

U.S. Office of Personnel Management
Division for Human Capital Leadership & Merit System Accountability
Classification Appeals Program

Dallas Field Services Group
1100 Commerce Street, Room 441
Dallas, TX 75242

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

Appellant: [appellant]

Agency classification: Social Worker
GS-185-11

Organization: Spinal Cord Injury-Spinal Cord
Dysfunction Team
Physical Medicine and Rehabilitation
Service
Patient Care Services
Medical Center
[name] VA Healthcare Network
Department of Veterans Affairs
[location]

OPM decision: Social Worker
GS-185-12

OPM decision number: C-0185-12-01

/s/ Judith L. Frenzel

Judith L. Frenzel
Classification Appeals Officer

May 22, 2003

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*, appendix 4, section G (address provided in appendix 4, section H).

Since this decision changes the classification of the appealed position, it is to be effective no later than the beginning of the fourth pay period after the date of this decision (5 CFR 511.702). The servicing personnel office must submit a compliance report containing the corrected position description and a Standard Form 50 showing the personnel action taken. The report must be submitted within 30 days from the effective date of the personnel action.

Decision sent to:

[appellant's name and address]

Director, Human Resources
Veterans Affairs Medical Center
[activity address]

Chief, Compensation and Classification Division (051)
Human resources Management
Department of Veterans Affairs
810 Vermont Avenue, NW.
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Deputy Assistant Secretary for Human Resources Management (05)
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Introduction

On January 24, 2003, the Dallas Oversight Division, now the Dallas Field Services Group, of the U.S. Office of Personnel Management (OPM) accepted an appeal from [appellant]. We received his agency's administrative report on February 20, 2003. The appellant's position is currently classified as Social Worker, GS-185-11, with the Spinal Cord Injury(SCI)/Spinal Cord Dysfunction Team, Physical Medicine and Rehabilitation Service, Patient Care Services, Medical Center, [name] VA Healthcare Network, Department of Veterans Affairs, in [location]. In his appeal to OPM, the appellant requested that his position be classified as Social Worker, GS-185-12. We have accepted and decided his appeal under section 5112 of title 5, United States Code, (U.S.C.).

To help decide his appeal, an OPM representative held separate telephone interviews with the appellant and his supervisor on April 3, 2003. In reaching our decision, we have reviewed information obtained from these conversations and the all material of record furnished by the appellant and his agency, including the appellant's official position description (number [number]).

General issues

The appellant compares his position to other SCI Coordinator positions within VA that are classified at the GS-12 level. By law, we must make our decision solely by comparing the appellant's duties and responsibilities to OPM standards and guidelines (5 U.S.C. 5106, 5107, and 5112). Since comparison of standards is the exclusive method for classifying positions, we cannot compare the appellant's position to others as a basis for deciding his appeal.

Position information

The appellant is a member of a multidisciplinary team that consists of one social worker (GS-185-11), one registered nurse/case manager (VN-610), and one physician (Chief of the Physical Medicine and Rehabilitation Service). The team addresses the physical and psychosocial needs of both inpatient and outpatient veterans with spinal cord injuries and dysfunctions in both clinic and hospital settings. The program deals with adults in the 18 to 65 and older age group as defined in his scope of practice. The level of disability can vary from partial to total paralysis and may include other disabilities that complicate medical treatment, psychosocial aspects, and social interactions both inside and outside the family setting. The appellant spends 70 percent of his time functioning as the Spinal Cord Injury/Dysfunction (SCI/D) Clinic Coordinator and is responsible for the administration of the SCI Outpatient Support Clinic and coordination of related patient support services. Thirty percent of his time is spent providing counseling to those affiliated SCI patients and their families.

The SCI/D is a nationwide program administered in support of a Spinal Cord Injury Center, which is typically at least 100 miles or 2 hours drive time away from the SCI Center Outpatient Support Clinic. In this case the SCI Center is located in [city and state], approximately 450 miles away. The Medical Center in [location city] provides inpatient care, operates an outpatient clinic at the Center, and operates a community based outpatient clinic in [second city]. The

appellant works with the [second city] clinic to provide services for SCI/D patients that receive care at that location.

