

Position Classification Standard for Social Insurance Administration Series, GS-0105

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SERIES DEFINITION

This series includes positions that involve managing, supervising, or performing work concerned with the administration and operation of national social insurance and need-based benefit programs. This includes: (1) assisting people in establishing entitlement and receiving benefits; (2) adjudicating, authorizing, or reconsidering claims for benefits; (3) representing programs before the general public and providing information through various media; (4) studying operations, case processing, systems operations, methods, and procedures to improve the operation and delivery of programs and to assess the integrity and quality of program operations; (5) interpreting program requirements and formulating policies, procedures, methods, work aids, technical guides, and other reference material for program operations; and (6) preparing training materials and providing training to staff.

Positions included in this series primarily require knowledge of the laws, regulations, principles, and operating requirements of national social insurance and need-based programs; knowledge of the interrelationships among these programs and other related Federal and State programs; and analytical skills and abilities used in planning, developing, evaluating, or carrying out the operation and delivery of these programs to the public. All positions require knowledge, skills, and abilities sufficient to adjudicate, authorize, or reconsider claim for benefits.

EXCLUSIONS

1. Classify positions in the [Railroad Retirement Claims Examining Series, GS-0993](#), when they primarily involve managing, supervising, or performing work concerned with the examination, adjustment, adjudication, authorization, or reconsideration of claims under the Railroad Retirement Acts.
2. Classify positions in the [Job Family Position Classification Standard for Assistance Work in the Legal and Kindred Group, GS-0900](#), when they primarily involve one-grade interval claims related work that does not require knowledge, skills, and abilities sufficient to adjudicate, authorize, or reconsider entitlement and benefits claims. Such positions, for example, may involve debt management, recovery, payment determinations, or other post-adjudicative actions that support the operation of claims-based programs.
3. Classify positions in the [Job Family Position Classification Standard for Assistance Work in the Legal and Kindred Group, GS-0900](#), when they primarily involve providing information to clients and assisting them in developing needed evidence, preparing required documents, or in resolving problems when they do not require knowledge, skills, and abilities sufficient to adjudicate, authorize, or reconsider claims for benefits.
4. Classify positions in the [Management and Program Analysis Series, GS-0343](#), when they primarily require knowledge of management principles and processes, analytical and

- evaluative methods, and techniques for assessing program and organizational effectiveness and efficiency.
5. Classify positions in the [Program Management Series, GS-0340](#), when they primarily require management and executive knowledge and ability rather than competence in the subject-matter content of programs managed.
 6. Classify positions in the [Paralegal Specialist Series, GS-0950](#), when they primarily involve performing legal assistance functions in connection with hearings, appeals, litigation, or advisory services.
 7. Classify positions in the [Job Family Position Classification Standard for Administrative Work in the Information Technology Group, GS-2200](#), when they primarily require knowledge of information technology principles, concepts, and methods; e.g., data storage, software applications, and networking.
 8. Classify positions in the appropriate series in the [Education Group, GS-1700](#), when they primarily require knowledge of, or skill in, education, training, or instruction processes.

STRUCTURE OF THE STANDARD

The standard consists of two parts:

- PART I applies to positions that are nonmanagerial. This includes representing social insurance programs before the public; aiding people in filing claims for benefits; and adjudicating, authorizing, or reconsidering those claims. Some positions involve the performance of specialized claims functions. Others involve the formulation of policy and procedures, the analysis of operations, the conduct of quality review programs, or the development and provision of training.
- PART II was issued in November 1971 and remains in effect. It covers managerial positions that involve responsibility for planning, administering, and managing social insurance programs. The [General Schedule Supervisory Guide](#) is also applicable to these positions.

PART I

OCCUPATIONAL INFORMATION

Social insurance programs touch the lives of all Americans at various times, often in times of crisis, need, or distress. The provisions that govern these programs are extensive, complex, and subject to frequent amendment. Employees who perform work described in this part of the standard provide the link between the people and the law that enables them to receive retirement and survivors insurance, disability insurance, and supplemental income. All positions in this series require knowledge sufficient to adjudicate, authorize, or reconsider claims for benefits as described below.

1. Adjudicating the claim--This is determining that the claimant is or is not eligible and entitled to the benefits for which he/she filed a claim. The employee: (a) determines that all requirements relating to eligibility and entitlement for benefits are met; (b) develops additional evidence when appropriate; c) determines the highest benefit rate to which the claimant is entitled; (d) writes justifications or special determinations related to the claim, as necessary; and (e) prepares and certifies determinations of award or disallowance of claims.
2. Authorizing the claim--This is exercising the agency's authority to allow or disallow the claim. This authority may rest in the same employee who initially adjudicates the claim or may be assigned to employees in other types of positions.
3. Reconsidering the claim--This is a thorough and independent reexamination of the claim, either because the claimant, or the agency on its own motion, has requested it. A reconsideration is the ultimate step in the claims examining process prior to a formal appeal by the claimant. It includes further development of facts and evidence as well as a review of the adjudication and authorization decisions. A reconsideration results in affirming or reversing the determination in whole or in part.

TITLES

Social Insurance Specialist is the title for nonsupervisory positions.

Supervisory Social Insurance Specialist is the title for positions that meet the criteria in the [General Schedule Supervisory Guide](#).

Parenthetical titles may be used to further identify those duties and responsibilities that reflect special knowledge and skills needed to perform the work. The [Introduction to the Position Classification Standards](#) has more guidance on parenthetical titles.

EVALUATING POSITIONS

Evaluate positions using the factor level descriptions and assigned point values in this standard. Use the [FES Primary Standard](#) and related FES standards to assist in evaluating positions that may warrant higher or lower factor levels than those described. The absence of an example or illustration in a factor level description does not preclude evaluating a particular position at that factor level. See the [Classifier's Handbook](#) and the [Introduction to the Position Classification Standards](#) for more information.

Some positions properly classified in this series also may have to be evaluated by classification guides appropriate to the functions performed, when those functions are grade controlling. For example, use the [Grade-Level Guide for Instructional Work](#) to evaluate instructional duties and the [Administrative Analysis Grade-Evaluation Guide](#) to evaluate analytical work not addressed in the standard. Comparisons to classification standards for other series may also be necessary in some cases.

The grading criteria in this standard are described within the context of Social Security benefit programs. Caution should be exercised in applying these criteria outside of this subject-matter and legislative context.

Apply the [General Schedule Supervisory Guide](#) to positions that meet the criteria for coverage by that guide.

GRADE CONVERSION TABLE

Convert total points for all evaluation factors to GS grades as follows:

Grade	Range
GS-9	1855-2100
GS-11	2355-2750
GS-12	2755-3150
GS-13	3155-3600

FACTOR LEVEL DESCRIPTIONS

FACTOR 1, KNOWLEDGE REQUIRED BY THE POSITION

Level 1-6--950 points

The work requires knowledge of social insurance laws, programs, practices, methods, and techniques sufficient to perform assignments independently using procedures that are conventional and apply to most situations.

Employees use this knowledge to adjudicate claims for benefits under the retirement and survivors insurance, supplemental income, or the nonmedical aspects of the disability insurance benefit programs. Issues are clear and the policies, procedures, and governing provisions are directly applicable.

