1 BALDWIN STREET,
MONTPELIER, VT 05633-5701

PHONE: (802) 828-2295
FAX: (802) 828-2483

STATE OF VERMONT
JOINT FISCAL OFFICE

MEMORANDUM

To: Joint Fiscal Committee members

From: Daniel Dickerson, Fiscal Analyst/Business Manager

Date: April 13, 2016

Subject: Grant Request #2814, #2815, #2816

Enclosed please find three (3) items that the Joint Fiscal Office has received; two (2) from the Administration and one (1) from the Judiciary.

JFO #2814– $7,000 sub-grant of federal funding from the Governor's Highway Safety Program to the Department of Liquor Control. The funds will be used by the Department to purchase new or replacement equipment for vehicles, primarily emergency lighting. Because this sub-grant is from an ongoing federal funding source and is not an "original" grant, this item does not require the approval of the Joint Fiscal Committee but is being provided for informational purposes.
[*JFO received 3/5/16]*

JFO #2815– One (1) limited-service position within the Vermont Judiciary to support coordination of drug/treatment court infrastructure in Chittenden, Franklin, Rutland and Washington counties. The position will be funded through an ongoing annual sub-grant from the Vermont Dept. of Health's (VDH) Division of Alcohol and Drug Abuse program (ADAP). The titles of the position will be Treatment Court Coordinator. The Judiciary is asking for this position in anticipation of receiving the same or higher level of sub-grant funding in FY17 as in FY16.
[*JFO received 3/5/16]*

JFO #2816– Three (3) limited-service positions within the Department of Children and Families – Disability Determination Services to support increased workloads in making disability determinations. The positions will be 100% funded with ongoing federal funding from the Social Security Administration. The titles of the positions will be: Disability Determination Adjudicator (2) and Disability Determination Specialist (1). Each position will be funded through January 31, 2020.
[*JFO received 3/8/16]*

Please review the enclosed materials and notify the Joint Fiscal Office (Daniel Dickerson at (802) 828-2472; ddickerson@leg.state.vt.us) if you have questions or would like an item held for legislative review. Unless we hear from you to the contrary by April 27, 2016 we will assume that you agree to consider as final the Governor's acceptance of these requests.

RECEIVED
MAR 14 2016
STATE OF VERMONT
DEPARTMENT OF HUMAN RESOURCES

JFO 2816

STATE OF VERMONT
Joint Fiscal Committee Review
Limited Service - Grant Funded
Position Request Form

RECEIVED
APR 03 2016
JOINT FISCAL OFFICE

This form is to be used by agencies and departments when additional grant funded positions are requested. Review and approval by the Department of Human Resources must be obtained prior to review by the Department of Finance and Management. The Department of Finance will forward requests to the Joint Fiscal Office for JFC review. A Request for Classification Review Form (RFR) and an updated organizational chart showing to whom the new position(s) would report **must** be attached to this form. Please attach additional pages as necessary to provide enough detail.

Agency/Department: AHS/DCF Date: 1/28/16

Name and Phone (of the person completing this request): Trudy Lyon-Hart - DDS Director, 802-241-2475

Request is for:
- ☐ Positions funded and attached to a new grant.
- ☑ Positions funded and attached to an existing grant approved by JFO # Unknown

1. Name of Granting Agency, Title of Grant, Grant Funding Detail (attach grant documents):
   Social Security Disability Determination - CFDA # 96.001. See attached letter from SSA.

2. List below titles, number of positions in each title, program area, and limited service end date (information should be based on grant award and should match information provided on the RFR) position(s) will be established only after JFC final approval:

Title* of Position(s) Requested	# of Positions	Division/Program	Grant Funding Period/Anticipated End Date
DD Adjudicator I	2	DCF/DDS	4 Years Minimum- 2/1/16 - 2/1/20
DD Specialist I	1	DCF/DDS	4 Years Minimum- 2/1/16 - 2/1/20

*Final determination of title and pay grade to be made by the Department of Human Resources Classification Division upon submission and review of Request for Classification Review.

3. Justification for this request as an essential grant program need:
   This request is due to the lack of any available DDS permanent positions. Per the attached letter, the SSA expects DDS to immediately recruit and hire three positions in order to complete an increased workload. These positions will be 100% federally funded. This funding includes not only salaries, but benefits (state's contributions), and all related direct and indirect costs associated with the positions.

I certify that this information is correct and that necessary funding, space and equipment for the above position(s) are available (required by 32 VSA Sec. 5(b).

3/8/16 [signature] PD 3-8-16 — 2/1/16
Signature of Agency or Department Head — Date

[signature] — 3/15/16
Approved/Denied by Department of Human Resources — Date

[signature] — 4/6/16
Approved/Denied by Finance and Management — Date

[signature] — 04/02/16
Approved/Denied by Secretary of Administration — Date

Comments:
Request appears consistent with staffing requirements. DHR defers to F&M regarding funding/documentation. map
3/8/16

MAR 17 2016

SOCIAL SECURITY

Regional Office
19th Floor - John F. Kennedy Federal Building
Boston, Massachusetts 02203

February 16, 2016

Ms. Trudy Lyon-Hart, Director
Disability Determination Services
93 Pilgrim Park Road, Suite 6
Waterbury, VT 05676

Dear Ms. Lyon-Hart:

I'm writing this letter to clarify our authority to direct you to hire three additional positions for the Vermont DDS.

Sections 221 (a) and 1633 of the Social Act as amended provide that disability determinations will be made by the State. SSA pays 100 percent of necessary costs incurred by the State performing this function. We provide funds to you based on your submitted estimates. You determine your funding needs when you calculate necessary expenses to accomplish the mission of the Agency. Further, we are mandated by the Code of Federal Regulations 404.1626, to "give the State funds, in advance or by way of reimbursement, for necessary costs in making disability decisions". As such, we are obliged by law to cover all of the expenses you incur.

The Agency places responsibility on the State as well. In addition to making timely and accurate disability determinations, the State must provide qualified personnel. Since we have made the determination that the Agency will be handling an increased workload in the coming years we are requesting that you make these additional hires.

Please also consider that these additional hires will assist you in making accurate and timely determinations for the citizens of Vermont. Both for those who are disabled and those who you determine to be no longer disabled.

If you have any questions or need additional information please let me know.

Sincerely,

Steve DeLosh

Steve DeLosh
Disability Program Administrator

SOCIAL SECURITY

Regional Office
19th Floor - John F. Kennedy Federal Building
Boston, Massachusetts 02203

January 19, 2016

Ms. Trudy Lyon-Hart, Director
Disability Determination Services
93 Pilgrim Park Road, Suite 6
Waterbury, VT 05676

Dear Ms. Lyon-Hart:

This letter authorizes you to hire 3 employees for the Vermont DDS.

SSA Central Office has set very strict conditions to this hiring authority. Please begin your state personnel hiring process immediately with the target of having your new hires on duty as soon as possible. Their commitment must be made no later than September 30, 2016.

Experience with the DDS hiring process in Vermont gives us confidence that you will be able to meet this tight timeline.

The expenses associated with filling these positions are 100% federally funded, as are all salary and benefits associated with the position. The funds for these positions will be included in your Fiscal Year 2016 budget allocation. If you have any questions or need additional information please let me know.

Sincerely,
Steve DeLosh
Steve DeLosh
Disability Program Administrator

Cc: Jennifer Knowlen

This salary info was run for a two week pay period in October. The two similar total salaries were taken for examples.

