



STATE OF VERMONT
JOINT FISCAL OFFICE

MEMORANDUM

To: Joint Fiscal Committee members
From: Sorsha Anderson, Staff Associate
Date: August 5, 2020
Subject: Grant Requests – JFO #3014

Enclosed please find one (1) item, which the Joint Fiscal Office has received from the Administration.

JFO #3014 – Two (2) limited-service positions within the VT Agency of Human Services, Disability Determination Services. One (1) Disability Determination Adjudicator is needed to process upcoming caseload increases and one (1) Financial Administrator to enable DDS to accomplish fiscal monitoring and federal reporting due to increased federal requirements. Both positions are 100% federally funded and are expected to be funded for a minimum of 4 years. *This request does not stem from the state or federal response to the COVID-19 pandemic.*

[Note: The position request form mentions a total of 6 new positions. In January 2020, the Social Security Administration authorized 3 new positions. At that time, DDS had 4 vacancies. They used 3 of the vacancies for the new positions. A new group of 3 positions was authorized on July 2, 2020. The remaining DDS vacancy was used for 1 of the 3 positions, and they are requesting the additional 2 positions above.]

[JFO received 07/24/20]

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 this item held for legislative review. Unless we hear from you to the contrary by August 19, 2020 we will assume that you agree to consider as final the Governor's acceptance of this request.

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

This form is to be used by agencies and departments when additional grant funded positions are being 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/DDS Date: 7/2/20

Name and Phone (of the person completing this request): Trudy Lyon-Hart, DDS Director, 802-839-0135

Request is for:

- Positions funded and attached to a new grant.
 Positions funded and attached to an existing grant approved by JFO # N/A

1. Name of Granting Agency, Title of Grant, Grant Funding Detail (attach grant documents):

Social Security Administration, Disability Determination, CFDA-# 96.001, see attached communications 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

Disability Determination Adjudicator I (1 position) Disability Determination Services, no grant end date (4 years minimum)
 Financial Administrator I (1 position) Disability Determination Services, no grant end date (4 years minimum)

*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:

SSA expects the DDS to immediately recruit and hire 6 positions above the current staffing level. The DDS currently has only 4 vacant positions, and needs 2 more to comply with this directive. The Adjudicator position above is needed to process upcoming caseload increases while maintaining service quality. The financial position is needed to enable the DDS to accomplish the necessary fiscal monitoring and federal reporting, due to increased federal requirements. Social Security funding covers all associated costs for these positions, including salaries, benefits (the state's contributions), and all direct and indirect costs.

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)).

Signature of Agency or Department Head *[Handwritten Signature]* Date 7-8-20

Approved/Denied by Department of Human Resources *Aimee Pope* Date 07/22/2020

Adam Greshin Digitally signed by Adam Greshin Date: 2020.07.23 12:04:43 -04'00'

Approved/Denied by Finance and Management _____ Date _____

Bradley L Ferland Digitally signed by Bradley L Ferland Date: 2020.07.23 16:28:24 -04'00'

Approved/Denied by Secretary of Administration _____ Date _____

Approved/Denied by Governor (required as amended by 2019 Leg. Session) *[Handwritten Signature]* Date 7/24/20

Comments: _____



SOCIAL SECURITY

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

July 2, 2020

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 three additional 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.

I want to express the importance of acting on this authorization. The moratorium on face-to-face consultative exams coupled with delays receiving medical records and our directive to hold all adverse determinations puts the DDS in a precarious position. SSA expects that you will soon see an avalanche of these workloads to go along with increased receipt of initial claims and reconsideration requests. Your prompt execution of this hiring authorization will position the DDS to cope with the expected increased business activities.

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

Most importantly, 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 Federal Fiscal Year 2020 budget allocation and your base going forward. If you have any questions or require additional information, please let me know.

Sincerely,
Steve DeLosh
Disability Program Administrator

Cc: Jack McCormack
Erin Genova

VERMONT DEPARTMENT OF PERSONNEL
Request for Classification Review
Position Description Form A

- **This form is to be used by managers and supervisors to request classification of a position (filled or vacant) when the duties have changed, and by managers and supervisors to request the creation of a new job class/title (for a filled, vacant, or new position), and by employees to request classification of their position.**
- This form was designed in Microsoft Word to download and complete on your computer. This is a form-protected document, so information can only be entered in the shaded areas of the form.
- If you prefer to fill out a hard copy of the form, contact your Personnel Officer.
- To move from field to field use your mouse, the arrow keys or press Tab. Each form field has a limited number of characters. Use your mouse or the spacebar to mark and unmark a checkbox.
- Where additional space is needed to respond to a question, you might need to attach a separate page, and number the responses to correspond with the numbers of the questions on the form. Please contact your Personnel Officer if you have difficulty completing the form.
- The form must be complete, including required attachments and signatures or it will be returned to the department's personnel office. All sections of this form are required to be completed unless otherwise stated.

INSTRUCTIONS: Tell us about the job. The information you provide will be used to evaluate the position. It will not be used in any way to evaluate an employee's performance or qualifications.

Answer the questions carefully. The information you give will help ensure that the position is fairly evaluated. Here are some suggestions to consider in completing this questionnaire:

- Tell the **facts** about what an employee in this position is actually expected to do.
- Give **specific examples** to make it clear.
- Write in a way so a person unfamiliar with the job will be able to understand it.
- Describe the job **as it is now**; not the way it was or will become.
- Before answering each question, read it carefully.

To Submit this Request for Classification Review: If this is a filled position, the employee must sign the original* and forward to the supervisor for the supervisor's review and signature. The Personnel Officer and the Appointing Authority must also review and sign this request before it is considered complete. The effective date of review is the beginning of the first pay period following the date the complete Request for Classification Review is date stamped by the Classification Division of the Department of Personnel.

*An employee may choose to sign the form, make a copy, submit original to supervisor as noted above, while concurrently sending the copy to the Classification Division, 144 State Street, Montpelier, with a cover note indicating that the employee has submitted the original to the supervisor and is submitting the copy as a **Concurrent** filing.

If this is a request (initiated by employees, VSEA, or management) for review of all positions in a class/title please contact the appropriate Classification Analyst or the Classification Manager to discuss the request prior to submitting.

