

**CLASSIFICATION APPEAL DECISION
U.S. OFFICE OF PERSONNEL MANAGEMENT
CHICAGO OVERSIGHT DIVISION**

APPELLANT: **[appellant's name]**

POSITION NUMBER: 97R79

AGENCY CLASSIFICATION: Disability Hearings Officer
GS-930-12

POSITION LOCATION: Social Security Administration
[major organizational component]
Disability Programs Center
Disability Programs Team
[activity location]

OFFICE OF PERSONNEL **GS-930-12**
MANAGEMENT DECISION: Title at agency discretion

OPM DECISION NUMBER: C-0930-12-01

This appellate decision constitutes a certificate that is mandatory and binding on administrative, certifying, payroll, and accounting offices of the Government. It is the final administrative decision on the classification of the position, not subject to further appeal. It is subject to discretionary review only under the conditions and time limits specified in Part 511, Subpart F, of Title 5, U.S. Code of Federal Regulations.

/s/

FREDERICK J. BOLAND
CLASSIFICATION APPEALS OFFICER

April 30, 1997

DATE

DECISION TRANSMITTED TO:

[appellant's name and address]

[name]
Director, Center for Personnel Operations
Social Security Administration
G-414 West High Rise
6401 Security Boulevard
Baltimore, Maryland 21235

[name]
Director, Human Resources Center
Social Security Administration
[servicing personnel office location]

[appellant's representative's name and address]

INFORMATION CONSIDERED

- ▶ Appellant's letters dated July 31 and August 31, 1996, and January 31, 1997, and enclosures to the first and last of these.
- ▶ Agency letters of October 10, 1996, and January 16, 1997, and their enclosures.
- ▶ Copy of the official description of the appellant's position, number 97R79.
- ▶ Copy of the appellant's supervisor's position description.
- ▶ Telephone interviews with the appellant on December 31, 1996, and with his supervisor on January 2 and 6, 1997.

EVALUATION CRITERIA

- ▶ OPM Hearings and Appeals, GS-930, Series definition.
- ▶ OPM position classification standard for the Social Insurance Administration, GS-105, Series, dated December 1993.

INTRODUCTION

The appellant contests his agency's decision classifying his position, number 97R79, as Disability Hearings Examiner, GS-930-12. The position is located in the Social Security Administration, [major organizational component and location]. He believes his position description accurately lists his major duties, but feels his role as the Center's resident authority on disability hearing matters, the independence with which he works, and the lack of clear guidelines in his work warrant a higher grade. These matters are addressed under the Grade Determination section of this decision.

The appellant also feels his position should be higher graded when compared to positions in other occupations and positions with state government that are similar to his own. He cites, for example, a state job announcement that he believes requires a legal degree for his line of work. (The announcement actually expresses only a preference for a degreed candidate.) Regardless of the grade levels of other positions or the administrative restrictions and preferences that an agency may impose upon assignment of work, the Office of Personnel Management (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. Other methods of evaluation, such as comparisons to other positions, are not permitted. Similarly, factors such as volume of work, quality of work, level of performance, length of service, or difficulty in recruiting for the position, are not considered in determining grade level. (Other areas of the personnel management system take these considerations into account. Performance and incentive awards,

periodic step increases, and special pay rates, for example, address some of these issues that are not properly resolved through classification appeals.)

JOB INFORMATION

The appellant conducts informal hearings involving Titles II and XVI (adults and children) of the Social Security Act, which involve medical and vocational benefit cessation cases, escalated initial claims, Medicare entitlement, foreign jurisdiction, and cases based on railroad service. Although informal in setting, these hearings provide the first due process, *de novo*, appellate level for disability benefit recipients whose entitlement to such benefits has been terminated. In carrying out the hearing function, the appellant is responsible for conducting all Disability Hearing Office (DHO) operations in [state name]. Occasionally he may assist other states, like [two state names], in times of peak workload, to deal with unusually difficult cases and/or threatening appellants, etc

His duties include identifying hearing sites, scheduling and holding hearings, developing additional evidence as needed through contacts with attorneys, claimants, medical providers, and state Disability Determination Service (DDS) offices, and writing final decisions based on hearing findings. His position was established essentially due to the fact that Nebraska is the sole state that had previously opted not to exercise a first level appellate function for disability benefit cessation cases, which role is instead performed at present by the appellant. Incidental to this role, he also provides technical guidance and training to state Hearing Office staff on disability program issues.