Disability Determintn Adjud I Grade 22

Sum of Amount

Name	Hrly Rate	Step	Account	Acct Descr	Earnings Descr	Fund	Total	% Benefit
Daley,Rachel	20.87	1	500000	Salaries	Holiday	22005	166.96	
Daley,Rachel	20.87	1	500000	Salaries	Regular Hours	22005	3,078.33	
Daley,Rachel	20.87	1	500000	Salaries	Sick Leave	22005	93.92	
				Subtotal Salary			3,339.21	80%
Daley,Rachel	20.87	1	501000	FICA	State Share Social Security	22005	255.44	
Daley,Rachel	20.87	1	502000	Retirement	State Share VSER/RT	22005	571.34	
Daley,Rachel	20.87	1	503000	Life Insurance	State Share Group Life Ins	22005	11.88	
Daley,Rachel	20.87	1	504000	Employee Assistance Program	State Share EAP	22005	2.28	
				Subtotal Benefit			840.94	20%
Daley,Rachel Total							4,180.15	100%

Name	Hrly Rate	Step	Account	Acct Descr	Earnings Descr	Fund	Total	% Benefit
Wagner,Kelly I	20.87	1	500000	Salaries	Holiday	22005	166.96	
Wagner,Kelly I	20.87	1	500000	Salaries	Regular Hours	22005	3,172.24	
				Subtotal Salary			3,339.20	80%
Wagner,Kelly I	20.87	1	501000	FICA	State Share Social Security	22005	224.85	
Wagner,Kelly I	20.87	1	502000	Retirement	State Share VSER/RT	22005	571.34	
Wagner,Kelly I	20.87	1	503000	Life Insurance	State Share Group Life Ins	22005	11.88	
Wagner,Kelly I	20.87	1	504000	Employee Assistance Program	State Share EAP	22005	2.28	
				Subtotal Benefit			810.35	20%
Wagner,Kelly I Total							4,149.55	100%

One person

Disability Determintn Adjud I 3.30.2016

48,672.00	0.8
9,734.40	0.2
58,406.40	Total Salary and Benefit
2080	Hours per calendar year
23.40	Hourly rate Grade 22 Step 4
48,672.00	Full Time Salary

Two people

Disability Determintn Adjud I 3.30.2016

97,344.00	0.8
19,468.80	0.2
116,812.80	Total Salary and Benefit
4160	Hours per calendar year
23.4	Hourly rate Grade 22 Step 4
97,344.00	Full Time Salary

Step 1	20.87
Step 2	21.85
Step 3	22.65
Step 4	23.40

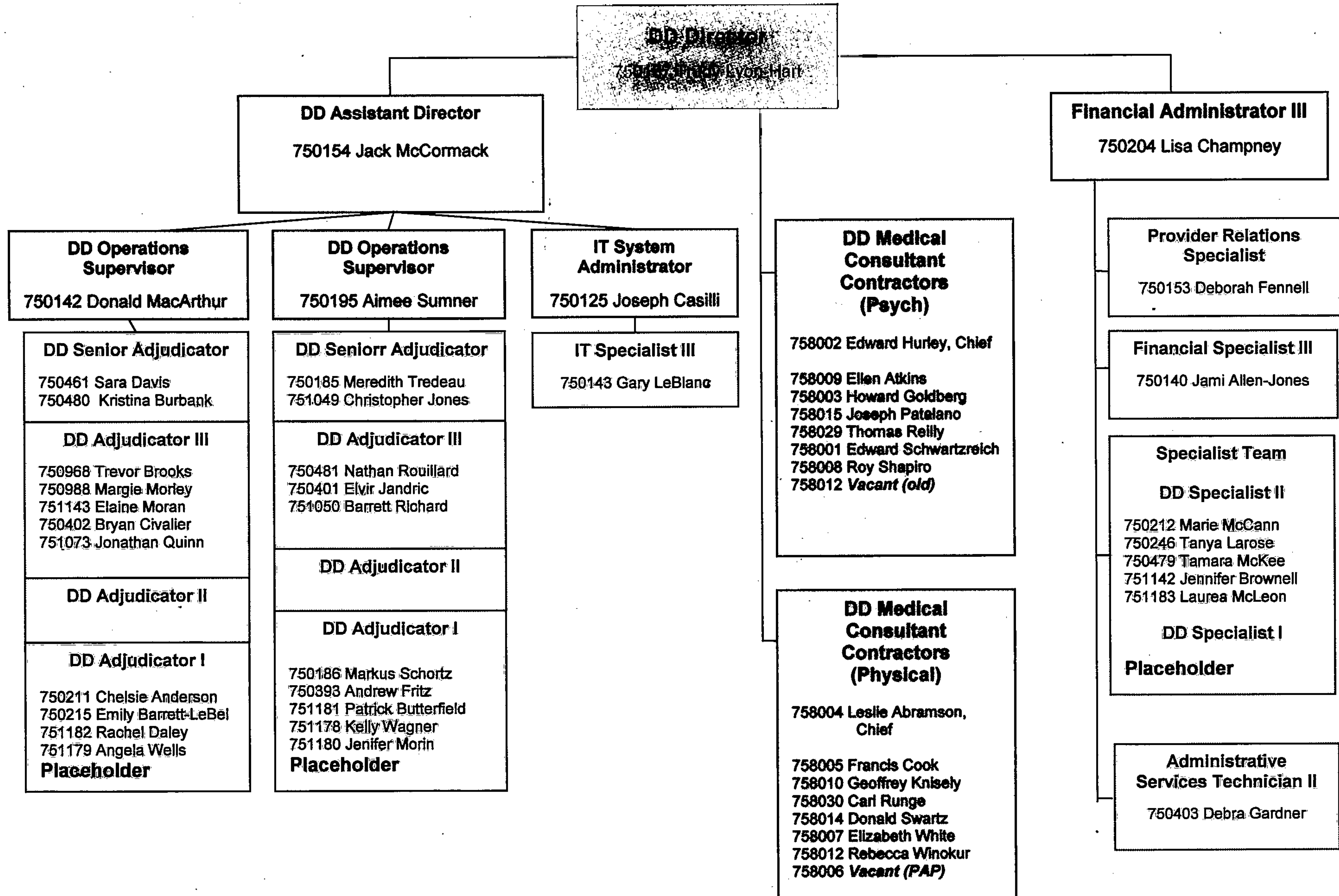
Account	Acct Descr	Earnings Descr	Total
500000	Salaries	Annual Leave	35.2
500000	Salaries	Holiday	140.8
500000	Salaries	Regular Hours	2437.6
500000	Salaries	Sick Leave	202.4
500060	Overtime	Overtime Cash Premium	105.6
501000	FICA	State Share Social Security	212.41
501500	Health Insurance	State Share Medical Insurance	579.76
502000	Retirement	State Share VSER/RT	499.89
502500	Dental Insurance	State Share Dental Insurance	34.54
503000	Life Insurance	State Share Group Life Ins	10.02
504000	Employee Assistance Program	State Share EAP	2.28
			4260.5
			4260.5
			4260.5

One person

Disability Determ Spec I **3.30.2016**

39,145.60	0.8
7,829.12	0.2
46,974.72	Total Salary and Benefit
2,080.00	Hours per calendar year
18.82	Hourly rate Grade 18 Step 4
39,145.60	Full Time Salary

VERMONT DISABILITY DETERMINATION SERVICES



Request for Classification Review
Position Description Form A

For Department of Personnel Use Only

Date Received (Stamp)

Notice of Action #____________________

Action Taken: ____________________

New Job Title ____________________

Current Class Code __________ New Class Code __________

Current Pay Grade __________ New Pay Grade __________

Current Mgt Level____ B/U ___ OT Cat. ____EEO Cat. ____FLSA ____

New Mgt Level ______ B/U ____OT Cat. ____EEO Cat. ____FLSA ____

Classification Analyst____________________Date __________ Effective Date: __________

Comments:

Date Processed: __________

Willis Rating/Components: Knowledge & Skills: ______ Mental Demands: ______ Accountability: ______
Working Conditions: ______ Total: ______

Incumbent Information:

Employee Name: [ ] Employee Number: [ ]

Position Number: [ ] Current Job/Class Title: [ ]

Agency/Department/Unit: [ ] Work Station: [ ] Zip Code: [ ]

Supervisor's Name, Title, and Phone Number: [ ]

How should the notification to the employee be sent: ☐ employee's work location [ ] or ☐ other address, please provide mailing address: [ ]

New Position/Vacant Position Information:

New Position Authorization: [ ] Request Job/Class Title: Disability Determinatin Services Specialist I

Position Type: ☐ Permanent or ☐ Limited / Funding Source: ☐ Core, ☐ Partnership, or ☒ Sponsored

Vacant Position Number: [ ] Current Job/Class Title: [ ]

Agency/Department/Unit: AHS/DCF/DDS Work Station: Waterbury Zip Code: 05676

Supervisor's Name, Title and Phone Number: Lisa Champney, Financial Administrator III, 802-241-2466

Type of Request:

☒ **Management:** A management request to review the classification of an existing position, class, or create a new job class.