Request for Classification Review Position Description Form A

For Department of Personnel Use Only

| | | |
|--|---------------------------|-----------------------|
| Notice of Action # _____ | | Date Received (Stamp) |
| 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: _____ |
| | Working Conditions: _____ | Accountability: _____ |
| | 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:

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

Vacant Position Number: Current Job/Class Title:

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

Supervisor's Name, Title and Phone Number:

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 main duties of this position fall into the following categories: 1) Financial reporting for the Office of Disability Determination Services (DDS), 2) Timely and accurate processing of invoices, 3) DDS Recoupment process, 4) Accurate time reporting, 5) Ensure DDS Vendor File reflects State VISION system and 6) Maintain Fiscal Databases

Financial Reporting

1 – Assists with the development of a comprehensive line-item annual budget plan/request (for \$7.6 million or more) to Social Security Administration (SSA) for every federal fiscal year. This includes developing cost projections based on current economics and predicted economic fluctuations, trends directly affecting case and operating costs, actuarial caseload projections, expected staffing levels and mix including expected step increases, career ladder moves, attrition rates, and organizational changes the DDS management may be contemplating.

Responds to any of SSA's questions and requests for supporting data. Works closely with the Administrative Services Manager, DDS Director, and Assistant Director to ensure that funding requests will be sufficient to enable the DDS to provide the services SSA expects (workload completion, staff training, public service, collaboration on SSA initiatives, etc.).

Accurate fiscal forecasting (not only with costs, but also with identifying all the possible funding needs for the coming federal fiscal year) is critical to the DDS receiving sufficient funds to provide the best possible service to Vermont's citizens with disabilities and to ensure program integrity. The explanations for the projected dollar amounts in each category must be sufficiently documented to ensure that the Vermont DDS gets what it needs out of the Regional SSA disability budget, including the ability to hire and replace staff and medical consultants and process cases accurately and timely.

2 – Track and monitor expenditures and ensure the DDS stays within its federal funding authority. This sometimes requires working with Administrative Services Manager to develop creative cost-saving measures and efficiency improvements, since Congress often does not fully fund the Social Security Administration's administrative costs, and SSA then cannot give the DDS's all they need.

3 – Must report to SSA a weekly summary of staff hours broken out by full-time, part-time,

temporary clerical, and off payroll. This weekly submission also includes a calculation of hours spent on SSA versus State Medicaid cases.

4 – Must maintain an accurate and current record of the obligations and disbursements of the prorated Medicaid expenses. Must prepare quarterly Medicaid reports for submission to the DCF office to enable the state to reimburse SSA for expense incurred by the DDS to adjudicate the Medicaid workload.

5 – Assist in the development of the Quarterly Spend Plans (QSP) and Monthly Obligation Report (MOR). The QSP provides actual obligation amounts by federally mandated line items for prior quarters and refines the projections for each future quarter of the federal fiscal year. The MOR provides SSA with the actual expenditures by line item obligated and disbursed through the previous month and the projected obligations for the next two months by the federal line items. Data is compiled from numerous internal DDS fiscal spreadsheets (which this position creates and oversees) since VISION data does not provide the data in the format required for SSA reports. The accuracy and thoroughness of these reports are as critical to DDS service provision as the annual budget.

6 - Creates and maintains the accuracy of data in numerous DDS-specific spreadsheets to track the figures for all the required federal reports. This includes the quarterly federal report of the DDS staffing hours (SSA-4514) and ensuring from month to month that personnel and most operating costs are accurately apportioned between federal (SSA) and state Medicaid funding sources, based on the number of federal and state claims adjudicated in the quarter. For case-specific medical costs, this position works closely with the Administrative Services Manager to create reports that reflect accurate data for the costs to be charged to SSA vs. State Medicaid by the specific case.

7 - Each quarter, this position must assist with the submission of federal form 4513 for each federal fiscal year that is still open. Fiscal years must be kept open until all possible obligations have been disbursed or de-obligated, because the state must draw down funds from the correct federal fiscal year. DDS pays thousands of relatively small bills for medical exams and medical record expedite fees, so ensuring the report of each of these payments in the correct quarter by obligation date requires high accuracy and attention to detail. It also requires investigative and analytical abilities to track down the specific charges that are the cause of each quarter's reconciliation issues. Lastly, it requires creative ability to find new/improved ways to streamline a very complex process while maintaining absolute accuracy. This often involves collaboration with state fiscal and IT staff.

8 - The SSA-4514 involves the reporting of all staffing hours by position category (administrative, supervisory, adjudicator, clerical support, systems, medical consultant, etc.), broken out by the type of hours (on duty, holiday, leave, overtime) and separated into full-time, part-time and temporary employees. These hours must be further broken out and prorated by the percentage of federal vs. state claims adjudicated in the quarter. It must be reported based on the work hours in the quarter, not on when the employees were paid for them.

Timely and Accurate Processing of Invoices

1- Processing of Disability Determination Services invoices (\$7.6 million annual division budget) to pay for expenses incurred in the adjudication of Social Security, Supplemental Security Income, and Medicaid claims to determine eligibility for medical disability.

2 - Processing an assortment of invoices related to requests for medical evidence (MER),

consultative examinations (CE), and travel reimbursement. This position will supervise the authorization of these payments and assist with complex vendor payment issues. Vendors submit the majority of invoices electronically to an electronic folder (EF) maintained by SSA. This requires an in depth understanding of SSA's federal system and the (EF) in order to access and print the electronic invoice. For MER, each invoice must be accessed and reviewed in the EF to determine if the MER was received, and if the vendor qualifies for an expedite fee (received within required timeframe). If the vendor doesn't meet the expedite fee, a letter of explanation must be sent to the vendor. If the vendor qualifies for an expedite fee and does not have a Vision number, a W-9 must be requested. Once a W-9 is received it must be reviewed for completeness and then submitted to VISION for a vendor number. If the invoice is authorized, it is included in the weekly batch process for payment via VISION. For CEs, each invoice must be accessed and reviewed to determine if the provider submitted a complete, signed report. If the signed report is in the EF, the invoice can be authorized for payment; or a record review fee may be authorized when the claimant doesn't keep the appointment. - To reimburse claimant travel, each voucher must be reviewed to determine if the claimant kept the CE. If the claimant has a VISION vendor number, the voucher is authorized and included in the weekly batch process for payment via VISION. If claimant does not have a VISION vendor number (most do not), the voucher is held until the request for a VISION vendor number is processed. Then the voucher is authorized for payment and processed in the weekly batch process for payment via VISION.