ANALYSIS AND FINDINGS

Series and Title Determination

The appellant's duties fall within the type of work covered by the Hearings and Appeals series, GS-930. This series includes positions that involve the adjudication of cases that typically include the conduct of formal or informal hearings that accord appropriate due process, arising under statute or under the regulations of a Federal agency when the hearings are not subject to the Administrative Procedures Act, or involve the conduct of appellate reviews of prior decisions. The work requires the ability to review and evaluate investigative reports and case records, conduct hearings in an orderly and impartial manner, determine credibility of witnesses, sift and evaluate evidence, analyze complex issues, apply agency rules and regulations and court decisions, prepare clear and concise statements of fact, and exercise sound judgment in arriving at decisions.

This work does not require a degree, professional legal education, or admission to the bar. It does not involve the preparation of interpretive and administrative orders, rules, or regulations that implement the provisions of governing statutes, or otherwise involve work covered by the GS-905 Attorney series. Similarly, it does not have same duties, responsibilities, qualification requirements, or screening process as GS-935 Administrative Law Judge positions.

There is no title prescribed by OPM for positions classified in the GS-930 Series. In assigning a title to such a position, an agency must comport with the criteria in Section III, H of the *Introduction to the Position Classification Standards*. The agency's assigned title of *Disability Hearings Officer* meets these requirements.

Grade Determination

There is no position classification standard established for the Hearings and Appeals, GS-930, series. In such situations, a relevant general classification guide or the grading criteria in one or more standards established in related lines of work is used. In selecting such a pertinent guide or standard, the comparison is based on identifying a kind of work as similar as may be found to the position being evaluated with respect to: 1) the kind of work processes, functions, or work subject matter involved, 2) the qualifications necessary to do the work, 3) the level of difficulty and responsibility, and 4) the combination of classification factors that have the most influence on the ultimate grade level to be established.

The appellant cites ten classification guides and standards as being potentially appropriate for such comparison purposes against his position, and of these draws upon three occupational standards and two guides in particular in marshaling his arguments in support of a higher grade. These are the Social Insurance Administration, GS-105; Mediation, GS-241; and Labor Management Relations Examining, GS-244 occupational standards and the Grade Evaluation Guide for Compliance Work and the Administrative Analysis Grade-Evaluation Guide. Of the five cited sources, we conclude that the Social Insurance Administration, GS-105, standard is by far the most relevant to the appellant's position, particularly in terms of its subject matter knowledge expectations in the area of social insurance programs and analytical skill demands, which encompass in their scope the principal grade controlling duties in the appellant's position. The other cited classification standards and guides have a much more tenuous, *de minimis* relationship to the appellant's position. Consequently, our analysis of the appellant's position given below solely applies the factor level criteria found in the Social Insurance Administration, GS-105, position classification standard.

The Social Insurance Administration, GS-105, series standard is structured in Factor Evaluation System (FES) format. This system requires that credit levels assigned under each factor relate to only one set of duties and responsibilities. Under FES, work must be fully equivalent to the factor-level described in the standard to warrant credit at that level's point value. If work is not fully equivalent to the overall intent of a particular level described in the standard, a lower level and point value must be assigned, unless the deficiency is balanced by an equally important aspect of the work that meets a higher level. Work demanding less than a substantial (at least 25 percent) amount of time is not considered in classifying a position. Similarly, acting, backup, and other temporary responsibilities that are not regular and recurring are not considered.

Factor 1: Knowledge Required by the Position

This factor assesses the nature and extent of information or facts that employees 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 those knowledges.