☐ **Employee:** An employee's request to review the classification of his/her current position.

1. Job Duties

This is the ***most critical*** part of the form. Describe the activities and duties required in your job, **noting changes (new duties, duties no longer required, etc.) since the last review.** Place them in order of importance, beginning with the single most important activity or responsibility required in your job. The importance of the duties and expected end results should be clear, including the tolerance that may be permitted for error. Describe each job duty or activity as follows:

- **What** it is: The nature of the activity.
- **How** you do it: The steps you go through to perform the activity. Be specific so the reader can understand the steps.
- **Why** it is done: What you are attempting to accomplish and the end result of the activity.

For example a Tax Examiner might respond as follows: **(What)** *Audits tax returns and/or taxpayer records.* **(How)** *By developing investigation strategy; reviewing materials submitted; when appropriate interviewing people, other than the taxpayer, who have information about the taxpayer's business or residency.* **(Why)** *To determine actual tax liabilities.*

The DDS Specialist I must learn and correctly interpret and apply complex federal regulations associated with the Social Security Administration ("SSA") Disability Programs and the Economic Services ("ESD") Medicaid Disability program to all tasks performed. In this entry-level position, over the course of an eighteen month to a two-year on-the-job training period, the Specialist I must develop substantial knowledge of both SSA and VT state programmatic and technical regulations. The Specialist I must also develop extensive expertise with SSA and DDS computer programs and interfaces to accurately process SSA Disability and Medicaid disability claims.

All the Specialist I's job duties and tasks at DDS are interwoven. Case situations have multiple factors which the Specialist I must learn to differentially analyze to determine appropriate action. Few tasks and case situations have predetermined responses or solutions, and even with those that do, there are myriad exceptions which the Specialist I must become fully versed in recognizing and applying, in order to ensure that each disability claim is processed accurately, timely, and efficiently.

Tasks are performed with increasing independence during the training period, but always the Specialist I performs as part of a self-governing team, which is charged with processing all cases timely and accurately with minimal task by task supervision. This requires the individual and the team to creatively juggle multiple competing high-priority tasks day by day and hour by hour. The team's performance is evaluated on the outcomes it achieves in terms of DDS productivity, processing time, and accuracy, as measured by Social Security. Specialist I's receive ongoing task-specific training from the Specialist II's on the team, who also review their work and keep records of progress for the supervisor. The specialist I is gradually released from training reviews in specific tasks, as they demonstrate accuracy and the necessary speed.

As well as programmatic and technical knowledge, interpersonal skills and abilities specific to the production nature of the DDS Specialist team must be developed and exercised. The Specialist I works to develop the ability to eventually train and mentor less experienced support staff, to motivate team-mates, to collaborate successfully as part of a cohesive team, to resolve conflict, to seek and share information, and to assimilate feedback in a manner which improves team and individual performance. As part of a self-

managing team, the Specialist I must learn to creatively prioritize and complete all the competing tasks required on a daily basis, in the midst of changing agency priorities, staff absences and schedule adjustments, and changes in points of external contacts. A Specialist I also learns to assist DDS Management, Information Technology Staff, and SSA with production and system issues, testing of new or enhanced software programs, and developing and recommending efficiency improvements.

The Specialist I must learn also interact effectively with many external sources of information, claimants and interested members of the public. These include medical facilities, hospital testing departments, doctors' offices, other medical professionals, medical records personnel, congressional representatives, SSA Field Office supervisors and other employees, SSA Regional Office staff, schools, mental health agencies, other state agencies (ESD, Vocational Rehabilitation, etc.), attorneys, employers, and claimants. The purpose of these interactions vary and include, for example, responding to case inquiries with accurate information as permitted by confidentiality rules, scheduling examinations for claimants with doctors and hospitals, following up on attendance at these examinations, following up with sources for requested information, responding to sources who bill the DDS but are not entitled to the amount billed, etc.

A Specialist I must develop extensive and substantial knowledge of both SSA and State of VT programmatic and technical regulations, policies, and computer programs and interfaces. Examples of required knowledge areas are as follows:

•SSA and State of VT Confidentiality policies – the DDS as a contractor of SSA is required to follow the federal Privacy Act, as well as AHS confidentiality policy. The Specialist I is involved in frequent daily interactions (on the telephone, in writing and face-to-face) where confidentiality could easily be compromised, sometimes in very subtle ways, such as indirectly acknowledging the existence of a claim. The Specialist I has the responsibility to ensure that strict confidentiality is maintained. He/she must be able to immediately recognize who is or is not entitled to what kinds of information, and ensure throughout the interaction that confidentiality is not violated either directly or indirectly (by what is implied in the conversation), giving prompt, responsive public service.

• Federal, State of VT, and AHS requirements concerning HIPAA compliance – to ensure DDS's own compliance and to ensure that covered entities receive from the DDS the information necessary for them to respond to our requests for personal healthcare information

• SSA regulations concerning case receipt and assignment, requests for evidence from treating medical sources, authorization of consultative examinations, case clearances, technical accuracy, legal notice language, etc.

• Disability claim types and sub-types - how to identify them, the technical differences of each, and the differences in how the Specialist I must process each one. There are approximately 20 broad claim types. Each one has 2-4 subtypes and many of these subtypes have additional subtypes. In addition, one case may contain multiple claims filed by the same person for different kinds of benefits. Since all these types and subtypes have different case processing and decision criteria, the Specialist I must learn to correctly identify each upon receipt and in all further case processing actions in order for the claims to be correctly processed through the DDS

• Claims adjudicators' individual levels of expertise with different types and levels of claims and their differing case assignment capacities and limitations for the day and cumulatively

for the week

• Medical sources in and around the state of Vermont

• Medical terminology

• SSA and DDS's multiple computer program input requirements. The Specialist I must learn and apply highly complex technical coding with complete accuracy since the inputs control critical factors in case processing – claim receipt, input of the correct decision, provision of the claimant's correct legal appeal rights, onset information for correct benefit amounts to be paid out to the claimant, accurate diary dates for future eligibility reviews, correct approval for payment of bills for medical information by the correct funding source (SSA or Medicaid), etc.

• State of VT's fiscal requirements, both state law (such as laws governing payment for healthcare information) and the accounting and documentation practices that must be followed

• SSA's performance expectations and DDS internal needs and goals regarding accuracy, production, timeliness, cost efficiency, and public service. The Specialist I must develop a clear understanding of how to manage the team's tasks to best contribute to the DDS meeting all performance requirements and goals

A Specialist I learns to receipt into the SSA/DDS computer systems all incoming disability cases from SSA and ESD. The receipt process is the foundation for all subsequent actions with each disability case.

• Identifies what types and subtypes of disability claims are contained in each case (in either electronic or paper format)

• Inputs the proper information for the multiple fields required by the SSA/DDS computer systems

•Locates in the electronic and/or paper file, and verifies accuracy of, identifying information such as SSN, name, address, date of birth, parent, guardian, third party, attorney, filing dates of claims and appeals, dates of prior determinations, diary dates and other information which indicate the type of continuing eligibility review to be done, etc.

• Must be able to locate information throughout case file, both paper folder and electronic folder.

