STATE OF WASHINGTON
OFFICE OF FINANCIAL MANAGEMENT
STATE HUMAN RESOURCES DIVISION | DIRECTOR'S REVIEW PROGRAM
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February 1, 2016

TO: Kristie Wilson
Acting Rules and Appeals Program Manager

FROM: Kris Brophy
Director's Review Program Specialist

SUBJECT: Sandra Daniels v. Department of Social and Health Services (DSHS)
Allocation Review Request ALLO-15-076

A consolidated Director's review has been completed regarding the allocation of the following positions:

Melanie Waller	Pauline Elwin-Smith
Sandra Daniels	Karen Rall

Director's Determination

This position review was based on the work performed for the six-month period prior to April 24, 2015, the date DSHS Human Resources Division, Classification and Compensation Unit (HRD CCU) received Ms. Daniels request for a position review. As the Director's Review Program Specialist, I carefully considered all of the documentation in the file, the exhibits and the verbal comments provided by the parties during the review conference. Based on my review and analysis of Ms. Daniels assigned duties and responsibilities, I conclude her position is properly allocated to the Social and Health Program Consultant 2 (SHPC 2) class.

Background

Ms. Daniels and three other employees filed position review requests with HRD CCU on April 24, 2015, requesting reallocation to the Social and Health Program Consultant 3 (SHPC 3) class.

HRD CCU conducted a position review and notified Ms. Daniels on July 2, 2015, that her position was properly allocated to the SHPC 2 class. (Exhibit B-1)

On July 31, 2015, OFM - State Human Resources received Ms. Daniels request for a Director's review of DSHS allocation determination. (Exhibit A-1)

On December 8, 2015, I conducted a combined review conference with the employees including Melanie Waller, Karen Rall, Pauline Elwin-Smith and Sandra Daniels. Also in attendance were

Addley Tole, Council Representative, WFSE; and Lester Dickson, Classification and Compensation Specialist, HRD CCU.

Rationale for Director’s Determination

The purpose of a position review is to determine which classification best describes the overall duties and responsibilities of a position. A position review is neither a measurement of the volume of work performed, nor an evaluation of the expertise with which that work is performed. A position review is a comparison of the duties and responsibilities of a particular position to the available classification specifications. This review results in a determination of the class that best describes the overall duties and responsibilities of the position. *Liddle-Stamper v. Washington State University,* PAB Case No. 3722-A2 (1994).

Organization Structure

Ms. Daniels serves as a Regional Contract Manager / Monitor (RCM) located within the Finance and Performance Evaluation Division of the Children Administration of DSHS. Her position is assigned to Region 3 and is located in Tacoma Washington. However, Ms. Daniels states in her comments in exhibit A-2 that for a portion of time during the review period she was assigned to Region 2 but worked out of Region 3.

Position Purpose

Ms. Daniels describes the purpose of her position in Section 1 of the PRR (exhibit B-4) as follows:

> Regional Contract Managers / Monitors (RCM's) develop, negotiate, execute and manage a diverse array of client service and personal service contracts and tribal and Inter-Local Agreements, to meet the needs of Children's Administration (CA) clients within their assigned geographical area. RCM's are most often the primary point of contact and provide regional leadership regarding CA's issues surrounding contracts. These agreements are used by CA staff to provide services to legally dependent children and their families and those whose intensive behavioral and social services needs put them at risk of entering the dependency system. In addition to creating and maintaining the actual agreements, RCM's train providers and CA staff about contract content and functions, monitoring the performance of providers; and engage in a wide variety of quality assurance activities with the purpose of mitigating risk to CA staff, clients and stakeholders and improving the clinical and financial effectiveness of services the Department pays for. The nine current RCM's collectively oversee 1050-1100 contracts resulting in the expenditure of several million dollars of public funds each year. The template agreements cover more than 20 different topics areas, plus each region has a variety of custom documents for specialized local projects.

Duties and Responsibilities

Ms. Daniels’s major job duties are summarized in the PRR as follows:

32% Contract Development & Management

5% Coordinate with CA managers to evaluate the department's needs for a sufficient number of contracted service providers who have backgrounds working with specific cultural groups or clinical topics within the scope of a contract. Additional providers may be recruited by the Regional Contracts Managers / Monitors (RCM), or existing contracts may not be renewed, depending on these needs.

