



United States
**Office of
Personnel Management**

Washington, DC 20415

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

Appellant: [appellant]

Agency classification: Lead Health Technician
GS-640-7

Organization: Domiciliary Residential Rehabilitation
Treatment Program
Mental Health Care Line
Clinical Services
Veterans Affairs Medical Center
Department of Veterans Affairs
[city and state]

OPM decision: GS-636-7
Lead Therapy Assistant, GS-636-7

OPM decision number: C-0636-07-01

/s/ Kevin E. Mahoney

Kevin E. Mahoney
Deputy Associate Director
Center for Merit System Accountability
Human Capital Leadership
and Merit System Accountability

5/26/2006

Date

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

Since the decision changes the classification of the appealed position, it is to be effective no later than the beginning of the fourth pay period after the date of the decision (5 CFR 511.702). The servicing human resources office must submit a compliance report containing the corrected position description and 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]
Domiciliary Residential Rehabilitation
Mental Health Care Line
Veterans Affairs Medical Center
Veterans Health Administration
Department of Veterans Affairs
[address]
[address]
[city and state]

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VA Medical Center
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Introduction

On September 12, 2005, the Chicago Field Services Group of the U.S. Office of Personnel Management (OPM) accepted a classification appeal from [appellant]. She occupies a position currently classified as Lead Health Technician, GS-640-7, in the Domiciliary Residential Rehabilitation Treatment Program, Mental Health Care Line, Clinical Services, Veterans Affairs (VA) Medical Center, Veterans Health Administration, Department of Veterans Affairs, in [city and state]. The appellant believes her position should be reclassified as Lead Health Technician, GS-640-8. We received partial agency administrative reports on November 17, 2005, and January 17, 2006, and the complete report on January 31, 2006. We accepted and decided the appeal under section 5112 of title 5, United States Code (U.S.C.).

To help decide the appeal, we conducted a telephone audit with the appellant and a telephone interview with her immediate supervisor. In reaching our decision, we carefully considered the audit and interview findings and all information furnished by the appellant and the agency.

General issues

The appellant occupies position description (PD) #6512-0. Her supervisor certifies that the PD is an accurate description of the work performed. The appellant agrees that it is accurate, but disagrees with the grade determination. The appellant also believes that certain assigned duties and responsibilities are not depicted. However, we found, and the supervisor agrees, these duties and responsibilities are already covered in the existing PD.

A PD is the official record of the major duties and responsibilities assigned to a position by a responsible agency official; i.e., a person with authority to assign work to a position. A position is the work made up of the duties and responsibilities performed by an employee. Classification appeal regulations permit OPM to investigate or audit a position and decide an appeal based on the duties assigned by management and performed by the employee. We classify a real operating position, and not simply the PD. Therefore, this decision is based on the actual work assigned to and performed by the appellant.

The appellant also believes her position was not correctly classified because it was not properly credited for the amount of miles (collectively, over 39,000 miles during the past year) she and the ten employees whom she leads were required to drive in order to perform their duties. She believes the agency's evaluation was inaccurate, even though the agency only applied the 5703 JGS for pay comparisons.

As indicated in the *Introduction to the Position Classification Standards* (Section IV (A) (b)), operation of motor vehicles is covered under the General Schedule (GS) when the equipment operation is incidental to performing the primary duty of the position, and the paramount qualification requirements are those of a GS occupation. The agency states the driving tasks are incidental to performing the primary duties of the position and made the pay category determination (Sections 5101, 5102, and 5103 of 5 U.S.C.) to insure that the position falls within the GS. Furthermore, while the appellant stressed the importance of the driving responsibilities during the telephone audit, she acknowledged (and her supervisor agreed) that her patient care duties were paramount. Therefore, the position is properly classified in the GS.

By law, we must classify GS positions solely by comparing current duties and responsibilities to OPM's position classification standards (PCSs) and guidelines (5 U.S.C. 5106, 5107, and 5112). We find the agency's application of the 5703 JGS to determine the grade of the driving duties was neither necessary nor appropriate. Once a pay category determination has been made that a position is covered by the GS, only GS PCSs and guidelines may be applied for classification purposes.

