



## United States Office of Personnel Management

**Office of Merit Systems Oversight and Effectiveness**  
*Digest of Significant Classification Decisions and Opinions*  
March 1999  
No. 22-05

**Standard:** [Facility Management Series, GS-1640](#) (June 1973)  
**Factor:** All  
**Issues:** Applying the Standard in a Host-Tenant Environment and Crediting Contractor and Other Indirectly Controlled Work

### **Identification of the Classification Issue**

These issues arose in an OPM oversight division's adjudication of an appeal. The appellant occupied a Supervisory General Supply Specialist, GS-2001-10, position in a medical clinic on a military post supporting a large military population. The position functioned as Chief, Supplies and Services. This included providing facility support services to 18 buildings housing medical, dental, and veterinary services. In applying the GS-1640 standard, the agency had evaluated the Management and Personal factors at the GS-9 level and Technical factors at the GS-7 level, and credited the GS-1640 work as a whole at the GS-8 level. At issue were the impacts of the supporting Public Works Departments (DPW's) and the limited size of the directly supervised trades staff in applying the GS-1640 standard to the position.

### **Resolution**

The position provided facility support services to 18 buildings including an ambulatory care center (almost 61,000 square feet), originally built as a 20-bed hospital. Other larger buildings included a dental clinic (18,745 square feet), a building providing preventive medicine and other services (17,548 square feet), a smaller medical clinic (16,198 square feet), and a building occupied by the Logistics Division (15,843 square feet). The remaining buildings ranged in size from slightly less than 900 to approximately 4,500 square feet. The facilities totaled approximately 170,000 square feet and were scattered throughout the post. The clinic operated 24 vehicles, including 2 ambulances, all of which were serviced under a support agreement with the post. The clinic staff included approximately 150 military employees, 220 civilians, 30 to 35 volunteers, and 25 contractor health care providers. About two-thirds of both military and civilian employees were

engaged in direct patient care. The clinic provided outpatient specialty care and clinical services, including same day surgery performed under other than general anesthesia; immediate care (including ambulance service); pediatrics; obstetrics and gynecology; podiatry; audiology; pathology (primarily blood work); diagnostic radiology; optometry; community nursing; occupational health; behavioral health (outpatient counseling and screening services); physical therapy; orthopedics; and pharmacy. The clinic provided typical diagnostic services, e.g., radiology performed x-rays, but did not have CAT scan or MRI capability. Podiatry performed surgical procedures at the local hospital. Childbirths also took place at the local hospital. The pharmacy provided service to military retirees in the area and dispensed commercially formulated drugs. There were some extended clinic services, e.g., same day surgery not requiring general anesthesia.

The dental clinic operated approximately 57 chairs. The staff consisted of approximately 75 to 80 employees, including the full time equivalent of 19.5 dentists, approximately 10 dental hygienists, between 2 and 3 dental laboratory technicians, approximately 18 dental assistants, and 10 secretarial/receptionist support staff. Five of the six contract workers were dentists. The clinic provided comprehensive dental care to the 10,000 military personnel assigned to the post and provided reservist mobilization mission and emergency services. Dental laboratory work was full range, but limited in volume since a great deal was sent out to a central laboratory at another post.

The veterinary activity provided services throughout approximately five states, performing such functions as inspecting food at processing plants and military facilities. The activity provided comprehensive veterinary service to the six military working dogs and strays found on the post. Military members' animals received outpatient preventive care. The staff consisted of 12 enlisted personnel who performed animal technician and food inspection duties, a veterinarian (Officer in Charge), and three nonappropriated fund animal technicians. A nonappropriated fund veterinarian was employed when the staff veterinarian was absent. At the time of the appeal, the activity was in the process of planning a new 6,000 square foot facility with an estimated cost of \$1.1 million to house the veterinary clinic, the stray animal holding area, and administrative offices. The appellant was helping to develop the project justification by providing guidance on regulatory design requirements and functioning as a conduit of information to technical engineering and design personnel.

The appellant provided facility support services to small clinics at two other posts in the State, working with their respective DPW's on facility issues. Projects less than \$25,000 were handled in-house through the DPW. Larger projects were controlled by regional or major command offices depending on their funding level. The appellant worked with facility users to develop costs and justify projects and acted as liaison with engineering organizations and contractors through all project phases (i.e., from design through final acceptance), raising user concerns and acting as the user accepting official.

The GS-1640 standard uses three factors to evaluate a position: (1) Management factors - planning, budgeting, scheduling, coordinating, and using staff, money, and material resources; (2)

Technical factors - scope of equipment operation and repair, and nature of equipment and facilities; and, (3) Personal factors - the ability required to act in management-client relations, and management representation. Determining the intent of a standard requires considering the interrelationship among narrative factors. For example, neither increased independence nor increased difficulty of assignments is meaningful unless each is viewed with the other.

