

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

Philadelphia Field Services Group  
600 Arch Street, Room 3400  
Philadelphia, PA 19106-1596

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

**Appellant:** [appellants' names]

**Agency classification:** Medical Support Assistant  
GS-679-5

**Organization:** Mental Health Care Line  
Behavioral Sciences Service Line  
VA [name] Healthcare System  
Department of Veterans Affairs  
[location]

**OPM decision:** Medical Support Assistant  
GS-679-5

**OPM decision number:** C-0679-05-03

/s/

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Marta Brito Pérez  
Associate Director  
Human Capital Leadership  
and Merit System Accountability

September 3, 2004

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Date

As provided in section 511.612 of title 5, Code of Federal Regulations (CFR), 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:**

PERSONAL

[appellants' names and address]

[name]

President

[union]

[address]

[name]

Chief, Human Resources

Management Service

Department of Veterans Affairs

VA [name]

[location]

Office of Human Resources Management (054B)

Department of Veterans Affairs

810 Vermont Avenue, NW.

Washington, DC 20420

Deputy Assistant Secretary for Human Resources Management (05)

Department of Veterans Affairs

810 Vermont Avenue, NW., Room 206

Washington, DC 20420

## **Introduction**

On April 28, 2004, the Philadelphia Field Services Group of the U.S. Office of Personnel Management (OPM) accepted a classification appeal from [name] on behalf of Mses. [names]. The appellants occupy identical additional (IA) positions (hereinafter referred to as position) currently classified as Medical Support Assistant, GS-679-5. They believe that the position should be classified as Medical Support Assistant, GS-679-6, or Health Technician, GS-640-6. We received the agency appeal administrative report on May 20, 2004, and the representative's comments on the report on May 26. The position is in the Mental Health Care Line, Behavioral Sciences Service Line, VA [name] Healthcare System, Department of Veterans Affairs, at the [location] campus. We have accepted and decided this appeal under section 5112 of title 5, United States Code (U.S.C.).

## **General issues**

In their letter dated April 22, 2004, the appellants stated that their position description (PD) (PD #[number]) does not fully address their day-to-day involvement with patients in a clinic setting or the depth and breadth of their interactions. These issues were raised in their agency level appeal. The appellants' immediate supervisor certified that the PD is current and accurate, but the appellants refused to do so and cited similar issues in their response to the agency appeal administrative report.

In his response to the agency administrative report, the appellants' representative points to the language in several factors of the PD in support of crediting a higher factor level. A PD is the official record of the major duties and responsibilities assigned to a position by an official with the authority to assign work. A position is the duties and responsibilities that make up the work performed by an employee. Position classification appeal regulations permit OPM to investigate or audit a position and decide an appeal on the basis of the actual duties and responsibilities assigned by management and performed by the employee. An OPM appeal decision grades a real operating position, and not simply the PD. Therefore, this decision is based on the actual work assigned to and performed by the appellants.

The appellants' rationale largely relies on the description of work in another PD (PD #[number]) classified as Health Technician, GS-640-6. In their response to the agency appeal administrative report, the appellants reiterated this rationale pointing to the reorganization of work that resulted in the establishment of their current position and other positions in their organization. By law, we must classify positions solely by comparing their current duties and responsibilities to OPM PCS's and guidelines (5 U.S.C. 5106, 5107, and 5112). Other methods or factors of evaluation are not authorized for use in determining the classification of a position, such as comparison to positions that may or may not have been properly classified, e.g., the PD submitted by the appellants as part of their appeal rationale, or pay relationships with other positions.

Although PD #[number] lists administrative support duties similar to those performed by the appellants, it list clinical duties substantially different from the duties and responsibilities described in the appellants' PD, e.g., operating and monitoring electrocardiographic equipment

and highlighting any abnormal tracing caused by external action or conditions, monitoring tracing before and after testing, alerting proper medical personnel of serious abnormal test results, and varying test procedures to adjust for patient medical conditions. The skill and knowledge required to perform these clinical functions is materially different from those required by the appellants to perform their work.

Like OPM, the appellants' agency must classify positions based on comparison to OPM PCS's and guidelines. Section 511.612 of 5 CFR requires that agencies review their own classification decisions for identical, similar, or related positions to insure consistency with OPM certificates. The appellants' agency is obligated to perform this review once they receive this classification appeal certificate.