At Level 1-7, the 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; to analyze and correct systemic and operational problems; or to develop new or modified systems, policies, and other guidelines in support of program operations. Employees use this knowledge to resolve cases involving issues and/or aspects requiring advanced technical proficiency, to make special entitlement decisions, to review and improve operational and systemic quality, and to carry out related program functions. Included in work typical of this level is the use of lay medical and vocational program knowledge in order to review and authorize state agencies' medical impairment determinations or to reconsider disability determinations for hard to prove physical and mental conditions.

Level 1-8 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 upon to perform a key role in resolving issues that significantly affect social insurance program administration. 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 is expected to apply a broad range of knowledges. These include a comprehensive knowledge of Titles II and XVI of the Social Security Act dealing with all categories of medical and vocational benefit cessation conditions, lay medical knowledge (including that relating to medical evidence and tests) sufficient to permit the ascertainment of the extent of impairment-induced physical and mental limitations, knowledge of nonmedical evidence relevant to assessments of an individual's working capabilities (e.g., vocational factors, economic patterns, etc.), and knowledge of due process and procedural expectations necessary to carry out hearings and reach decisions in a fair and impartial

manner. While it is clear that he possesses ample experience dealing with disability cases, his knowledge of such matters is not applied to reaching decisions of the nature and extent expected at Level 1-8.

He seeks to equate the impact of his decisions generally to that of decisions or recommendations concerning broad agency policy issues spoken to in the standard's depiction of Level 1-8. For example, he states that the legal basis and formality of his proceedings, the precedent-setting nature of his decisions, and the irrevocable decision power vested in his position make the assignment of Level 1-8 both possible and appropriate. However, the scope of the cases and breadth of issues that the appellant typically considers are very much limited in comparison to the issues and problems that Level 1-8 experts address. Level 1-8 experts apply their knowledge to resolve unprecedented agency issues or unusually complex problems having broad impact on policy, operations, and large numbers of people. The precedents they set by their decisions or the recommendations they make concerning their programs significantly affect policy or establish criteria for future agency action and often affect large numbers of people. The cases the appellant considers do not regularly assume such dimensions, nor does his deciding a first time case for [state name] necessarily establish any precedent for the agency to follow. The occasions where his decisions may establish criteria or set precedent for the disability program are rare and uncharacteristic of his regular work..

In place of Level 1-8's breadth, significance, and precedence criteria, the appellant largely references his independence and authority. For example, in support of his claim to Level 1-8 knowledge, he states that he operates alone and serves as a final arbiter on the application of law, regulation and policy. He claims he is considered to be the technical and subject matter expert in the law, policy, and regulation, that he decides the most difficult cases, and that others look upon his decisions for guidance. Level 1-8 criteria are more specific, however, and refer to the most difficult cases encountered within a program or agency, rather than within a locale. The guidance given at Level 1-8 concerns precedent setting matters or the like, rather than matters individuals may be unfamiliar with and for which they seek more experienced advice. Regarding the appellant's technical assistance, his supervisor notes that should a state employee have a procedural question about disability hearings the appellant cannot answer based upon his experience, training, and reference material, then he would address the issue to experts in the Central Office.

In discussing specific cases relevant to his Level 1-8 claim, the appellant observes:

All cases are unique. Oftentimes problems, inconsistencies and complicated issues are discovered in the initial review prior to the hearing, which will govern the line of questioning and the direction of the proceedings. Many times issues, observations or statements during the course of the proceedings introduce whole new issues or topics that demand attention. The Hearing Officer (HO) must be attentive to this and capable of responding and seeking new information through questioning. The HO must be able to adapt to changes in direction and make educated, quick decisions throughout the proceedings (on-the-spot, in isolation away from any SSA office and in the presence of several individuals who demand entitlement to benefits). A case in point involved an appellant who appeared at the hearing with her psychiatrist. During the course of the proceedings several different personalities presented themselves. In point of fact, the HO was interviewing one individual who continued to shift from one personality to another. Questioning was lengthy, hand-recorded and summarized following the hearing. A decision was mandated but prior to the final decision a determination of credibility was necessary.