OPM found applying the standard required close attention to the fact that the appellant's organization varied substantially from that described in the GS-1640 standard in several respects. Rather than managing a variety of trades and crafts personnel through subordinate working leaders typical of all grade levels in the standard, most of the appellant's subordinate staff was engaged in supply program operations. The bulk of the facilities work was accomplished through contractor personnel. Current and future major renovation and overhaul projects resulted from a decaying infrastructure that preceded the appellant being assigned facility management program responsibility. The GS-1640 standard included supply program responsibility already evaluated by OPM's application of the Grade Evaluation Guide for Supply Positions, requiring care not to double credit the same responsibility inappropriately. GS-1640 supply work pertains primarily to physical plant supply support, and not medical operations supply support. OPM found the roles of the DPW's and other technical engineering organizations also had to be recognized.

#### *Management factors*

OPM found that the facility upgrading projects emphasized by the appellant and others interviewed had to be placed in an appropriate context. Although the appellant was engaged in space use planning and renovation and construction projects exceeding those typical of GS-9 level maintenance and repair work, other functions typically managed as integral parts of GS-9 level programs were not present, e.g., guard and firefighting, and telecommunications operations. The clinics were tenant activities, and the facilities occupied were owned by the host activities. Those activities retained facility control and oversight authorities, primarily through their respective DPW's. The illustrative work situations at all levels in the standard are hospital-based; i.e., a medical facility furnishing a full range of inpatient and outpatient services, for which the facility management position provides 24-hour grounds, buildings, roads, utilities, and equipment services.

Recognizing the inherent relationship with *Technical factors*, evaluating *Management factors* requires awareness of the typical physical plant managed at each level. The GS-9 level discusses providing services to a 185-bed hospital, with a gross floor area of 150,000 square feet, in a small town, with an operating laundry; an automotive maintenance shop servicing seven passenger cars, five trucks, and an ambulance; a heating plant with three 150-horsepower boilers; four elevators; and standby operating equipment, with water, sewage, and electricity provided by public utilities. The appellant's facility does not include an operating laundry, a boiler plant of the scope and size contemplated in the standard, elevators, or other physical plant support requirements of a 185-bed inpatient medical institution. OPM found, however, that these weaknesses were offset by the complications of off-site program support to two other posts and preparation of requests and

justifications for the major projects. Those conditions, and their planning demands, paralleled those typical of the GS-11 level, but in a more restricted operating environment. The appellant's budget estimates and justifications for new methods and equipment were of a more restricted scale and scope than found at the GS-11 level. OPM concluded the appellant's position met but did not exceed the GS-9 level for this factor.

### *Technical factors*

The appellant was engaged in new construction and major renovation functions typical of the GS-11 level, but for facilities and equipment of lesser scope and complexity. For example, the appellant's position was not responsible for the large boiler plant; air conditioning and refrigeration equipment; elevators and equivalent mechanized equipment; or range of facility support functions, e.g., firefighting, laundry plant, and protective services, typical of the GS-11 level. Similarly, while the clinic motor vehicle fleet exceeded that typical of the GS-9 level, the appellant was not responsible for directly managing the highly skilled trades personnel as described in all grade levels in the standard. OPM found that the GS-11 level was predicated upon managing construction, maintenance, and repair for the technical functions of the larger physical plant, and support services for the much larger staff and inpatient population found at that level. The consumer price index shows that the \$25,000 projects referenced during the development of the GS-1640 standard would equate to approximately \$97,000 in 1998 dollars. While the appellant plays a key role in justifying and overseeing projects that exceed \$25,000 in 1998 dollars, the record shows that higher level facility management organizations reviewed and approved projects over that threshold. The annual facility budget under direct clinic control was approximately \$300,000 and included the funding of the two DPW positions. This fell substantially short of the facility budget directly managed in the standard's illustration, including funds for 50 staff years of plant operations and maintenance staff, not including contractor work.

In applying the GS-1640 standard, OPM recognized the decrease in Federal employees and the increase in contractor-provided facilities and other support services throughout the Government. The appellant retained full responsibility for technical operations. Much of the actual trades work was performed by contractors. Therefore, while the appellant did not directly supervise the scope of trades and craft workload described in the standard, the appellant exercised nonengineering facility management responsibility for the workload performed by contractors. This responsibility included helping management formulate facility support needs; developing statements of work; commenting during the design process; functioning as liaison between the contractor and activity management; working with the engineering inspection organization during construction; and preparing paperwork for modifications, change orders, and additional funding. These functions, and responsibility for activities distant from the main post, offset the weaknesses of the position and permitted evaluation of this factor at the GS-9 level.

*Personal factors*

OPM found the appellant had the full range of contacts typical of the GS-9 level, including advising and sitting on program committees. Based on the host/tenant relationship with the post, OPM concluded contacts with the DPW and other post components were typical of the contacts with the other services and divisions of a hospital as described in the standard. The appellant also had contacts with contractors and officials from higher level organizations described at the GS-11 level. The GS-9 level, however, does not exclude contractor contact, i.e., determining whether to contract out work, and inspecting contractor work in progress for compliance with specifications and standards. Therefore, while some of the appellant's contacts appeared to exceed those typical of the GS-9 level, they did not fully meet the GS-11 level. For example, while the appellant regularly dealt with regional personnel, he did not deal with the full scope of technical issues in GS-11 level programs. Because this factor did not meet the GS-11 grade level fully, it was evaluated at the GS-9 level. Thus, OPM found that the position's facilities management duties were evaluated properly at the GS-9 level.