The work requires:

- Knowledge of the various titles of the Social Security Act, the Internal Revenue Code, other public laws and regulations that apply to or affect the operation of social insurance programs, and the policies and procedures described in operating instructions for these programs;
- Knowledge of other Federal and State benefit, tax, citizenship, veterans, and welfare programs and, as appropriate, international legal agreements, other public, private, and nonprofit retirement programs, and other programs that interrelate with social insurance programs;
- Knowledge of the agency's organization and operations and familiarity with the work processes of organizations with which the agency must coordinate its operations;
- Knowledge of applicable State laws on validity of marriage, divorce, descent, and distribution of property as they affect eligibility for social insurance benefits;
- Knowledge of the agency's integrated automated case processing systems and skill in using the systems' input and output methodology, forms, and data;
- Skill in interpreting various legal documents and medical reports and in evaluating the age and authenticity of evidence submitted as proof of factors of eligibility;

- Skill in interpreting, applying, and explaining provisions of the social insurance laws and operating instructions orally and in writing to people of varying abilities of comprehension, levels of language familiarity, and degrees of interest in situations that are sometimes stressful; and
- Skill in independent analysis and problem solving to:
 - develop appropriate information and evidence;
 - analyze numerous facts, evidence, and allegations to determine their accuracy and applicability;
 - reach timely and correct conclusions; and
 - express decisions clearly and concisely in both written and oral form.

Illustration:

- Conducts interviews to obtain, clarify, and verify information about initial and continuing eligibility for retirement, survivors, disability, and health insurance benefits, and eligibility for supplemental security income including State supplements. Adjudicates claims for benefits and eligibility for one or more of these programs. Determines if applicants for, or recipients of, disability insurance are engaging in substantial gainful activity. Approves the selection of representative payees for individuals unable to handle their own benefits in complex and contested situations. Determines whether income is wages or self-employment income and whether it is covered income under governing provisions.

Level 1-7--1250 points

The work requires a comprehensive knowledge of social insurance programs of sufficient breadth or intensity to perform the complete range of functions within an assigned area without limitation as to type of case or degree of difficulty, to analyze and correct systems and operational problems, or to develop new or modified systems, methods, policies, procedures, and other guidelines to support program operations.

Employees use this knowledge to resolve cases in which issues, circumstances, and/or governing provisions require advanced technical proficiency; to decide special entitlement matters; to review and improve operational and systemic quality; and to perform similar program-related functions. Some employees use lay medical and vocational program knowledge to review and authorize State agency determinations of medical impairments or to reconsider determinations of disability for hard to prove physical and mental conditions. Other employees use knowledge to prepare congressional or other sensitive correspondence on complex, delicate, or highly contested case matters and determinations.

Illustrations:

- Adjudicates and authorizes claims for benefits and eligibility for one or more social insurance programs without further review. Decides and takes appropriate action on all issues without regard to difficulty. Conducts supplemental income program case reviews and conferences to reconsider decisions affecting an individual's eligibility or amount of benefit. Identifies and investigates questionable situations involving entitlement, continuing benefit, or improper use of Social Security numbers to decide whether fraud prosecution should be recommended.
- Adjudicates and authorizes retirement and health insurance claims originating outside the United States that come under special provisions. Evaluates evidence and develops all factual and legal issues. Makes final determinations subject only to the claimant's rights to reconsideration or appeal.
- Reviews and authorizes disability determinations made by State agencies to establish, continue, deny, or cease insurance for periods of disability. Evaluates medical evidence and vocational factors such as age, education, and work experience. Obtains consultative medical opinions where indicated.
- Analyzes and evaluates operational problems identified through reports, quality reviews, appraisal programs, vulnerability assessments, delays and backups in operations, and complaints by claimants, beneficiaries, or interest groups to determine causes and develop solutions.
- Reviews sample cases for one or more programs to improve the quality and consistency of application of instructions, policies, and procedures. Analyzes the nature, source, and pattern of errors and develops reports and plans for improvement.
- Reconsiders claims that have been requested by or for the claimant or in cases reopened by the agency on its own initiative. As necessary, requests additional development of specific issues and evidence. Prepares final determination that serves as the legal record and basis for supporting or reversing previous decisions.
- Studies program operations, new legislation, automated systems, management initiatives, and operation of interacting programs and organizations to develop new and modified operating instructions and training material.

Level 1-8--1550 points

The 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. The work 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, the employee is considered to be a technical authority in a program area by peers, operations managers, and policy makers and is called upon to perform a key role in resolving issues that significantly affect social insurance program administration.

Employees use this 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. Knowledge is used to plan, organize, and lead teams in such activities as the preparation or evaluation and testing of major systemic changes in claims processing. Knowledge is also used 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. It is used 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.

Illustration:

- Develops regulations and associated interpretive material to implement new legislation or to rectify major problem areas in program operations in order to insure consistent treatment of Social Security recipients. Researches and analyzes the history and intent of legislation. Develops drafts of proposed regulatory and related material for review and comment by interested parties and projects the potential outcomes of application. Assesses the impact of new or revised guidelines on program operations before making them final and prepares instructions and explanatory material. Serves as an expert interpreter of Social Security law, regulations, and policy and advises others on the intent and application of regulations and legislation.

FACTOR 2, SUPERVISORY CONTROLS

Level 2-3--275 points

Employees receive assignments for which objectives, priorities, and deadlines have been established by procedure, policy, or supervisory instructions. The supervisor or a senior employee is available to advise on potential problems and to assist with unusual situations that do not have clear guidelines or precedents.

Employees independently carry out designated assignments according to accepted practices, methods, and guidelines of the organization. They handle problems in accordance with training, the general directions given, accepted techniques, and organizational practice. They determine that all requirements for benefits eligibility and entitlement have been met; develop additional evidence when appropriate; determine the highest benefit rate to which the claimant is entitled; and prepare justifications for award or disallowance of claims.

The supervisor or a senior employee occasionally checks completed case adjudication work for appropriateness of results and conformity to established requirements and deadlines, but normally does not review work methods in detail.

Level 2-4--450 points

The supervisor sets the overall objectives and resources available. Claims are typically assigned according to a control system and go directly to employees. In project assignments, the supervisor and the employee develop an understanding of the requirements of the project that covers such things as the objectives of the work, its scope, reporting intervals and stages of development, and deadline for its completion.

Employees plan and carry out assignments, interpret policy, and determine the methods and contacts. In claims work, employees independently authorize or reconsider claims of all levels of difficulty and complexity, making contacts and inquiries where necessary. In project or staff work, employees plan and conduct studies; coordinate activities with staff and line management; and analyze, interpret, and explain findings. Employees keep the supervisor informed of progress and issues involving potentially controversial matters.

The supervisor evaluates completed case work only in terms of effectiveness in meeting organizational goals, although case work may be randomly sampled by others for such purposes as discerning trends. Completed projects and staff assignments are reviewed by the supervisor for feasibility, effectiveness in achieving objectives, and success in meeting project or program goals.

FACTOR 3, GUIDELINES

Level 3-3--275 points

Guidelines are voluminous and include governing legal and regulatory provisions; organizational policies; and procedural and operating instruction manuals. The guidelines may change, sometimes frequently, due to precedent case decisions and operational improvements. Employees need to keep current on these changes and also may need to refer to certain technical manuals, precedent cases, or court or other legal decisions.

Employees use judgment in choosing, interpreting, or adapting available guidelines and precedents to arrive at a conclusion or to take or recommend action. For example, when adjudicating, authorizing, or reconsidering cases, the guidelines may not specifically apply to a particular case because they are designed for general or typical situations. Employees adapt the guidelines to suit the case in keeping with the intent of governing provisions.

Level 3-4--450 points

Guidelines include laws, regulations, policies, court decisions, congressional hearings and reports, and management decisions, often broadly stated. Because of the complexities of issues raised in certain requests for reconsideration of initial decisions (such as those that involve highly contested or unusual disability situations) or the need to develop new policies and operating instructions to implement initiatives, the existing policies and guides are often incomplete, contradictory, of limited use, or inadequate.

Employees use initiative and resourcefulness in devising new or revised approaches to issues not resolved by use of existing guidelines or in developing, testing, and recommending new methods, policies, and procedures for implementing major program initiatives nationally and regionally.

FACTOR 4, COMPLEXITY*Level 4-3--150 points*

The work is relatively straightforward and consists of examining documentation, evaluating whether all applicable requirements are satisfied, determining entitlement, and arriving at a decision concerning the types and amount of benefits that are applicable.