### **Position information**

The appellants state that the PD is generally accurate, but does not fully describe the depth of their major duties and responsibilities and does not completely and accurately describe Factors 1, 2, 3, 4, 8, and 9. They say that they often assist and perform psychological testing; counsel patients on clinical, administrative, or financial issues; monitor and advise care providers of patient status issues; and address privacy matters. The appellants point to their functioning as members of patient care teams, participating in clinical meetings, and acting as a liaison to or an extension of the medical care provider.

Our fact-finding shows, however, that the testing assistance and counseling performed by the appellants is not clinical in nature as understood within the position classification system. Psychological testing assistance consists of helping patients understand the computer application instructions in order to take computer-based tests, e.g., picking one or none on from the list of choices, and helping them understand the question asked. Similarly, marking down carbon dioxide levels from a carbon dioxide monitoring machine does not constitute clinical assessment. The appellants' counseling functions deal with medical administrative issues, e.g., helping patients with billing questions such as understanding co-payments and making sure that means tests are up to date in the medical information system.

The appellants state that observing, monitoring, and reporting on patients served by their outpatient mental health clinic and substance abuse program are dealing with the health and disease processes of biological illnesses. They say that psychological diseases have their own clinical markers, testing requirements, and care application. Calming upset patients and informing the clinical staff of emergent issues, e.g., whether a patient's anxiety appears to be increasing, are part of interpersonal functions common to virtually all positions in the medical care environment and does not constitute clinical counseling as defined in the position classification system.

The appellants' PD of record addresses the administrative, financial, patient status, and records privacy duties pointed to by the appellants. Medical records access, whether in the public or private sector, is limited by legal privacy requirements and medical records work requires knowledge and application of records access rules and procedures. The PD's major duties include verifying insurance information, performing benefits counseling, providing counsel on

travel arrangements, making travel arrangements, resolving transportation complaints, and providing patients with encounter forms and patient questionnaires. In order to perform that work, the PD states that the work requires knowledge of agency regulations governing patient eligibility for services, e.g., treatment, prostheses, Government paid medication, and travel and meal expenses while attending the clinic.

The appellants pointed to their functioning as members of patient care teams, participating in clinical meetings, and acting as a liaison to or an extension of the medical care provider. The record shows that their participation in meetings focuses on clinical support issues, e.g., implementing the advanced clinical access initiative and discussing what new procedures and approaches are or are not working. They are not engaged in discussions of or responsible for technical clinical treatment issues as inferred by their rationale in functioning as an extension of the medical care provider.

We conducted a telephone audit with two of the appellants selected to represent the group on July 28, 2004, a telephone interview with their immediate supervisor on August 8, and telephone interviews with the Head Nurse and the Newington Firm Mental Health Manager on August 11. Based on the audit and interview findings and all information of record furnished by the appellants and their agency, we find that the PD of record contains the duties and responsibilities performed by the appellants, and we incorporate it by reference into this decision.

### **Series, title and standard determination**

The agency classified the position in the Medical Support Assistance Series, GS-679, with the title Medical Support Assistant, and graded it by application of the Job Family Standard (JFS) for Assistance and Technical Work in the Medical, Hospital, Dental, and Public Health Group, GS-600. The appellants request that their position be classified as Health Technician (Psychiatry), GS-640-7 or 6, or Medical Support Assistant, GS-640-6.

The GS-679 series covers one-grade interval administrative support work performed in connection with the care and treatment given to patients in wards, clinics, or other such units of a medical facility. The work includes functions such as serving as a receptionist, performing record keeping duties, and providing miscellaneous support to the medical staff of the unit. This series includes work that requires a practical knowledge of computerized data entry and information processing systems, the medical facility's organization and services, basic rules and regulations governing visitors and patient treatment, and a practical knowledge of the standard procedures, medical records, and medical terminology of the unit supported.

Medical support assistants perform a variety of support duties that facilitate the work of physicians, physician assistants, nurses, nursing assistants, and other members of the medical facility who provide patient care. They frequently occupy the single support position located in one or more units and link the nursing service with the medical administrative services and outpatient departments. Medical support assistants are considered chief sources of information and play an important role in accomplishing the work of the unit by performing such duties as: receiving and relaying incoming and outgoing telephone, intercom, and electronic messages;

receiving and directing patients and visitors, answering routine inquiries, and making appropriate referral of questions concerning patients' conditions; assembling patient records according to prescribed formats; inserting additional forms and charts as necessary, and stamping them with correct patient identification; filing results of treatment in medical records; reviewing patients' charts and recording a variety of medical data; determining patients' eligibility for treatment and paid travel expenses; recording physicians' orders for patients on a variety of records; selecting, completing, and routing requests for patient activities and treatment procedures; scheduling appointments for patients with other medical services; preparing patient census reports; keeping time and attendance records; ordering and keeping records of supplies; and receiving and distributing mail to medical staff and patients.