• Identifies the location and requests prior determination files as needed, from state public records and SSA record centers nationwide.

A Specialist I must learn to manage the assignment of the agency's daily case intake, as well as the backlog of unassigned cases.

• Learns to set up DDS computer programming for daily assignment of the correct types and numbers of cases to each of approximately 17 adjudicators, according to individuals' daily and weekly ceilings per case type and for overall intake. This requires ongoing communication and interaction with the Operations Supervisors, and accurate management of multiple factors, both in the logic by which the computer assigns cases, and in the details pertaining to 17 different adjudicators. An error in any one of these details may cause cases to be incorrectly assigned or backlogged when they should have been assigned. The Specialist I's accuracy with this task also ensures fair distribution of the cases among all adjudicators.

• Learns to evaluate the unassigned production caseload (staged cases) and the daily assignment capacity of the agency. The Specialist I must ensure that backlogged cases are assigned before new cases, and that all types of backlogged cases are assigned by the principle of first in, first assigned. This can be difficult to do across all case types, especially when some case types can be done only by a few adjudicators. It requires judgment and forward planning, not only for today's case assignment, but for the upcoming days as well, to make adjustments ahead of planned adjudicator outages, and differences in the volume of various case types on different days.

• Learns to operate the Daily Batch Case Assignment program, adjusting the sequence of cases assigned as necessary. Evaluates the resulting list of case assignments, and makes any necessary retroactive changes through the Single Case Transfer program. Retroactive changes must be minimized because of the program's limited capacity to adjust its weekly totals, once it has run the daily assignment. The Specialist I must learn to be creative in finding ways around the program's limits to ensure that adjudicators end up with the correct number of cases daily and weekly.

• Determines if case is in electronic folder format or still in full or partial paper format. Ensures that the adjudicator gets all the case information in the correct formats. Ensures that any development the Specialist I or other staff has done while the case was in backlog is filed with the case and/or annotated on the electronic worksheet, to prevent duplication of development and to facilitate the adjudicator's review and decisions about next actions.

• Monitors and manages the backlogged caseload. Learns to develop letters requesting medical evidence and claimant forms completion. Learns how to screen incoming information and identify situations where immediate case action is necessary, such as in terminal illness cases, hardship and obvious allowance cases, homicide and suicide threats, failure to cooperate situations, cases where all sources have responded, cases where there are no sources, etc. Learns to determine and take appropriate case-specific actions. Files all incoming information.

• Learns to Identify any staged cases requiring additional contact (follow-ups) to vendors (medical facilities, medical professionals, state agencies, and private business) or individuals (claimants, lawyers, representatives, and congressional representatives). Learns to determine what form the contact should take (telephone call, letter, fax, or other electronic method) and does it.

A Specialist I learns to perform initial development on cases. This involves such steps as the following:

• Review and interpretation of information from supplied forms to determine what further information is needed, from which sources, and for which date ranges, etc.

• Verification that a HIPAA compliant release of information is signed and dated by the legally appropriate individuals

  o If necessary verify, guardianship papers or power of attorney papers are in folder

  o Obtain required legal documentation, if not sent included in the file as received

• Generation of letters using the SSA computer system requesting relevant information.

• Proper preparation of HIPAA compliant releases and other necessary documentation for association with the letters after the batch print.

A Specialist I learns to ensure confidentiality of all written correspondence leaving the

agency, such as Medical Evidence of Record (MER) requests and Consultative Examination (CE) correspondence. The Specialist I checks each document page for the many items, such as but not limited to the following:

• Correct claimant name

• Correct vendor or other addressee name, address, etc.

• Legally correct signature and date on HIPAA-compliant authorization forms

• Documentation of legal guardianship, power of attorney documents, death certificates, etc. – knowledge of the situations when these are necessary, and ensuring that they are present, that they are the specific documents needed, and that they do not include other personal information which might breach a family member's confidentiality

• Accuracy of all enclosures

• Appropriate copies to attorneys and other third parties who are entitled to them (and only to those people)

The Specialist I also learns to assist adjudicators in ways similar to the work done on backlogged cases. May include but is not limited to the following tasks, as needed by the adjudicator:

• Requesting medical evidence,

• Following up for evidence not received,

• Getting further information from SSA Field Offices or ESD District Offices,

• Completing forms with claimants, employers, and teachers over the telephone,

• Screening incoming information for required immediate action (and taking that action and/or alerting the adjudicator, as appropriate), and .

• Making arrangements with claimants to go to consultative examinations (providing directions, reminders, arranging rides or public transportation, determining reasons for the claimant's non-attendance, etc.).

A Specialist I learns to input accurately and quickly the receipt of all case information into the electronic case processing system. The information may arrive at the DDS via mail, fax, and electronic transfer from multiple pay and non-pay sources. Input of pay source information also involves authorizing payment, when the criteria for the expedite fee have been met by the source (prompt response within the required time-frame)

• Prints the medical reports received from medical Transcription Company, performing quality assurance for correct Social Security number, case number, name, etc. The Specialist I also faxes the medical report to the appropriate medical source for signature and may upon request provide the source with a properly edited and revised copy following the source's review and correction of the original.

• Prepares or oversees the preparation of paper documents, usually incoming medical information, for scanning and indexing to the electronic folder. Before the actual scanning is done, the Specialist I must perform preliminary verification of such elements as the following:

o All pages of the document belong to the claimant

oThe title page contains the necessary indexing information (if missing, the Specialist I

creates an indexed title page)

o Each page is properly aligned for scanning and has no tears, folded or bent corners, etc. If a page is damaged, the Specialist I decides what action is appropriate to obtain a legible scan

• Reviews scanned documents for proper coding, title page, barcode, claimant information, alignment, legibility, completeness and accuracy, and will take action as necessary to remedy any problems. Once this quality review is completed, the Specialist I uploads the documents into the SSA and DDS case processing systems. Once uploaded, no further changes may be made; thus the accuracy and quality of the Specialist I's upfront review is of critical importance.

A Specialist I learns to schedule Consultative Examinations (CE) with medical sources to obtain current medical information to satisfy SSA disability regulations.

• Identifies appropriate medical sources based on medical specialty, necessary testing facilities/equipment, applicants' impairments, geographical location, physical limitations, transportation issues, interpreter needs, etc.

• Schedules exam or test with an appropriate medical source in a timely manner, as not to delay development of case. May have to contact multiple sources and use persuasive communication to obtain a timely appointment

• Obligates funds for the exam or test.

• Arranges for transportation, interpreter, or other CE-related services, as needed.

• Generates letter of agreement with the CE source for each exam, applicant's notification, acknowledgement, special instruction, and reminder letters, third party letters, and travel vouchers, as needed.

• Prints from the electronic folder (and/or copies from the paper folder) the necessary background medical information for the consultative physician or psychologist.

• Cancels and/or reschedules the CE, if necessary.

o Generates letters to cancel and, when appropriate, to reschedule CE with the same or a different medical source, applicant, and third party.

o Cancels CE in SSA and DDS computer system to de-obligate monies and to ensure accuracy, not only of DDS fiscal records but also of national and state CE rate data, which is used to determine DDS funding from SSA.

o Authorizes a record review fee when the circumstances of a cancellation warrant it

o Generates new medical source, applicant, and third party letters, and travel vouchers, as needed for rescheduling and documentation of fiscal obligations

A Specialist I learns to manage front-line maintenance of the DDS MER (Medical Evidence of Record) Vendor File Database

• Must distinguish between vendors that receive an expedite fee and vendors that do not, so as to correctly encumber DDS funds for requests for information

• Adds new vendors to the vendor file after verifying vendor's name, address, tax ID number etc.

• Determines if the new vendor fits the pay or nonpay criteria

• Inputs the correct codes to distinguish this information in the computer

• Obtains the necessary ID numbers for the State of VT's fiscal system (VISION).

• Makes corrections to any existing vendors in the vendor files as changes to addresses and pay status are verified.

