

U.S. Office of Personnel Management
Office of Merit Systems Oversight and Effectiveness
Classification Appeal and FLSA Programs

Philadelphia Oversight Division
600 Arch Street, Room 3400
Philadelphia, PA 19106-1596

Classification Appeal Decision
Under section 5112 of title 5, United States Code

Appellant: [appellant's name]

Agency classification: Social Insurance Specialist
GS-105-12

Organization: [name] Branch
Division [name]
Office of [name]
Social Security Administration
U.S. Department of Health and Human
Services
Baltimore, MD

OPM decision: Social Insurance Specialist
GS-105-12

OPM decision number: C-0105-12-04

Robert D. Hendler
Classification Appeals Officer

/s/ 10/2/00

Date

As provided in section 511.612 of title 5, Code of Federal Regulations, this decision constitutes a certificate that is mandatory and binding on all administrative, certifying, payroll, disbursing, and accounting officials of the government. The agency is responsible for reviewing its classification decisions for identical, similar, or related positions to ensure consistency with this decision. There is no right of further appeal. This decision is subject to discretionary review only under conditions and time limits specified in the *Introduction to the Position Classification Standards* (PCS's), appendix 4, section G (address provided in appendix 4, section H).

Decision sent to:

[appellant's name]
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Introduction

On July 6, 2000, the Philadelphia Oversight Division of the U.S. Office of Personnel Management (OPM) accepted a classification appeal from [appellant's name]. His position is currently classified as a Social Insurance Specialist, GS-105-12. However, the appellant believes the classification should be Social Insurance Specialist, GS-105-13. He works in the [name] Branch, Division of [name], Office of [name], Social Security Administration, U.S. Department of Health and Human Services, Baltimore, MD. We have accepted and decided this appeal under section 5112 of title 5, United States Code (U.S.C.).

General issues

The appellant disagrees with his agency's December 13, 1999, audit of his position. Specifically, he disagrees with the assignment of Level 1-7 (1,250 points). The appellant believes his position should be credited at Level 1-8 (1,550 points) because the agency's audit report does not adequately describe the duties or the level of knowledge the position requires.

In his letter dated February 15, 2000, the appellant requested an audit reconsideration based on his expert knowledge in the areas of: Folder Retrieval, Statutory Blindness, Medicare Qualified Government Employees, Widows/Widowers Benefits, and Medicare. As further evidence to support Level 1-8, the appellant states that he has also represented the Office of Disability on several agency-wide workgroups and provided technical assistance to internal and external offices. He believes that this level of expertise also is reflected in his receiving the same supervisory direction as the one GS-13 employee in the office, and that he has been acting chief when the GS-13 has not been available.

Implicit in the appellant's rationale is that duties he performs require the same level of knowledge described in the Social Insurance Specialist, GS-105-13 position description (PD) #9D003 occupied by one co-worker in his branch. As further support, the appellant references the PD's use of the word "expert". He says he is considered a technical expert in his field areas. Regardless of the grade levels of other positions or the administrative restrictions and preferences that an agency may impose upon assignment of work, OPM is required by law to classify positions on the basis of their duties, responsibilities, and qualification requirements by comparison to the criteria specified in the appropriate classification standard or guide (5 U.S.C. 5106, 5107, and 5112). Therefore, other methods or factors of evaluation, such as comparison to other positions that may or may not be classified correctly, are not authorized for use in determining the classification of a position.

The appellant certified that his PD of record (#4B438) is current and accurate. PD #9D003 also has been certified as accurate by competent management authority. We find that there are significant differences between PD #4B438 and PD #9D003. For example, the appellant is not tasked with "planning and directing complex studies, multifaceted projects and continuing activities" for the scope of issues discussed in PD #9D003. He does not have primary responsibility for "recommending policy definitions; preparing positions papers, procedures and reports on issues, recommending specific methods or alternatives that could be pursued to resolve issues." He "comments on proposals affecting disability program policies and on

legislation prepared by the Office of Policy.” This falls short of “develops and prepares recommendations on legislative proposals prepared by OD (Office of Disability) or pending in the Congress.” His PD does not include other complex program functions vested in PD # 9D003. Based on these significant differences, we are not persuaded by the appellant’s implied argument that there is no material difference between the work assigned to and performed by him and the work assigned to the occupant of PD #9D003.