In deciding what needs to be done, employees analyze the information available, the situation presented, and the requirements of the applicable provisions. They consider the particular facts of each case; verify and evaluate information, obtain additional information to reconcile discrepancies; and apply the pertinent laws, regulations, policies, precedent decisions, and procedures to determine what actions can be taken to provide the benefits sought.

Employees evaluate information, discern factual interrelationships that are not always obvious, and assess a variety of situations depending on the particulars of the case. They base recommendations and decisions on analyses of information that is readily compared to governing provisions.

Level 4-4--225 points

The work involves resolving cases and performing other work that is problem-oriented. For example, entitlement, benefit, and disability determinations are complicated by unusual circumstances or events in the lives of claimants, beneficiaries, or recipients; decisions of other government agencies in benefit, entitlement, or tax liability matters; medical and vocational considerations; the need to override automated systems to accommodate specific requirements or to overturn previous claims decisions; or by procedural or operational obstacles. 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.

Features that complicate the work in some positions include the need to analyze or reevaluate intricate and questionable retirement situations involving special employment or self-employment; unusual types of living arrangements, income, and resources; claimed dependency; and potentially incorrect use of benefits by representative payees. In other positions, features that complicate the work include the need to weigh medical evidence and vocational factors in order to establish, deny, or cease periods of disability. Employees deal with situations 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. In staff assignments, employees seek to resolve specific systemic issues or problems. For example, they develop approaches to fit situations that may arise from new legal interpretations or policy requirements, new or revised systems, unusual combinations of circumstances, or the involvement of other agencies or other foreign or domestic governmental or nongovernmental organizations.

In casework assignments, employees 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--325 points

The 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. 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.

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.

FACTOR 5, SCOPE AND EFFECT

Level 5-3--150 points

The purpose of the work is to analyze, evaluate, adjudicate, and/or authorize cases using established criteria; or to carry out small projects to improve claims processing or workflow.

The decisions, recommendations, actions, or other work products result in determining entitlement and granting or denying social insurance benefits to people; or affect the design or operation of program processes, systems, or procedures.

Level 5-4--225 points

The purpose of the work is to provide program expertise in:

- resolving cases that contain unusual issues or situations or change previous entitlement or benefit decisions;
- analyzing, interpreting, and explaining new laws, management initiatives, and court case decisions;
- troubleshooting program or systems operating problems; and/or
- developing new or revised system or operating criteria.

The work affects groups of claimants, recipients, and beneficiaries; leads to new or modified operating instructions, regulations, rulings, or systems; establishes precedents; affects the operations of other agencies' programs or the operations of State agencies and contractors; or similarly improves the productivity, effectiveness, and efficiency of program operations.

Level 5-5--325 points

The purpose of the work is to analyze and resolve broad program problems and issues of critical importance to the agency; to plan the development and modernization of large systems that support program operations; to analyze major aspects of operations and service to the public; to develop agencywide strategies and approaches to improving service or increasing productivity; to establish new and innovative methods of operations involving other government agencies or programs; or to develop significant recommendations for legislation, regulations, or broad guidelines for program operations. Projects involve coordination of the efforts of major segments of the operational, program policy, and systems components of the agency and, in some cases, of other agencies.

The work affects how key officials in the agency carry out programs, the capacity of the agency to resolve critical problems, and the extent to which major legislative or court decisions are implemented in a timely and correct manner. Reports typically contain recommendations of major significance to top management and launch new systems initiatives, legislative implementation, or major changes in approaches to service or program operations. The policy and procedures or legislative proposals developed or evaluated affect a broad range of agency activities. For example, this might include a region or many or all district offices and processing centers; a class of claimants, recipients, or beneficiaries; State agencies making disability determinations; or social insurance agreements with foreign governments.

FACTOR 6, PERSONAL CONTACTS AND FACTOR 7, PURPOSE OF CONTACTS

Match the level of regular and recurring personal contacts with the directly related purpose of those contacts and credit the appropriate point value from the chart below.

Persons Contacted

2. Contacts are with employees in various parts of the agency; claimants, recipients, and beneficiaries and their representatives; employers in all sectors of the economy; Federal, State, and local government employees; physicians, attorneys, and others. The contacts are routine, such as those required for a general exchange of information in order to resolve entitlement and benefit matters, and usually take place at employees' work places.
3. Contacts are with the public and their representatives in locations outside the office. Contacts may also include representatives of the news media; elected or appointed officials of Federal, State, and local governments; representatives of public or private advocacy groups, or professional organizations; staff of congressional committees, or representatives of foreign governments who are not elected or appointed. These contacts may occur inside or outside of employees' offices. In both situations, the contacts are not routine and may expose the agency to coverage in the media or political vulnerabilities.

The purpose and extent of each contact is different, and the role and authority of each party is identified and developed during the course of the contact.

Purpose of Contacts

- a. The purpose of the contacts is to provide information about social insurance program benefits and requirements; to obtain basic information from clients; and to assist them in completing forms. Other contacts may be to provide or obtain operational information needed in running offices and carrying out projects.
- b. The purpose of the contacts is to question people in order to make decisions on claims and to counsel them on acceptable kinds and sources of evidence to support claims. Employees obtain information through probing interviews with various parties to determine the veracity and validity of statements and evidence in support of claims. They elicit information on income and resources, contributions to support, and medical conditions. Although the goals of the persons contacted are essentially similar to those of the employee, and their attitudes are basically cooperative, eligibility for, or suspension or termination of benefits may be in question. Other contacts are to plan and coordinate work or to resolve operating problems or technical issues.
- c. The purpose of the contacts is to obtain sensitive information on finances, relationships, medical problems, or treatment; to investigate allegations of fraud; or to recover incorrect claims benefits. Contacts are with people who are often hostile, uncooperative, antagonistic, fearful, concealing information, mentally ill, and possibly dangerous. Despite the behavior of clients, employees must control the interview and keep it on track to achieve the desired objectives.

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P U R P O S E

	a	b	c
2	45	75	145
3	80	110	180

FACTOR 8, PHYSICAL DEMANDS

Level 8-1--5 points

The work may require carrying of case files and similar materials. There are no special physical demands.

FACTOR 9, WORK ENVIRONMENT

Level 9-1--5 points

The work is usually performed in an office environment. Normal safety precautions are required. Some assignments may require travel.

PART II

AUTHORIZED TITLES

Social Insurance Administrator is the approved title for positions responsible for planning, administering, and managing the Federal social security, old-age, survivors, disability, health insurance (Medicare), and other programs in the field, regional, or headquarters offices.

GRADE-LEVEL COVERAGE

Part II provides grade-level criteria for three types of Social Insurance Administrator positions in field offices:

- (1) *Type A* positions which involve administering the agency's social security program within a designated geographic area, which may be a portion of a city or a larger area. For editorial convenience this type of position is referred to as a *district manager position*.
- (2) *Type B* positions which involve managing full-time offices subsidiary to Type A offices, offering the same range of services and administering the same programs. Such offices have a staff of technical and clerical personnel similar to that in district offices, but normally without field representatives. For editorial convenience this type of position is referred to as a *branch manager position*.
- (3) *Assistant manager positions*. Assistant managers act with full authority in matters coming within the district manager's jurisdiction when that official is absent.

EVALUATION PLAN FOR SOCIAL INSURANCE ADMINISTRATOR POSITIONS

This standard uses two broad work categories and a grade conversion table to evaluate social insurance administrator positions: *Work Category I, General Administration*, consists of two elements. *Work Category II, Negotiations, Coordination, Community Activities, and Public Relations*, consists of five elements. Each element is described in two or three degrees of difficulty.

The evaluation system involves:

- Determination of the proper degree under each element;
Note: Degree 1 as described for a given element is not necessarily the lowest degree of the element which can be found; some positions have lesser degrees of the element than Degree 1, and should be treated accordingly.
- Use of the appropriate grade-conversion table at the end of this standard to arrive at the proper grade level. There are separate conversion tables for district and branch manager positions.