3 - Responsible for the accuracy of entries in the DDS fiscal system and in VISION (State Accounting System). Must have an in-depth knowledge of Federal policies and procedures and Bulletin 3.5 contract & grant requirements in order to process such invoices appropriately and adhere to payment terms.

4 - Must have a complete understanding of DDS and DCF Business Office policy related to invoice processing, to include maintaining proper audit trails, process turnaround timelines, the written payment approval process, date stamping, purchase order (P.O.) requirements, prompt and courteous customer service & record retention. Uses in-depth understanding of the complex coding structure for operating expenditures for the DDS. Thorough understanding of the State procurement and P.O. guidelines related to operating expenditures is required.

5 - Requires strong working knowledge of the chart of accounts structure for the DDS. Must be able to code invoices independently & accurately using a complex program driven coding structure.

6 - Responsible for responding to all provider payment inquiries related to Disability Determination Services Division payments. Must do so in a courteous, informative and prompt manner. Vendor telephone inquiries average 10 per day; and average 30 minutes to research and resolve the issue.

7 – Must develop and maintain strong relationships with DCF Business Office and the billing offices with our vendors to ensure timely processing of invoices.

DDS Recoupment Process and Other Reimbursements.

1 - Must have a strong working knowledge of the VISION system to establish accounts payable and receivable transactions.

2 -Must make the appropriate transaction on the DDS fiscal records to mirror the accounts receivable transaction.

3 - Deposits funds into the State depository account in a timely fashion and enters the corresponding transaction in the VISION accounting system accurately.

Accurate Time Reporting - Responsible for ensuring DDS staff time reports are accurate and entered timely. Must have working knowledge of time sheet codes.

1 - Ensure a time report for each DDS medical consultant is submitted accurately and timely. These employees work highly variable schedules from week to week. This position reviews their VTHR time reports and ensures the hours match their respective internal DDS log sheets submitted daily, and ensures that the daily logs are internally consistent (start and end times, total work time, and sum of times for various specific tasks). This requires significant correspondence and follow-up with the medical consultants to obtain missing time logs and inquire about discrepancies between reported time and log sheets. Once all time has been reviewed, reconciled and verified, notifies the Director as required for approval.

2 - Sometimes requires communication with DCF Business Office or Payroll to resolve coding issues or to obtain payroll codes for unusual leave (e.g., military or jury duty)

3 - Must maintain documentation to prepare federal fiscal report and for audit trail.

Ensuring DDS in-house vendor file reflects the State's VISION vendor information. The DDS vendor file contains over 12,000 active vendors.

1 – Notify DDS vendor file specialist of changes to vendor information provided by the vendor, or other source.

2 - Prepare and submit vendor request change form to Finance when VISION vendor number needed. Update DDS vendor file with VISION number.

3 - Add vendors as appropriate.

4 - Requires communication with the vendor to obtain tax information (sole proprietor, association, etc.)

5 - Must have the ability to appropriately apply vendor tax status to VISION tax requirements.

Responsible for maintaining an accurate fiscal database for MER, CE, and client travel obligations and disbursements.

1 - Each month, must de-obligate outstanding MER authorizations which did not qualify for payment authorization; did not request payment for medical; or for other reasons.

2 - Each month, must review pending CE authorizations to determine if the CE should be paid or de-obligated. Must determine if the claimant kept the CE; if the signed CE report was received; contacts the medical provider to resolve issues as needed.

3 - Each month, must de-obligate pending travel authorizations if claimant did not submit a signed travel authorization.

4 - Requires communication with vendors to resolve issues with outstanding invoices.

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*.

Disability Determination Services – interacts with all DDS staff, explaining business processes and underlying reasons for them; providing guidance for issues the staff may raise; collaborating with and/or guiding staff teams, such as the Process Mapping Team; collaborating, problem solving, and facilitating change with team-mates on the DDS leadership team. Supervises other fiscal and support staff as described above.

Social Security Administration – Consults with Regional and Central Offices around financial matters and systems issues affecting fiscal processes, tracking, and funds management. Topics include fiscal projections, budget management, budget adjustments and scrubs, fiscal IT needs planning, etc. Interactions take the form of telephone conversations, email, formal written proposals and reports, regional and national teleconferences, user needs analysis conferences, etc.

AHS and DCF Business Office Staff – works closely with the Agency and Department Business Office staff around the contract process, federal fiscal reporting, budget management, audit issues, lease issues, personnel issues, etc. Educates state staff in SSA fiscal documentation and management requirements.

SOV Department of Finance and Management – Verifies payment vendor information and resolves payment discrepancies related to vendor errors. Works with VISION Help Desk to clear up problems with fiscal transactions processed through VISION. Communicates with payroll to resolve pay and leave issues.

SOV Treasurer's Office – Resolves benefit payment discrepancies linked to returned checks.

SOV Tax Department – Monitors payments to vendors that are appropriated by the Tax Department.

Various other SOV Agencies/Departments – Works with the Records Center to ensure records are appropriately archived, following the State's guidelines.

Federal/State Auditors – provides requested information (or oversees/ensures its provision) to federal and state auditors. Discusses issues, researches questions and informs auditors of the research findings. May draft response to audit findings and discuss them with Social Security and/or the State.

3. Are there licensing, registration, or certification requirements; or special or unusual skills necessary to perform this job?

Include any special licenses, registrations, certifications, skills; (such as counseling, engineering, computer programming, graphic design, strategic planning, keyboarding) including skills with specific equipment, tools, technology, etc. (such as mainframe computers, power tools, trucks, road equipment, specific software packages). Be specific, if you must be able to drive a commercial vehicle, or must know Visual Basic, indicate so.

This position requires extensive knowledge of financial management and accounting principles and processes, budgetary projection and tracking tools, as well as office management, supervision, and team building skills. Technical knowledge must encompass the VISION modules and the A/P and A/R functions in the Agency databases & SSMS, as well as proficiency with EXCEL and other Microsoft Office programs. This position requires or must quickly develop an in-depth knowledge of Social Security's fiscal management and reporting policies and procedures and a working knowledge of SSA and DDS system databases, reports, and queries.

High level of communication (oral, written) skill is required.

