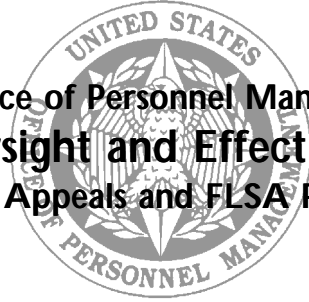


U.S. Office of Personnel Management
Office of Merit Systems Oversight and Effectiveness
Classification Appeals and FLSA Programs



San Francisco Oversight Division
120 Howard Street, Room 760
San Francisco, CA 94105

Classification Appeal Decision
Under Section 5112 of Title 5, United States Code

Appellant: [The appellant]

Agency classification: Contact Representative
GS-962-7

Organization: [The appellant's installation]
VA Medical Center
Department of Veterans Affairs

OPM decision: Contact Representative
GS-962-7

OPM decision number: **C-0962-07-01**

Carlos A. Torrico
Classification Appeals Officer

July 16, 1999
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:

[The appellant's address]

[The appellant's servicing personnel office]
Human Resources Management Service
Veterans Affairs Medical Center
Department of Veterans Affairs

Deputy Assistant Secretary for Personnel
and Labor Relations
Department of Veterans Affairs
Washington, DC 20420

Introduction

On November 9, 1998, the Office of Personnel Management's (OPM) San Francisco Oversight Division received a classification appeal from [the appellant]. The position of the appellant is currently classified as Contact Representative, GS-962-7. However, she believes that the duties and responsibilities of her position warrant classification at a higher grade level, with possible assignment to the Miscellaneous Administration and Program Series, GS-301. The position is located at the Veterans Affairs Medical Center, [the appellant's installation]. This appeal has been accepted and adjudicated under 5 U.S. Code 5112.

General Issues

The appellant and her supervisor have certified to the accuracy of the appellant's official position description (number 1736). In the file, the appellant discusses a number of positions at other VA Medical Centers that she believes are essentially the same as hers, but are classified at GS-8, or higher. Our only concern in adjudicating this appeal is to make our own independent decision on the proper classification of this position. By law, we must make that decision solely by comparing her current duties and responsibilities to OPM classification standards and guidelines (5 U.S. Code 5106, 5107, and 5112). Thus we have considered the appellant's statements only insofar as they are relevant to our making that comparison.

The appellant discusses and takes issue with her agency's findings and judgments on both the "nature of contacts" and "level of responsibility" factors used to determine the proper assignment of grade level to her position. We have addressed those concerns in our analysis and decision that follow.

In reaching our classification decision, we have carefully reviewed all information furnished by the appellant and her agency, including her official position description. In addition, telephone interviews were conducted by an OPM representative with the appellant and her supervisor in order to gather more information about the appellant's duties and responsibilities.

Job Information

The appellant serves as "Patient Advocate" at the VA Medical Center (VAMC), [the appellant's installation]. As such, she is responsible for providing specialized information to claimants, and counseling and assisting them on the services available to eligibles under the Department of Veterans Affairs program for the medical care of veterans. These duties also include contacts with other health benefit and medical care providers such as Social Security Administration (SSA), Medicare/Medicaid, Office of Worker's Compensation Programs (OWCP), and private health/medical institutions.

In addition, she is assigned duties and responsibilities as a member of the VAMC's Quality Management Program, in the area of patient services. As such, she is responsible for collecting data on patient contacts, complaints, and patient/care provider "incidents". This information is

used to track trends, identify specific problem areas, and develop strategies to improve systems and services used by the VAMC in the delivery of patient direct care and support services.

The results of our interviews, the position description (PD), and other information of record provide additional information about the duties and responsibilities of this position and the manner in which they are carried out.