The coverage of the two work categories is outlined below:

WORK CATEGORY I. GENERAL ADMINISTRATION

- Element A. Staffing requirements, supervisory responsibility, program planning and appraisal, training of a diversified staff, and working out agreements with employee organizations.
- Element B. Administration of out-of-office facilities or multi-district training center.

WORK CATEGORY II. NEGOTIATIONS, COORDINATION, COMMUNITY ACTIVITIES, AND PUBLIC RELATIONS

- Element A. Large employers, institutions, and colleges or universities.
- Element B. State agencies, Internal Revenue Service, Medicare, Indian nation, and consular negotiations.
- Element C. Community activities.
- Element D. Service area characteristics.

Element E. Public information--public relations program. The elements in both work categories are described in terms of degree of difficulty and responsibility. Grade levels are determined by combining the degrees for a particular position and converting them through use of the conversion table at the end of this standard.

The standard uses quantitative criteria in conjunction with qualitative criteria, to depict the scope of the program and the degree of responsibility. The managerial responsibilities include program planning and appraisal, training of diversified specialists, supervision, establishing priorities, organizing work, developing procedures to cope with changes in workload, and dealing with employee organizations. The number of people supervised is only one of a number of measures of supervisory and managerial responsibility and is not of itself grade controlling. Similarly, the population of the service area is not a controlling criterion; the population figures only help to reflect the nature, variety, influence, and importance of contacts and information media that the manager responsible for such an area must meet and deal with. *Qualitative considerations govern the grades of the positions*; the numbers only help to reflect some of the qualitative differences in positions which make one position more or less difficult and responsible than another.

If special factors present exceptional challenges to a particular manager, extra credit may be allowed. These factors do not lend themselves to quantification; consequently, sound position-classification judgment must be applied.

SUPERVISORY CONTROL EXERCISED OVER THE WORK

District and branch manager positions generally receive supervision as indicated below. *If, for some reason, a position does not conform to this normal pattern of supervision, adjustment of the grade level otherwise arrived at should be considered.* It is possible, for example, that some managers may receive considerably closer supervision. In such instances, the positions should be classified one grade below the grade level permitted by the conversion chart.

District manager

A supervisor from the regional office, who is responsible for a number of field offices, guides and assists the manager, and sets priorities when necessary. The supervisor conducts periodic comprehensive audits of the office. He also evaluates the work of the manager through regular and special surveys and through review of various statistical and administrative reports. In addition to the guidance he receives from his supervisor, the manager receives program guidance in each of the substantive program areas from regional specialists. Representatives from the regional offices of the substantive program bureaus pay periodic visits to the field offices to perform qualitative reviews of the functioning of their particular programs. They discuss their findings with the manager and may suggest areas for improvement. The manager must appropriately balance the various programs which he administers.

Branch manager

The manager works under the general administrative supervision of the district office manager, who conducts periodic comprehensive reviews and insures coordination of work plans, training plans, travel plans, operating procedures, etc., with those of the district office. The branch manager submits his reports to his district manager, who in turn submits them to the regional office as part of his office's total package.

Sometimes the district manager reserves the major thrust in community activities and public relations-public information throughout the entire service area for himself or his district office staff. However, normally he delegates such responsibilities to the subordinate branch manager for the branch service area, especially in cases where the branch office is remotely located from the district office. Primary responsibility for negotiating agreements with employee organizations normally remains with the district manager.

Assistant manager positions

Assistant managers work under the general direction of managers who cite or outline broad areas and problems needing attention, suggest methodology in unusual situations, review actions taken, pass upon significant recommendations, make such review of the work as they consider desirable, and are available for advice and consultation as necessary.

Assistant manager positions should be classified on the basis of the extent to which the incumbents are delegated authority to act for their respective managers in the various phases of program administration. Assistant manager positions are classified one grade below the appropriate grade of the respective manager position when maximum delegation of authority and responsibility has been made to the assistant manager in all phases of the office functions (i.e., full "alter ego"). *Significant deviation from the maximum delegation of authority and responsibility requires a larger grade spread.*

GRADE-DISTINGUISHING CRITERIA

WORK CATEGORY I: GENERAL ADMINISTRATION

I--Element A: Staffing requirements, supervisory responsibility, program planning and appraisal, training, and dealing with employee organizations

This element measures the following in manager positions:

1. Staffing requirements for technical, clerical and intermediate supervisory employees.
2. Grade level of work supervised.
3. Nature of supervision exercised.
4. Difficulty of appraising the effectiveness of the program administered.
5. Nature of participation in regional and national program planning.
6. Training a diversified staff in frequent program and procedural changes.
7. Reaching agreements with or otherwise dealing with employee organizations.
8. Incorporation of technological advances, such as new telephone systems and data processing into office operations, in order to increase worker productivity, increase responsiveness to the public, etc.

I-A: *Degree I*

The manager supervises a staff of 10 to 20 administrative, technical, and clerical employees, typically including claims representatives, field representatives, service representatives, and data review technicians. Some managers at this level have no subordinate supervisors; the manager himself exercises direct, day-to-day supervision over his staff. Others have an assistant manager and, in some cases, an operations supervisor.

The manager typically performs all, or most, of the following duties:

1. Develops work plans, work schedules and priorities, and makes revisions as necessitated by special projects and fluctuations in workload; interprets and adapts technical and management policies and procedures established by higher authority, provides guidance to staff members on unusual problems; reviews quality and quantity of completed work.

2. On the basis of operational experience, makes recommendations regarding the organizational structure of the office; devises and installs new methods and equipment to expedite claims processing and to reduce operating costs; tests new methods suggested by higher authority for usefulness and adaptability to his operation.
3. Performs a broad range of supervisory personnel functions, including selecting clerical employees and changing employees' duty stations for short periods.
4. If the office has an organized union, negotiates the basic agreement and carries on day-to-day communications with the union. The manager sends exclusive recognition agreements and contracts to higher authority for final approval.
5. Implements the agency's affirmative action equal employment opportunity program locally. This calls for aggressive action in hiring and promoting minorities. If needed, conducts training as part of the equal employment opportunity program for staff members who deal with the minority public to insure that they are aware of and adjust those attitudes or mannerisms which may adversely affect the delivery of social security program services.
6. Obtains the necessary facilities, services, and equipment for his operations; in cooperation with his supervisor or regional office personnel, negotiates for office space and alterations, prepares estimates for travel and equipment budgets and justifies same.
7. Appraises the effectiveness of each program within the service area through personal observation and special studies; participates in regional and national program planning through regional committee assignments and recommendations to the regional and central offices. Apprises his supervisor of any current trends or developments which might affect the programs or the manner in which they are administered.
8. Insures that his diversified staff of specialists is adequately trained in the use of new equipment and abreast of many and frequent changes which occur in the several programs--changes which affect procedures and operations. Program changes or unexpected legislation may cause special workload or intra-office organization problems for the manager because of the short lead time involved and perhaps peculiar or limited registration requirements.

I-A: *Degree 2*

The manager usually supervises a staff of 25 to 55 administrative, technical, and clerical employees, typically including claims representatives, field representatives, service representatives, and data review technicians. Managers at this level have two or more subordinate supervisors, including an assistant manager and 1 to 3 operations supervisors, each of whom is responsible for a subordinate unit. He supervises the staff primarily through the subordinate supervisors.

The manager performs, or directs intermediate supervisors in performing their supervisory duties. In addition to the duties described at Level 1, the manager typically performs all, or most, of the following duties:

1. Makes a variety of decisions on work problems which subordinate supervisors feel are beyond the scope of their responsibility and authority to take final action.
2. Resolves differences between subordinate supervisors.
3. Develops methods for improving coordination among subordinate units.
4. Evaluates the performance of subordinate supervisors and reviews their evaluations of employees.
5. Resolves complaints and grievances referred to him by subordinate supervisors and reviews their recommendations for disciplinary action concerning employees.

