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

Dallas Oversight Division 1100 Commerce Street, Room 4C22 Dallas, TX 75242

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

Appellant: [appellant's name] et al.

Agency classification: Rehabilitation Technician (Alcoholism &

Drug Dependence)

GS-181-5

Organization: Community Care Section

Behavioral Health Care Line Veterans Affairs Medical Center Department of Veterans Affairs

[location]

OPM decision: GS-181-5

title at agency discretion

OPM decision number: C-0181-05-01

/s/ Bonnie J. Brandon

Bonnie Brandon

Classification Appeals Officer

November 2, 2001

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).

Decision sent to:

Appellants:

[appellants' names and addresses]

Agency:

Shared Service Center Department of Veterans Affairs 3401 SW. 21st Street, Building 9 Topeka, KS 66604

Chief, Compensation and Classification Division (051) Human Resources Management 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 November 30, 2000, the Dallas Oversight Division of the U.S. Office of Personnel Management (OPM) accepted a classification appeal from [one of the three appellants]. On January 12, 2001, we accepted a group appeal from [two appellants]. After receiving the administrative report from the appellants' agency, we learned that the three appellants are assigned to the same position description, are in the same organization, and have the same immediate supervisor. The three appellants also raise identical issues concerning the classification of their work. Consequently, we consolidated the appeals and are issuing one decision for the appellants. We have decided the appellants' appeal under section 5112(b) of title 5, United States Code (U.S.C.).

The appellants work in the Community Care Section, Behavioral Health Care Line, Veterans Affairs Medical Center, Department of Veterans Affairs, in [location]. They are assigned to position description number [number], dated September 28, 1999. Their agency has classified their duties and responsibilities as Rehabilitation Technician (Alcoholism and Drug Dependence), GS-181-5. The appellants believe their work should be classified as Addiction Therapist, GS-101-9.

To help decide the appeal, an Oversight Division representative conducted telephone audits with the appellants. We also interviewed their immediate supervisor by telephone. In reaching our classification decision, we reviewed the findings from telephone discussions and the information in the appeal record furnished by the appellants and their agency.

General issues

The appellants believe their assigned duties and responsibilities are not depicted accurately in the position description of record. With their appeals, the appellants submitted proposed revisions they believe are needed for their position description to be accurate and provided information about their efforts to obtain an accurate position description. When an employee questions the accuracy of the position description and cannot resolve the disagreement with the agency, OPM decides the appeal based on the actual duties and responsibilities assigned by management and performed by the employee. Therefore, we have evaluated the work actually assigned to and performed by the appellants in determining the appropriate series and grade for their position.

The appellants indicate that their work should be at a higher grade, in part, because they have completed additional education and course work, and two of the three have attained State certification in counseling. While qualifications are considered in classifying positions, these are qualifications required to perform current duties and responsibilities, not qualifications that appellants personally possess. Therefore, we considered the appellants' personal qualifications only insofar as they are required to perform current duties and responsibilities.

The appellants also believe their position is comparable to the work described in two position descriptions for Addiction Therapist that they submitted with their appeal. By law, we must classify positions solely by comparing the appellants' current duties and responsibilities to OPM position classification standards and guidelines (5 U.S.C. 5106, 5107, and 5112). Since

comparison to the standards is the exclusive method for classifying positions, we cannot compare the appellants' current duties to other positions as a basis for deciding their appeal.

Like OPM, the appellants' agency must classify positions based on comparison to OPM standards and guidelines. However, the agency also has primary responsibility for ensuring its positions are classified consistently with OPM appeal decisions. If the appellants consider their position so similar to others that they all warrant the same classification, they may pursue the matter by writing to their agency's personnel headquarters. In doing so, they should specify the precise organizational location, classification, duties, and responsibilities of the positions in question. If the positions are found to be basically the same as the appellants' position, the agency must correct the classification of the positions to be consistent with this appeal decision. Otherwise, the agency should explain to the appellants the differences between their position and the others.

Position information

The Medical Center operates an outpatient treatment program for veterans with drug and alcohol dependency. The appellants are members of a multidisciplinary team that administers treatment to the veterans in the chemical dependency outpatient program. The multidisciplinary team includes a psychologist, social workers, a vocational rehabilitation specialist, and rehabilitation technicians (including the three appellants).

The appellants' major responsibilities involve work with outpatients, although they occasionally perform duties associated with the inpatient program. They screen and assess patients for admission to the chemical addiction program. The appellants interview patients and complete an extensive history that probes personal, family, legal, social, medical, mental, and substance abuse issues. The appellants determine whether the patients meet the criteria for admission to the program.

