address: _____

Home Unit Phone Number: (____) _____

Incident/Event Information

Incident/Event Name: _____

Incident # and/or Code: _____ Duration: _____

Training Start Date: _____ End Date: _____

Incident Kind: Flood Fire Ground Failure/Avalanche/Landslide Planned Event

Other All Hazard (specify): _____

Location (include geographic area, agency, and state): _____

Management Type (check one): Type 5 Type 4 Type 3 Type 2 Type 1 Area Command

Evaluator's Recommendation (initial only one line as appropriate):

- _____ 1) Tasks initialed and dated by me on the Qualification Record have been performed under my supervision in a satisfactory manner. The trainee has successfully performed all tasks in the PTB for the position. I have completed the Final Evaluator's Verification section and recommend the trainee be considered for agency certification.
- _____ 2) Tasks initialed and dated by me on the Qualification Record have been performed under my supervision in a satisfactory manner; however, opportunities were not available for all tasks (or all uncompleted tasks) to be performed and evaluated on this assignment. An additional assignment is needed to complete the evaluation.
- _____ 3) Trainee did not complete certain tasks in the PTB in a satisfactory manner and additional training, guidance, or experience is recommended.
- _____ 4) Trainee is severely deficient in the performance of tasks in the PTB for the position and additional training, guidance, or experience is recommended prior to another training assignment.

Record additional remarks/recommendations on an Individual Performance Evaluation or attach an additional page to this evaluation record.

Evaluator's Signature: _____ Date: _____

Evaluator's Relevant Qualification (or agency certification): _____

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State of Alaska Position Task Book

Claims Specialist Type 3 (CLMS3)

Task book assigned to:

Trainee's Name: _____

Trainee's Email Address: _____

Home Unit/Agency: _____

Home Unit Address: _____

Home Unit Phone Number: (_____) _____ Date: _____

Task book initiated by:

Official's Name: _____

Home Unit Title: _____

Home Unit/Agency: _____

Home Unit Address: _____

Home Unit Phone Number: (_____) _____ Date: _____

Home Unit/Agency is the agency that provides opportunities for individuals to complete the requirements of the State of Alaska Type 3 Position Task Books.

The material contained in this book accurately defines the performance expected of the position for which it was developed. This PTB is approved for use as a position qualification document in accordance with the instructions contained herein.

Competency: Complete required training documented by the AHJ Training Specialist.

Description: Obtain the required training that will provide an understanding of the duties, responsibilities, and capabilities of an effective **Claims Specialist (CLMS3)** on an All-Hazards Incident Management Team (IMT). Other training may be assigned based upon AHJ guidance.

Behavior: Complete required training for position qualification.	Date Completed	Training Specialist Initials
IS-100.B: Introduction to Incident Command System, ICS-100		
IS-200.B: ICS for Single Resources and Initial Action Incidents		

Competency: Assume position responsibilities.

Description: Successfully assume role of Claims Specialist (CLMS3) and initiate position activities at the appropriate time according to the following behaviors.

Behavior: Ensure readiness of assignment.	Evaluation Record #, Evaluator Initials, and Date
1. Obtain valid Resource Order from Dispatching Agency <ul style="list-style-type: none"> • Incident information (name, order number, phone numbers, etc.) • Expected reporting time and location • Contact procedures during travel (telephone/radio) • Transportation arrangements/travel routes • Lodging/meal/per diem arrangements • IAP and/or Situation Reports 	
2. Obtain pre-assembled kit, which includes, but is not limited to: <ul style="list-style-type: none"> • Agency-specific and ICS forms • References appropriate to the incident • Agency policies & procedures • Office supplies appropriate to the function • Home agency PTB 	
3. Obtain the appropriate equipment for the assignment, for example, laptop, printer, cell or satellite phone, weather gear, PPE, etc.	
4. Arrive at assignment and check in	

Behavior: Gather, update, and apply situational information relevant to the assignment.	Evaluation Record #, Evaluator Initials, and Date
5. Obtain initial briefing from supervisor. <ul style="list-style-type: none"> • Incident Action Plan (IAP) or other relevant plan • Safety • Incident status • Resources ordered and assigned • Work space • Work schedule • Position specific information 	
Behavior: Establish effective relationships with relevant personnel.	Evaluation Record #, Evaluator Initials, and Date
6. Conduct self in a professional manner. <ul style="list-style-type: none"> • Respectful and courteous • Respectful of public and private property 	
7. Establish and maintain positive interpersonal and interagency working relationships.	
Behavior: Implement ICS concepts and principles.	Evaluation Record #, Evaluator Initials, and Date
8. Apply the ICS. <ul style="list-style-type: none"> • Follow chain of command • Maintain appropriate span of control • Use appropriate ICS forms • Use appropriate ICS terminology 	

Competency: Ensure completion of assigned actions to meet identified objectives.