The appellant is responsible for identifying, along with the multidisciplinary team, patients that should be aligned with the Spinal Cord Injury Program of the SCI outpatient support program to assure they receive proper care, intervention, and follow-up. He also ensures coordination of patient transfers to and from the designated SCI Center hospital in [city] and makes arrangements for monitoring patient progress and continuity of care while in the program. He refers veterans to the Veterans' Benefits Officer and, with consent, refers them to the Paralyzed Veterans of America or other veterans' service organizations when appropriate. The complexity of spinal cord patient care requires that the Coordinator be knowledgeable about SCI treatment and rehabilitation; the physical and psychosocial implications of SCD for the individual and family; appropriate clinical interventions, including sexual counseling; and prosthetic services.

The appellant must have knowledge of all related agency directives affecting the spinal cord injured; agency benefits and other government entitlement programs for treatment, rehabilitation, and services; community resources and services for the disabled; local peer counseling programs or groups; and Federal and local laws and regulations regarding the disabled. He provides the full range of social work services to both the spinal cord patients and their families. The work requires exercising mature and professional judgment and the flexible use of a wide range of social work skills in serious and complicated cases. He carries full professional responsibility for cases presenting a wide range of psychosocial, environmental, and physical problems. The appellant's position description and the appeal record provide more information.

Series, title, and standard determination

The GS-185 Social Work Series includes positions that require application of a professional knowledge of the principles and practices of social work in the performance of such assignments as providing direct services to individuals and families, including work with individuals in groups. Also included are positions concerned with teaching social work, doing research on social work problems, training of social work students, and providing consultation and advice to members of related professions and community organizations on social work questions. The agency has determined that the appellant's duties fall within this series. The appellant does not question the title or series. We agree with the agency's determination to classify the position to the GS-185 series with the title of Social Worker. The GS-185 standard contains grade level criteria and is used to make the grade level determination.

Grade determination

The GS-185 standard uses two basic elements to define assignment characteristics, assignment content and supervisory control. Two basic variables that affect the grade levels of positions are (1) the character of the caseload and (2) the freedom of practice characteristic of performance. The first refers to the difficulty of problems present in the assignment and the degree of professional skill and judgment required by the social work decisions and the services they involve. The second reflects the recognition of the social worker's competence through

decreased supervisory control that allows independent performance of work. These variables are considered in concert when making grade level determinations.

GS-11 positions involve intensive social work services that require the exercise of mature professional judgment and the flexible use of a wide range of social work skills. The cases are serious and complicated and the position demonstrates effectiveness based upon sufficient training and experience. GS-11 positions require a minimum of supervisory control and guidance and exercise independent authoritative judgment. They have full responsibility for cases with a wide range of psychosocial and environmental problems with no limitations as to the difficulty of services performed.

Like the GS-11, the appellant makes independent professional decisions and recommendations that can have serious impact on the life of the person served. For example, the appellant must evaluate the home situation of SCI patients. Client situations are complicated by conflicting needs that are difficult to resolve even with highly individualized planning. This includes family and social relationships and expectations, the suitability of housing and the availability of special equipment necessary to accommodate the special needs of disabled patients, and the potential medical issues involved. Such evaluations might result in recommending nursing home care rather than home care because the physical health of a spouse or family member makes them unable to provide adequate care for a quadriplegic patient. If deemed in the best interest of the patient and the family, the evaluation could also result in the provision of a living assistant or nursing care in the home to assist the family with the patient's needs and other supportive services.

The appellant works with the multidisciplinary team to ensure that psychosocial assessments are completed and that indicated treatment is provided and documented in the patient's medical records. The appellant also acts as a consultant to other staff members in developing individualized rehabilitation plans for SCI patients. He is responsible for identifying problems that should be brought to the attention of the supervisor. Like GS-11 social workers that supervise the practice of social work students placed in the unit for training, the appellant also supervises Master of Social Work students during their clinical assignments at the medical center. The appellant's casework is fully equivalent to that described at the GS-11 level.

The standard indicates that GS-11 social workers characteristically participate in program planning and in the development and maintenance of public understanding and sound working relationships with local agencies and community services. They assume responsibility for coordination with teachers, clergymen, lawyers, physicians, and representatives of other disciplines who are concerned with the same client or group of clients. They are responsible for exercising initiative in community relations work that influences public attitude and action toward the employment, home care, social acceptance and support of clients who are parolees, members of different ethnic groups, released psychiatric patients, etc. The appellant's duties exceed the GS-11 level since they encompass all aspects of program organization, including implementation, evaluation, and modification of service delivery.