Thorough knowledge of accounting principles and practices, internal assessment guidelines & controls and strong working knowledge of Federal fiscal policies and procedures as well as State contract & grant guidelines.

In-depth knowledge of the chart of account structures used in the DDS/DCF Business Office in order to code independently & accurately; to include budget checking & approving entries.

Indepth knowledge of SSA's federal computer system, the DDS's in-house computer system, and the State's computer system.

4. Do you supervise?

In this question "supervise" means if you direct the work of others where you are held **directly** responsible for assigning work; performance ratings; training; reward and discipline or effectively recommend such action; and other personnel matters. List the names, titles, and position numbers of the classified employees reporting to you:

No

5. In what way does your supervisor provide you with work assignments and review your work?

This question deals with how you are supervised. Explain how you receive work assignments, how priorities are determined, and how your work is reviewed. There are a wide variety of ways a job can be supervised, so there may not be just one answer to this question. For example, some aspects of your work may be reviewed on a regular basis and in others you may operate within general guidelines with much independence in determining how you accomplish tasks.

This position works independently and is responsible for prioritizing and planning/managing its own projects to meet all deadlines. Most assignments are on a monthly, quarterly, or annual schedule and/or come directly from Social Security or the DCF Business Office. The DDS Director and Administrative Services Manager are available for guidance with unique and unusual situations that may arise. In general, the work product is reviewed by the overseeing manager, who either receives a copy of the final report or signs off on it. For

lengthy projects and complex reports, the overseeing manager may review project milestones or earlier drafts of the report.

6. Mental Effort

This section addresses the mental demands associated with this job. Describe the most mentally challenging part of your job or the most difficult typical problems you are expected to solve. Be sure to give a specific response and describe the situation(s) by example.

- For example, a purchasing clerk might respond: *In pricing purchase orders, I frequently must find the cost of materials not listed in the pricing guides. This involves locating vendors or other sources of pricing information for a great variety of materials.*
- Or, a systems developer might say: *Understanding the ways in which a database or program will be used, and what the users must accomplish and then developing a system to meet their needs, often with limited time and resources.*

The deadlines this position must meet are extremely challenging. Quarterly federal reports rely upon other reports that are not available until very close to the deadline, giving only a very small window in which to work on and complete the federal reports. Reports out of different financial databases with different recorded information values must be reconciled exactly in a very short period of time. Social Security has set deadlines for annual budget proposals and quarterly spend plans, which overlap with the federal reports, making timely completion of all very difficult to accomplish. This position must produce the same reports and plans that a larger DDS produces with significantly more fiscal staff.

The position must juggle these requirements along with the day to day and even hour to hour requirements to respond to the needs of employees and the workload they process for the DDS to be successful in its service provision. This requires incredible flexibility and focus, with the ability to shift rapidly among many interlocking and high priority projects and responsibilities without losing any of the details, and while being frequently interrupted with challenging questions and issues, the speedy resolution of which is critical to DDS's processing its workload.

7. Accountability

This section evaluates the job's expected results. In weighing the importance of results, consideration should be given to responsibility for the safety and well-being of people, protection of confidential information and protection of resources.

What is needed here is information not already presented about the job's scope of responsibility. What is the job's most significant influence upon the organization, or in what way does the job contribute to the organization's mission?

Provide annualized dollar figures if it makes sense to do so, explaining what the amount(s) represent.

For example:

- A social worker might respond: *To promote permanence for children through coordination and delivery of services;*
- A financial officer might state: *Overseeing preparation and ongoing management of division budget: \$2M Operating/Personal Services, \$1.5M Federal Grants.*

This position plans, monitors, tracks, and assists with the reconciliation of the DDS Division's federal budget of \$7.6 million or more annually, including personal services contracts, office operating costs, staff salaries and benefits, and claim development costs. This position is partly responsible for taking the DDS vision and translating it into a specific and persuasive budget request that will receive Social Security funding, and then tracking, and controlling quarterly and monthly expenditures to remain within budget. It is expected to identify additional needs for federal and/or state budget adjustment early enough to keep the DDS from going over budget. It is accountable for accurate reconciliation of all expenditures and for accurate assignment/apportionment of costs to Social Security versus State Medicaid.

8. Working Conditions

The intent of this question is to describe any adverse conditions that are routine and expected in your job. It is not to identify special situations such as overcrowded conditions or understaffing.

- a) What significant mental stress are you exposed to? All jobs contain some amount of stress. If your job stands out as having a significant degree of mental or emotional pressure or tension associated with it, this should be described.

| Type | How Much of the Time? |
|--|-----------------------|
| Stress of multiple high priority projects with overlapping deadlines and critical consequences (audit findings, inadequate funding for all of DDS operations, staffing, and contracts, confidentiality breaches, problems meeting workload expectations, etc.). See Mental Effort section above. This job involves very high mental stress and the ability to manage it very calmly. | Constant |
| Mid/High Stress Level: Providing reliable & courteous customer service | 25% |
| Mid Level: In depth knowledge of the chart of accounts for DDS & ensuring coding accuracy in multiple subsystems | 15% |

- b) What hazards, special conditions or discomfort are you exposed to? (Clarification of terms: **hazards** include such things as potential accidents, illness, chronic health conditions or other harm. Typical examples might involve exposure to dangerous persons, including potentially violent customers and clients, fumes, toxic waste, contaminated materials, vehicle accident, disease, cuts, falls, etc.; and **discomfort** includes exposure to such things as cold, dirt, dust, rain or snow, heat, etc.)

| Type | How Much of the Time? |
|---|-----------------------|
| Exposure to claimants who may be stressed to the point of making suicidal or homicidal threats - usually by phone, but can be in person. Supervises staff responsible for reception - telephone and in-person, and is responsible for their appropriate handling of such incidents. May function as the Director Designate for emergency office issues, when the Director is out of the office. | Occasional |

| | |
|--|--|
| | |
| | |

c) What weights do you lift; how much do they weigh and how much time per day/week do you spend lifting?

| Type | How Heavy? | How Much of the Time? |
|--------------------------------|------------|-----------------------|
| Minimal lifting - file folders | 1-5 pounds | variable |
| | | |

d) What working positions (sitting, standing, bending, reaching) or types of effort (hiking, walking, driving) are required?

| Type | How Much of the Time? |
|---|-----------------------|
| Mostly sitting, some walking around the office, occasional travel - driving and/or taking air transportation to federal or state conferences, training sessions, working meetings, etc. | 80% |
| Standing, Bending & Reaching | 20% |

Additional Information:

Carefully review your job description responses so far. If there is anything that you feel is important in understanding your job that you haven't clearly described, use this space for that purpose. Perhaps your job has some unique aspects or characteristics that weren't brought out by your answers to the previous questions. In this space, add any additional comments that you feel will add to a clear understanding of the requirements of your job.

