

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

**Chicago Field Services Group  
230 S. Dearborn Street, DPN-30-6  
Chicago, IL 60604-1687**

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

**Appellant:** [appellant]

**Agency classification:** Social Work Associate  
GS-187-9

**Organization:** Primary Care Support  
Primary Care Patient Service Line  
Veteran Affairs Medical and Regional  
Office Center  
Department of Veterans Affairs  
[city and state]

**OPM decision:** Social Worker  
GS-185-9

**OPM decision number:** C-0185-09-01

/s/ Manuela Martinez

---

Manuela Martinez  
Classification Appeals Officer

May 16, 2003

---

Date

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

Since this decision changes the classification of the appealed position, it is to effective no later than the beginning of the fourth pay period after the date of this decision (5 CFR 511.702). The servicing personnel office must submit a compliance report containing the corrected position description and a Standard Form 50 showing the personnel action taken. The report must be submitted within 30 days from the effective date of the personnel action.

**Decision sent to:**

[appellant]  
Primary Care Patient Service Line  
Department of Veterans Affairs  
[address]  
[city and state]

[name]  
Union President  
[union name]  
[address]  
location]

Human Resources Officer  
Veteran Affairs Medical and Regional Office Center  
Department of Veterans Affairs  
[address]  
[city and state]

Chief, Compensation and Classification Division (051)  
Human Resources Management  
Department of Veterans Affairs  
810 Vermont Avenue, NW.,  
Washington, DC 20420

Deputy Assistant Secretary for Human Resource Management  
Department of Veterans Affairs  
810 Vermont Avenue, NW, Room 206  
Washington, DC 20420

## **Introduction**

On November 4, 2002, the Chicago Field Services Group, formerly the Chicago Oversight Division, of the U.S. Office of Personnel Management accepted a classification appeal from [appellant]. We received the complete administrative report from the agency on December 16, 2002. Her position is currently classified as Social Work Associate, GS-187-9. The appellant believes that her position should be classified as Social Worker, GS-185-11. The appellant works in Primary Care Support, Primary Care Patient Service Line (PCPSL), Veterans Affairs (VA) Medical and Regional Office Center, Department of Veteran Affairs, in [city and state]. We have accepted and decided this appeal under section 5112 of title 5, United States Code (U.S.C.).

A representative of the Chicago Field Services Group conducted a telephone audit with the appellant and a telephone interview with her immediate supervisor. In deciding this appeal, we fully considered the audit, the interview findings, and all information of record provided by the appellant and her agency, including her current work assignments and position description (PD) of record. The supervisor has certified to the accuracy of the appellant's official PD, number [xxxx] and the appellant's representative stated the PD of record is accurate.

## **General issues**

The appellant states that she is performing the same work as a co-worker who occupies a Social Worker, GS-185-11, position in the unit. By law, we must classify positions solely by comparing their current duties and responsibilities to OPM PCS's and guidelines (5 U.S.C. 5106, 5107, and 5112). Therefore, we may not classify the appellant's position by comparing it to other positions that may or may not be classified correctly.

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

## **Position information**

The [location] VA Medical Center provides general medical, surgical, and psychiatric care to veterans residing in [state], western [state] and northern [location]. Veterans are referred to the VA Medical Center in [city] for tertiary care. The [medical center] VA Medical Center is a 96 bed facility that consists of 30 medical-surgical beds, five intensive care unit beds, 11 in-patient psychiatric beds and a 50 bed transitional rehabilitation unit.

The PCPSL is managed by a title 38 physician. It consists of ten units. Members of those units deliver care by working on three interdisciplinary treatment teams (Red, Blue, and Gold). The appellant is assigned to Primary Care Support which consists of six positions: one Pharmacist, GS-660-13; three Pharmacists, GS-660-12; one Social Worker, GS-185-11; and one Social Work Associate, GS-187-9 (encumbered by the appellant).

The appellant states that she has been operating independently as the only employee providing social work-related duties to patients assigned to the Blue Team, one half of the Red Team, and two community based out-patient clinics. The appellant's appeal letter indicates that her duties were assigned by a previous supervisor and that she has been performing her current duties for approximately ten years. Our interview with her supervisors confirmed that the appellant continues to perform these duties.