The Health Aid and Technician Series, GS-640, covers nonprofessional work of a technical, specialized, or support nature in the field of health or medicine when the work is of such generalized, specialized, or miscellaneous nature that there is no other more appropriate series. Such work is either (1) characteristic of two or more specialized nonprofessional series in the Medical, Hospital, Dental, and Public Health Group, GS-0600, where no one type of work controls the qualification requirements, or (2) sufficiently new, unique, or miscellaneous that it is not specifically included in a specialized nonprofessional series in the Group. The GS-640 PCS states that positions which primarily involve clerical work in support of medical or health functions or activities are excluded from the GS-640 series.

The appellants' work is fully and directly covered by the GS-679 series. The purpose of their position is to link the clinical services with the medical administrative services and outpatient departments. Their patient interaction duties as front line employees are typical GS-679 duties and responsibilities. As discussed previously, they do not perform clinical technician duties within the meaning of the position classification system. The appellants do not occupy mixed GS-600 Group nonprofessional positions; i.e., work covered by two or more series typical of some GS-640 positions. The work that they perform meets the GS-640 exclusion discussed above. Therefore, the position is properly allocated as Medical Support Assistant, GS-679, and the directly applicable GS-600 JFS previously cited must be used for grade level evaluation.

### **Grade determination**

The GS-600 JFS is in Factor Evaluation System (FES) format. Under the FES, positions are evaluated by comparing the duties, responsibilities, and qualifications required with nine factors common to nonsupervisory General Schedule positions. A point value is assigned to each factor in accordance with the factor-level descriptions. For each factor, the full intent of the level must be met to credit the points for that level. The total points assigned for the nine factors are converted to a grade by reference to the grade conversion table in the PCS.

In his May 24, 2004, comments on the agency administrative report, the appellants' representative accepted the agency's crediting of Levels 1-3, 2-3, 4-2, 5-2, and 6-2 to the position. He stated that the position should be credited with Levels 3-3, 7C, 8-2, and 9-2. Based on our review of the appeal record, we concur with the crediting of Levels 1-3, 4-2, 5-2, and 6-2. Therefore, our analysis focuses on the remaining factors.

*Factor 2, Supervisory controls*

This factor covers the nature and extent of direct or indirect controls exercised by the supervisor, the employee's responsibility, and the extent of review of completed work. The agency evaluated this factor at Level 2-3.

At Level 2-2, the supervisor makes assignments by providing general instructions. Employees use initiative and work independently within the framework established by the supervisor. Employees are expected to refer problems not covered by the supervisor's instructions or procedures to the supervisor or designated employee. The supervisor reviews new or difficult assignments and those with potential adverse impact and may spot check routine work products for accuracy.

In contrast, at Level 2-3 the supervisor makes assignments by defining the overall objectives, priorities, and deadlines and assists with unusual situations. Employees independently plan the work, resolve problems, carry out successive steps of assignments, and make adjustments using accepted standard operating procedures or practices. They handle problems and deviations that arise in accordance with established policies, regulatory and administrative guidelines, directives, instructions, and accepted practices.

The appellants work within the controls established by their supervisor of record, who is located at the healthcare system's other campus, and the clinical management staff of the Newington Mental Health Care Line. As at Level 2-2, the appellants perform most tasks independently according to established procedures and/or previous experience. These include applying accepted practices for dealing with suicidal telephone calls, patient boundaries (what gifts they can or cannot accept from patients and what personal information they can or cannot share), interacting with depressed patients, dealing with upset family members, diffusing situations with angry patients, and dealing with Health Insurance Privacy and Portability Act (HIPPA) records and information access requirements. Although the supervisor is not present; the appellants are expected to refer problem situations or issues to the clinical staff, e.g., the issues raised by upset waiting patients. As at Level 2-2, the appellants receive instructions on non-recurring assignments and procedural changes, e.g., the Advanced Clinic Access. Their work receives less direct review than typical of this level because of the recurring nature of the work.