I-A: *Degree 3*

The manager supervises a staff of 60 or more administrative, technical, and clerical employees, typically including claims representatives, field representatives, service representatives, and data review technicians. Managers at this level typically have at least four subordinate supervisors, including an assistant manager, three or more operations supervisors and, in many cases, a second line supervisor. The manager supervises the staff primarily through the subordinate supervisors.

The manager performs, or directs intermediate supervisors in performing, all of the supervisory duties described at Degrees 1 and 2. These duties become increasingly difficult and responsible as the scope of the operations directed increases.

The manager has more developments of national or regional significance than those typical of lower degrees (e. g., access to the reactions of many and diverse groups, organizations, access to influential media, and governmental agencies which are usually more representative of the total regional and national situation). Due to the scope of operations, the manager has greater opportunity to observe trends both within and beyond his service area that are significant in appraising and planning the regional and national program.

I--Element B: Administration of out-of-office facilities or training center

This element gauges the problems involved in administering and providing quality service at points away from the office and in overcoming conditions which contribute to delays in claims processing. The element also considers the responsibility for operating a multi-district training center.

I-B: *Degree 1*

The manager is responsible for out-of-office facilities to provide adequate service to the public through contact-stations. Most of the following problems are involved:

1. Determining the number and locations of facilities.
2. Locating suitable facilities, e.g., those which provide reasonable comfort and permit confidentiality of interviews; petitioning and convincing a variety of State and local government and institutional officials and others to provide these facilities.
3. Added difficulty in work planning and scheduling brought about by the highly variable workload at out-of-office facilities.
4. Scheduling adequate personnel for the separate facilities to meet varying workload situations.
5. Difficulty in preparing and controlling budget due to considerable allocations for travel expenses of staff manning facilities.
6. Developing a variety of special procedures to achieve timely processing of claims at facilities, e.g., selective use of mail and telephone in claims development; creating special teams of personnel to man facilities.

I-B: *Degree 2*

The manager is responsible for administering one or more full-service branch offices in his service area. This responsibility means he must:

1. Determine the area to be serviced by each office, recommend staffing, and justify the need to his supervisor and higher authority.
2. Determine location of facilities.
3. Negotiate with necessary private and governmental officials to obtain the needed facilities.
4. Establish the necessary mechanisms and policies to insure that branch office activities are fully coordinated with those of the district office; coordinate the use of his total manpower resources to maximum advantage.
5. Monitor the workload of the branch(es).
6. Adjust personnel allocations between the district and branch offices to meet workload situations, absences, etc., on a temporary basis.

7. Cope with added difficulty in preparing and controlling budget due to considerable allocations for travel expenses of staffs.
8. Deal with added difficulty in training, communications, coordination, and supervisory control due to dispersion of staff.

-- or --

An alternative to administering one or more branch offices at this level, under element 1-B, is the responsibility for a training center for a number of district offices. The manager who has a training center must provide facilities, and possess strong managerial skill. He must insure that trainees receive the desired depth and breadth of knowledge, provide them with a breadth of work situations and claims to develop, and insure that the practical work which the trainees perform is up to par and does not harm his normal operations.

WORK CATEGORY II: NEGOTIATIONS, COORDINATION, COMMUNITY ACTIVITIES, AND PUBLIC RELATIONS

The manager develops and maintains among the various groups and organizations within the service area an effective understanding of the technical provisions and broad principles of the social insurance programs. Through persuasion, he promotes voluntary cooperation and participation of these groups. He directs the activities of the field representatives under his supervision who carry on day-to-day negotiations and makes the more routine contacts. The manager participates in local community improvement and service activities, as a representative of the agency and frequently the department.

He or his field representatives contact physicians to acquaint them with the Medicare program; explain the provisions of accepting cases on an "assignment basis;" and arrange for timely and accurate receipt of medical evidence to be used in development of disability claims. He personally contacts the larger and more important employers, organizations, carriers, fiscal intermediaries, and informational media; and advises the press on critical and especially important phases of program administration.

Most of the groups and organizations contacted have an influence primarily within the service area. However, some (e.g., the headquarters office of a State agency, large employer, or professional association) have an influence beyond the service area with subordinate organizational units located in other districts. Such organizations, are designated as "parallel" to the manager of the area in which the headquarters office is located. Dealings affecting the parallel organization are the responsibility of the manager of the office in the area where the headquarters office is located. Other managers deal with subordinate units of the parallel organization on matters of local concern only.

The difficulty and responsibility of the manager's contacts, coordination, and public relations program are measured by five elements which follow:

II--Element A: Large employers, institutions, colleges, or universities

For purposes of this element a large employer is defined as one with at least 1,000 employees within the service area; a large institution is defined as a general hospital, mental institution, school for the blind or deaf, school for delinquent children, penal institution, etc., with at least 300 beds or inmates. A large college or university is defined as one with at least 1,500 students.

A high level of negotiating skill is required in dealing with the executive and management officials of these large organizations. Matters negotiated are often complicated by the complex nature of the organizations and the difficulty of obtaining full and continued cooperation. The effect of negotiations is far reaching, as evidenced by the large number of covered employees, claimants, and beneficiaries affected, and by the influence on other district offices.

Typical contacts are for the following purposes:

With large employers

1. To discuss the coordination of company health insurance, pension, and disability, plans with the social security programs, and to arrange for mutually satisfactory procedures to achieve that purpose.
2. To encourage large employers to report employees' earnings data on magnetic tape where possible and to suggest changes in the employers' accounting and bookkeeping systems to improve wage reporting practices.
3. To maintain establishment reporting in the case of multiunit employers, i.e., the reporting of earnings by subordinate plants in addition to individual employee listings.
4. To provide a wide range of technical and legal information on the social insurance programs, e.g., on the coverage of employees, on employee payments for sick pay, travel, dismissal, vacations, etc.
5. To arrange for the firm's participation in preretirement seminars and retirement counseling programs.
6. To enlist the cooperation of the employer to assist employees in obtaining proofs and various documents needed to support claims applications, and in filing claims applications.

With large institutions

1. To arrange for economical, timely, and accurate receipt of medical reports and other required evidence to be used in the adjudication of disability claims; to negotiate fees for medical evidence where necessary.
2. To work out disability leads procedures, i.e., procedures to obtain information regarding potential beneficiaries of the disability program.
3. To work out procedures with mental institutions and special schools for the selection and functioning of representative payees for minor children and incompetent and incapable adults.
4. To make arrangements that will help district office personnel to take claims in the institutions, often involving integration of institution staff work with his office's work, to keep institutional staffs current on social security record requirements.
5. To insure that providers of services understand the nondiscrimination requirements for participation in Medicare.
6. To orient staffs of hospitals, extended care facilities, home health agencies and other providers of service in proper methods of determining eligibility of Medicare beneficiaries who come to them for services to assure the beneficiaries are entitled to the services or care they apply for.

With large colleges or universities

1. To provide information and work out reporting procedures relating to students who are over age 18 and receiving social security benefits.
2. To provide information pertinent to research activities related to social insurance, e.g., research on aging.
3. To further the recruiting of students for positions in his own and other Federal agencies, involving maintaining continuing good relations with placement officers and faculty members, providing a wide range of information on career opportunities to students and faculty, participating in joint recruiting efforts with other Federal agencies, etc.
4. To negotiate contracts for work-study programs.

II-A: *Degree 1*

Regularly conducts negotiations on a variety of matters with the management and administrators of several large and more important employers, colleges and universities, and institutions. These contacts are frequently for purposes of establishing mutually satisfactory procedures for information exchange. Negotiations are often complicated by the complex nature of the organizations and the difficulty of obtaining full, continued, and timely cooperation; they are vital to the smooth operation of the social security programs because the information received is essential to the claims process. The impact of these negotiations is generally within the service area.