20% Create, process, approve and execute in a precise and timely manner a diverse array of legally binding and enforceable client services contracts and Interlocal & tribal agreements to meet the needs of CA's clients in a manner which is in compliance with various laws and policies and which maximizes the clinically and financially effective use of state and federal resources. Increased emphasis is on contracts for evidence based interventions and which include performance based provisions for outcomes and payment.

7% RCM's identify / relay data and trends regarding provider's performance as well as compliance issues in an effort to mitigate any issues to CA, its clients, contractors and other stakeholders. (These trends may be numerical data or behavioral patterns). RCM's are essential participants in ongoing conversations about the application and enforceability of contract terms given their daily contact with community providers and CA staff who are using these agreements. This includes performance standards, report formats, staff qualifications and payment terms.

This input to Regional and HQ Program Managers and senior leadership results in continuous improvement of the precise terms of the contracts CA relies on to effectively serves its clients; and can also affect changes in CA's internal practices and procedures.

32% Contract Monitoring Tasks

15% Regional Contracts Managers / Monitors facilitate, lead and oversee a diverse array of monitoring activities for each region, which may include reviewing records submitted to CA, meetings with contractors, site visits to a provider's office; or other steps necessary to mitigate risk to CA clients and state resources and to improve provider performance. For DLR licensed placements, leadership responsibilities may be shared with the Regional Licensors who have similar obligations, but many topics are still the RCM's responsibility. For non-DLR related agreements, the RCM acts as the leader, identifying the contractually related issues, arranging necessary meetings, engaging the assistance of CA Program Managers, Fiduciaries, or other staff in addressing the complaint or completing the comprehensive site review.

Once concerns are clearly identified, the RCM will write the compliance agreement for the contractor; and then track the implementation and progress of that provider in successfully completing their plan with the goal of avoiding

subsequent recurrences of problems. Concise, yet thorough documentation of all contract monitoring activities is an essential RCM responsibility including both internal logs and files of situations, as well as clear and effective correspondence with contractors and CA staff about the problems and solutions.

12% RCM's are responsible for investigating and resolving questions, disputes & complaints from or between contracted providers and CA clinical and program staff, financial staff, other providers, clients and community stakeholders. RCM's investigate, these situations, evaluate whether the allegations can be substantiated and initiate and oversee the completion of any appropriate remedial steps. (This includes reviewing and making decisions about unclear or disallowed items on providers' invoices). Some complaints have clear-cut solutions, but many involve mediation, creative thinking and collaboration with fiduciaries, Program Managers, or other CA staff to reach a mutually satisfactory solution.

Major complaints may result in a formal written compliance agreement or disciplinary action against a contractor including temporarily suspending a contractor's ability to perform services under the contract, temporarily or permanently disallowing a staff member from providing services to CA clients, or terminating a contract for cause. RCM's will also make a complaint to the Department of Health regarding a contractor's conduct under their professional license when that is appropriate.

Very often complaint resolution efforts involve simultaneously seeking remedial steps from the contractor, while also educating CA staff about contract terms and the importance of monitoring a provider's work as it is completed and immediately reporting any concerns to the RCM.

RCM's must be able to analyze information gathered during various monitoring activities and identify themes and trends regarding compliance issues and performance concerns. This information is reported to CA regional and 'headquarters administrative and program managers, in order to mitigate risk to DSHS, CA, clients, contractors and other stakeholders. This information can inform system and service improvements across the state, including additional efforts to educate providers and CA staff about contract terms and possibly changes to those terms in subsequent agreements.

5% Background Clearances: RCM's are responsible for insuring that all contracted providers who have unsupervised access to children under CA supervision have a current satisfactory background clearance in place at all times. RCM's review the information that contracted providers submit on their staff, results received from other governmental systems and the research they do themselves in Famlink. Then RCM's may independently approve or decline a background clearance; or in more complex situations oversee a consultation process with other CA staff to make those decisions in accordance with DSHS policies.

32% Contract Education & Technical Assistance Tasks

13% Regional Contracts Managers / Monitors are the subject matter experts on CA contracted services. They must be able to understand and explain legal and technical contract language to CA social workers, supervisors, fiduciaries and

Regional Program Managers and senior leadership. RCM's must be able to research questions and concerns to determine if there is a clear answer in the contract or CA or other state policies. When there is not, the RCM must be able to exercise excellent analytical and problem solving skills to assess the issue at hand and risks posed to CA clients to determine how to constructively and effectively resolve the situation. They must decide when to do this on their own authority and when to seek consultation from other CA staff.

