

U.S. Office of Personnel Management
Division for Human Capital Leadership & Merit System Accountability
Classification Appeals Program

Chicago Field Services Group
230 South Dearborn Street, Room 3060
Chicago, IL 60604-1687

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

Appellant: [appellant]

Agency classification: Addiction Therapist
GS-101-9

Organization: Domiciliary [station]
Alcohol/Drug Residential Treatment
Rehabilitation Program
Mental Health Division
[name] Medical Center
Department of Veterans Affairs
[city and state]

OPM decision: GS-101-9
Title at the discretion of the agency

OPM decision number: C-0101-09-03

/s/ Manuela Martinez

Manuela Martinez
Classification Appeals Officer

April 28, 2003

Date

As provided in section 511.612 of title 5, Code of Federal Regulations (CFR), this decision constitutes a certificate that is mandatory and binding on all administrative, certifying, payroll, disbursing, and accounting officials of the government. The agency is responsible for reviewing its classification decisions for identical, similar, or related positions to ensure consistency with this decision. There is no right of further appeal. This decision is subject to discretionary review only under conditions and time limits specified in the *Introduction to the Position Classification Standards* (PCS's), appendix 4, section G (address provided in appendix 4, section H).

Decision sent to:

[appellant]
Domiciliary [station]
Alcohol/Drug Residential Treatment
Rehabilitation Program
Mental Health Division
[name] VAMC
Department of Veterans Affairs
[address]
[city and state]

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Chief, Compensation & Classification Division (051)
Human Resources Management
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Deputy Assistant Secretary for Human Resources Management
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Introduction

On December 16, 2002, the Chicago Field Services Group, formerly the Chicago Oversight Division, of the U.S. Office of Personnel Management (OPM) accepted a classification appeal from [the appellant]. We received the agency's administrative report on January 10, 2003. The appellant's position is currently classified as Addiction Therapist, GS-101-9. The position is assigned to the Domiciliary [station], Alcohol/Drug Residential Treatment, Rehabilitation Program, Mental Health Division, [name] Medical Center, Department of Veterans Affairs (VA), [city and state]. The appellant believes that his position should be graded at the GS-10 level. We have accepted and decided his appeal under section 5112 of title 5, United States Code (U.S.C.).

Background issues

A representative of the Chicago Field Services Group conducted a telephone audit with the appellant and telephone interviews with his former and present immediate supervisors and the Mental Health Division Manager. The representative also spoke with a specialist in the human resources office to clarify position information and the current position description (PD). In deciding this appeal, we fully considered the audit, the interview findings, and all information of record provided by the appellant and his agency, including his current work assignments and PD of record. Both the appellant and his supervisor have certified to the accuracy of the appellant's official PD, number [###-#####].

General issues

The Human Resources Management Service classified the work of the position in November 2002 as Addiction Therapist, GS-101-9, which is the same title, pay plan, series, and grade as the previous PD dated February 1994. The appellant claims his current position has changed. The additions identified by the appellant are participation in and contribution of education activities to maintain State-certification and competencies as a Chemical and Other Drug Counselor III, and completion of an accredited alcohol/drug/addiction counseling education program that requires both academic preparation and clinical internship meeting the requirements for professional certification. The appellant believes the maintenance of State-certification and completion of an education program result in an upgrade of the position. However, the requirement that employees be licensed or certified to perform work has no direct effect on the grade level of a position. We may consider these qualifications insofar as they are required to perform the appellant's current duties and responsibilities.

In adjudicating this appeal, our only concern is to make an independent decision on the proper classification of the position. This appeal decision is based on a careful review of all of the information submitted by the appellant and his agency. In its administrative report, the agency provided us with a copy of VA Circular 10-89-35, subject: Establishment and Utilization of Addiction Therapist, GS-101 Positions, dated April 3, 1989. The VA may find this Circular useful in ensuring internal classification consistency for its Addiction Therapist positions. However, by law, we must classify positions solely by comparing their current duties and responsibilities to OPM standards and guides (5 U.S.C. 5106, 5107, and 5112). Since

comparison to standards is the exclusive method for classifying positions, we cannot compare the appellant's position to VA's internal guidance in deciding this appeal.

Position information

There are a total of eleven members on the Alcohol/Drug Residential Treatment (ADRT) team that care for veterans with substance abuse or other addictions. A GS-180-13 psychologist serves as the team leader and overall substance abuse coordinator of the treatment team. The ADRT team is broken out into Team A and Team B. The appellant is a member of one of the two interdisciplinary treatment teams. Both teams include two GS-101-9 addiction therapists, one VN-610-II registered nurse, and a GS-185-11 social worker. A GS-638-10 recreation therapist and GS-186-7 social services assistant serve both Team A and Team B.