The appellants' work does not meet Level 2-3. As stated in the *Classifier's Handbook*, it is not just the degree of independence that is evaluated, but also the degree to which the nature of the work allows the employee to make decisions and commitments and to exercise judgment. For example, many support employees perform their work with considerable independence and receive very general review. This work is evaluated, however, at the lower levels of this factor because there is limited opportunity to exercise judgment and initiative. The appellants' work does not approach the degree of independence of action envisioned at Level 2-3. Deadlines and priorities are set by the clinical staff and the appellants have little opportunity to adjust or alter the timing or sequence of their work. The work cycle is generally determined by patients' admissions and office scheduling procedures. As Level 2-2, the appellants use the procedural flexibilities available to accommodate emergent situations and appointment requests. Although the appellants participate in testing and implementing changes to established procedures,

decisions on such changes are made by the management staff. Written guidance and direction regarding what needs to be done are readily available and cover both normal and emergency situations. Problems and new situations are referred to the clinical staff. Therefore, Level 2-2 (125 points) is credited.

### *Factor3, Guidelines*

This factor covers the nature of guidelines and the judgment needed to apply them. The agency evaluated this factor at Level 3-2. The appellant's representative states that the appellants deal with emergent situations for which there is no guidance, the available guidelines do not cover all situations, they are required to exercise a great deal of discretion in patient dealings, their work is directed toward correcting deficiencies and the reliability of information, they are allowed and encouraged to develop different approaches to new regulatory requirements, e.g., the Privacy Act and HIPPA, and developing means of adapting new technology, including information technology.

At Level 3-2, the employee uses a number of procedural and regulatory guidelines that specifically cover the assigned work. The employee uses judgment to identify and select, from a number of similar guidelines and work situations, the most appropriate guidelines, references, and procedures to apply when making minor deviations or adapting guidelines to specific cases; and refers situations that do not readily fit instructions or other applicable guidelines to the supervisor or a designated employee for resolution.

In contrast, the employee at Level 3-3 uses guidelines that consist of a variety of technical instructions, technical manuals, medical facility regulations, regulatory requirements, and established procedures; and are not completely applicable to some of the work or have gaps in specificity. The employee uses judgment to adapt and interpret guidelines to apply to specific cases or problems; uses discretion and initiative to decide on the appropriate course of action to correct deficiencies and improve the reliability of the information; and may, within the framework established by higher authority, develop approaches to apply to new regulatory requirements, or to adapt to new technology.

The appellants' work meets Level 3-2. As at that level, the appellants work within established written and verbal procedures and use discretion to make minor deviations appropriate to resolve the case issue at hand. For example, they received training on HIPPA. When dealing with a request to contact a patient at the clinic from visiting non-VA counselor, the appellants can inform the patient directly, can inform the clinician that the counselor wants to see the patient or, if the patient is in a group session, inform him or her that the counselor is in the clinic. They schedule patients based on clinic procedures and the preferences of the individual clinicians. Based on established training and organizational practices, the appellants determine when clinical intervention is necessary for upset, agitated, or otherwise problematic patients. They apply established administrative practices and procedures in maintaining patient records, entering diagnostic information, assisting with pharmacy refills, and helping with eligibility, co-pay and similar patient issues.

Unlike Level 3-3, the appellants do not routinely need to use a variety of technical instructions, technical manuals, medical facility regulations, and regulatory requirements which are not



completely applicable to some of the work or have gaps in specificity. As discussed previously, the clinic has both written and verbal procedures in place for implementing regulations and other patient care requirements. Their work does not require or permit them to use the scope of judgment to adapt and interpret guidelines to extent intended at Level 3-3. The appellants participate in meetings, suggest improvements to, and report on problems with administrative clinic procedures. Actions to correct deficiencies and improve the reliability of the information; e.g., developing and implementing the Advanced Clinic Access, are determined by clinic management and the appellants' official supervisor. Similarly, higher level officials developed the approaches to and training which the appellants receive to apply new regulatory requirements, e.g., HIPPA. Therefore, Level 3-2 (125 points) is credited.

*Factor 6, Personal contacts, and Factor 7, Purpose of contacts*

These factors assess face-to-face as well as telephone contacts with persons not in the supervisory chain. The levels of these factors are based on what is required to make the initial contact, the difficulty of communicating with those contacted, and the setting in which the contact takes place.

Factors 6 and 7 are interdependent. The personal contacts that serve as the basis for the level selected for Factor 7 must be the same contacts as those that are the basis for the level selected for Factor 6. The agency credited Level B for *Purpose of contacts*.