• Runs an alpha sort daily to facilitate the use of the MER vendor file by coworkers.

A Specialist I learns to perform technical accuracy reviews on all cases before clearing them from the DDS computer system

• Ensures that all medical information requiring signatures is legally signed.

• Ensures that all sources used to make decision are in the folder and stated on legal notice of the determination to claimant.

• Ensures that appropriate medical consultant, and adjudicator signatures are on all required documents.

•Ensures that claimant determination notices (which are 4-5 pages in length) have all the correct legal paragraphs and language for the type and subtype of each claim and the decisions being made on each claim

• Ensures that the legally correct pamphlets and other decision document enclosures are prepared for mailing

• Checks for special and/or case specific disposing requirements and ensures that these are clearly indicated for the person doing the disposition

• Ensures that the decision the adjudicator has prepared is accurate and will not cause an SSA system edit or an irretrievable error when the data is uploaded upon case closure.

A Specialist I learns to clear cases – those with decisions and those that must leave the office for other reasons.

• Must ensure that all the appropriate claims in the case are disposed.

• Must input the correct information into the SSA and DDS computer systems

• Must determine and input the correct folder destination.

2. Key Contacts

This question deals with the personal contacts and interactions that occur in this job. Provide brief typical examples indicating your primary contacts (**not** an exhaustive or all-inclusive list of contacts) other than those persons to whom you report or who report to you. If you work as part of a team, or if your primary contacts are with other agencies or groups outside State government describe those interactions, and what your role is. For example: you may *collaborate, monitor, guide, or facilitate change.*

The DDS Specialist I constantly interacts with the Specialist team, learning to manage ever-shifting volumes of multiple high priority tasks to successful, timely completion of all. As a team, the DDS Specialists must decide how to use each other's strengths to best advantage, while keeping everyone's skills current in all task areas. The team must understand each member's communication and work styles to collaborate effectively to achieve tight turn-around times and high quality on all tasks. The DDS Specialists must

Request for Classification Review
Position Description Form A

For Department of Personnel Use Only

Date Received (Stamp)

Notice of Action #________________

Action Taken: ________________

New Job Title ________________

Current Class Code ________ New Class Code ________

Current Pay Grade ________ New Pay Grade ________

Current Mgt Level____ B/U ____ OT Cat. ____EEO Cat. ____FLSA ____

New Mgt Level ____ B/U ____OT Cat. ____EEO Cat. ____FLSA ____

Classification Analyst________________Date ________ Effective Date: ________

Comments:

Date Processed: ________

Willis Rating/Components: Knowledge & Skills: ______ Mental Demands: ______ Accountability: ______
Working Conditions: ______ Total: ______

Incumbent Information:

Employee Name: [ ] Employee Number: [ ]

Position Number: [ ] Current Job/Class Title: [ ]

Agency/Department/Unit: [ ] Work Station: [ ] Zip Code: [ ]

Supervisor's Name, Title, and Phone Number: [ ]

How should the notification to the employee be sent: ☒ employee's work location [ ] or ☐ other address, please provide mailing address: [ ]

New Position/Vacant Position Information:

New Position Authorization: [ ] Request Job/Class Title: Disability Determination Adjudicator I

Position Type: ☒ Permanent or ☐ Limited / Funding Source: ☐ Core, ☐ Partnership, or ☒ Sponsored

Vacant Position Number: [ ] Current Job/Class Title: [ ]

Agency/Department/Unit: AHS/DCF/DDS Work Station: Waterbury Zip Code: 05676

Supervisor's Name, Title and Phone Number: Donald MacArthur, DD Operations Supervisor, 802-241-2470

Type of Request:

☒ **Management:** A management request to review the classification of an existing position, class, or create a new job class.

☐ **Employee:** An employee's request to review the classification of his/her current position.

1. Job Duties

This is the ***most critical*** part of the form. Describe the activities and duties required in your job, **noting changes (new duties, duties no longer required, etc.) since the last review**. Place them in order of importance, beginning with the single most important activity or responsibility required in your job. The importance of the duties and expected end results should be clear, including the tolerance that may be permitted for error. Describe each job duty or activity as follows:

- **What** it is: The nature of the activity.
- **How** you do it: The steps you go through to perform the activity. Be specific so the reader can understand the steps.
- **Why** it is done: What you are attempting to accomplish and the end result of the activity.

For example a Tax Examiner might respond as follows: **(What)** *Audits tax returns and/or taxpayer records.* **(How)** *By developing investigation strategy; reviewing materials submitted; when appropriate interviewing people, other than the taxpayer, who have information about the taxpayer's business or residency.* **(Why)** *To determine actual tax liabilities.*

The current generic RFR job description on file for Disability Determination Adjudicator I is as follows:

There have been significant changes to this position and the career ladder positions above it. The biggest change is that the Adjudicator I level now must do residual functional capacity (RFC) assessments considering all the physical impairments of the applicants. Formerly, this was first required at the II-level, but now DDS trains I-level adjudicators and includes this RFC assessment in the job responsibilities and performance expectations at the first level. This is described in greater detail below.

Another change is that fully trained Adjudicator I's no longer receive internal quality review of a random sample of their cases. They are expected to recognize difficult adjudicative issues in their cases and obtain consultation or a second opinion as they see fit, before disposing the case directly back to SSA. Since SSA does a quality review sample of the DDS's cases, and since federal regulations require the DDS to maintain a high accuracy rate, this level of responsibility on the individual Adjudicator I has significantly increased.

A third change is that the Adjudicator I must make presumptive disability decisions much earlier in the case process, when these decisions are harder to predict accurately. These decisions rely on accurate prediction at the beginning of case development, through evaluating multiple potential factors, that the SSI applicant will be found to meet the criteria for disability after the case is fully developed. Those potential factors include predicting the severity of multiple impairments, their cumulative effects over time into the future, and the impact age, education and work skills may have on the final determination. These predictions must be made accurately on minimal objective evidence. Based on these predictions, an SSI applicant in dire need may get monthly payments and medicaid benefits before their disability is proven, helping to prevent homelessness, foreclosure, family breakups, indebtedness, etc., and potentially saving State General Assistance funds and other costly emergency services. The benefits are not recoverable if the final determination is a denial.

Other changes include managing cases electronically through four different software applications (Social Security's electronic folder, document management architecture, and e-forms, as well as the DDS electronic case tracking system).

The following describes in detail the entire set of DD Adjudicator I job responsibilities.

medical eligibility for Medicaid and Social Security disability benefits under Social Security rules and regulations. These are tripartite determinations which integrate the analyses of the medical findings (physical and psychological), with the legal and vocational aspects of each claim.

A. Medical Analysis: Each disability case requires an examination and analysis of the information which the Adjudicator I has obtained about the claimant's medical condition(s). The Adjudicator I must make an immediate and ongoing assessment of the medical evidence and how best to obtain any additional evidence in an expedient manner. When reviewing the medical evidence the Adjudicator I must evaluate all aspects of the claimant's medical condition(s) including:

1. All physical, mental and emotional health issues and their individual and combined impacts on the claimant's ability to function

2. The various diagnoses - possible, probable, confirmed, or in question or conflict among different treating sources.

3. The medical and/or psychological test results and examination findings that tend to support or contradict the diagnostic conclusions., the congruence of the test results and interpretations, the impact of different test protocols, etc.

4. The nature, location, degree of intensity, frequency, and duration of all symptoms (including pain, fatigue, psychological, behavioral and functional impacts, etc.), and factors that precipitate or relieve the symptom(s).

5. The credibility of each of the claimant's statements about his/her symptoms and the functional effects of those symptoms, the extent to which the statements are credible, and identification of underlying assumptions, both the claimant's and the Adjudicator's own.

6. Medications (including short and long term side effects, interactions with other medications, etc .)

7. The various treatment modalities and the applicant's response.

8. The applicant's compliance with treatment, specific reasons for non-compliance and the validity of those reasons.

9. Changes that have occurred in the nature and severity of the impairment(s) over time, as well as the probability of improvement or further deterioration in the future.