The appellant makes various other statements about the agency and its evaluation of her position. However, because our decision sets aside all previous agency decisions, the appellant's concerns regarding her agency's classification review process are not germane to this decision. In adjudicating this appeal, our only concern is to make our own independent decision based on the proper classification of the position, and we will consider the information provided by the appellant in our analysis.

Position information

The appellant leads ten employees who perform the same non-lead work performed by the appellant all of whom are supervised by a GS-610-9, Registered Nurse. The appellant and her 10 non-lead coworkers function as team members and serve as case coordinators for patients assigned to them. They assist in assessing the needs of the patient, developing the treatment plan, documenting accurately both positive and negative responses to treatment, discussing the plan with the treatment team, discharge planning and aftercare.

The patients are primarily in multilevels of psychosocial care and present a variety of physical, social, and psychiatric problems, making return to the community difficult without rehabilitation from the Addictions Recovery Program, Vocational Rehabilitation Program and/or psychosocial stabilization. Along with other members of the multidisciplinary team, the appellant participates during the initial interview of new patients. The purpose of the initial interview is to identify problems that relate to areas including, but not limited to, the emotional, vocational, and physical aspects that could affect the patient's successful rehabilitation. The appellant is responsible for taking detailed notes during the interviews. She prepares treatment plans based on the compilation of information obtained during the interview and discussed with members of the team. Once the treatment plans are in place, she works with the patients to implement the actions and resolve issues and problems that arise. The appellant and her team conduct discussion groups, and individual counseling sessions.

The appellant's position requires knowledge of mental health terminology and mental health skills, including knowledge of general medications, knowledge of psychosocial rehabilitation principles and methods, and knowledge of one-to-one interaction practices and accepted methods of conducting group therapy. The work also requires the ability to observe and record patients' behavior and to recommend appropriate changes in the patients' treatment plans.

Based on our review, we find the official PD contains the major duties and responsibilities assigned to and performed by the appellant and we incorporate it by reference into our decision.

Series, title, and standard determination

The agency used Part I of General Schedule (GS) Leader Grade Evaluation Guide (GSLGEG) (the Leader Guide) to classify the appellant's leader duties because, as a regular and recurring part of her assignment, she leads three or more employees in clerical or other one-grade interval GS occupations in accomplishing work. The appellant does not disagree. After carefully reviewing the record, we concur.

The agency placed the position in the Health Aid and Technician Series, GS-640, and titled it Lead Health Technician, using cross-series comparison to evaluate the position by applying the Primary Standard in conjunction with the PCS for the Nursing Assistant Series, GS-0621. The appellant does not disagree with the series or title. The GS-621 series includes positions involving a variety of personal care, nursing care, or related procedures which do not require the licensure of practical and vocational nurses or fully professional nurse education. The Primary Standard is the "standard for standards" for GS positions and uses the Factor Evaluation System (FES) format. Under FES, positions which significantly exceed the highest factor level or fail to meet the lowest factor level described in a PCS must be evaluated by reference to the Primary Standard, as discussed in appendix 3 of the *Introduction to the Position Classification Standards (Introduction)*.

However, after a thorough review of the record, we find the position is best placed in the Rehabilitation Therapy Assistant Series, GS-0636, because the non-lead knowledge and skills needed to function as a member of a treatment team working with patients are comparable. This series covers positions that involve treating, instructing, or working with patients in carrying out therapeutic activities prescribed for their physical or mental rehabilitation. Rehabilitation therapy assistants work in such fields of therapy as occupational, physical, corrective, manual arts, and educational. The work requires the ability to apply a practical knowledge of therapeutic methods and techniques but does not require a full professional knowledge of the concepts, principles, and practices of the specialized field of therapy.

The proper title and series of the work performed and led is Therapy Assistant, GS-636. Furthermore, positions covered by Part I of the Leader Guide are identified by prefixing the word "Lead" to the title of the position in which the leader is qualified and which reflects the work being performed by those led. Therefore, the proper title of the appellant's position is Lead Therapy Assistant, GS-636.

Grade determination*Evaluation of Personally Performed Work Using the GS-636 PCS*

Implicit in the appellant's rationale is her work should be considered at the GS-8 level because she believes she leads and performs non-lead work properly classified at the GS-7 grade level. Work leaders perform work that is usually of the same kind and level as that done by the team being led, in this case to function as a member of a treatment team working with patients. The GS-636 PCS is written in narrative format. Grade levels are determined and defined under two broad factors: Nature of assignment and Level of responsibility.