*Purpose of contacts*

At Level b, the purpose of the contacts are to initiate and follow through on work efforts or to resolve operating or technical problems related to the treatment of patients and/or the maintenance of patient records. Employees at this level influence or persuade individuals or groups working toward mutual goals and have basically cooperative attitudes.

In contrast, the purpose of contacts Level C is to influence, persuade, interrogate, or control people or groups. The people contacted are unusually difficult to communicate with because of very poor physical and/or mental conditions and/or because they are easily excitable, irrational, fearful, skeptical, uncooperative, or dangerous. Employees must be skillful in approaching the individual or group in order to obtain the desired results.

The appellants' position meets Level C. Due to the mental condition of many clinic patients, the appellants must routinely deal with excitable, uncooperative, and potentially dangerous clients, e.g., patients suffering from dementia, paranoia, schizophrenia, post traumatic stress disorder, and substance abuse. They also deal with suicide calls and excited and agitated family members. The appellants must be skillful in defusing these situations. They use these skills to ascertain when emergent situations should be referred to the clinical staff for appropriate action and talking to patients on and arranging for other health care needs. Therefore, Level 2C (145 points) is credited.

*Factor 8, Physical demands*

This factor covers the requirements and physical demands placed upon the employee by the work assignment. This includes physical characteristics and abilities and the physical exertion involved in the work.

The agency credited this factor at Level 8-1. The representative's rationale for crediting Level 8-2 is that the appellants must assist ambulatory patients in falls, wheelchair situations, patients with prosthetic limbs, and furniture issues in recreational and group therapy sessions.

At Level 8-1, the work does not require any special physical effort or ability. It may require walking, bending, standing, and/or carrying of light items such as files and manuals, but it is mainly sedentary. In contrast, Level 8-2 work requires some physical exertion such as prolonged periods of standing, bending, reaching, crouching, stooping, stretching, and lifting moderately heavy items such as manuals and record boxes.

Level 8-1 is met. The appellant carries such things as patient records and supplies. The work is primarily sedentary, but requires some bending, walking and standing, e.g., walking to assist patients to fill prescriptions, assisting unsteady patients, and pushing patients in wheelchairs to the restroom or other facility locations, and escorting patients.

The appellants' intermittent help in setting up tables, moving packages of copying paper, and walking within the facility, etc., does not fully meet Level 8-2. These duties are not equivalent to *prolonged periods* of standing, bending, reaching, crouching, stooping, stretching, and lifting moderately heavy items such as manuals and record boxes. Because Level 8-2 is not fully met, this factor must be credited at Level 8-1 (5 Points).

#### *Factor 9, Work environment*

This factor considers the risks and discomforts in the employee's physical surroundings and the safety precautions required. The agency credited this factor at Level 9-2. The appellants' representative states that the appellants work in an environment that regularly exposes them not only to physical dangers associated with mental health and substance abuse patients, but also one that exposes them to contagious diseases. The appellants point to their exposure to AIS patients, patients who test positive for tuberculosis.

At Level 9-1, the employee typically works indoors in an environment involving everyday risks or discomforts. He or she is required to observe normal safety practices. The area is adequately lighted, heated, and ventilated. In contrast, the Level 9-2 work environment involves moderate risks or discomforts that require special precautions, e.g., exposure to infectious diseases. Employees may be required to use protective clothing or gear. Employees may work in close proximity to mentally disturbed patients and, consequently, be at risk of physical abuse.

Unlike Level 9-2, the appellants' limited exposure to infectious diseases from ambulatory clinic patients does not require any special precautions by them. However, the record shows that the appellants are routinely subject to moderate risk through close proximity to mentally disturbed patients as discussed previously, e.g., substance abusers "high" on one or more drugs, schizophrenic and/or psychotic patients. Therefore, Level 9-2 (20 points) is credited.

<i>Factors</i>	<i>Level</i>	<i>Points</i>
1. Knowledge required by the position	1-3	350
2. Supervisory controls	2-2	125
3. Guidelines	3-2	125
4. Complexity	4-2	75
5. Scope and effect	5-2	75
6. Personal contacts and 7. Purpose of contacts	2C	145
8. Physical demands	8-1	5
9. Work environment	9-1	<u>20</u>
	Total Points	920

A total of 920 points falls within the GS-5 grade level point range of 855-1,600 points on the Grade Conversion Table.

### **Decision**

The appellants' position is correctly classified as Medical Support Assistant, GS-679-5.