II-A: *Degree 2*

Regularly applies a high level of negotiating and coordinating skill to varied and complex dealings with the high level management and administrative officials of a substantial number (e.g., 10 or more) of large employers, colleges and universities, and institutions. The impact of these negotiations often extends beyond the service area as some employers have units outside the service area. Students at the larger colleges and universities, as well as patients and inmates of large institutions often come from dispersed geographic areas. In such instances, the procedures developed for securing information affect and are followed by other district offices in the State or region.

II-- Element B: Parallel State agency, Internal Revenue Service, Medicare, Municipal, Indian nation, and consular negotiations

Some managers are charged with the responsibility to represent other field managers or the agency in parallel dealings and negotiations with these organizations on diverse matters. These relationships receive special classification consideration because of their marked responsibility and sensitivity. Negotiations with State agencies involve a variety of complex questions with a large number of different agencies; are frequently conducted at a high level in the State government; are complicated by the delicacy of Federal-State relations; and affect many other district and branch offices throughout the State. Negotiations with Internal Revenue Service Centers involve continuing contacts on a variety of complex matters; are essential to the program because of the direct responsibility of the Internal Revenue Service for social security tax collection and tax compliance; and affect all other district offices in the Service Center's area.

Managers parallel to Indian nations (they have their own laws, govern themselves, and are not subject to United States taxation) encounter complex problems. Sensitive issues, poor records, language difficulties, and tribal customs contribute to the negotiating problems.

Managers who have the claims processing operation for a Medicare contractor located in their service areas have certain responsibilities to represent other field offices in dealings with the insurance company. Managers whose offices are designated as the service point for an area in either Canada or Mexico are responsible for negotiating with foreign and U.S. consulates and with various foreign agencies and institutions. Negotiations are sensitive, complex and

recurring, and cover the entire range of agreements necessary to obtain evidence and information for the payment of benefits. These negotiations also encompass the payment of Medicare benefits for emergency treatment in foreign hospitals and the movement of foreign claimants to the district or branch office, or the establishment of service contact points on the other side of the border.

II-B: *Degree 1*

The office is parallel to direct-dealing hospitals. They submit their claims for payment under Part A directly to the Social Security Administration. The servicing office responds to a variety of questions on health procedures, and stays aware of health insurance activities in the institutions.

II-B: *Degree 2*

Alternative 1

The manager conducts parallel negotiations and coordinates with an Internal Revenue Service Center. He represents all district offices in the area serviced by the center, usually several States. Agreements and understandings reached, usually affect these other offices in their coordinating activities with field functions of Internal Revenue Service.

The manager has regular contact with Internal Revenue Service on all, or most, of the following matters, or an equal variety of other matters:

- a. Coordinating coverage issues and questions of employer-employee relationships.
- b. Achieving mutual understanding of policies, procedures, and regulations of the two agencies.
- c. Coordinating information conveyed by the two agencies to the general public, specific groups, organizations, and individuals.
- d. Resolving conflicts in a wide variety of individual determinations.
- e. Obtaining timely processing of earnings and self-employment reports by Internal Revenue.
- f. Obtaining information from Internal Revenue files requested by other district offices and other Administration officials.
- g. Receiving and screening requests for investigation of waiver and other determinations from other district offices in the region before forwarding to the Service Center; assisting the Service Center by providing additional information required to arrive at a determination.

-- or --

Alternative 2

The manager is parallel to one or more large Indian nations in the service area. He negotiates with respect to procedures for the recognition of Indian tribal customs regarding marriages, divorce, legitimacy, proper payee, etc. He seeks cooperation and participation in developing claims and securing the necessary documents to assist the residents of the reservation.

-- or --

Alternative 3

The office is the parallel office to the Part A hospital insurance intermediary's claims processing operation. Among other things this involves:

- a. Serving as the focal point in receiving and controlling intermediary requests for assistance and requests for status reports on claims which have been submitted. Evaluating the effectiveness of the intermediary's operations in this area and forwarding carrier problems to the Bureau of Health Insurance regional office.
- b. Providing Medicare numbers to be used on claims which were submitted without them.

-- or --

Alternative 4

The office is parallel to the Part B, Medical insurance carrier's claims processing operation. This entails: serving as the focal point for receiving and controlling carrier requests for assistance and district and branch office requests for status reports on delayed Part B claims; evaluating effectiveness of carrier performance in this area of the Medicare program; training physicians and their staffs in the proper completion of billing forms needed for payment; cooperating with the carrier and lending assistance or suggestions.

-- or --

Alternative 5

The manager has parallel responsibility for servicing an area in either Canada or Mexico which requires him to conduct sensitive and recurring negotiations to provide claims service, to obtain evidence necessary in the claims process, and to obtain information concerning the payment of emergency benefits and other payments under the Medicare program. He seeks the cooperation of public information media in the foreign country to inform foreign beneficiaries and others of changes in the social security programs and arranges for the movement of foreign residents and district office personnel across the border.

-- or --

Alternative 6

The manager is parallel to, and has substantive and frequent contacts with the administrators of the principal departments of the municipal government in a city with a population of a quarter million or greater. These contacts are with such offices as welfare, health, and the office responsible for social security coverage of city employees. The contacts are important to the success of the social security programs. This provision only applies when the municipal welfare agency rather than the State has significant responsibility for implementing the welfare program.

-- or --

Alternative 7

The manager is parallel to the headquarters administrative offices of several State agencies with whom he has frequent dealings on important program matters.

II-B: Degree 3

The manager conducts parallel negotiations at the State capital level with all, or most, affected State agencies. He negotiates policies and procedures which have Statewide impact and commits all other managers in any dealings with the State agencies. Because of the importance of these contacts to the social security programs, they usually require a large portion of the manager's time and effort. The parallel manager keeps informed of pending bills and topics under discussion by the State Legislature that may affect the operation of Social Security and other programs of the Department, and furnishes legislators with data and information needed by them to consider social welfare legislative proposals related to social security programs.

The manager regularly confers on all, or most, of the following matters, or an equal variety of other matters:

1. With officials responsible for State and local government employee social security coverage (specific agency varies among States):

- a. To insure compliance with proper earnings reporting procedures and to obtain correction of individual earnings reports.
 - b. To resolve a variety of coverage issues, frequently involving coordination with Internal Revenue Service and the application of State and local statutes to the coverage agreement. For example, determining whether a school bus driver is a State or local employee or self-employed; determining whether certain individuals are State employees or the private employees of State officials.
2. With the Vocational Rehabilitation or other State agency which makes determinations for disability benefits:
- a. To provide explanation and advice on individual cases.
 - b. To work out procedures for case development and the referral of cases to district offices for further development.
3. With the State unemployment insurance agency:
- a. To exchange wage record data, and to obtain employment data to be used in making various reports on recession, unemployment, etc.
 - b. To obtain cooperation in disseminating social security information through agency offices.
 - c. To establish an information exchange system concerning unemployment compensation being paid to social security beneficiaries.
4. With State welfare agencies:
- a. To set up procedures whereby social security offices are notified when beneficiaries are entered on the welfare rolls; and to provide the welfare agency with data on who receives social security benefits.
 - b. To work out procedures for the selection of representative payees for minor and incompetent beneficiaries and for the selection of foster homes for child beneficiaries.
 - c. To coordinate State "buy-in" under the Supplementary Medical Insurance Program, establishing procedures for additions and deletions from the buy-in list, and resolving a variety of problems resulting from the buy-in agreement; but not to negotiate the formal "buy-in" arrangements. The manager keeps the regional office informed about reactions, problems, and workload processes developed with the State. Since each State differs in its organization and resources, procedures must be devised on an individual State basis. The parallel district manager develops the procedures for processing routine cases and for handling

problem cases. He may also help to prepare instructions for other district and branch offices.