10. Environmental factors that play a part in the illness and impact the claimant's functioning.

11. The opinions of the treating and examining sources, the type of source and whether it meets the Social Security regulatory definition of a "medically acceptable source", the type of opinion provided and how well each opinion is supported by the evidence in the file, what are its underlying assumptions and how valid are they, etc.

12. The lay evidence from sources that are not "medically acceptable" (such as nurses, chiropractors, naturopaths, social workers, rehabilitation counselors, employers, etc.) who nevertheless may provide critical information concerning the applicant's day to day functioning.

13. The pertinence of the evidence to the disability determination. Pertinent evidence is often difficult to tease out because treatment records serve a different purpose for the sources, who usually have little or no knowledge of the legal requirements of the Social Security disability program. These records rarely address directly the questions an Adjudicator I must answer. Rather, the Adjudicator will critically analyze, weigh, and synthesize all the evidence into a decision supported by the preponderance of that

evidence he/she deems credible.

14. The appropriate weight to be given to each piece of evidence. Different sources (medical and lay) often provide conflicting information and opinions, which the Adjudicator I must make every effort to resolve through additional questioning of the sources and medical/legal analysis. If the conflict cannot be resolved, the Adjudicator I must make a reasoned decision of which one deserves the greater weight, depending on a multitude of factors such as the doctor's level of specialization, the quality of the doctor-patient relationship, the facts the sources provide to support their inferences, the degree of consistency with other credible information in the file, etc.

15. RFC assessment, i.e. the effects that the claimant's various medical conditions have on his/her residual capacity to perform the multitude of physical and mental functions which impact the ability to work (for an adult) or to function age-appropriately (for a child). This information is only rarely provided by the records themselves. The Adjudicator I must infer the claimants' capacities, reasoning from the pertinent medical findings and opinions, and from the evidence in the claimant's reports and third party lay reports. The Adjudicator I is responsible for making the physical residual functional capacity evaluation for adult claimants and writing a persuasive rationale for their assessment. Adjudicator I's are responsible for recognizing the limits of their own knowledge and obtaining advice from medical consultants or other mentors (e.g. senior adjudicators or supervisors) when appropriate, while not using these resources more than necessary. RFC evaluation involves application of the Adjudicators' own medical knowledge, independent analysis of the combined effects of case-specific medical impairments, the implications of the case-specific findings, treatment records, and test results, the independent evaluation of the circumstances and the evaluation to determine the relative weight to give to the various opinions provided by medical and lay sources.

For psychological RFC assessments and for child functional assessments, the Adjudicator I must present the pertinent findings, concerns and issues of the case to the DDS medical consultant. They must the consultants' attention to conflicts in the evidence and critical decisional questions that the functional assessment will have to address for the Adjudicator's subsequent vocational analysis. The Adjudicator I must ensure that the consultant's assessment of the claimant's mental functional abilities is consistent with all legal requirements and program guidelines, and well supported by the analysis of the treatment records and all the other information in the file, including the claimant's own statements, and the statements of others, to the degree that they are credible. The Adjudicator I is responsible for ensuring that no functional issue falls through the cracks between the physical and mental RFC assessments. It is common for subjective complaints such as pain and fatigue to be disregarded by each specialty laying responsibility for assessment on the other, and neither addressing it. For example, the psychologist may say that the claimant's pain or fatigue is caused by physical impairments, while the physical assessment does not fully address the effects on the claimant's ability to sustain full time work over a regular work day and week, because there are psych components to the symptoms. It is the Adjudicator's responsibility to make sure the overall RFC assessment fully evaluates all allegations and symptoms.

In evaluating and writing the physical RFC assessment, the Adjudicator I must formulate a logical, medical and legal basis for deciding the claimant's capacity to do a multitude of work-related physical activities over the course of a workday, and sustained over a work week. These include the following:

> The length of time the claimant can remain sitting,

> The length of time the claimant can stand,

> The length of time the claimant can walk - on even and uneven ground

> Whether the claimant requires a cane or other assistive device for standing or walking and under what circumstances,

> Whether the claimant must alternate positions – which positions (sitting, standing, lying down) and how frequently

> The maximum weight the claimant can lift occasionally, and frequently

> The frequency/sustainability of pushing and pulling with arm and leg controls

> The frequency with which a claimant can bend forward at the waist.

> The frequency with which a claimant can squat

> The frequency with which the claimant can kneel and crawl

> The amount of climbing the claimant can do, by stairs and by ladders or rope

> Balancing ability

> Ability to reach overhead, out to the side, to the front, etc.

> Ability to handle large objects with each hand and arm

> Ability to perform and sustain fine fingering with each hand

> Ability of the hands to feel

> Near and far vision, depth perception, and field of vision.

> Level of hearing,

> Ability and sustainability of audible, understandable speech,

> Ability to tolerate environmental factors - cold, heat, wetness, humidity, noise, vibration, dust, fumes – and for what length of time or intensity.

The medical records themselves rarely answer any of these questions directly. For example, the record may say that the strength of the claimant's right leg is 3 out 5 but nowhere will the case or medical reference material tell you what this means with regard to this individual claimant's ability to squat and lift using his legs or to walk for a specific length of time. The Adjudicator I must make well reasoned inferences to decide the claimant's specific lifting and walking abilities. The Adjudicator I's rationale for the assessment must reference the information from the case that tends to support their decision, address the weight appropriate to opinions and evidence tending to disagree with their decision, and show persuasively that their interpretation is the most reasonable decision for that specific claimant.

Even when a treating physician gives an opinion of the claimant's capacity to do any of these functions, the Adjudicator I may not accept the doctor's opinion without thorough analysis and independent determination of the degree to which the opinion is supported or contradicted by all the other evidence in the file. The Adjudicator I's RFC assessment must contain a full explanation of how he/she decided each of these factors: the specific evidence the Adjudicator I chose to support each conclusion, how the Adjudicator I reconciled contradictory pieces of evidence and the relative weight given to each, the degree of credibility the Adjudicator I found in the claimant's descriptions of his symptoms and allegations of functional problems, and how the Adjudicator I determined the

preponderance of the evidence to reach certain conclusions and rule out others.

An Adjudicator I may need to do multiple RFC assessments for one case in order to cover changes in the claimant's functioning as one or more of the impairments has improved or worsened over time. If the current severity of the impairments has not yet lasted a year, the Adjudicator I needs to do a projected RFC for a year from onset, predicting the likely progression of the disease or injury and its impact on future ability to function.

When the Adjudicator I determines that a specific case requires expertise beyond his/her knowledge and skill set, at his/her discretion, he/she may ask questions of the DDS medical consultants, either general or specific, to aid in the formulation of an RFC. The Adjudicator I must develop a strong medical background and accurate insight to recognize the limits of his/her own knowledge, and must have the initiative to direct his/her own further knowledge development through consulting with the DDS physicians. The Adjudicator I must possess the judgment and self-confidence to use the DDS doctor resources only when his/her own knowledge is insufficient for the case at hand. since DDS is expected to achieve high productivity per work year in addition to accuracy, consultant and mentor resources must be conserved for where they are truly needed.

17. Impact of drug or alcohol addiction. If drug and/or alcoholism limits the functioning of the claimant, the Adjudicator I must ensure that its effects are factored out of the final assessment. This analysis is critical to a correct legal disability determination, since by law, benefits may not be granted for reversible limitations resulting from drug or alcohol addiction.