Series, Title and Standard Determination

The appellant's position is currently classified in the Contact Representative Series, GS-962. However, she believes that because of her quality management role, classification to the Miscellaneous Administration and Program Series, GS-301, is more appropriate. We disagree. Positions classified in the GS-301 series cover duties which are to perform, supervise, or manage nonprofessional, two-grade interval work for which no other series is appropriate. Our review of the PD, and discussions with the appellant and her supervisor, plus associated documents and information supplied by the VAMC indicate that (1) the majority of time for this position is associated with the appellant's "patient advocate" (i.e., contact representative) duties, (2) many of the tasks supporting the quality management program are extensions of her patient advocate role and can be adequately evaluated through the use of the classification standard covering such work, and (3) the amount of time spent specifically on unique and distinct "quality management" tasks is less than 20% of her total time. Thus in our judgment the appellant's primary duties are best classified in the GS-962 series which reflects the paramount knowledges and skills to do her job, and the principal recruitment factors and management's intent in establishing the position. As stated in the series definition of the GS-962 standard (dated April 1971), positions in that series involve personal contacts with the public for the purpose of (1) providing information on rights, benefits, privileges, or obligations under a body of law; (2) explaining pertinent legal provisions, regulations, and related administrative practices and their application to specific cases; and (3) assisting individuals in developing needed evidence and preparing required documents, or in resolving errors, delays, or other problems in obtaining benefits or fulfilling obligations. Similar to the appellant's position, jobs in the GS-962 series require a high degree of skill in oral communication, and a good working knowledge of, and ability to apply government laws, regulations, precedents, and agency procedures. Sound classification principles provide that series and grade determinations be based on work performed on a "regular and recurring basis", generally for a majority of time. Because of this, we find that the appellant's position in terms of both series assignment and grade level determination is best covered by the Contact Representative Series, GS-962, which covers work associated with her role as patient advocate. As stated on page 5 of the standard for the Contact Representative Standard, GS-962, the authorized title for positions like the appellant's is Contact Representative.

Our application of the grading criteria in the GS-962 standard is discussed below. As noted above, our fact-finding disclosed that the appellant spends less than 20% of her work time on specific quality management tasks separate from her overall contact representative duties. Only duties that occupy at least 25% of an employee's time can affect the grade of a position

(Introduction to the Position Classification Standards, section III. J.). Therefore we will not evaluate those duties in this decision.

Grade Determination

The GS-962 standard uses two classification factors to evaluate the work of positions classified in that series: nature of contacts and level of responsibility. Our evaluation of these two factors as applied to the appellant's position is discussed below.

Factor 1. Nature of Contacts

The appellant acts as a contact representative in a VAMC and provides information and counseling to eligible veterans on the medical care services provided by or through the Department of Veterans Affairs. The medical care is provided on both an in-patient and out-patient basis, has several levels of eligibility, contains some exclusions for specific conditions, and has different levels of benefits for some conditions as opposed to others. In addition, major changes have been legislated affecting eligibility, significantly increasing the number of eligible claimants, and raising issues concerning the priority granted each "class" of veteran for limited services available. This structure of benefits and conditions dealt with by the appellant is comparable, in general, to programs in which both GS-6 and GS-7 contact representatives carry out their responsibilities. However, it exceeds the program conditions typical of the GS-6 level, where eligibility requirements are generally narrow in scope, where variety of benefits as well as exclusions are fewer, and where laws, rules, and procedures are fairly stable, over time. In that respect the position is comparable to the GS-7 level (pages 13-16) where individuals may meet any of numerous qualifying conditions or special provisions that affect their benefits. The position does not, however, fully meet program characteristics typical for the GS-8 level, where benefits are more varied and generally unrelated (e.g., health insurance program that covers the cost of an illness/injury, coupled with sick pay insurance providing income during periods of disability - see page 18 of the standard.)

The position description states, in part, "The goal of the position is to reduce complaints and Congressional inquiries, expedite appropriate medical treatment of patients by facilitating the transfer of information between health care facilities and providers as needed to enhance the image of the Medical Center and the Department of Veterans Affairs." Both the appellant and her supervisor indicate that the appellant explains benefit options, coverages, and qualifying conditions to clients, assists them in outlining their situations and helps them in resolving issues relating to the denial of benefits and the absence of coverage under the VA plan, in the latter case often by exploring and selecting alternatives to such benefits available to the claimant under other health care options (e.g., private or employer funded plans, Medicare/Medicaid, etc.). In order to accomplish this, the appellant must question the claimant to determine his/her knowledge of VA coverage and other benefit programs which may apply. The appellant indicates that she works directly with Medical Center and administrative staff to determine reasons for denials of benefits and to provide claimants with full explanation (or, in some cases, to obtain a reversal of an

erroneous decision.) The appellant and her supervisor both indicate that the appellant, in working with claimants to seek information on complaints and concerns, must often deal with individuals who may be suffering from physical, mental, or emotional impairment (e.g., senility, Alzheimers, post traumatic stress disease, etc.) that significantly complicate the communication process.