Nature of assignment

This factor measures the difficulty and complexity of the work performed by the therapy assistants. 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 assistant receives on-the-job training and gains experience in observation and in working with patients in simple activities. At higher grades, the assistant applies highly specialized practical skills and knowledge in the treatment of a wide variety of patients who include the acutely and chronically ill.

GS-5 assistants plan and carry out the full range of treatment for patients with conditions which respond to the application of the standard treatment procedures or require minor modifications in these procedures to achieve beneficial results. They adapt various treatment activities to meet the specific needs of individual patients. They observe, assess, and report on the progress and reactions of patients whose physical or mental condition presents major obstacles to the achievement of therapeutic goals.

GS-6 assistants, as a regular and recurring duty, plan and carry out highly specialized and diversified treatment for patients whose physical and mental condition requires the application of standard and nonstandard treatment procedures and approaches. GS-6 assistants make frequent and extensive changes in procedures and approaches to enable patients to overcome their disabilities and continue the treatment. They must judge whether the treatment is causing a negative or adverse effect on other conditions not under treatment. On the basis of these observations and conclusions, GS-6 assistants change or modify treatment procedures, the content of the treatment plan, and approaches used in treating the patient. GS-6 assistants draw upon a broad practical knowledge of the characteristics of physical and mental illness in judging the conditions of patients, in recognizing the relationships between patients' disabilities and the effects of treatment, and in assessing accurately both positive and negative responses to treatment.

The appellant's non-lead work meets but does not exceed the GS-6 level, the highest level described in the PCS. Similar to GS-6 assistants, the appellant draws upon a broad knowledge of therapy in recognizing the physical and mental characteristics of her assigned patients, in recognizing the relationships between patient's disabilities and the effect of treatment, and in reporting accurately both positive and negative responses to treatment. For example, the appellant assesses each patient's progress in relation to the rehabilitation treatment plan and utilize this knowledge to stimulate progress in the patient. The appellant also adjusts prescribed treatment to meet patients' needs, preferences, and tolerances. She monitor the needs of the patients, developing the treatment plan, documenting accurately both positive and negative responses to treatment, discussing the plan with the treatment team, including discharge planning and aftercare. This tailoring of prescribed treatment is comparable to the extensive changes that GS-6 assistants make when using nonstandard treatment procedures to help patients overcome their disabilities. The appellant's position requires knowledge of mental health terminology and mental health skills, including knowledge of general medications, knowledge of psychosocial rehabilitation principles and methods, and knowledge of one-to-one interaction practices and accepted methods of conducting group therapy. The work also requires the ability to observe and record patients' behavior and to recommend appropriate changes in the patients' treatment

plans. Consistent with the GS-6 level, the appellant applies and uses knowledge of group activities and motivation techniques to promote individual patient's physical, social, and emotional readjustment. As at the GS-6 level, the appellant evaluates patients' records, prescribed treatment plans, and patient's response to therapy in order to modify treatment procedures and approaches used in rehabilitating the patient.

Therefore, this factor is credited at the GS-6 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 professional personnel; the kind and degree of supervision over the work during its performance; and the degree of review of actions, decisions, and authority delegated to the therapy assistant to modify treatment procedures and to advance patients to higher levels of activity. At higher grade levels, therapy assistants independently apply highly specialized skills and an extensive practical knowledge of treatment activities. At the highest levels, supervision is limited to guidance and review on matters that require professional advice or judgment.

GS-5 assistants plan and carry out a full range of treatment for their patients using standard treatment procedures to which they make minor modifications as necessary. The supervisor of the GS-5 assistant assigns patients for treatment, indicates the treatment objectives, and reviews treatment plans prior to execution. The assistant develops progressive treatment plans based on his or her evaluation of the patient, which are reviewed prior to execution, and have the authority to alter treatment procedures when patients fail to respond favorably. The supervisor observes work occasionally for compliance with the medical prescription and objectives of treatment; for effectiveness of assistant in planning, developing, and administering treatment; and for adequacy of patients' progress and participation. The supervisor reviews observes work occasionally for compliance with the medical prescription and objectives of treatment; for effectiveness of the assistant in planning, developing, and administering treatment; and for adequacy of patients' progress and participation.