Though each of his cases may have some unique aspect, they rarely set precedents, establish criteria, or significantly change the manner in which future cases throughout the agency will be handled. He is already credited at Level 1-7 with 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 -- many of the same things he cites to support his Level 1-8 claim. The degree of independence and authority with which he performs these functions is addressed under Factor 2 of this decision, but the functions evidence Level 1-7 knowledge in many respects, and few of Level 1-8's.

Another analogy presented to support the appellant's case strives to compare his independent authority to render final, first level, appellate decisions to the authority exercised at the agency's next higher appellate level by Administrative Law Judges (ALJs). Also cited are the appellant's being drawn on as a technical resource in providing advice and training to state disability adjudication staff. As noted under the Series Determination section of this decision, the appellant's work is kindred to the legal profession, but does not itself require professional training or share the duties, responsibilities, and qualifications requirements of ALJ positions. The appellant's conduct of informal hearings for Nebraska and occasional backup for other states lack the broad ramifications inherent in Level 1-8's provisions. Neither his adjudication authority, the advice he provides, or the training he conducts require him to establish criteria, set precedent, or define policy as suggested at Level 1-8. Instead, they require him to struggle with the issues and explain the complexities of matters largely described at Level 1-7, as already noted.

We therefore evaluate this factor at Level 1-7 and credit 1250 points.

Factor 2: Supervisory Controls

This factor covers the nature and extent of direct and indirect controls exercised by the supervisor, the employee's responsibility, and the review of completed work. Controls are exercised by the supervisor in the way assignments are made, instructions are given to the employee, priorities and deadlines are set, and objectives and boundaries are defined. Responsibility of the employee depends upon the extent to which the employee is expected to develop the sequence and timing of various aspects of the work, to modify or recommend modification of instructions, and to participate in establishing priorities and defining objectives. The degree of review of completed work depends upon the nature and extent of the review, e.g., close and detailed review of each phase of the assignment, detailed review of the finished assignment, spot-check of finished work for accuracy, or review only for adherence to policy.

At Level 2-4, supervisors set the overall objectives and resources, while working jointly with employees to develop a shared understanding of the work to be performed, including its scope, milestones, reporting procedures, and deadlines. Employees at this level are expected to operate independently in dealing with claims of all levels of complexity, developing information as necessary, and keeping supervisors informed of their progress and potentially controversial issues. Review of

completed casework consists of assessing contributions to meeting organizational goals, although others may conduct random sample reviews to identify trends.

The appellant operates independently in dealing with claims of all levels of complexity, as at Level 2-4. He enjoys somewhat greater independence, though, in deciding claim cases. As stated in the position description, and confirmed with his supervisor:

There is no mechanism for supervisory input, control, review or change in [the appellant's] decisions. HO [Hearing Officer] work is considered technically authoritative. The HO has final signatory authority of allowing or disallowing all appeal/claims.

In terms of the nature and extent of supervisory controls over his position, the appellant's relationship with his supervisor is such that he clearly exceeds Level 2-4's independence. Implicit in Factor 2, however, is a corresponding increase in responsibility to accompany increased independence. Though the appellant exercises greater independence, he lacks greater responsibility than Level 2-4.

In general, Level 2-5 requires significantly greater independence *and* responsibility. The policy and technical issues the appellant regularly deals with are not of the complexity and scope typically demanded at Level 2-5. For example, employees at Level 2-5 usually exercise considerable discretion and judgment concerning the interpretation and implementation of policy. Their unreviewed technical decisions form the basis for major policy positions and operational methods. Considerably greater judgment and discretion might come to play in the appellant's case if his work regularly involved significant policy or case decisions, which it does not, and if he had significant program responsibility, which he lacks. The appellant's supervisor, as head of the Disability Programs Center, is already credited with and ultimately responsible for administration of the disability programs. His supervisor exercises substantial program control in such general ways as analyzing policies issued by higher echelons and determining their effect on the program, formulating and issuing policy statements governing the program, and establishing procedures to provide for Regional management needs and to ensure efficient operations.