The DDS is 100% federally funded. The DDS follows not only the state fiscal guidelines, it also adheres to the federal policies and procedures. The federal fiscal year runs from 10/1-9/30 based on the date of obligation; the state fiscal year runs from 7/1-6/30 based on date paid. The 3-month overlap of state and federal fiscal years requires a separate fiscal process to provide current and accurate data for state and federal reports.

Employee's Signature (required): vacant Date: 7.10.2020

Supervisor's Section:

Carefully review this completed job description, but **do not** alter or eliminate any portion of the original response. Please answer the questions listed below.

1. What do you consider the most important duties of this job and why?

Fiscal Reporting/Management

- ◆Program and cost trend analysis
- ◆Monthly and quarterly federal and state fiscal reporting of highly complex data
- ◆Exacting monthly and quarterly reconciliation of expenditures and encumbrances between different accounting systems
- ◆Development and insurance of tight internal accounting processes and control systems
- ◆Oversight of accurate payment and financial data input into DDS systems and VISION
- ◆Accurate case cost distribution among four programs: Social Security Title II, Title XVI, Concurrent, and State Medicaid
- ◆Accurate allocation of DDS operating costs between Social Security and Medicaid
- ◆Oversight of staff and contract employee time reporting and expense accounting

Communication

High communication and interpersonal skills, with a strength in team-building

Develop and maintain strong peer relationships with Operations Supervisors and Systems. In this position the financial and business process expert in the DDS must be able to forge positive relationships between support staff and the adjudicator staff and collaborate with IT to ensure continuous service and process improvement in the DDS.

Accurate/Timely Reports

Processing accurate and timely payments to vendors. If we have issues with vendors not receiving payment or receiving inaccurate payment, the medical providers could choose not to provide MER or to not perform CE for disability applicants. This would prevent this office from providing a critical service to needy Vermonters.

Federal policies and procedures, and State guidelines.

Excellent customer service in view of the numerous customer interactions.

2. What do you consider the most important knowledge, skills, and abilities of an employee in this job (not necessarily the qualifications of the present employee) and why?

Ability to juggle many high priority projects with complex, interconnecting components and overlapping due dates, and the ability to successfully meet these deadlines while maintaining

availability to answer multiple daily questions of high complexity from program, fiscal, and public relations staff.

◆ Thorough knowledge of accounting principles, budget development and administration, financial analysis, cost allocation, contracts, federal and state fiscal rules, and methods of ensuring fiscal integrity.

◆ Ability to analyze and accurately solve accounting problems, discover errors, and use system tools to obtain and analyze pertinent, useful financial data.

◆ Ability to develop creative solutions to complex problems involving fiscal and business process issues.

3. Comment on the accuracy and completeness of the responses by the employee. List below any missing items and/or differences where appropriate.

This review is accurate and complete. I have nothing to add at this time.

4. Suggested Title and/or Pay Grade:

Financial Administrator I / PG 22

Supervisor's Signature (**required**): _____ Date: _____

Personnel Administrator's Section:

Please complete any missing information on the front page of this form before submitting it for review.

Are there other changes to this position, for example: Change of supervisor, GUC, work station?

Yes No If yes, please provide detailed information.

Attachments:

Organizational charts are **required** and must indicate where the position reports.

Draft job specification is **required** for proposed new job classes.

Will this change affect other positions within the organization? If so, describe how, (for example, have duties been shifted within the unit requiring review of other positions; or are there other issues relevant to the classification review process).

Suggested Title and/or Pay Grade:

Financial Administrator I / PG 22

Personnel Administrator's Signature **(required)**: Kelly Knowlton, HR Date: 7/10/2020

Appointing Authority's Section:

Please review this completed job description but **do not alter** or eliminate any of the entries. Add any clarifying information and/or additional comments (if necessary) in the space below.

Suggested Title and/or Pay Grade:

as assigned

Doreen A. Marquis
Appointing Authority or Authorized Representative Signature **(required)**

7.10.2020
Date

VERMONT DEPARTMENT OF PERSONNEL
Request for Classification Review
Position Description Form A

- **This form is to be used by managers and supervisors to request classification of a position (filled or vacant) when the duties have changed, and by managers and supervisors to request the creation of a new job class/title (for a filled, vacant, or new position), and by employees to request classification of their position.**
- This form was designed in Microsoft Word to download and complete on your computer. This is a form-protected document, so information can only be entered in the shaded areas of the form.
- If you prefer to fill out a hard copy of the form, contact your Personnel Officer.
- To move from field to field use your mouse, the arrow keys or press Tab. Each form field has a limited number of characters. Use your mouse or the spacebar to mark and unmark a checkbox.
- Where additional space is needed to respond to a question, you might need to attach a separate page, and number the responses to correspond with the numbers of the questions on the form. Please contact your Personnel Officer if you have difficulty completing the form.
- The form must be complete, including required attachments and signatures or it will be returned to the department's personnel office. All sections of this form are required to be completed unless otherwise stated.

INSTRUCTIONS: Tell us about the job. The information you provide will be used to evaluate the position. It will not be used in any way to evaluate an employee's performance or qualifications.

Answer the questions carefully. The information you give will help ensure that the position is fairly evaluated. Here are some suggestions to consider in completing this questionnaire:

- Tell the **facts** about what an employee in this position is actually expected to do.
- Give **specific examples** to make it clear.
- Write in a way so a person unfamiliar with the job will be able to understand it.
- Describe the job **as it is now**; not the way it was or will become.
- Before answering each question, read it carefully.

To Submit this Request for Classification Review: If this is a filled position, the employee must sign the original* and forward to the supervisor for the supervisor's review and signature. The Personnel Officer and the Appointing Authority must also review and sign this request before it is considered complete. The effective date of review is the beginning of the first pay period following the date the complete Request for Classification Review is date stamped by the Classification Division of the Department of Personnel.