The Introduction to the Position Classification Standards (Introduction) states that work assigned to and performed by the employee for the majority of time is grade controlling. Work may be grade controlling only if it is officially assigned on a regular and continuing basis, constitutes at least 25 percent of the employee’s time, and the higher level of knowledge and skills would be required in recruiting for the position if it became vacant. The Introduction also explains that work assigned on a temporary or short-term basis or carried out only in the absence of another employee cannot be considered paramount for grade level purposes. Therefore, the appellant’s work in the absence of other employees may not control the classification of his position.

We have evaluated the work assigned by management and performed by the appellant according to these requirements. We conducted a telephone interview with the appellant and his supervisor on September 18 and September 20, 2000, respectively. In deciding this appeal, we carefully considered the audit findings and all information of record furnished by the appellant and his agency, including the PD of record. Our audit confirmed that the PD of record contains the major duties and responsibilities of the appellant’s position and we incorporate it by reference into this decision.

Position information

The appellant develops procedural guidance on Social Security claims to be incorporated into the Program Operating Manual Systems (POMS) for the regional offices and the Disability Determination Services (DDS’s), who are state government contractors that make disability determinations. He is responsible for updating the following areas for the POMS: Statutory Blindness, Modular Disability Folder, Medicare for Qualified Government Employees, Trailer Material, Folder Retrieval, and Widows/Widowers Benefits. He also researches and answers questions from the regional offices or DDS’s in these areas. If there is a question that is not covered by the POMS, the appellant develops a procedure according to regulation.

His duties involve interpreting changes in the regulations that affect his designated areas and translating them into operational procedures so the regions and DDS’s understand how to implement regulatory changes in their daily work.

Series, title, and standard determination

The agency has placed the appellant’s position in the Social Insurance Administration Series, GS-105, for which there is a published PCS, and titled it Social Insurance Specialist. The appellant has not disagreed. Based on our review of the record, we concur.

Grade determination

The GS-105 PCS is written in factor evaluation system (FES) format. Positions graded under the FES format are compared to nine factors. Levels are assigned for each factor and the points associated with the assigned levels are totaled and converted to a grade level by application of the Grade Conversion Table contained in the PCS. Under the FES, factor level descriptions mark the lower end; i.e., the floor, of the ranges for the indicated factor level. If a position fails in any significant aspect to meet a particular level in the standard, the next lower level and its lower point value must be assigned unless the deficiency is balanced by an equally important aspect that meets a higher level.

The appellant agrees with his agency's crediting of Levels 2-4, 3-4, 4-5, 5-4, 6/7-3c, 8-1 and 9-1. Based on our review, we concur, and have so credited his position. While the appellant mentions supervisory direction in his appeal letter, that aspect of his work is considered under Factor 2. Since the appellant agrees with the crediting of Level 2-4, with which we agree, we will not address his comments further in this decision. Our evaluation of his position, therefore, focuses on Factor 1.

Factor 1, Knowledge required by the position

Factor 1 measures the nature and extent of information or facts which the workers must understand to do acceptable work (e.g., steps, procedures, practices, rules, policies, theories, principles, and concepts) and the nature and extent of the skills needed to apply that knowledge. To be used as a basis for selecting a level under this factor, a knowledge must be required and applied.