B. Vocational Analysis. The Adjudicator I must analyze and make sequential decisions about the claimant's work experience and skills at each step through a complicated decision structure. Although some claims can be decided in the early steps, the vast majority must be analyzed through the complete process. Various aspects of the medical analysis above as well as the legal analysis to be described below are conceptually intertwined with the vocational analytical process. The steps of vocational analysis and a brief description of the decisions to be made at each step are as follows:

1. The Adjudicator I must assess each job that the applicant has performed in the past 15 years, or in the 15 year period prior to the "date last insured" (see the Legal section below). The Adjudicator I must determine if each job is vocationally relevant to the determination of the claim, based on multiple factors including:

> Recency of the work,

> Length of time the work was performed,

> Skill level,

> Value of the work the claimant performed (in comparison to non-impaired workers, to the support of the business, etc.)

> Any special considerations or employer subsidy, etc.

2. Any work after medical onset of the impairment(s) must also be investigated as a

possible unsuccessful work attempt. The factors in this consideration include:

> The length of the break in work activity prior to the beginning of the work attempt

> The length of time on the job,

> The reason(s) the job ended,

> Attendance and job performance factors

> Any special considerations or subsidy

> Changes in the job requirements, etc.

3. For each RFC assessment period, the Adjudicator I must evaluate whether the applicant had the physical and mental capacity to return to past relevant work, either as the applicant performed it or as it is usually performed in the national economy. The Adjudicator I must obtain and analyze detailed information about how the applicant performed each of his past jobs - the nature, frequency and duration of all the functional activities listed in the medical section above. The Adjudicator I must then compare and contrast the description of how the applicant performed each job with the RFC assessment of the claimant's abilities and limitations.

4. When the Adjudicator I finds that the applicant does not have the functional capacity to perform the jobs as he did them, the Adjudicator must then research each relevant job in various publications and information from Department of Labor research concerning jobs in the national economy. For each job, the Adjudicator must find a DOL job description closely matching the applicant's description. When there is more than one possible match, the Adjudicator I must determine which published description is the best match to the applicant's job. The research for each job must be sufficiently comprehensive to either find the best match or to determine that there is no match. Once the jobs are identified, the examiner must research the specifications of each job as it is usually performed in the national economy and compare and contrast these job specifications to the claimant's physical and mental residual functional capacities and limitations.

5. If the Adjudicator I determines that the applicant does not have the capacity to perform any past work, either as described by the claimant or as it is usually performed in the national economy, the burden of proof then falls on the Adjudicator to determine whether there is any other work the claimant can do. This involves identifying ranges of work and numbers of jobs, as well as specific job titles, in the national economy, which are within the applicant's capacity to perform on a sustained basis. Here the Adjudicator must again consider many factors, including but not limited to the following:

> Educational background,

> Job skills the applicant has attained through previous work and/or training,

> Transferability of these skills to other jobs in the national economy that are within the claimant's physical and mental capacities and limitations,

> The claimant's ability to successfully adjust to different work settings, tools and processes

> The applicant's capacity to adapt to unskilled work if skills are not transferable,

> The different exertional ranges of jobs (based on exertional factors such as lifting, walking, standing, pushing and pulling limitations) in the national economy, the number of jobs within each full range, and the number of jobs within each range that would be further

excluded when the various non-exertional limitations are also considered

> Whether the ranges of work and corresponding number of jobs that can be performed within the claimant's remaining physical and mental capacities is large enough for the Adjudicator I to reasonably find him/her ineligible for disability benefits, or so small that the Adjudicator I can make the argument that the claimant is functionally disabled.

C. Legal Analysis. There are a multitude of complex legal factors that the Adjudicator I must accurately identify, research and analyze for correct application in each individual case, as this analysis will have significant impact on each case adjudication. Merely the type of claim itself has critical ramifications which change the criteria for certain aspects of the medical and vocational analysis. One claimant may have filed two or three or even more different types of disability claims, and in each one the Adjudicator I must differentially analyze the medical and vocational facts. The different legal aspects often lead to different decisions on different claims filed by one individual. There are many highly technical legal issues for which the Adjudicator I must remain constantly alert. The lists below represent only the more common legal issues, for all of which there exists a larger body of the detailed criteria, which the Adjudicator I must study and apply differentially in virtually every case.

1. For Social Security Disability Insurance (SSDI) claims:

> Date last insured,

> Date first insured,

> Special insured status requirements for younger individuals

> Filing date and impact on possible retroactivity of benefits.

> Start and end of the waiting period and when a waiting period does or does not apply

> Technical requirements for establishing correct onset of disability, including the legal criteria for substantial gainful activity (wages and self-employment), trial work periods and unsuccessful work attempts, as well as medical onset of impairment severity

> Legal impact of return to work within the waiting period

> Legal impact of return to work after the waiting period, whether before or after a year from established onset, and before or after a final decision is made

> Legal criteria for determining statutory blindness and the impact of this finding on other criteria such as changes in what constitutes substantial gainful activity and eligibility for special benefits such as a freeze during periods of work, as well as eligibility for cash benefits during periods of non-work.

> Guidelines for reopening a prior determination under Administrative Finality, including jurisdiction requirements, determining "good cause" and other legal reasons for reopening, criteria which permit setting an onset within a period previously adjudicated when the prior decision cannot be reopened, and criteria which govern onset when the previously adjudicated period cannot be invaded.

> Prescribed period and controlling date for widow/widowers benefits

> Distinction between widow/er claims for case benefits or for Medicare coverage alone

> Impact of age (current and at the time disability began) on a adult child's eligibility for childhood disability benefits

2. For Supplemental Security Income Disability Claims

> Actual filing date

> Protected filing date

> Differing criteria for decisions and diary dates for child and adult claims.

> Redetermination requirements and differing eligibility standards of child beneficiaries when they reach age 18

> Legal impacts of a finding of statutory blindness including the impact of impairment duration (these criteria are significantly different from those that impact claims for SSDI)

3. For all claims

> Claim jurisdiction - just because a claim is filed in Vermont or sent to the Vermont DDS by a component of the Social Security does not mean that the VT DDS has legal jurisdiction of the claim. The Adjudicator I must determine the correct jurisdiction, depending on such factors as permanent residence, current residence, type of claim, level of appeal of a claim, etc. A change in any of these factors during the development process may change the jurisdiction at any time and must therefore be continuously monitored by the Adjudicator I.

> Legality of the claimant authorization to the DDS to obtain his personal health information. The forms must meet legal requirements and Adjudicator I must determine the legal validity of the signature, as well as whether it will meet specific source requirements. In some instances the law requires the minor's signature, in others it requires the parent or legal guardian. Proof of guardianship or power of attorney must be determined.

> Collateral estoppel (the legalities of determining when a prior decision on another Title of claim may or may not be adopted)

> Res judicata (the legalities of determining whether a de novo (new) determination should or should not be made when a prior decision was made on similar evidence). The Adjudicator I must critically compare and contrast the evidence in the two claims as well as the different laws applicable at the time of each decision.

> Due process legal requirements for applicants who fail to cooperate in the development of their claim.

> Capability assessment - a determination of the ability of a claimant to handle his/her own funds, the legal criteria for this determination, and the legal ramifications

> Diary dates - When an Adjudicator I allows a claim, he/she is responsible for determining the correct length of time before the claimant's medical eligibility should be reviewed again. Setting this date involves medical improvement projections, analysis of the vocational impact of greater age and diminishing relevance of past work experience and skills, as well as legal ramifications of projected future changes in eligibility status.

> Legal notice requirements - the Adjudicator's legal notice of determination to the claimant must have the required legal wording in paragraphs dealing with appeal and legal representation rights, how to file an appeal, what the applicant's legal responsibilities are henceforth, etc. Differentiation of correct legal wording for each paragraph or even sentence requires the Adjudicator I to correctly apply all the legal details of the claim. Even slight wording differences may be critical to the legality of the notice.

> Personalized notice requirements - In the notice of the determination, the Adjudicator I must also provide the applicant a clear explanation of the specific medical/vocational/legal decision made on his claim. This explanation, which must be written at the claimant's language level, must clearly explain the specific medical evidence which was considered, how it was analyzed and translated into an assessment of the claimant's residual capacities, the vocational impact of the assessment on the determination of the claimant's ability to perform past or other work, the laws and eligibility criteria which applied to the case, and how the Adjudicator I arrived at the final conclusion.