*An employee may choose to sign the form, make a copy, submit original to supervisor as noted above, while concurrently sending the copy to the Classification Division, 144 State Street, Montpelier, with a cover note indicating that the employee has submitted the original to the supervisor and is submitting the copy as a **Concurrent** filing.

If this is a request (initiated by employees, VSEA, or management) for review of all positions in a class/title please contact the appropriate Classification Analyst or the Classification Manager to discuss the request prior to submitting.

Request for Classification Review Position Description Form A

For Department of Personnel Use Only

| | |
|--|-----------------------|
| Notice of Action # _____ | Date Received (Stamp) |
| 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 _____ |
| Comments: | Effective Date: _____ |
| | Date Processed: _____ |
| Willis Rating/Components: Knowledge & Skills: _____ | Mental Demands: _____ |
| Working Conditions: _____ | Accountability: _____ |
| | 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:
Position Type: Permanent or Limited / Funding Source: Core, Partnership, or Sponsored
Vacant Position Number: Current Job/Class Title:
Agency/Department/Unit: Work Station: Zip Code:
Supervisor's Name, Title and Phone Number:

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.

Disability Claim Analysis. The central duty of the DDS Adjudicator I is to determine

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

claimant's family members and others assisting the claimant (who may or may not be authorized to know confidential claim information), attorneys and other representatives, employers, vocational counselors, community advocates, teachers and special educators, Social Security and VHAP claims professionals, Congressional staff, state legislators, etc. The Adjudicator I must have a finely tuned knowledge of the laws governing confidentiality and uses a great deal of diplomacy whenever a caller (even a close family member) does not have authorization to be given the information they are seeking. Without authorization, the Adjudicator I may not even acknowledge the existence of the claim and must watch every word spoken to ensure that the claim's existence cannot be even inferred from the conversation. To maintain good public relations while maintaining such a high level of strict confidentiality requires the Adjudicator I to be exceptionally creative and diplomatic.

3. Are there licensing, registration, or certification requirements; or special or unusual skills necessary to perform this job?

Include any special licenses, registrations, certifications, skills; (such as counseling, engineering, computer programming, graphic design, strategic planning, keyboarding) including skills with specific equipment, tools, technology, etc. (such as mainframe computers, power tools, trucks, road equipment, specific software packages). Be specific, if you must be able to drive a commercial vehicle, or must know Visual Basic, indicate so.

The Adjudicator I needs to have strong deductive and inductive reasoning skills, the ability to grasp highly detailed and conceptually complex concepts, and the ability to perform the complex case-specific analysis and evaluation that go into each decision with exceptionally high accuracy and speed. The Adjudicator I must develop the medical knowledge to grasp the finer implications of medical findings, treatment plans, and test results, to accurately assess the applicant's credibility and the weight that doctors' opinions should carry, and to accurately interpret the impact of all the applicant's impairments in combination on his/her ability to function at different types of work on a sustained basis. The Adjudicator I must also have highly developed organizational and time management skills, including the ability to prioritize and complete many competing, important responsibilities. The Adjudicator I must have strong communication skills - active listening, sensitive and focused questioning, skills for diffusing highly emotionally charged interactions, and diplomacy skills for confrontation. His/her oral and written comprehension and clarity, and the ability to communicate on a variety of language levels from second grade English all the way up to highly technical and medical reasoning and discussion, are also critical. The Adjudicator I also must have the capacity for insight and objectivity, to recognize one's own assumptions and biases, to be aware of what one doesn't know, and to be open to correction and continual learning. Lastly, the Adjudicator I needs to be self-motivated with high personal performance standards and energy, and also the inner confidence, flexibility and perseverance required to survive the first exceptionally steep, long learning curve and then continually needed to successfully overcome all the obstacles that will be encountered in case development and conflict resolution.

4. Do you supervise?

In this question "supervise" means if you direct the work of others where you are held **directly** responsible for assigning work; performance ratings; training; reward and discipline or effectively recommend such action; and other personnel matters. List the names, titles, and position numbers of the classified employees reporting to you:

No.

5. In what way does your supervisor provide you with work assignments and review your work?

This question deals with how you are supervised. Explain how you receive work assignments, how priorities are determined, and how your work is reviewed. There are a wide variety of ways a job can be supervised, so there may not be just one answer to this question. For example, some aspects of your work may be reviewed on a regular basis and in others you may operate within general guidelines with much independence in determining how you accomplish tasks.

Cases are assigned by computer program, according to parameters set by management for priority and volume. Adjudicators get new cases daily and on average it takes 60-70 days to complete a case, so that at any given time adjudicators have many cases in all different stages of development, depending on each case's unique issues. It is up to the adjudicator to keep all cases moving optimally for each individual case, so as to maintain an outflow of decisions equal to the caseload intake, so that the caseload remains at a manageable size. Supervisors monitor caseload size but when a caseload starts to get too large, it is the adjudicator who must figure out why and what to do to turn the situation around. The adjudicator must have the ability to continually self assess and self correct/improve; otherwise, the problem solving is like looking for a variety of needles in a very large haystack. Supervisors can suggest possible issues for the adjudicator to consider based on typical caseload management best practices and challenges and/or observations from a limited number of case reviews, but the Adjudicator is ultimately responsible for case decisions and caseload productivity. Supervisors undertake full caseload reviews only when an adjudicator is in serious performance difficulty.

Of course, supervision varies with experience and performance. A beginning Adjudicator I may have every case reviewed until the appropriate levels of knowledge and skill have been demonstrated. Supervision then progresses to review of a random sample of cases and is eventually reduced to review only of those cases for which the Adjudicator I has requested a second opinion.

At full performance, an Adjudicator I functions independently, setting caseload priorities independently and managing a caseload of 150-200 cases with optimal efficiency and timeliness. The supervisor evaluates the adjudicators' work through statistical measures of quality of case decisions (derived from the federal SSA random quality review of claims completed by all DDS's in the nation), PD volume and reversal rate, caseload productivity (dispositions/receipts), average processing time, percentage of aged cases, consultative exam rate and associated expenditures from the yearly budget. Each Adjudicator is responsible for figuring out how best to manage his/her caseload to accomplish the required outcomes (better than 96% accuracy, better than 95% productivity, less than 15% of caseload pending 70+ days, average case processing time faster than 90 days, etc.)