Along with other members of the multidisciplinary team, the appellants participate during the initial interview of new patients. The purpose of the initial interview is to identify problems that relate to areas including, but not limited to, the emotional, vocational, spiritual, and physical aspects that relate to a patient's mental health. The appellants are responsible for taking detailed notes during the interviews. They prepare treatment plans based on the compilation of information obtained during the interview and discussed with members of the team. Once the treatment plans are in place, the appellants work with the patients to implement the actions and resolve issues and problems that arise. The appellants conduct didactic groups, discussion groups, and individual counseling sessions. The appellants are supervised by the GS-11 Supervisory Social Worker for the Behavioral Health Care Line.

The appellants indicate that they are active in their community, providing substance abuse prevention and educational services to schools and civic and religious organizations. However, we understand that requests for those services are usually made directly to the appellants rather than the service being a planned outreach activity of the Center.

The appellants' position requires knowledge of fundamental principles, methods, and theories of human behavior; personality development theories for evaluating behavior and reaction patterns in clients; and crisis oriented counseling. The work also requires the ability to observe and record patients' behavior and to recommend appropriate changes in the patients' treatment plans.

Series and title determination

The GS-101 Social Science Series includes positions that involve advising on, administering, supervising, or performing research or other professional and scientific work in one or any combination of the social sciences when such work is not classifiable in other series of this occupation.

The GS-181 Psychology Aid and Technician Series includes positions involving the performance of nonprofessional technical work in connection with a program of research or direct services in psychology. These positions involve a practical understanding of some of the principles, methods, and techniques of psychology, but they do not require formal education in psychology.

The *Introduction to the Position Classification Standards* defines professional work as that requiring knowledge in a field of science or learning characteristically acquired through education or training equivalent to a bachelor's or higher degree with major study in or pertinent to the specialized field, as distinguished from general education. The *Introduction* also states that technical work is typically associated with and supportive of a professional or administrative field. It involves extensive practical knowledge, gained through experience and/or specific training less than that represented by college graduation. Work in these occupations may involve substantial elements of the work of the professional or administrative field, but the work requires less than full knowledge of the field involved. Technical employees carry out tasks and procedures that are laid out either in published or oral instructions and covered by established precedents or guidelines. Depending on the level of difficulty of the work, these procedures often require a high degree of technical skill, care, and precision. Some technical work may appear similar to that performed by beginning professional or administrative employees in the same general field.

We find that the appellants' duties and responsibilities, as well as the level of knowledge and qualifications required to successfully perform the work, do not meet the definition of professional work required for allocation to the GS-101 series. Rather, the appellants provide technical work in support of the psychologists, social workers, and other professional health care providers. The work that the appellants perform relieves the professional staff of routine but time-consuming tasks. For example, the appellants perform screenings and assessments and prepare treatment plans based on the information gathered during initial interviews with the patients. Further, the knowledge required to perform that work and to conduct individual or group counseling sessions is typical of positions that involve technical work in support of a professional field. The appellants' position is appropriately assigned to the GS-181 series.

OPM does not prescribe titles for positions in the GS-181 series. The agency may determine an appropriate title in accordance with titling instructions contained in the *Introduction to the Position Classification Standards*.

Standard determination

There is no published position classification standard for the GS-181 series. When there are no specific grade level criteria for the work, grade level determinations must be made by comparison with a general classification guide or standard for related kinds of work. We find that the standard for the Rehabilitation Therapy Assistant Series, GS-636, is appropriate for evaluation of the appellants' work. Work in the GS-636 series involves treating, instructing, or working with patients in carrying out therapeutic activities prescribed for their physical or mental rehabilitation. The work requires the ability to apply a practical, rather than professional, knowledge of therapeutic methods and techniques. Similar to positions in the GS-181 series, positions in the GS-636 series do not require a full professional knowledge of the specialized field of therapy.

Grade determination

In the GS-636 standard, grade levels are determined and defined under two broad factors: *nature* of assignment (which includes the knowledge required and complexity of the work) and *level of* responsibility (which includes supervisory controls, guidelines, and contacts).

Nature of assignment

This factor measures the difficulty and complexity of the work performed. The factor also considers the personal contacts involved in working with patients and the judgment needed to assess patient behavior and encourage patient improvement.

At the GS-5 level, therapy assistants apply broad, practical knowledge of treatment techniques, employing standard treatment procedures. As a normal part of their duties, therapy assistants develop progressive types of treatment for each patient based on information obtained through interviews and observations. They plan and carry out the full range of treatment for patients with conditions that would respond to the application of the standard treatment procedures or require minor modification in these procedures to achieve beneficial results. Using insight and mature judgment, they observe, assess, and report on the progress and reactions of patients. Therapy assistants provide information about and assessments of patients at staff meetings.

At the GS-6 level, therapy assistants plan and carry out highly specialized and diversified treatment for patients whose condition requires application of standard and nonstandard treatment procedures and approaches. They also make frequent and extensive changes in procedures and approaches to enable patients to overcome disabilities and continue with their treatment. Therapy assistants also perform assessments on the patients' positive and negative responses to treatment. On the basis of these observations and conclusions, GS-6 therapy assistants change or modify treatment procedures, content of the treatment plan, and approaches used in treating the patient.