The standard indicates that GS-12 social worker positions are of two general types: (1) supervisory positions that include full technical and administrative responsibility for the

accomplishment of the work of a unit, and (2) positions which are classified at this level in recognition of program responsibilities which are significant enough to justify grade GS-12 with or without the presence of professional subordinates. Illustrative of positions of this type are those of social workers in charge of the social work program at a separate installation or organizational component where they are responsible for development and maintenance of professional standards of service, initiating and effecting changes in methods that will promote efficient practice, and coordination of social work services with other programs of service to the same group of clients. They typically represent the social work program at conferences and in contacts with other agencies and the public.

Work is subject to regulation and procedural direction from the program directors in the central office of the agency and to the local management control of the directors of the institution, such as a hospital or clinic. Social workers at this level may also serve various beneficiary groups over a large geographical area when assignments include direct social work practice in cases with complex problems, organization of community services on behalf of those beneficiaries, development and coordination of procedures for the use of these community services by related staffs and satellite facilities, and development and maintenance of working relationships and agreements with other organizations have responsibilities for the same groups of people.

The appellant's position compares favorably with the second GS-12 type of position based on the scope, breadth, and complexity of SCI/D program demands. The record shows the program has grown from 15 patients classified as SCI/D receiving specialty care in FY 1998 to 116 in FY 2001. The appellant indicates that there are now over 250 veterans registered on the nationwide SCI registry within the area of their Center with 180 of them receiving active care in their clinics. He is supervised by the Chief of Physical Medicine and Rehabilitative Services and receives central office policy directives from the Region [number] Veterans Integrated Service Network (VISN). The appellant's supervisor is also copied on policy information, but relies on the appellant for proper interpretation of agency policy for the Medical Center and for implementation recommendations. The appellant is held accountable for program effectiveness through monthly meetings with the hospital director to discuss the program and its related measures, monthly reporting of performance measures and program results to the VISN, and performance reviews held every six months. If problems are identified, the appellant is responsible for identifying and evaluating program deficiencies, developing action plans to correct identified problems, and implementation of corrective actions to improve the program's effectiveness, efficiency, and resulting patient care delivery. For example, the appellant received new policy information regarding the need for all patients in the program to have an urodynamic bladder workup during their annual patient evaluation. The appellant advised the multidisciplinary team of the new requirement per Veterans Health Administration policy. The Medical Center does not have the equipment to complete this process. The team collaborated to determine a means of evaluating patients to meet the criteria that was more cost effective and efficient as it allowed the team to determine those patients who truly needed the more expensive full urodynamic study testing procedure. This preserved resources for the Medical Center, both financial and medical, and resulted in less inconvenience and improved care for the patient.

The appellant assures that all required testing and assessments are performed for patients in the program through chart reviews. If non-compliance is found, he advises the multidisciplinary

team, and then advises other related areas that participate in the patient's care of the discrepancy. He works with hospital staff to ensure proper implementation and follow through of program policy. All program and patient information is entered into a national database. The information in this database is used to measure the program's efficiency and effectiveness. Data elements maintained in the national SCI database are used to measure the performance of the program, the Medical Center, and the Medical Center Director.

The appellant represents the program and his beneficiary groups by organizing and coordinating community services. He must develop and maintain working relationships and agreements for resources with other organizations having responsibilities for the represented groups. These resources are supplied by such entities as the Disabled America Veterans, Paralyzed Veteran's of America, various Native American tribal organizations, [state] Department of Human Services, the Salvation Army, various housing authorities, the American Red Cross, the Multiple Sclerosis Society, local YMCA's, and other State and local aid and community organizations. Many of the appellant's patients are not eligible for full VA benefits. As a result the appellant works on behalf of the SCD/I program to procure community assistance to help these patients receive proper equipment and care. For example, the appellant works with community resources and programs within a 150 mile geographic area to solicit donations to the program for: travel cost and logistics assistance; durable medical equipment, such as wheel chairs; donations of equipment repair; rental housing assistance for rental and grants; income assistance; care support, such as donations of hospice care; and family support and education assistance. Typical of the GS-12 level, the appellant represents the SCD/I program at conferences by attending and making presentations on how the Department's program has impacted patient care, e.g., The American Association of Spinal Cord Injury Psychologists and Social Workers, annual VISN SCD/I conferences, local organizations, etc.

Decision

The position is properly classified as Social Worker, GS-185-12.