The Red and Blue Teams are interdisciplinary treatment teams that include physicians, physician assistants, registered nurses, licensed practical nurses and pharmacists. The assignment of veterans to the Blue or Red Teams is random and is based on availability of physicians to provide needed care. The appellant works with the full array of patients assigned to either group. The appellant services approximately 11,000 veterans. She meets with approximately 50-80 scheduled patients per week, fewer than 20 of which are in-patient. Upon admission to the hospital, the appellant conducts a psycho-social assessment of the patient. In this process, the appellant explores a variety of factors that impact the physical and emotional well-being of the patient. For example: does the patient understand the facts surrounding his condition; does the patient appear confused; does the patient function independently; can the patient read and write; does the patient have an adequate support system? In conjunction with the nursing staff, the appellant assesses whether the patient is able to take the appropriate medication on schedule, without assistance. The appellant attends daily rounds with physicians to discuss current status of each patient. She participates in discharge planning/coordination meetings with physicians and other health care workers (i.e., respiratory therapists, physical therapists, nurses) in order to ensure the formation and execution of an integrated treatment plan that is acceptable to the patient. The appellant conducts meetings with the patient's family in effort to bring out all pertinent issues relevant to the patient's care and environment at home. In cases where the patient has a serious or life-threatening disease, the attending physician may participate in the meetings. Based on the treatment plan, the appellant makes referrals for community services, such as mental health counseling and community health nursing services.

The appellant remains in contact with patients after discharge, particularly those with serious illnesses, such as cancer, emphysema or congestive heart failure who have little or no family support system. The appellant follows up with community services, if for example, the patient notifies her that the service provider did not keep a scheduled appointment. The appellant will follow up to learn why, reschedule the service, or schedule with an alternate source. The appellant independently develops social work treatment plans. She makes chart entries for each patient, documenting date and time of activity on each case and inputs work load data into the computer.

The appellant also provides social work services to outpatient veterans who have appointments at the facility for medical treatment. The appellant follows up to ensure that the out-patients have

needed equipment and community health services such as nursing and mental health counseling. The appellant responds to calls from out-patient veterans that encounter problems in obtaining services and works with providers to reach the desired result.

The appellant's PD and other material of record furnish much more information about her duties and responsibilities and how they are performed and are incorporated by reference into this decision.

### **Series, title, and standard determination**

The agency has classified the appellant's position to the Social Services Series, GS-187. The appellant believes that her position should be classified to the Social Worker Series GS-185.

Work covered by the Social Services Series, GS-187, requires the application of specialized program knowledge and service skills in providing assistance to individuals and families served by social welfare programs. This involves such functions as obtaining background information from an individual, establishing eligibility for them to make use of agency resources, assisting them in identifying needs that are related to services the agency can provide, and explaining the use of agency and community resources.

Unlike the positions in the GS-187 series, the duties performed by the appellant are not limited to knowledge and rules that pertain to particular social service and support programs. The appellant works as an integral part of a health team that assesses the condition of the patient and tailors a treatment plan to best meet the health needs of the patient.

As discussed above, the principal work of the appellant's position involves applying social work principles and practices. This work is covered by Social Work Series, GS-185, which includes positions that require application of a professional knowledge of the principles and practices of social work. The assignments include providing direct services to individuals and families, including work with individuals in groups. Also included in the GS-185 PCS are positions that provide consultation and advice to members of related professions and community organizations on social work questions.

The appellant performs work comparable to GS-185 positions that are in programs that serve patients in hospitals, field health stations and clinics. Positions in these settings evaluate and make known to medical staff, social factors relating to illness, hospitalization, diagnosis and recommended treatment of patients. Like the appellant, these positions carry responsibility for preparation of the social work portion of integrated treatment programs and furnish continuing social work services to patients and their families. The GS-185 PCS describes three major phases of casework; identifying the problem, deciding appropriate action, and providing services. Consistent with this casework description, the appellant conducts psycho-social assessments of patients, prepares social work portion of integrated treatment plans, arranges for needed community assistance, and provides follow-up services as needed. She provides these services in out-patient and in-patient settings.

The record shows that the appellant does not possess the positive education requirements or professional credentialing for placement in a GS-185 position. However, the work that she has been assigned and performs is properly allocated as Social Worker, GS-185, and is properly evaluated by the criteria in the GS-185 PCS.

### **Grade determination**

In the GS-185 PCS, two basic variables affect the grade level of nonsupervisory Social Worker positions. First, the character of the caseload, i.e., the difficulty of the problems present in the assignment and the degree of professional skill and judgment required by the social work decisions. Second, the freedom of practice characteristic of performance i.e., the extent to which the social worker's recognized competence is reflected in decreased supervisory control that allows independent performance of the work.