We accordingly evaluate this factor at Level 2-4 and credit 450 points.

Factor 3: Guidelines

This factor covers the nature of guidelines and the judgment needed to apply them.

At Level 3-4, guidelines used include laws, regulations, policies, judicial decisions, congressional hearings and reports, and agency management policy decisions. Due to the complexity of issues involved in requests for reconsideration of initial decisions (e.g., those involved in highly contested or unusual disability situations), or the need to develop new policies and instructions to implement new initiatives, employees find existing policies and guidance are often incomplete, contradictory, of limited use, or otherwise inadequate. Employees must use initiative and resourcefulness in crafting new or modified approaches to resolving issues not met by existing guidelines or in developing,

testing, and recommending new methods and policies to implement major program initiatives nationally and regionally.

The appellant believes he easily exceeds the Level 3-4, the highest level described in the standard. He claims that his hearings are not merely reconsiderations of initial decisions, but decisions conducted under what he likens to courtroom conditions (where, presumably, there exists a need to work without guidelines to extensively interpret basic legislation).

As noted in the Series Determination section of this decision, the appellant's work is of a legal nature. However, it is not conducted in a courtroom and its duties and responsibilities are not equivalent to ALJ or Attorney positions, which are subject to different qualification requirements and filled in a fashion completely different from the appellant's position. The appellant works with considerably more guidance than basic legislation, of the type described at Level 3-4, which he does not exceed. In carrying out his responsibilities, he makes use of various references and guidance. These include agency regulations, relevant judicial decisions, and various agency procedural manuals. The appellant suggests that his decisions are based “. . . on nothing other than law and regulation, not the SSA Program Operations manual or policy statements.” His position description, however, indicates that such internal agency policy and procedural guides are included in the scope of his work guidelines (a point which he conceded in our telephone interview with him). Many of these guidelines are of a very broad nature, requiring of the appellant a high degree of skill and judgment in adapting them for application to cases he adjudicates, which Level 3-4 fully credits.

We evaluate this factor at Level 3-4 and credit 450 points.

Factor 4: Complexity

This factor covers the nature, number, variety, and intricacy of tasks, steps, processes, or methods in the work performed; the difficulty in identifying what needs to be done; and the difficulty and originality involved in performing the work.

Level 4-4 work requires assessment of unusual circumstances or events, e.g., those stemming from the lives of claimants, beneficiaries, or recipients; decisions of other government agencies in benefit, entitlement, or tax liability matters; medical and vocational considerations; or the need to reverse previous claims decisions. The work includes gathering and assessing conflicting information, identifying issues, sorting out the elements contributing to the complications, developing options, and arriving at decisions that resolve the problem without violating program and legal requirements. Resolution may involve the need to analyze or reevaluate intricate and questionable retirement situations, or the need to weigh medical evidence and vocational factors in order to establish, deny, or cease periods of disability where facts are disputed, records are lost or may never have existed, or where the mental or physical condition of the claimants, recipients, and beneficiaries frustrates resolution of the case. Employees at this level determine, develop, or otherwise make possible legally correct and accurate interpretations regardless of previous decisions or technical difficulties encountered. They sort out convoluted factual situations, apply a tangle of governing provisions --

some of which may be subject to varying interpretations -- and resolve discrepancies concerning the propriety of the entitlement or benefits. In noncasework assignments, employees resolve specific systemic issues or problems, refine or adapt existing work procedures to increase organizational effectiveness; develop training plans and informational material about program operations and systems; refine or adapt existing work procedures; or improve compliance with instructions and procedures to increase operating effectiveness.