RCM's are the primary source of information for CA staff regarding policies and procedures specific to contract standards and mandates. This includes but is not limited to assisting them in selecting the correct service for their client, client eligibility and referral processes, timelines for contacting clients, the type of work to be provided, the required content and timelines for reports, payment terms and staff qualifications. RCM's provide much of this instruction to CA staff in 1:1 conversations, but must be able and willing to provide formal group presentations as well.

13% RCM's do all of the same tasks above with PROVIDERS as well. RCM's coordinate with Regional and HQ Program Managers (when available) to obtain high quality, cost efficient services from contractors by providing initial and ongoing proactive education about specific contract expectations and performance measures.

RCM's are generally a provider's first point of contact about any questions or concerns about contract terms or CA services in general. They also provide a vital role in educating providers about how their services fit into CA's policies and goals, its overall work with clients and the dependency process.

6% For contracts without an assigned Regional Program Manager, the RCM provides additional leadership and consultation to providers and CA staff.

4% Other duties as assigned.

Supervisor's Comments

Ms. Annie Potts, Manager, Children's Administration Contracts Unit, served as Ms. Daniels immediate supervisor during the review period from October 24, 2014 until February 1, 2015. On February 1, 2015, Dianne Thompson, SHPC 3, became Ms. Daniels supervisor.

Ms. Potts provided written comments regarding the duties performed by Ms. Daniels. Ms. Potts provided the following comments as stated in exhibit B-5:

> "...I am responding to the PRRs using a written summary as I do not completely agree or completely disagree with the PRRs submitted by the above named employees. These individuals submitted their PRRs to me the first time on the dates shown above and together we met in person (Melanie Daniels met via conference call) on April 8, 2015 to discuss those areas I had questions about. Initially I asked them to consider revising a few areas where I disagreed so that we could submit a review together where we all agreed. However, after reviewing the latest versions (which are all very similar) I decided to respond in this manner to describe in a little more detail my consideration of the review.

Background

Prior to 2011 the Regional Contract Managers (RCMs) reported to regional management and at that time, the configuration for CA in Washington was six regions. Although the position descriptions (pdfs) for Social & Health Program Consultant (SHPC), SHPC 2s and SHPC 3s were similar, the job duties and how the positions were utilized in each region was not consistent. For example in one region, (former region 2) the contract managers were both SHPC 3s and were considered leads in their perspective geographic areas. In another region the SHPC 3s were assigned as the contract monitoring leads and the contract managers were SHPC 2s. Depending on how the regional management used the position the roles as a lead worker varied. For example, a SHPC 3 in one area would be sent to work and trouble-shoot an issue with a contracted provider and in another region, a program manager outside of the contracts unit would be asked to address the issue.

In 2011 the contract functions were centralized so that the RCMs reported to the Finance Division in Headquarters, presently known as Finance and Performance Evaluation Division (FPED). At that time, the regions had the following contract management configuration:

Region 1 - 1 SHPC 2

Region 2 - 2 SHPC 3, 2 SHPC 2

Region 3 - 1 SHPC 2, 1 SHPC 3

In August 2012, I became the supervisor of the contracts unit and quickly realized the differences in the way the regions utilized the contract managers (SHPC 2 and SHPC 3) and began the work of creating a balanced system that supported the business needs of the contracts unit and the needs of the regions.

During these past 2 years there has been much movement with people leaving and the business needs shifting. The goal has been to create a unit with equivalent representation to support each region. The current structure, as seen below, supports the work, the business need and the customer well.

Region 1 - 1SHPC 3 Supervisor, 2 SHPC 2

Region 2 - 1SHPC 3 Supervisor, 2 SHPC 2

Region 3 - 1SHPC 3 Supervisor, 2 SHPC 2

… There is one SHPC 3, Contracts Manager position in each region that supervises two SHPC 2s, Regional Contracts Managers (RCMs).