According to the GS-185 PCS, it is not feasible to sort social work cases in advance for difficulty because complications may not be evident at the beginning. Social workers are normally assigned overall responsibility for groups of cases designated in terms of responsibility for active cases in some common location. Typically, inexperienced social workers receive closer supervision and guidance rather than restricting the type of cases assigned. As the social worker's competence increases, the supervisor lessens control. However, unless serious professional problems are characteristically present in an assignment, relaxed supervision alone does not imply delegation of responsibility for difficult decisions, nor does it imply the presence of serious problems demanding unusual skill and judgment.

The appellant's work meets the GS-9 level. At the GS-9 level, assignments usually include a cross-section of the cases dealt with by the agency. Like the GS-9 level, the appellant serves veterans who have a variety of mental and physical conditions such as, dementia, diabetes and cancer. The social worker has continuing responsibility for providing social work services in a designated unit. As at the GS-9 level, the appellant provides social work services to veterans assigned to two community based out-patient clinics, the Blue Team and half of the veterans assigned to the Red Team. At the GS-9 level, social workers are normally required to make decisions based on professional judgment. They explore and clarify pertinent facts and attitudes when clients have a limited understanding of their circumstances and feelings. At this level, social workers have the responsibility to deal constructively with both positive and negative reactions and to help clients deal with their problems. Social workers at the GS-9 level perform an independent evaluation and arrive at a conclusion as to the preferred course of action from a social work point of view. Comparable to the GS-9 level, the appellant conducts psycho-social assessments to evaluate the current state of the patient, the patient's awareness of all the issues relating to his condition and the type of support system available at home. The appellant participates in discharge planning meetings with other health professionals but independently prepares the social work portion of integrated treatment plans. The appellant's duties are usually accomplished using conventional social work methods.

The GS-9 social worker makes an independent evaluation of the client's situation, the client's reaction and determines the appropriate course of action from a social work perspective. The current PD does not accurately reflect the supervisory control exercised over the appellant's

position. According to the PD, the appellant performs duties under the technical supervision of the Social Worker, GS-185-11 and under the general supervision of the PCPSL Site Director. Our fact-finding revealed that the appellant works under the general supervision of the PCPSL Site Director and does not receive any technical guidance from the Social Worker, GS-185-11. Comparable to the GS-9 level, the appellant is considered the authority on social work-related issues for her cases and exercises her best judgment regarding what social work-related assistance is needed in each case. The appellant's work is reviewed based on outcomes achieved.

The appellant's work does not meet the GS-11 level where the employee regularly handles difficult cases often characterized by situations involving sociopathic personalities and family groups who react to their circumstances with impulsive behavior that may be self-destructive or harmful. In these cases, the client may be a source of disturbance in school and neighborhood settings because of their chronically defective behavior. These personalities and related problems challenge social work methods that are utilized to bring clients to want to use the help that is available to them. While the appellant may encounter patients who may not fully understand the gravity of their health issues, helping the patient reach a better understanding and to cooperate with treatment procedures does not meet the level of difficulty described at the GS-11 level. For example, the appellant described a patient who had gangrene in his leg. The patient would not make a decision regarding the immediate medical treatment needed. A county judge came to the facility and appointed a guardian to make medical decisions on the patient's behalf. The appellant explained that this was an isolated incident. Our fact finding disclosed that new situations seldom arise. When questions and issues arise, the appellant contacts the community agencies the patient utilizes as part of the effort to resolve them. For example, a dementia patient may be completely confused in the hospital, but the appellant learns from family members and the public health nurse that when he is in his own surroundings he is much better. Patients seen by the appellant are normally receptive to assistance and accept the recommended treatment plan.

At the GS-11 level, assignments typically involve travel and require extensive coordination of service with a wide range of residents such as local lawyers, physicians and public officials. Although the appellant establishes working relationships with local agencies and community resources for veteran assistance, the work does not require travel or extensive coordination. The appellant attends monthly meetings of the social work practice group and technical assistance is available through this venue. In this group, participants discuss cases, receive continuing education training, and learn about new procedures in the field of social work. However, falls short of the more extensive community outreach and program planning efforts found at the GS-11 level. In addition, unless serious professional problems are characteristically present in the work assignment, relatively limited supervision alone does not constitute a delegation of responsibility for difficult decisions nor does it make the work that is performed more difficult in nature. The overall scope of the GS-11 level description work is not met unless the services are provided to patients with serious problems regularly and on a continuing basis with infrequent recourse to supervisory guidance. The more limited scope and complexity of the appellant's cases handled by using conventional methods and the absence of cases requiring unusual skill and judgment precludes crediting the position at the GS-11 level.

**Decision**

The appellant's position is properly classified as, Social Worker, GS-185-9.