Level 4-5 work involves analyzing and evaluating broad and significant aspects of agencywide claims policy or operations to develop new operating instructions and policy, to implement new legislation or court case results, or to resolve major problems in program operations. Some positions involve resolving unusually complex cases such as those concerning the most difficult disability reconsiderations. Other work involves providing agencywide advice and guidance on new systems, policy, operational experiments, and/or precedent case decisions. Features that complicate the work include uncertainties resulting from continuing changes in social insurance programs (legislative, judicial, budgetary, political); unexpected socio-economic, medical, or disease phenomena; or other unusual or unexpected developments that require creative investigation, examination, and analysis. Level 4-5 employees explore and sort out subtle or tenuous legal, technical, and/or program related elements. They delve into conflicts among program goals and objectives, governing provisions, and management agenda to make recommendations that change policies and practices. They distill and refine esoteric specifications for others to use; assess constraints, implications, and effects of new or revised automated or manual systems on programs; or develop definitive technical positions. In some assignments, employees reevaluate conflicting medical and vocational opinions to determine the point at which a disabling condition became sufficiently severe to preclude all substantial work activity, the possible relationship of a currently disabling impairment to earlier medical findings, and combinations of disabilities (none of which are presumptively disabling) that prevent claimants from being gainfully employed. Level 4-5 employees develop new information, identify incompletely explored or overlooked issues, and generate innovative analyses of contested issues to resolve seemingly insoluble claims disputes. They originate new methods and techniques to address emerging social, vocational, and medical developments; develop policy proposals and criteria in such areas as providing service to the homeless, determining the disabling characteristics of diseases, and establishing foreign social insurance agreements. They evaluate new policies and methods and originate interpretations that change the way problems are perceived or solved. Their actions establish new ways of accomplishing the agency's social insurance mission, reorder priorities, change operating practices, and improve the effectiveness with which social insurance programs are administered.

The appellant's work involves providing due process through the informal hearings for disability benefit cessation appeal cases raising interrelated medical, vocational, legal, and rehabilitation issues. The wide range and intricacy of issues involved in cases he decides, the conflicts he resolves, the rules and requirements he untangles, and the unusual circumstances he encounters are fully recognized at Level 4-4. His claim to Level 4-5 complexity is not supported by the work he regularly performs. Rarely are his cases so unusually complex that their resolution results in changes to agency assessment methods or definitive criteria for settling future cases, as suggested at Level 4-5. The cases he cites in support of his claim demonstrate complexities characteristic of Level 4-4, e.g, those

stemming from the lives of claimants, their mental condition, the need to resolve intricate matters, conflicting testimony, unusual circumstances, etc. He cites decisions that impact the claimant, but not large numbers of claimants by extension of precedent and how such matters are handled by others throughout the agency.

He also cites part of Level 4-5's language, which indicates that some assignments at this level involve reevaluating conflicting medical and vocational opinions, as similar to his own work. Except for a functional similarity to the cited example, his work does not demonstrate much of the greater difficulty and originality distinctive of Level 4-5 work. The unusually complex cases referenced at Level 4-5 are typically the agency's most difficult disability reconsideration cases, e.g., ones that establish precedents for deciding future cases throughout the Social Security Administration. Because such decisions resolve major areas of uncertainty in the application of requirements and the evaluation of claims, they result in criteria against which future claims may be assessed. Unlike the appellant, Level 4-5 employees regularly make decisions or recommendations that change agency policies and practices, develop definitive technical positions, generate innovative analyses of contested issues in order to resolve seemingly insoluble claims disputes, or evaluate new policies and methods and originate interpretations that change the way problems are perceived or solved within the agency.

We evaluate this factor at Level 4-4 and credit 225 points.

Factor 5: Scope and Effect

This factor covers the relationship between the nature of the work (i.e., the purpose, breadth, and depth of the assignment) and the effect of work products or services both within and outside the organization. Only the effect of properly performed work is considered.

Scope

At Level 5-4, the purpose of the work is to apply programmatic expertise to the resolution of cases presenting unusual issues or which involve changes to previous entitlement or benefit decisions; analyzing and explaining new legislation, management initiatives, and judicial decisions; troubleshooting program or systemic operating problems; and/or developing new or modified system or operating criteria.