6. Mental Effort

This section addresses the mental demands associated with this job. Describe the most mentally challenging part of your job or the most difficult typical problems you are expected to solve. Be sure to give a specific response and describe the situation(s) by example.

- For example, a purchasing clerk might respond: *In pricing purchase orders, I frequently must find the cost of materials not listed in the pricing guides. This involves locating vendors or other sources of pricing information for a great variety of materials.*
- Or, a systems developer might say: *Understanding the ways in which a database or program will be used, and what the users must accomplish and then developing a system to meet their needs, often with limited time and resources.*

There is an enormous number of factors which may come into play in any decision made by an Adjudicator I. On the medical side alone, the Adjudicator I may be dealing with physical, mental, and/or emotional illness, with multiple illnesses, with conflicting diagnoses from multiple specialists who may not have considered the opinions of their colleagues, with symptomatology which is unexplained through any existing diagnosis, with a broad array of drugs and their possible side effects, with the impact of various environmental factors upon symptomatology, etc. While not all of these factors are present in every case, the typical case includes most of them, and the Adjudicator I must always keep them in mind so that their possible presence or emergence at any point during case development will be noted and assessed. Each case is different and must be differentially developed and evaluated. The job is never routine.

One of the most demanding part of the Adjudicator I's job is the need to constantly make judgments, often on less than adequate information. Judgments must be made at the very beginning of a case to determine what evidence to seek. As each bit of information arrives, further judgments must be made on its accuracy, relevance, completeness, credibility, and impact on the previously made judgments about the case, increasing exponentially the thought processes needed to pursue development appropriately and eventually make an accurate determination of disability. The Adjudicator I must be prepared to defend each and every one of these judgments. He/she must have sufficient confidence in these judgments to be able to effectively dispute conclusions and obtain revisions from medical specialists; to explain and defend these judgments to claimants and/or their legal representatives; and even to confront claimants with them in very highly charged and emotional situations.

7. Accountability

This section evaluates the job's expected results. In weighing the importance of results, consideration should be given to responsibility for the safety and well-being of people, protection of confidential information and protection of resources.

What is needed here is information not already presented about the job's scope of responsibility. What is the job's most significant influence upon the organization, or in what way does the job contribute to the organization's mission?

Provide annualized dollar figures if it makes sense to do so, explaining what the amount(s) represent.

For example:

- A social worker might respond: *To promote permanence for children through coordination and delivery of services;*
- A financial officer might state: *Overseeing preparation and ongoing management of division budget: \$2M Operating/Personal Services, \$1.5M Federal Grants.*

Each Adjudicator I is accountable for the accuracy of their determinations (both decision accuracy and completeness and appropriateness of development) and their average processing time per case. The DDS must meet the regulatory performance expectations for these two criteria and for the DDS to be in compliance, each adjudicator must achieve the high accuracy and fast processing times expected. Adjudicators are also accountable for their productivity, in the number of cases they complete. SSA funds DDS's according to the expected number of claims and an expected level of productivity per work year. If adjudicators are not highly productive, SSA may decrease the DDS's funding, not to mention the potential harm to applicants whose claims are not processed accurately and

timely.

DDS is totally funded by the Social Security Administration. Its budget of an estimated \$5.33 million (for Federal FY 2013) is determined by the number of cases successfully processed, the case development costs, and the productivity per work year and per adjudicator. The Adjudicators exercise a strong supporting influence over the entire budget of the Division through their productivity and their decisions to pay for evidence, special examinations, and claimant travel to examinations.

Through their disability determinations, Adjudicators significantly influence the expenditure of very large amounts of both federal and state money in cash benefits and healthcare coverage to persons with disabilities over a period of one to seven years (the length of time before an allowance determination will be reviewed and updated). Even when the medical eligibility is reviewed, benefits cannot be stopped based on a difference in adjudicator judgment. Even when a determination is clearly erroneous determinations, the sums expended are rarely recoverable. When the judgment on which the decision is based is questionable, not only are the benefit dollars not recoverable, but in the absence of clearly documented substantial medical improvement, that decision binds all subsequent decisions. According to SSA, each month it provides Vermonters with over \$24.3 million in disability benefits to over 25,300 disabled residents. It is DDS Adjudicators whose work determines the medical eligibility of those residents to receive those benefits.

Adjudicators also have accountability for a budget up to \$65,000 per anum to be used for consultative examinations they deem necessary. In addition, each Adjudicator authorizes expenditure of another \$35,000 or so per annum to treating medical sources for expediting their response to the Adjudicator's requests for evidence of record. The Adjudicator I has complete control of these funds within the annual budgeted amount.

Adjudicators are also accountable for protecting the confidentiality of the extensive personal and medical information, and maintaining the security of the Social Security and IRS data, to which they have access.

8. Working Conditions

The intent of this question is to describe any adverse conditions that are routine and expected in your job. It is not to identify special situations such as overcrowded conditions or understaffing.

- a) What significant mental stress are you exposed to? All jobs contain some amount of stress. If your job stands out as having a significant degree of mental or emotional pressure or tension associated with it, this should be described.

| Type | How Much of the Time? |
|--|---|
| Claimant calls, which are frequently very highly charged emotionally up to and including threats of homicide or suicide. The Adjudicator must diffuse the high levels of anger, frustration and/or despair if possible, and take appropriate subsequent actions to protect life and safety, such as getting the claimant referred for treatment, helping them find necessary community resources, and alerting a DDS supervisor or the Division Director to a serious immediate threat of violence, homicide or suicide, which will require further contact with the police or | Most claimant calls are fraught with emotion of some sort, and the Adjudicator I handles around 20 to 40 of these a day. Suicide threats are less frequent although still fairly common, averaging several per month. Homicide and threats of violence towards another are relatively rare, averaging |