The appellants' duties and responsibilities fully meet the GS-5 level. They screen and assess patients for admission to the drug and alcohol addiction program. Following a standard format, the appellants interview the patients, gathering relevant information regarding a range of

common problems. This does not, however, require interpreting assessment data or especially complicated results. The appellants then determine whether the patient meets the established set of criteria for admission to the program. If the patient is eligible for the program, an appointment is set up to meet with the treatment team members.

As part of their duties and responsibilities, the appellants administer standard assessment instruments such as the Addiction Severity Index and the Substance Abuse Subtle Screening Inventory. Administering the tests requires only standard procedures and does not employ complicated techniques. The appellants are responsible for calculating test scores, recording them, and, when called for, putting the results into a narrative format.

The appellants also conduct therapeutic individual and group counseling sessions, focusing on specific program subjects, such as denial and powerlessness, self-esteem, and time management. These interactive sessions are approximately two-and-a-half hours in duration. Established guides are available for the various program subjects, providing an outline for each session. The appellants are responsible for determining how the material will be presented during the session. They are, however, provided videocassettes and handouts to aid them in their sessions. The appellants also use tools, such as chalkboards and charts, and various methods, such as role-playing, during the counseling sessions.

The appellants' work falls short of the criteria for the GS-6 level. Unlike GS-6 therapy assistants, the appellants do not use specialized and complicated techniques in assessing patients. Although the appellants may modify standard assessment tools to fit particular situations, they do not modify these tools in a significant way. While the appellants may make minor modifications to the treatment plan, i.e., updating the plan to reflect completion of a part of treatment, there is no evidence that they make frequent or extensive changes in treatment procedures and approaches as envisioned for the GS-6 level. When the appellants identify patients who have more complex and specialized conditions, they refer the cases to the team coordinator for further assessment and treatment.

Level of responsibility

This factor measures the direction and review over the work by professional personnel. It also covers the nature and availability of guidelines that control the work, the degree of supervision over the work, and the authority to modify treatment procedures.

Under general supervision, therapy assistants at the GS-5 level regularly develop progressive treatment plans based on their evaluation of patients. Treatment plans are reviewed prior to execution. At this level, therapy assistants have the authority to make minor changes in treatment plans when patients do not respond favorably. The supervisor occasionally observes work for compliance with treatment objectives; for the therapy assistant's effectiveness in planning, developing, and administering treatment; and for adequacy of the patients' progress and participation in the treatment program. The supervisor also reviews reports for results achieved and for adequacy and significance of information.

At the GS-6 level, therapy assistants work with a high degree of independence in planning and executing highly specialized and complex treatment. Without prior approval of the supervisor, they make changes in procedures and approaches, planning treatment for patients who are not critically ill. The supervisor reviews reports for general adequacy and effectiveness in achieving objectives.

The appellants' duties and responsibilities fully meet the GS-5 level. The appellants are independently responsible for determining a patient's eligibility for admission into the program. Along with the other members of the multidisciplinary team, the appellants participate during the initial interview of new patients. The appellants prepare treatment plans based on the compilation of information obtained during the interview and discussed with members of the team. Completed treatment plans are reviewed and signed off on by the members of the multidisciplinary team. The appellants may update or make minor modifications or changes in the treatment plans without supervisory approval; however, they discuss complicated situations with the team coordinator. Like therapy assistants at the GS-5 level, the appellants do not have the authority to proceed on their own initiative for various complicated or specialized situations.

The appellants' level of responsibility does not fully meet the GS-6 level. Although the appellants' supervisor indicated that treatment plans and other reports from the appellants are given to him as a professional courtesy, it does not eliminate the fact that a higher-level review of the appellants' work is conducted. In contrast to the GS-6 level where the supervisor reviews reports for general adequacy and effectiveness, the appellants' supervisor reviews their work and documentation on consultations for accuracy and to determine whether necessary follow-up has been conducted, in addition to reviewing their work for adequacy and effectiveness. Although the supervisor stated that the appellants' recommendations for treatment are generally accepted, the recommendations are not of the magnitude or scope anticipated at the GS-6 level. Unlike GS-6 therapy assistants who work with a high degree of independence in adapting approaches without prior supervisory approval, the appellants make minor adaptations to treatment procedures or modifications to treatment plans. Although the appellants complete a large amount of their duties independently, they do not handle cases that require the highly specialized and complex treatment typical for GS-6 therapy assistants. In contrast to GS-6 therapy assistants, the appellants carry out their responsibilities in accordance with well-established guidelines, theories, and practices, making minor modifications to standard procedures as necessary.

Summary

Since both factors are evaluated at the GS-5 level, the proper grade for the appellants' position is GS-5.

Decision

The proper classification for the appellants' position is GS-181-5, with the title at the discretion of the agency.