The appellant provides services as an addiction therapist within one of the biopsychosocial rehabilitation programs of Domiciliary 123. He is a member of the ADRT unit. The ADRT unit has 76 inpatient beds. The outpatient program has approximately 50 patients enrolled. Besides inpatient and outpatient programs, there is an aftercare program for approximately 30 patients who have completed the inpatient or outpatient program. The appellant treats the aftercare program patients on a recurring weekly basis. He treats assigned patients suffering from substance abuse and mental disorders including "dual diagnoses" which means they suffer from a variety of mental, physical, and social disorders. The patients also suffer from personality disorders, serious medical conditions, homelessness, and employment and vocational rehabilitation issues. Patients are assigned on a random basis to the addiction therapists.

The appellant provides case management, assessment, treatment planning, counseling, crisis intervention, patient education, consultation, referral, recordkeeping, community liaison and outreach, professional education, and after care planning and treatment services to assigned patients. He determines a patient's eligibility for treatment. In those instances where guidance does not clearly cover an individual circumstance, the appellant documents the decision to admit or refuse treatment. As an advocate for the patient, the appellant prepares exceptions or solicits additional information when eligibility is in question.

The appellant receives patients, conducts assessments, and tests them as part of the intake of individuals into the substance abuse and other addictions program. The appellant conducts interviews, uses questionnaires or other measurement devices, or observes the patient to assess emotional, functional, or psychological condition. The appellant screens patients by collecting social, drug, family, and military histories, and reasons for referral. The appellant prepares a written integrated summary based on his knowledge of the patient's background and medical history for use by members of the interdisciplinary treatment team or for his own use to develop treatment.

The appellant determines and coordinates appropriate treatment for patients, working closely with other members of the team in the areas of psychiatry, psychology, recreation therapy, occupational therapy, nursing, and primary care. He provides individual and group counseling, making appropriate referrals to community or other professional organizations as necessary. The

appellant conducts therapeutic short- or long-term counseling sessions with the individual patient, group, or family.

The appellant uses a wide range of methods, techniques, and tools to conduct his work. His position requires knowledge of therapeutic practices; knowledge of a broad spectrum of medical, psychological, and neurological problems; knowledge of addictive behaviors; knowledge of Alcoholics Anonymous and Narcotics Anonymous and their principles, steps, and traditions; and, knowledge of established counseling theories, practices and techniques.

Series, title, and standard determination

The appellant does not disagree with the agency's allocation of his position as Addition Therapist, GS-101. Based on our analysis of the record we find that the appellant performs professional counseling therapy covered by the Social Science Series, GS-101. OPM has no specified titles for positions in the GS-101 series. Therefore, the agency may construct a title consistent with guidance in the *Introduction to the Position Classification Standards*.

OPM has not published a classification standard for the Social Science Series, GS-101. In the absence of published standards, the position is evaluated using criteria in an appropriate standard or guide for related kinds of work to determine the grade. The appellant spends the majority of his time performing clinical work and functions similar to those carried out by positions classified in the Psychology Series, GS-180. Therefore, we used the grading criteria contained in the GS-180 standard to evaluate the appellant's work.

Grade determination

The GS-180 standard distinguishes among grade levels on the basis of two broad factors: *Nature of assignments* and *Level of responsibility*.

Nature of assignments

This factor measures the nature, breadth, depth, and difficulty of the work performed by the employee. It includes the skills and knowledge required to perform treatment activities, the personal contacts involved in working with patients, and the judgment needed to assess patients' reactions and progress and to motivate them constructively. At lower grade levels, the employee receives developmental assignments and performs the less difficult and more routine professional tasks that are supportive to work performed by higher-level therapists. At higher grades, the employee has full professional responsibility in the work area assigned and for the results achieved, rather than for following specific procedures and techniques in achieving them.

Comparable to GS-9 psychologist in a clinical situation, the appellant's primary responsibility as a member of an interdisciplinary team is to provide individual counseling and therapy to substance or other abuse patients and their families. Typical of that situation, the patients have been diagnosed by a medical professional and are then assigned to the appellant on a random basis. The appellant applies the concepts, theories, methods, and techniques appropriate to addiction therapy and counseling. Like the administering and scoring of tests conducted by

clinical situation GS-9 psychologists, the appellant administers a variety of tests and evaluations and analyzes the results. For example, these tests and evaluations are administered to gauge severity of addiction, to determine if an addiction problem exists or a patient is in denial, and to determine why and when substance abuse occurs. Using standardized approaches typical of the GS-9 level, the appellant also interviews patients daily to assess them for suicidal or homicidal tendencies and medication compliance. As at the GS-9 level, the appellant is responsible for managing his cases and record keeping. This is comparable to patients assigned to GS-9 psychologists that have been judged by more experienced psychologists unlikely to present unusual problems of evaluation.