GS-6 assistants work with a high degree of independence in planning and carrying out highly specialized and complex treatment in working out treatment routines, adapting treatment procedures, and changing or modifying the content of treatment plans. They adapt or make changes in procedures and approaches without prior approval of the supervisor and plan treatment without review for patients who are not critically or acutely ill. Reports of patients' condition, responses, progress, and completion of treatment are reviewed by the supervisor for general adequacy and for effectiveness in achieving objectives.

The appellant's level of responsibility meets but does not exceed the GS-6 level, the highest level described in the PCS. Like GS-6 assistants, the appellant carries out her assignments independently, applying both standard and nonstandard treatment procedures and approaches. She is often the only staff on duty and is expected to make independent judgments within program guidelines. She serves as a case coordinator for assigned patients. She assists in assessing the needs of the patient, developing the treatment plan, documenting accurately both positive and negative responses to treatment, and discussing the plan with the treatment team, including discharge planning and aftercare. The level of review is comparable to the GS-6 level

where assistants make changes, modifications, or adaptations in treatment plans. While reports documenting patients' progress for adequacy and the changes made to the treatment plans by the appellant must be reviewed by the Domiciliary Coordinator or the multidisciplinary team, the review is cursory. In addition, the level of responsibility concerning the guidance available to the appellant and the level of independence from supervision closely matches that described at the GS-6 level.

Therefore, this factor is credited at the GS-6 grade level.

Since both factors are evaluated at the GS-6 grade level using the GS-636 PCS, the appellant's personally performed work is determined to be GS-6.

Evaluation Using Part I of the Leader Guide

Work leaders are responsible to their supervisors for ensuring that the work assignments of other employees of the team are carried out by performing a range of duties such as:

- Distributing and balancing the workload, assuring timely accomplishment of workload, and assuring enough work is distributed to keep the team busy;
- Monitoring status and progress of work, making daily adjustments as necessary, and obtaining assistance on problems which may arise;
- Estimating and reporting on expected time of completion of work, maintaining records of work, and preparing production reports as requested;
- Instructing employees in specific tasks and job techniques and making available written instructions, reference materials, and supplies;
- Giving on-the-job training to new employees in accordance with established procedures and practices;
- Maintaining current knowledge and answering questions on procedures, policies, directives, etc., and obtaining needed information or decisions from the supervisor on problems that occur;
- Checking work in progress or spot checking work, reviewing completed work to see that supervisor's instructions on work sequence, procedures, methods, and deadlines have been met;
- Amending or rejecting work not meeting established standards, referring to supervisor questions or matters not covered by standards and problems in meeting performance standards;
- Monitoring working conditions such as seating, ventilation, lighting, and safety;
- Approving leave for a few hours or for emergencies;
- Informing employees of available services and employee activities;
- Resolving simple, informal complaints of employees and referring others to the supervisor;
- Reporting to supervisor on performance, progress and training needs of employees, and on behavior problems; and
- Providing information to supervisor as requested concerning promotions, reassignments, recognition of outstanding performance, and personnel needs.

Interviews with both the supervisor and the appellant indicate that the appellant has been and continues to perform all of the above duties on a regular and recurring basis.

According to Part I of the Leader Guide, leader positions are classified one GS grade above the highest level of non-supervisory work led. Thus, in classifying one-grade interval leader positions, we consider only work where the leader performs substantially the full range of leader duties previously described. As previously discussed, the appellant leads and performs the same work as ten employees whose positions are properly classified as Therapy Assistants, GS-636-6. Consequently, we find that GS-6 is the highest level of non-supervisory work led. We find the appellant has enough knowledge of the GS-636 occupation that she can perform the full scope of leader duties over the GS-6s. Therefore, by application of the Leader Guide, the appellant's position is graded one grade above the GS-6 base level, resulting in a grade of GS-7.

Summary

The record shows that the appellant's non-supervisory personal work does not exceed the GS-6 grade level, and GS-6 is the highest level of non-supervisory work led. Therefore, by application of the Leader Guide the appellant's position is graded one grade above the GS-6 base level, resulting in a final grade of GS-7.

Decision

The appellant's position is properly classified as Lead Therapy Assistant, GS-636-7.