The scope of work at Level 5-5 is much wider, being concerned with such matters as the analysis and resolution of broad program problems and issues of critical importance to the agency; planning the development and modernization of large operational support systems; development of agency wide strategies to improving service or productivity; establishment of innovative operational methods involving other agencies or programs; or the development of significant legislative, regulatory, or broad guidance recommendations affecting program operations. These efforts involve coordination of major segments of the agency's operational, policy, and systems components and, in some instances, those of other agencies.

As at Level 5-4, the purpose of the appellant's work is to review previous entitlement or benefit decisions via hearings. It is not to devise innovative methods, resolve critical agency problems, or accomplish similar functions requiring coordination of major segments of the agency, as at the next higher level.

We evaluate Scope at Level 5-4.

Effect

Level 5-4 work affects groups of claimants and beneficiaries; results in new or modified operating instructions, regulations, rulings, or systems; establishes program precedents; affects other Federal agencies' operating programs or those of state agencies and contractors; or otherwise improves the productivity and effectiveness of program operations.

Level 5-5 work affects how key agency officials implement programs, the agency's capacity to resolve critical problems, and the timeliness and accuracy with which major legislative initiatives or judicial decisions are implemented.

As at Level 5-4 the appellant's decisions affect state agency operations, primarily widespread practices of [state name] disability determination program. His properly performed work does not directly and significantly affect how key agency officials implement programs, the resolution of agency critical problems, or the implementation of major legislative initiatives or judicial decisions, responsibilities, belonging to higher level staff.

We evaluate both Scope and Effect at Level 5-4 and credit 225 points for this factor.

Factor 6: Personal Contacts and Factor 7: Purpose of Contacts

The Social Insurance Administration standard treats Factors 6 and 7 together. Contacts credited under Factor 6 must be the same contacts considered under Factor 7. Factor 6 (Levels 2 to 3) includes face-to-face contacts and telephone and radio dialogue with persons not in the supervisory chain. Levels of this factor 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 (e.g., the degree to which the employee and those contacted recognize their relative roles and authorities). Factor 7 (Levels B to C) addresses the purpose of personal contacts, which may range from factual exchange of information to situations involving significant or controversial issues and differing viewpoints or objectives.

Personal Contacts

At Level 2, contacts are with employees in various agency components; claimants, recipients, and beneficiaries and their representatives; employers from all economic sectors; Federal, state, and local government employees; physicians, attorneys, and others. The contacts are typically routine, e.g.,

to exchange information related to benefit and entitlement issues, and usually occur at employees' work sites.

At Level 3, contacts occur with the public and their representatives in locations outside the office. They may also include news media representatives; elected or appointed Federal, state, and local government officials; public or private advocacy group or professional organization representatives; congressional committee staff; or foreign government representatives. These contacts may occur both inside and outside of employees' offices. Both types of contacts are nonroutine and have the potential of attracting media attention or otherwise exposing the agency to political vulnerabilities. The purpose and extent of each contact is different, and each party's role and level of authority is identified and developed during the contact itself.

In support of his claim, the appellant stresses the scope of his contacts and the highly charged (albeit officially nonadversarial) atmosphere of most hearings. Involving as they do claimants' anxiety over the loss of benefits, the need to weigh the credibility of testimony of witnesses, to deal with the maneuverings of attorneys, and to interact with physicians of record. He emphasizes that at times he becomes the focal point of claimants' fears and anxieties to the point that security issues arise, as when state DDS organizations request that he handle an appeal case that would normally fall within their jurisdiction when a threatening situation arises, e.g., a potentially violent claimant. He further stresses that he must maintain control at all times of the hearing process in order to arrive at the facts in each case in a timely fashion and render an informed appellate decision.