Beyond the application of such specific legal criteria case by case, the Adjudicator I must be fully cognizant of all the legal aspects of the program from the Social Security Act, the Code of Federal Regulations and Social Security's voluminous, detailed policies and guidelines on medical and program eligibility, claim development, documentation and determination. The Adjudicator I must be constantly alert to changes in the law, a new or revised policy, a new case precedent set by a court decision, etc. There are daily policy changes issued by Social Security, monthly Federal Register publications, and regular changes made to medical, vocational and legal evaluation criteria and policy. An Adjudicator I must manage not only his/her caseload of new, developing and ready to be finalized claims, but also his/her grasp of an ever changing body of laws, regulations, rulings and policy. He/she must quickly comprehend each change, large or small, rapidly identify and grasp its ramifications for individual cases, and be adept at constantly adjusting his/her ongoing case analysis and evaluation as changes occur and new information surfaces.

II. Disability Claim Development. The Adjudicator I is responsible for developing the medical, vocational and lay evidence he/she determines will be needed for making the disability determination, as quickly and cost-effectively as possible. Developing the evidence involves a number of activities, such as:

> Composing request letters to doctors, hospitals, mental healthcare providers, employers, schools, insurance companies, etc., requesting the specific information that each individual claim requires and that the particular sources may have.

> Further follow-up contacts, either by letter or telephone, to persuade unresponsive sources to provide needed evidence in a timely fashion,

> Faxing special requests, forms, lists of further questions composed by the Adjudicator I, etc. to sources

> Telephone interviews with treating healthcare providers, counselors, teachers, employers, job coaches, etc., for more specific information, or to resolve contradictions in the evidence, or to investigate the source's reasons for opinions given, etc.

> Ordering and purchasing special examinations and tests, necessary but not available through the treating sources, and ensuring the consultative examiner has appropriate background material on the claimant and has been authorized to examine for the specific information needed, will perform the test protocols that Social Security requires, etc.

> Interviews (mostly by telephone) with claimants to clarify their statements and to get further needed details concerning their symptoms, their daily functioning, their past work activities, etc.

> Interviews with claimant representatives, third parties and other lay sources in order to flesh out the claimant's ability to function, to provide support or refutation of other

statements of questionable credibility, etc.

The development of each claim involves multiple small, but no less complex decisions. The Adjudicator I must continually reevaluate the entire claim as impacted by each piece of additional information as it is received. He/she must accurately identify symptoms which when alleged by the claimant may hint at an as yet undiagnosed impairment, or a condition the claimant has not mentioned, which may nevertheless be critical to the disability determination. New and unexpected information received during the claim process can change the whole course of the claim's development. Likewise, contradictions in the evidence, sometimes very subtle ones, have to be immediately identified, assessed for impact on the determination, and resolved whenever the conflict is material. The credibility of each source of information and the probative weight appropriate to each is constantly in flux throughout the claim process.

The Adjudicator I must be able to calculate the odds of getting the needed information from the existing sources. For prompt completion of the claim, he/she must decide very early in development, before all the available evidence has come in, whether further testing or examination will be needed. Since further testing is not only time-consuming but also costly (and the Adjudicator I has a limited budget for such tests), the decision to order such tests must be accurate for the needs of the case and must not unnecessarily burden the claimant or add unnecessary cost and time to the case.

The Adjudicator I must also make accurate early predictions of the likelihood that an SSI claim will result in an eventual allowance determination. The Adjudicator's task is to identify future allowances early in the process, before all or even most of the evidence is actually at hand, and to make accurate "presumptive disability" determinations based on their educated judgment. Accurate "PD" determinations provide deserving applicants with benefits before the completion of the claim, which may be many months in the future. In this way, the pressing financial needs of people with severe disabilities can be met before they have suffered irreparable loss of housing, medical coverage, etc. The Adjudicator I has the responsibility and authority to provide these PD determinations, quickly and accurately.

The Adjudicator I determines when the development is sufficient for functional assessment and final decision. The Adjudicator writes the physical RFC assessment. He/she prepares a summary of pertinent psychological findings for the time-frames to be assessed and presents it verbally or in writing to the medical consultant. The medical consultants use the summarized information to complete the mental RFC. The Adjudicator I is responsible for reviewing their work for completeness, accuracy and consistency with the file and applicable laws, regulations and program policy. If the doctor's work needs revision the Adjudicator I discusses it with the doctor, provides feedback, explains what is needed and sees that the end product meets all requirements.

The Adjudicator I then synthesizes the medical functional assessment of the claimant's work-related abilities, the claimant's vocational experience, skills, and abilities, the job possibilities existing in the national economy that are within the medical and vocational parameters of this particular claimant, and the multitude of legal parameters pertaining to the claim or claims the applicant has filed into a comprehensive evaluation of eligibility for

each claim. The Adjudicator I then writes a full explanation of all the steps and factors going into this decision to document the file, as well as a notice to the claimant explaining the decision in lay language the claimant can understand.

2. Key Contacts

This question deals with the personal contacts and interactions that occur in this job. Provide brief typical examples indicating your primary contacts (**not** an exhaustive or all-inclusive list of contacts) other than those persons to whom you report or who report to you. If you work as part of a team, or if your primary contacts are with other agencies or groups outside State government describe those interactions, and what your role is. For example: you may *collaborate, monitor, guide, or facilitate change.*

1. The Adjudicator I interacts frequently with claimants, conducting typically between 20 and 40 claimant contacts per day. The Adjudicator I contacts the claimant for the purposes of clarifying vague or conflicting statements, answering claimant questions, explaining the complex process of disability claims in general and the claimant's specific claim process in a way the claimant can understand, persuading the claimant to provide information or go to further examinations when often the claimant does not want to, or cannot grasp why it is needed. To obtain valid information, the Adjudicator I must use expert interview skills in order not to asking leading questions or taint the nature of the evidence provided during the contact, especially when investigating credibility. The Adjudicator I must communicate equally carefully with the claimant when the issue concerns questions about a doctor's conclusions or opinions, so as not to interfere with the doctor-patient relationship, no matter what the Adjudicator may know about the quality of the treatment being provided. Regardless of the nature of the contact, claimants are usually in great financial, physical and/or emotional difficulty and easily become distraught, or even enraged. The Adjudicator I must use exceptional communication skills to refocus and diffuse these highly emotional interactions.

2. The Adjudicator I interacts on a daily basis with medical and psychological consultants in the office, both face to face and in writing, to ask them medical case questions and to present cases for doctor review and input. A good part of these interactions may involve the Adjudicator I challenging the doctors' conclusions when the Adjudicator I thinks they are wrong, or that the doctor has missed important information, has not weighed it correctly in the Adjudicator's judgment, has failed to make a convincing enough supporting argument for his conclusions, or has otherwise failed to take into account regulatory guidance, program policy, case precedents, etc. An Adjudicator I will often be in the position of telling the consultant which medical factors in the case should legally carry the most probative weight, how to formulate the case assessment, what to write in their assessment, and how to say it in order for it to be legally acceptable.

3. The Adjudicator I interacts daily with members of the healthcare community - doctors, psychologists, physical therapists, chiropractors, mental health and social workers, nurses, and others. The Adjudicator I must find ways to persuade these busy sources to expedite sending records to the Adjudicator and often then to provide more detailed answers to specific questions not answered in the office record. When a treating source gives an opinion or makes a conclusion about their patient's disability status, the Adjudicator I will usually have to call and question it with the source, to get clarification and supporting medical data or to resolve a conflict it raises with other evidence in the record. Doctors can quickly become extremely resentful of the Adjudicator's questioning of his medical judgment or his understanding of the criteria for disability. The Adjudicator I has to use an enormous amount of diplomacy to get the issues resolved without alienating the source.

4. The Adjudicator I also interacts with a wide variety of third parties. These include the