The appellant's duties do not meet the characteristics of the GS-11. At this level, psychologists have full professional responsibility in the work area assigned. In comparison with the GS-9 level, GS-11 psychologists are responsible for the results achieved, rather than for following specific procedures and techniques in achieving them. Unlike the GS-11 level, the appellant uses established clinical practices, standardized tests, methods, and techniques. For example, psychologists at this level serve as members of a patient treatment unit where they perform diagnosis and treatment; and participate in staff discussions of patient diagnosis, treatment, and progress. The appellant's participation in team discussions and decision making is more limited. His work does not involve conducting independent research studies, training of trainees, or providing consultation on therapy matters to other professional and nonprofessional staff in the Center typical of the GS-11 level. The appellant works only with substance or other addiction patients and not with a representative cross-section of the patient population characteristic of GS-11 level.

Therefore, this factor is credited at the GS-9 grade level.

Level of responsibility

This factor covers the nature and availability of the guidelines which control the work; the direction, control, and guidance received from other professional personnel and medical personnel; the kind and degree of supervision over the work during its performance; and the degree of review of actions, decisions, and authority delegated. At lower grade levels, supervisory controls are close and specific, and designed to provide increasingly more responsible experience and training to the employee. Completed work is reviewed in detail for adherence to instructions, completeness, accuracy, and thoroughness in the application of established methods. At higher grades, therapists typically work under the guidance and review of more experienced therapists. Their responsibility is enhanced by the seriousness of the problems they solve and the diversity and complexity of the methods and techniques employed. Working relationships with their superiors are largely consultative.

Comparable to the GS-9 level, the appellant independently plans and conducts his own work within established procedures and guidelines. His supervisor sets the overall goals and provides general guidance, consultation, and instruction. However, if the appellant encounters volatile or unique situations, the supervisor provides guidance. Consistent with positions at the GS-9 level the supervisor or another professional of higher grade provides guidance for problems not previously encountered. For example, the appellant's supervisor provides guidance when there

is new VA, medical center, or Joint Commission on Accreditation of Healthcare Organizations requirements to implement. Like the GS-9 level, the appellant's course of treatment for patients is reviewed and discussed within the framework of the interdisciplinary team, and is just one portion of the overall treatment of patients.

Our fact-finding shows that the unit's Team Leader and Program Manager have overall responsibility for decisions such as how the unit is organized and how services are delivered. The interdisciplinary team plans the care of a client, discusses and makes decisions, and works together to provide the highest level and quality of service to all their clients. Numerous checks-and-balances exist, as well as the conduct of team meetings and morning reports to ensure consistency and uniformity among all team members. Comparable to the GS-9 level, the appellant makes contacts with other professional and support staff, patients, families, attorneys, community organizations, professional organizations and law enforcement agencies primarily to exchange information. For example, the personal contacts are to gain accurate and complete personal information on patients to facilitate their care and treatment. As at the GS-9 level, the appellant attends professional seminars, sessions, or VA-sponsored programs for further training.

The appellant's responsibility does not meet the GS-11 level. Although the appellant operates with a high degree of independence, he does so within a defined scope of practice more limited than the range of clients and problems treated at the GS-11 level. The appellant's work is limited to treating many conventional problems or situations in conformance with established criteria and the appellant is expected to consult with his supervisor on unusual problems or situations. Unlike the GS-11 level, the appellant's personal contacts are not significant to the scientific effectiveness and public acceptance of the work undertaken for such purposes as consulting on projects within their area of responsibility, collaborating as a responsible staff member in the evaluation of proposed new methods and techniques, or cooperating in collecting and reporting data for research purposes. Our fact-finding disclosed that the appellant's contacts are important to the effective treatment and care of a patient, but primarily are limited to gathering complete and accurate personal information on assigned patients

Therefore, this factor is credited at the GS-9 grade level.

Summary

Since both factors are credited at the GS-9 level, we find that the appellant's work is evaluated properly at the GS-9 grade level.

Decision

The appellant's position is properly classified as GS-101-9 and titled at the agency's discretion.