5. With the State mental health agency:

To carry out agency policies and as necessary work out procedures for the use and accounting for benefit payments made to institutions on behalf of incompetent beneficiaries who reside there.

6. With the State vital statistics agency:

To obtain permission and work out procedures for all district offices in the State to have access to agency records of birth, deaths, etc., to be used for claims development.

7. With the State Workmen's Compensation agency:

To obtain permission and work out procedures for all district offices in the State to have access to, or to get copies of, agency records containing work history and medical evidence to be used for claims development.

8. With the State health department:

To work out policies and procedures for the office to receive billing notices from the department which administers the home health services program for the State, under Medicare. The parallel district office then submits the notices via teletype to the central office for payment.

9. With State agencies who wish to use the social security number as a control number, such as in voter registration or on vehicle operator's licenses, or an identification number.

10. With the State farm labor office to arrange for access to its records of migrant workers to insure that earnings of migrant workers have been reported and social security taxes paid on them.

Full credit for this degree is predicated on the basis of negotiations with all, or most, affected agencies in the State in regard to the wide variety of matters indicated above. When either of these conditions is not met in a position, less than Level 3 credit for this element should be allowed.

II--Element C: Community activities

Managers are required to become involved and lend their active support and assistance to community activities to improve the social and economic well-being of residents of the service area. It must be done without appearing to side with any particular political factions or jeopardizing proper administration of the social insurance programs. This includes equal

employment opportunity, Model Cities, fair housing, economic development, mental health, job opportunities, medical care, recreation, adult education, and many other programs.

II-C: *Degree 1*

The manager participates as an active member or officer in a few clubs and organizations; he serves on committees dealing with matters relevant to agency programs or community development.

II-C: *Degree 2*

The manager is frequently designated to represent the SSA and HHS on *active* federally-funded programs in the community. He makes periodic reports on the status of the programs and participates in meetings of the projects' planning and advisory committees. These programs are commonly of the community improvement variety, such as Model Cities. He serves as an important source of information on SSA- and HHS-funded or supported programs or as an advisor on technical problems related to securing grants for the programs.

In some service areas there are no formally sanctioned Federal or State programs which provide ready opportunities for the manager to become deeply involved in community action. This does not prevent the manager from reaching Degree 2 in community affairs. At this degree he can often show evidence of his high degree of involvement in community affairs. He is constantly on the alert for various community undertakings in which he may assume significant responsibilities. These projects are typically of substantial importance to the well-being of the community, e.g., the establishment of senior activities centers or neighborhood recreation centers. Such a manager is often an officer or other key figure in local organizations which render service to the community; he may perhaps have received recognition for his participation.

II-C: *Degree 3*

The manager is clearly outstanding among his peers in his participation in community activities. He is active in the planning and evaluation for major community improvement projects, often evidenced by his key position or prominent membership on key committees. The manager demonstrates exceptional awareness of the needs and problems of his service area. He plays an important role in conceiving, developing, and evaluating significant schemes for community improvement. This often calls for winning support and perhaps even mustering financial backing if necessary. He employs persuasiveness, imagination, and insight in order to overcome indifference or non-receptivity of community leaders or potential backers. He brings together the appropriate people and persuades them to support the project with their money or influence.

II--Element D: Service area characteristics

This element considers the impact of three factors related to the service area characteristics:

1. Population of service area
2. Organizational contacts
3. Socio-economic conditions

Assigning credit under this element requires consideration of both the area population and related factors. As the population increases there should be a corresponding increase in the number and variety of large and influential groups and organizations and in the significance of socio-economic conditions in the service area that create difficulty in attaining goals. The descriptive criteria under each degree reflect these requirements.

When assigning the proper amount of credit under this element, bear in mind: This element contains one primary quantitative criterion, plus two related descriptive criteria.

All of the criteria must be considered in applying this element to a position. If a position meets one of the criteria (e.g., population of service area), it should not be automatically credited with a particular degree without consideration of the other features. Specifically, a service area may meet the population requirement for a particular degree, but because it is essentially a middle-class residential or suburban community without the organization, employer, or agency contacts normally characteristic of that degree and without particular socio-economic problems on a consequential scale, the position should not receive the degree of credit which the population figures would normally dictate.

On the other hand, a position does not have to meet all of the criteria described for a particular degree in order to receive full credit. In order to receive full credit for element D, factor 1 (population of service area) plus either factor 2 (organizational contacts) or factor 3 (socio-economic conditions) must be present at that level. When assigning a level for this element, consider all aspects of the position, including the population and type of community served, and the nature of the contacts made. Examples of contacts typical of each degree are provided. These examples are not all-inclusive; they only illustrate the difficulty and responsibility of contacts at each level.

II-D: *Degree 1*

POPULATION OF SERVICE AREA - 100,000 to 200,000

ORGANIZATIONAL CONTACTS:

The manager deals with a moderate number and variety of smaller employers and institutions, associations, professional societies, unions, local government agencies, Federal Government agencies, etc. Examples of contacts include the following:

- a. With smaller employers to achieve establishment reporting, to work out other earnings reporting procedures, and to provide advice on coordinating private pension and disability plans with the social insurance programs.
- b. With local private and public social agencies regarding operating procedures for the appointment of guardians or selection of proper payees on behalf of minor children or incompetent adults.
- c. With the local or district headquarters (or other organizational designation) of a union to provide a wide range of information on the social insurance programs.
- d. With a county medical society to obtain assistance of the members in expediting medical evidence for disability claims.
- e. With the district office (or other organizational designation) of a State agency, which has jurisdiction over a number of local offices of the agency, to work out operating procedures applicable to these offices; e.g., with the district office of a department of public welfare regarding procedures for selection of representative payees and for reaching potential beneficiaries or with the local home health agency regarding billing for services rendered to beneficiaries in their homes.
- f. With local independent laboratories approved to provide services under Medicare.

SOCIO-ECONOMIC CONDITIONS:

The service area is largely rural or suburban where isolated poverty pockets, illiteracy, labor turnover, and other socio-economic conditions have only a minor impact on attainment of goals.

II-D: *Degree 2*

POPULATION OF SERVICE AREA - 250,000 to 450,000

ORGANIZATIONAL CONTACTS:

In comparison with Degree 1, the program is characterized by:

1. An increase in the number, variety, and difficulty of the managers contacts with businesses and institutions, associations, professional societies, unions, local and Federal Government agencies, key individuals, etc.
2. An increase in the size and influence of the organizations serviced. Some have jurisdictions which extend beyond the service area. The following examples illustrate contacts with organizations having greater influence than those described at Degree 1:

- a. With the State headquarters office of a large union to obtain cooperation in proper earnings reporting, to provide advice on the coordination of private pension and disability plans with the social insurance programs, and to provide general information on the program.
- b. With a State medical society to obtain assistance of the medical profession throughout the State in expediting medical evidence for disability claims. In furnishing the type of evidence which meets program needs, and in referring potential claimants to district offices.
- c. With one or more professional or social service organizations with a membership extending considerably beyond the service area, e.g., associations of lawyers, accountants, hospital administrators, funeral directors, nursing home directors, etc., to further understanding and acceptance of the social insurance programs.

SOCIO-ECONOMIC CONDITIONS:

1. Several of the following conditions are present in the service area and make attainment of program goals materially more difficult than at Degree 1:

(a) Poverty areas with weak family structures, (b) high labor turnover, (c) serious problems of civil rights compliance on the part of hospitals and extended care facilities required for Medicare participation, (d) high rate of illiteracy among the native-born, (e) high proportion of foreign-born who are not literate in English, (f) seasonal influxes of diverse migrant workers, (g) large seasonal influx of over-65 temporary residents who bring scores of post-entitlement problems, (h) wide variance of income levels, or comparable considerations.