As at Level 1-7 (1,250 points), the appellant's work requires a comprehensive knowledge of social insurance programs so as to perform the full, unlimited range of functions within an assigned area of responsibility. Work at this level includes analyzing and correcting systemic and operational problems; or developing new or modified systems, policies, and other guidelines in support of program operations. Other typical functions include studying program operation, new legislation, automated systems, management initiatives, and operation of interacting programs and organizations to develop new and modified operating instructions and training material. The last function compares closely to the appellant's primary duties that require him to develop procedures and update the POMS in areas such as the Modular Disability Folder and Trailer Material. The Modular Disability Folder is a claims folder divided into six sections and Trailer Material is the additional paper received once a regulation has passed. The appellant writes procedures for the regional offices and DDS's to ensure the proper filing of these materials. These procedures not only support program operations, but also improve operational and systemic quality characteristic of Level 1-7 duties. Typical of that level, these procedures improve processes and clarify operational questions.

In contrast, Level 1-8 (1,550 points) work requires mastery of the principles, concepts, laws, and systems involved in social insurance program administration and of developments in the field sufficient to interpret and apply new laws and to resolve broad policy issues. Work at this level involves application of expert knowledge of one or more social insurance programs and skill to

develop new program policy, comprehensive guidelines, or major new systems; or to extend and refine new approaches and methods to deal with large categories of employees, claimants, recipients, beneficiaries, and employers and the self-employed as a result of new legislation, major court decisions, congressional interest, and management initiatives. Typically, employees at this level are considered technical authorities in a program area by peers, operations managers, and policy makers and are called up to perform a key role in resolving unprecedented agency issues that significantly affect social insurance program administration and policy or establish criteria for future agency actions and often affect large numbers of people. They use their knowledge to formulate and analyze options for agency decision memoranda and new guidelines that result from legislation, major decisions by courts, changes in other related programs, or management decisions; to plan, organize, and lead teams in such activities as the preparation or evaluation and testing of major systemic changes in claims processing; to resolve or recommend action on major program issues raised by quality review or operations analysis, General Accounting Office or Inspector General reviews, or congressional committee concern; or to develop legislation, regulations, or rulings proposals involving broad program areas and to prepare material for congressional testimony and presentation at national or international meetings by agency officials or for release to the national media.

The appellant states that, as at Level 1-8, he is considered the “agency expert” because he answers questions that pertain to his program areas. However, Level 1-8 criteria are more specific and refer to the most difficult situations encountered within a program or agency. Expert guidance given at Level 1-8 concerns new legislation or other major program initiatives. For example, the Office of General Counsel provides Level 1-8 expert advice on social insurance program issues when it furnishes legislative history and legal opinions papers that evaluate options proposed on major program initiatives for legal compliance and feasibility. Level 1-8 does not include advising individuals on technical procedures with which they may be unfamiliar and for which they seek more experienced advice. The appellant’s position is already credited for these functions at Level 1-7, which includes exercising advanced technical proficiency and performing the complete range of functions within his assigned area without limitation as to the type of case or degree of difficulty. This pertains to performing his own assignments or sharing the knowledge that he must apply to do them with others. Although the appellant has worked on some new operational procedures, they do not resolve broad policy issues or change the manner in which future policy throughout the agency will be handled. The appellant’s regular and recurring duties do not require him to develop new program policy, comprehensive guidelines, or major new systems characteristic of Level 1-8. Therefore, we credit this factor at Level 1-7 (1,250 points).

Summary

In summary, we have credited the position as follows:

Factor	Level	Points
1. Knowledge required by the position	1-7	1,250
2. Supervisory controls	2-4	450
3. Guidelines	3-4	450
4. Complexity	4-5	325
5. Scope and effect	5-4	225
6 . Personal contacts and		
7. Purpose of contacts	3c	180
8. Physical demands	8-1	5
9. Work environment	9-1	<u>5</u>
Total points:		2,890

A total of 2,890 points fall within the GS-12 grade level point range of 2,755-3,150 points in the Grade Conversion Table provided by the PCS.

Decision

The proper classification of the appellant's position is Social Insurance Specialist, GS-105-12.