The appellant's contacts occur both at his official duty station in [location's name], as well as at other locations, with most being found away from his official duty station in the process of conducting hearings at various sites and, less frequently, in providing training for state disability program staff. Contacts include Federal and state employees, claimants and their attorneys or other representatives and witnesses, treating physicians, hospital staffs, and (rarely) SSA physicians or vocational experts in the agency's Regional Office. Such contacts are typically nonroutine, involving the need for the appellant to establish his role in the hearing process and to define that of those with whom he is dealing (e.g., attorneys, witnesses, etc.). As at Level 3, the appellant's contacts are with individuals outside the agency, vary in purpose and extent according to the parties involved, the issues to be resolved, and the quality of their representation. Though his hearings may not attract media or political attention, they require careful development of roles and establishment of authority by the appellant during their conduct, as expected at Level 3. Also as is characteristic of Level 3 contacts, they often involve difficulty in communicating because the parties raise a defensive shield to protect their position and interests and to obscure their true circumstances and situation.

We therefore evaluate Personal Contacts at Level 3.

Purpose of Contacts

At Level B, the purpose of contacts is to question individuals in order to make decisions on claims and to provide advice on acceptable sources of evidence to support claims. Interviews are used to

ascertain the veracity and validity of claimants' statements and submitted documentation. Employees at this level elicit data on income, other resources, contributions to support, and medical conditions. Although the goals of those so contacted are similar to the employees' and they are cooperative, their eligibility for, or suspension or termination of their benefits, may be in question. Other contacts are of a planning or coordinating nature or are intended to resolve operating problems or technical issues.

At Level C, the purpose of contacts is to obtain sensitive information on finances, relationships, medical problems, or treatment; to investigate allegations of fraud; or to recover incorrectly paid benefits. Those contacted are often hostile, uncooperative, fearful, dissembling, mentally ill, and possibly dangerous. Despite such conditions, employees at this level must maintain control of the interview process in order to achieve desired objectives.

As at Level C, the appellant must be skillful in conducting his hearings and questioning parties who often are coached on how to maintain a defensive shield in responding to questions or to portray their circumstances in a favorable, but dissembling fashion. In addition to often encountering such uncooperative parties, the appellant must deal with hostile claimants and employ both skillful questioning and persuasion during his hearings.

Accordingly, we evaluate Purpose of Contacts at Level C.

We evaluate these combined factors at Level 3-C and credit 180 points.

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 physical exertion involved in the work.

Level 8-1 work may require carrying of case files and similar materials. There are no special physical demands.

The appellant must travel frequently to hearing sites and other locations. The work involves transporting boxes of case files, a personal computer, and arranging furniture and equipment placement at hearing sites. It imposes no special physical demands, e.g., considerable walking, stooping, bending, and climbing, that would warrant more than minimal credit.

We evaluate this factor at Level 8-1 and credit 5 points.

Factor 9: Work Environment

This factor considers the risks and discomforts in the employee's physical surroundings or the nature of the work assigned and the safety regulations required.

Level 9-1 work is normally performed in an office setting. Safety precautions normal to an office working environment are required. Employees may be required to travel in carrying out some assignments.

Hearings and other assignments (e.g., delivery of training sessions to state disability program staff) are conducted in office settings, with frequent travel required in particular to hearing sites. The appellant works alone when away from his [location's name] duty location, and states that physical security can be an issue in the context of conducting hearings involving highly emotional or distraught claimants. However, his work requires no special precautions that would warrant more than minimal credit.

We evaluate this factor at Level 9-1 and credit 5 points.

FACTOR LEVEL POINT SUMMARY

Factor	Level	Points
1	1-7	1250
2	2-4	450
3	3-4	450
4	4-4	225
5	5-4	225
6 & 7	3-C	180
8	8-1	5
9	9-1	5
	Total:	2790

The table above summarizes our evaluation of the appellant's work. As shown on page 5 of the standard, a total of 2790 points falls within the GS-12 grade range (2755-3150).

Decision

The proper classification of the appellant's position is GS-930-12, with the title according to agency discretion.