-- or --

2. The service area includes substantial portions of two States.

II-D: *Degree 3*

POPULATION OF SERVICE AREA - 500,000 and over

ORGANIZATIONAL CONTACTS: Contacts inherently include some of the most difficult situations encountered by a manager. For example:

1. The myriad and diverse organizational elements of a large metropolitan area contribute to a marked increase in the variety and difficulty of the manager's contacts with businesses, institutions, associations, professional societies, unions, local and Federal Government agencies, key groups, etc.

2. A number of organizations contacted have considerable influence beyond the service area, with nationwide or regional multi-State jurisdiction. The following examples illustrate contacts in addition to those described at lower levels:
 - a. With the regional headquarters of a large union covering a multi-State area. Parallel type negotiations are conducted for the same purpose as described for this type of contact at Degree 2.
 - b. With a national association, especially one with a sizable membership, such as a trade association, farm association, association of self-employed persons in a particular occupation, etc., to provide a wide range of information on the social insurance programs.

SOCIO- ECONOMIC CONDITIONS:

The service area is one in which the combination of complicating problems is unusually great. The population is characterized by an unusually high proportion of impoverished people, e.g., *one-third*, in which the difficulties created by such factors as weak family structures, high incidence of illiteracy, high unemployment, crime, etc., are multiplied many times over.

II--Element E: Public Information--Public Relations Program

The maintenance of an effective public information-public relations program is closely allied with managerial efforts to conduct an overall effective operation in the service area. The success of the program is reflected in the attitude and understanding of the public in regard to social security matters, the cooperation and assistance received from employers, attorneys, institutions, etc., who are concerned with various aspects of the social security program, and in the degree of receptivity, understanding, and cooperation which exists in the health care communities within the service area.

Managers organize comprehensive information programs and furnish leadership by maintaining those programs on a regular basis. They are alert to new publicity ideas and new informational resources which can be employed in communicating with the public, various types of organizations, and with medical and other professional elements of their communities. As necessary, on the basis of the difficulty, sensitivity, or importance of a particular informational contact, the managers personally disseminate information, arrange for the use of informational media, or respond to critical program issues and comments that develop in the service area.

Sometimes legislative amendments require the manager to hurriedly reach special groups in order that their benefit rights are protected. He must be able to organize a publicity campaign on short notice in such instances.

Ultimately, the worth of each manager's public information-public relations program is reflected to some degree in the quantity and quality of work produced under his jurisdiction. However, it is also affected by the number and kind of public information outlets in an area, the scope and

range of the media which are available, and the initiative and effort expended by an individual manager in making use of the public information resources in the area.

If there are many social security offices in a metropolitan area or city, the responsibility for relations with the media may be divided. Full credit, e.g., Degree 3, may not be warranted for any one of the manager positions. In other instances one manager may have all of the major media concentrated within his service area; in such a case only he may receive credit for those media.

II-E: *Degree 1*

In disseminating information the manager uses a moderate number and variety of information outlets. Typical media include a small daily newspaper, weekly newspapers, trade journals, house organs, exhibits, talks before groups, and 1 or 2 radio stations with coverage over a limited local area. Other means which he utilizes are schools, church groups, senior citizen clubs, funeral homes, exhibits at fairs, etc.

II-E: *Degree 2*

In disseminating information the manager makes constant use of a broad range of types of media and information outlets. Typically, they are media whose coverage and influence are over a large and heavily populated area. These include: large daily newspapers, many radio and television stations, trade journals, house organs, exhibits, and talks before key groups. The population of the service area is frequently very heterogeneous, containing many diverse segments, such as non-English speaking groups, transients, varied educational backgrounds. The manager typically has greater difficulty in defining and determining how to reach all affected segments of this audience than is characteristic of Degree 1.

II-E: *Degree 3*

The manager normally uses a very large number and the full range of informational outlet types. Significantly the media, i.e., radio, television, newspapers, have influence far beyond the service area, e.g., Statewide in a very large and populous State, or a multi-State region. His office is located in a city which is the economic, financial, shopping, cultural, and transportation center for the State or region. The dispersion and heterogeneity of the population accentuates the difficulty of defining and determining how to reach all affected segments of this audience.

The manager with this level of public information responsibility must consider the impact his releases, radio programs, and other informational activity will have on other social security offices within the media coverage-area. However, he does not neglect his primary responsibility for informing people within his own service area.

SAMPLE POSITION EVALUATION SUMMARY

WORK CATEGORY I. GENERAL ADMINISTRATION	Degree Level
Element A. Staffing requirements, supervisory responsibility, program planning and appraisal, training, dealings with employee organizations	_____
Element B. Administration of out-of-office facilities or training center	_____
WORK CATEGORY II. NEGOTIATIONS, COORDINATION, COMMUNITY ACTIVITIES, AND PUBLIC RELATIONS	
Element A. With large employers, institutions, and colleges or universities	_____
Element B. Parallel responsibilities	_____
Element C. Community activities	_____
Element D. Service area characteristics	_____
Element E. Public information--public relations program	_____

An evaluation form similar to the one illustrated above may be useful in evaluating manager positions.

GRADE-CONVERSION TABLE FOR DISTRICT MANAGER POSITIONS

GS-12

Two or more elements at Degree 1, one of which must be Element I-A, I-B, II-B or II-D.

GS- 13

Two or more elements at Degree 2, one of which must be Element I-A, II-B, II-C, or II-D, plus 2 or more additional elements at Degree 1. If Element I-A is not at Degree 2, it must fall in the upper half of the range of Degree 1. Any two of the 7 alternative sub-elements of Element II-B at Degree 2 may be considered as two elements at Degree 2.

GS- 14

Two or more elements at Degree 3, one of which must be Element I-A, II-B, or II-C, plus 2 or more additional elements at Degree 2.

If Element I-A is not at Degree 3 it must fall in the upper half of the range of Degree 2.

GRADE-CONVERSION TABLE FOR BRANCH MANAGER POSITIONS

GS- 11

Responsibility for a full-time branch office with 3 subordinate employees.

GS- 12

Three or more elements at Degree 1 (including I-A or II-D).

-- or --

Two elements at Degree 1 and one element at Degree 2.

GRADE-CONVERSION INSTRUCTIONS

1. The grade-evaluation plan involves a separate determination of the proper degree for 7 grade-distinguishing elements under two major work categories. These degrees are converted to a GS-grade by means of the Grade-Conversion Table.
2. The table shows minimum requirements. If a position does not meet the stated requirements, it should be classified to the next lower grade level, unless there are extenuating circumstances which-fully compensate in borderline cases as provided for in paragraph 4 below.
3. In arriving at the proper degree for an element, a position need not meet *all* of the criteria contained in the element. It should be accorded the degree to which it most nearly corresponds. In some cases, a position may exceed the criteria for a given degree of an element, but may not meet most of the criteria at the next higher degree. In such cases, the position should be considered borderline for this element. If a position is borderline in more than one element, the higher degree should be assigned to one element, the lower degree assigned to the next, and so on.
4. Because of the many varying conditions under which managers operate, all possible aspects of difficulty and responsibility may not be measured by the elements used in this standard. A given position may have certain atypical characteristics which are not given due credit in the application of this standard. Examples of such characteristics include (a) an extremely rapid rate of population growth in the service area; (b) a very large number of small businesses or firms, characterized by their marginal nature or which are operated on a seasonal basis; (c) negotiations with a very large number of large employers, large institutions, etc., 75 or more. In borderline cases, such characteristics may compensate for other characteristics which nearly, but do not fully, satisfy the requirements. In such cases, sound classification judgment should be exercised to determine (a) that the characteristics are not already adequately measured by the elements of the standards, and (b) that the amount of credit afforded is compatible with the weights given the criteria of the standard.
5. Because of the responsibilities involved, a position may receive two credits under Element II-B, e.g., one at Degree 2 or Degree 3 for negotiations with State capital agencies, and one at Degree 2 for negotiations with an Indian nation, an Internal Revenue Service center, Medicare carriers, foreign organizations and consulates, or major cities.