Description: Identify, analyze, and apply relevant situational information and evaluate actions to complete assignments safely and meet identified objectives. Complete actions within established timeframe.

Behavior: Ensure documentation is complete and disposition is appropriate.	Evaluation Record #, Evaluator Initials, and Date
9. Prepare claim reports in accordance with agency policy and procedures	
10. Finalize claim documentation <ul style="list-style-type: none"> • Distribute documents according to established guidelines 	

Competency: Communicate effectively.

Description: Use suitable communication techniques to share relevant information with appropriate personnel on a timely basis to accomplish objectives in a rapidly changing, high-risk environment.

Behavior: Ensure relevant information is exchanged during briefings and debriefings.	Evaluation Record #, Evaluator Initials, and Date
11. Identify and communicate issues of concern to supervisor <ul style="list-style-type: none"> • Claims trends • Missing documentation 	
Behavior: Ensure documentation is complete and disposition is appropriate.	Evaluation Record #, Evaluator Initials, and Date
12. Establish system for documenting and processing claims <ul style="list-style-type: none"> • Secure claims documentation and evidence 	
Behavior: Gather, distribute, and explain information as necessary.	Evaluation Record #, Evaluator Initials, and Date
13. Coordinate with appropriate personnel to obtain and exchange information <ul style="list-style-type: none"> • Safety Officer • Law Enforcement • Ground Support Unit Leader • Investigation Team • Incident Agency Claims Specialist 	
14. Ensure claims documentation package is submitted to processing agency	
15. Provide information to claimant on claim filing requirements	

Behavior: Transfer position duties while ensuring continuity of authority, knowledge, and the incident complexity.	Evaluation Record #, Evaluator Initials, and Date
<p>16. Coordinate an efficient transfer of position duties when mobilizing/demobilizing (e.g., incoming Incident Management Team (IMT), host agency)</p> <ul style="list-style-type: none"> • Inform incoming/outgoing IC, Section Chief, and/or staff • Ensure there is no adverse impact on safety or productivity • Document follow-up action needed by relief staff • If necessary, coordinate with agencies about transfer of command 	
Behavior: Plan and implement demobilization procedures.	Evaluation Record #, Evaluator Initials, and Date
<p>17. Anticipate demobilization of resources.</p> <ul style="list-style-type: none"> • Identify excess resources. • Prepare schedule for demobilization. 	
<p>18. Ensure incident and agency demobilization procedures are followed.</p> <ul style="list-style-type: none"> • Brief subordinate staff on demobilization procedures and responsibilities. • Demobilize incident resources by predetermined priorities or as work progress dictates. 	
<p>19. Demobilize equipment and process any claims</p> <ul style="list-style-type: none"> • Prepare equipment/services for release. • Notify contractors/vendors of impending release schedule. • Process any claims for damage, loss, or wear on equipment, leases or facilities. 	
<p>20. Ensure your PTB is completed by the Finance Section Chief. (FSC3)</p>	
<p>21. Demobilize and check out</p> <ul style="list-style-type: none"> • Receive demobilization instructions from incident supervisor. • If required, complete ICS 221, Demobilization Checkout and submit completed form to the appropriate person. 	
<p>22. Participate in the After-Action Report (AAR) and make recommendations for process improvements which include, but are not limited to:</p> <ul style="list-style-type: none"> • Identify strengths that should be maintained and built upon. • Identify potential areas for improvement and propose solutions. 	



**State of Alaska Position Task Book
Verification/Certification of Completed Task Book**

Claims Specialist Type 3 (CLMS3)

Final Evaluator’s Verification

To be completed ONLY when the trainee has fully completed all required assignments and is recommended for credentialing.

I verify that (trainee name) _____ has successfully performed as a trainee by demonstrating all tasks for the position listed above, has completed all required training assignments, and should be considered for credentialing in this position. All tasks are documented with appropriate initials.

Final Evaluator’s Signature: _____

Final Evaluator’s Printed Name: _____

Home Unit Title: _____

Home Unit/Agency: _____

Home Unit Phone Number: (_____) _____ Date: _____

Agency Certification

I certify that (trainee name) _____ has met all requirements for qualification in the above position.

Certifying Official’s Signature: _____

Certifying Official’s Printed Name: _____

Title: _____

Certifying Official’s Email Address: _____

Home Unit/Agency: _____

Home Unit Phone Number: (_____) _____ Date: _____

Additional copies of this publication are available through Alaska Division of Homeland Security & Emergency Management located at <http://mutualaid.alaska.gov/>.