The tasks discussed in the preceding paragraph involving the development of assigned contacts or cases, and the knowledge needed to complete them, is typical of those associated with the GS-7 level, as described on pages 14 and 15 of the standard. At this level contact representatives must be knowledgeable of the full range of benefits, requirements, exemptions, and other options available under a varied program, must be able to question individuals to ascertain their knowledge, and must also be aware of other programs offering closely related benefits in order to offer the claimant information on alternatives to Medical Center delivered service. The appellant's degree of difficulty in case development and the associated knowledge does not meet that for the GS-8 level (pages 17-20), where the contact representative deals with several uniquely different types of benefits with overlapping coverage (e.g., retirement programs that involve a variety of survivor benefits, supplemental annuity benefits, disability retirement options, and health care coverage), must question the claimant concerning personal issues and goals that would effect coverage alternatives (e.g., marital status, dependents, retirement plans, etc.), and deals with programs where decisions often involve the potential for transfer of credits between programs, waiving certain benefits to obtain others, etc.

While contact situations experienced by the appellant (e.g., claimants' physical, mental, or emotional stability may be questionable and result in significant communication difficulties) may occasionally exceed those described for the GS-7 level, other characteristics for the nature of contacts factor fully meet, rather than exceed that level, and therefore overall the GS-7 level is assigned for Nature of Contacts.

Factor 2. Level of Responsibility

The PD indicates that the appellant works under the general supervision of the Quality Manager, works independently to secure detailed information from claimants on problems and issues of concern to them, develops and presents workable solutions to these concerns, and does so independent of direct supervision except in highly unusual or controversial situations. In addition, the appellant and her supervisor indicate that she contacts other government offices and individuals independently, collects data from each, and independently works out resolution to whatever concerns or complaints have been raised by the claimant that are resolvable within the context of her authority. The appellant's supervisor noted that supervisory review is primarily completed by a spot check of completed work, nature of any complaints from serviced claimants, and feedback from Medical Center staff.

These supervisory controls are comparable to those described in the standard at the GS-7 level on pages 16 and 17 of the GS-962 standard. Similar to the situations described in the standard, the appellant discusses complaints and concerns with each claimant, researches and discusses the range

of alternative benefits or services available, and helps to make contact with other action offices to aid individuals in resolving problems. This level of responsibility is comparable to the GS-7 level.

The standard for the GS-8 level (pages 21-22) indicates that the level of responsibility for the GS-8 contact representative exceeds that for the GS-7 level in that the GS-8 must contact all action offices involved both in their agency and in other agencies, outline actions that each office can take regarding the issue, and how these actions affect actions taken by other offices. While the appellant does contact outside offices, in most instances it is through intermediaries who then, in turn, make the contact with the external benefit provider to discuss the veteran's eligibilities, concerns, etc. When the appellant does contact outside offices, it is most often limited to agencies with services/benefits similar to those provided by the VA, and where decisions as to which benefit program is "best" for the claimant are not regularly based on the unique personal situation (i.e., marital status, dependent status, retirement plans, etc.) of the veteran.

While the appellant's level of responsibility, as described by her supervisor, does exceed the GS-7 level in terms of review of work (review of all written products vs. spot check of written work), a careful reading of the GS-962 and other OPM guidelines indicates that for a person's level of responsibility to truly meet the GS-8 criteria, those responsibilities should be exercised within the context of GS-8 level assignments. In discussing the first classification factor, Nature of Contacts, we found the appellant's assignments to fully meet the GS-7 level. Therefore, the grade level most appropriate for the Level of Responsibility factor is GS-7, and that level is assigned.

Decision

The appellant's position is properly classified as Contact Representative, GS-962-7.