| | |
|---|---|
| <p>other authorities. Additionally the Adjudicator I must assess the risk of a claimant responding to the Adjudicator's denial notice with a suicide or homicide attempt and make necessary arrangements for the notice delivery to be specially handled by Social Security or ESD to minimize the risk.</p> | <p>around one serious threat a year for the DDS as a whole.</p> |
| <p>The impact of the Adjudicator's decisions on claimants' lives. The Adjudicator is constantly aware that his/her claimants have lost their source of support for themselves and their families, are ill, and have minimal other resources. Often claimants have lost healthcare insurance just when they most need treatment. On a daily basis, the Adjudicator I receives calls from desperate claimants needing their claim to be allowed right away. These claimants and their legal representatives and other interested parties often accuse the Adjudicator of taking too long to make a decision. If the Adjudicator does not allow the claim quickly, he/she knows the devastating impact on the claimant, yet claim development must still be done accurately and carefully to meet the stringent medical and legal standards. Even in the face of truly heart-rending situations of financial hardship and desperate need for medical treatment, the Adjudicator may find that the person is not medically or legally eligible. In such situations, the Adjudicator must deny the claim, regardless of caring and concern for the claimant's situation.</p> | <p>On average 40-60% of an Adjudicator's decisions will be denials. Of the allowances, only about 10-15% can be granted within 25 days. The rest take 60 days or more on average to achieve sufficient medical and legal documentation.</p> |
| <p>The pressure of high performance regulatory requirements on the DDS and hence on each Adjudicator to complete a high number of accurate determinations very fast, while giving each claimant the individual attention necessary. The average available task time per case (over the life of the case development and decision-making process) is only 4 hours. The constant competing pressures of accuracy and volume, thoroughness and speed, causes an extreme amount of emotional pressure.</p> | <p>Constant</p> |

- b) What hazards, special conditions or discomfort are you exposed to? (Clarification of terms: **hazards** include such things as potential accidents, illness, chronic health conditions or other harm. Typical examples might involve exposure to dangerous persons, including potentially violent customers and clients, fumes, toxic waste, contaminated materials, vehicle accident, disease, cuts, falls, etc.; and **discomfort** includes exposure to such things as cold, dirt, dust, rain or snow, heat, etc.)

| Type | How Much of the Time? |
|---|-----------------------|
| <p>There is the potential of exposure to violent claimants, but although threats are received, the risk of actual harm is minimal, given the physical</p> | |

| | |
|--|--|
| security of the office and the security procedures in place. | |
| | |
| | |

c) What weights do you lift; how much do they weigh and how much time per day/week do you spend lifting?

| Type | How Heavy? | How Much of the Time? |
|--|--------------|-----------------------|
| Boxes of paper with claimant personal information which must be shredded | up to 20 lbs | once a month |
| | | |

d) What working positions (sitting, standing, bending, reaching) or types of effort (hiking, walking, driving) are required?

| Type | How Much of the Time? |
|--|-----------------------|
| Sitting | 95% of the time |
| Visual effort - reading large electronic documents, mostly in image form, on screen (150 pages per case on average) along with other case data in multiple software programs and databases. Adjudicators typically use 3 monitors so as to be able to read, compare and analyze three documents/screens at a time. Researching medical and vocational information on line. | 98% |
| Repetitive handling/fingering - recording case actions, telephone conversations, decision explanations and other case judgments, etc. on the computer; scrolling through large electronic documents, bookmarking and annotating those documents, moving through multiple software programs and databases simultaneously, doing online research, etc. | 98% of the time |

Additional Information:

Carefully review your job description responses so far. If there is anything that you feel is important in understanding your job that you haven't clearly described, use this space for that purpose. Perhaps your job has some unique aspects or characteristics that weren't brought out by your answers to the previous questions. In this space, add any additional comments that you feel will add to a clear understanding of the requirements of your job.

Employee's Signature (required): vacant Date: 7.10.2020

Supervisor's Section:

Carefully review this completed job description, but **do not** alter or eliminate any portion of the original response. Please answer the questions listed below.

1. What do you consider the most important duties of this job and why?

I agree with the duties as described above. In addition, I would note that the Adjudicator I must manage the multitude of judgments and decisions to be made daily on each case in the context of a caseload of as many as 200 claims at a time, in all different stages of development. The Adjudicator I must juggle the case action needs of all their cases and take all actions promptly on all cases, including the complex evaluations of physical residual functional capacity. Managing a "production" caseload requires the Adjudicator I to make final determinations at the same rate as he/she receives new claims, in order to maintain a manageable caseload size. In order to prepare a sufficient number of cases for final determination quickly enough, the Adjudicator must determine the most effective actions to take and take them in the most timely and efficient manner possible. To meet the needs of their claimants, and to meet the production per FTE and claim processing requirements the Social Security Administration and the courts place on the DDS, Adjudicator's must self-regulate for their own optimal efficiency and speed of work, as well as the quality of their medical, legal and vocational judgments. Their individual outcomes are objectively measured, and their accountability is strictly enforced.

2. What do you consider the most important knowledge, skills, and abilities of an employee in this job (not necessarily the qualifications of the present employee) and why?

The most important skills and abilities are listed by the employee in #3 above. In addition, the Adjudicator I must have knowledge of the Social Security disability laws, regulations, rulings and court decisions in all their complexity, medical knowledge of body systems, physical, mental and psychological impairments, diagnostic tests, the course of illnesses, treatments, medical signs and symptoms and their functional impacts, and the Department of Labor and other reference material for job descriptions and occurrence in the national economy.

3. Comment on the accuracy and completeness of the responses by the employee. List below any missing items and/or differences where appropriate.

The foregoing is very complete. I have nothing further to add at this time

4. Suggested Title and/or Pay Grade:

Disability Determination Adjudicator I, pay grade 22

Supervisor's Signature (**required**): _____ Date: _____

Personnel Administrator's Section:

Please complete any missing information on the front page of this form before submitting it for review.

Are there other changes to this position, for example: Change of supervisor, GUC, work station?

Yes No If yes, please provide detailed information.

No

Attachments:

- Organizational charts are **required** and must indicate where the position reports.
- Draft job specification is **required** for proposed new job classes.

Will this change affect other positions within the organization? If so, describe how, (for example, have duties been shifted within the unit requiring review of other positions; or are there other issues relevant to the classification review process).

No

Suggested Title and/or Pay Grade:

Disability Determination Adjudicator I, pay grade 22

Personnel Administrator's Signature (**required**): Kelly Knowlton, HR Date: 7/10/2020

Appointing Authority's Section:

Please review this completed job description but **do not alter** or eliminate any of the entries. Add any clarifying information and/or additional comments (if necessary) in the space below.

Suggested Title and/or Pay Grade:

Disability Determination Adjudicator I, pay grade 22

Doreen A. Marquis 7.10.2020
Appointing Authority or Authorized Representative Signature (**required**) Date

VERMONT DISABILITY DETERMINATION SERVICES