Prior to the SHPC 3s becoming supervisors, the SHPC 3s were the lead contract managers for the region or identified area. Contrary to the attached Position Reviews stating the contract managers all do identical work, the SHPC 3 positions have the position as Lead Contract Manager. The SHPC 3 positions manage contracts in much of the same way as the SHPC 2 positions and perform similar duties in managing the assigned contracts but in addition, the

SHPC 3s have lead functions for the region. The SHPC 3s take the lead on the following types of activities:

- Regional need for new contracts or expansion of services and the primary point of contact when working with regional management
- High profile or politically sensitive issues involving a contracted provider
- Regional or local request for technical assistance or region-wide training
- Lead in coordinating monitoring activities with program managers
- Coordination of action plans to address region-wide issues involving contractors or contract issues
- Development of improvement plans or action plans for the region on contract related issues
- Finalization of regional monitoring plans

In region 1 there was not a lead contract manager or SHPC 3 from 2011 to December 2014. During this time, Region 1 managed the lead contract work through the work of the assigned program managers in the region as well as the Programs Administrator. The program leads identified new services, led monitoring visits and took the lead for matters relating to contracts. In late 2014, I worked with Region 1 management on the plan to reallocate a SHPC 3 position to the region to support a consistent model of service delivery to support the regions. This would mean a lead contract manager would be available to take the lead on the contract duties and balance the work load as in the other regions. In December 2014, a SHPC 3 was hired into that supervisor and lead position.

Response to the Position Review Request (PRR)

I have reviewed the position review requests for Melanie Waller, Pauline Elwin-Smith, Karen Rall and Sandra Daniels and agree that the SHPC 2s perform the duties as described, however I disagree with their assessment that many of these duties are outside the scope of work of their current job classification. I am unclear if the percentages are accurate for each employee but I agree with the duties overall.

Section 2.

- Although this section is similar in the four PRRs, there are slight differences in two of the PRRs. In the second paragraph of Melanie's PRR, I disagree with the statement, "Again, for several years all RCMs have had identical work responsibilities and have performed their duties as equals regardless of the pay scale." This is mentioned again the next paragraph in that section.

  The RCMs have not had identical work as the SHPC 3s have had the lead on many contracted related activities as mentioned previously.

Section 4. Main Job Duties

I disagree with the following:
…

- Section 4. CONTRACT DEVELOPMENT AND MANAGEMENT

  "In some situations, a RCM may design and implement a procurement or solicitation process to obtain new qualified providers."

  This is not accurate. All procurements are handled by the Contracts Procurement manager at HQ with the support and input from the SHPC 3s.

- There are sections of the described job duties where the employees have checked the box stating those specific duties are outside of their job scope. On the contrary, all of the duties in section 4 are part of their contracted duties as a SHPC 2. However, I do question whether or not some of the duties listed are part of their Main Job Duties (those which take at least 5% or two hour per week to perform).

- Upon review of the State of Washington Class Specification for Social and Health Program Consultant 2, 349F, these duties all appear to be within the job classification for this position.

Section 5. Decision-Making Authority

Two of the PRRs, Melanie Waller and Pauline Elwin-Smith have a paragraph at the beginning of this section that is different than the other two PRRs. I disagree with the following:

"Since at least July 2011, all of the RCMs have worked as independent equals doing the same tasks with minimal supervision and spot-checks only."

…

The SHPC 3 contract managers had lead functions and although they did many of the same tasks in managing their contracts, they had additional responsibility of the lead worker as outlined previously.

To respond to the "minimal supervision and spot-checks only" statement, it is true that once the regional contract units were centralized, the remote supervision made it challenging to have frequent face-to-face meetings for many of the locations. However, to overcome this geographic challenge I did the following:

- Held regular unit meetings;
- Met bi-monthly by phone and reviewed work assignments;
- Reviewed critical responses to providers and stakeholders prior to submission;

- Provided feedback and approvals on documents such as compliance agreements;
- Met regularly to review process issues and create solutions; and
- Was available at all times for questions and trouble-shooting problems.

Best practices would support the contract managers in having regular face-to-face interaction, an opportunity for shared decision making and regular oversight. To overcome this challenge and meet the aforementioned business needs, the change in structure and supervision was necessary to provide additional support, oversight and supervision. This change is essential to providing the best support to all contract managers, provide the best service to our customer and mitigate risks to the agency. Although this new structure may be challenging for some to get used to, it is the best option for the unit.

Summary of Employee's Perspective

As noted in the PRR, Ms. Daniels believes the duties she performs more accurately align with the SHPC 3 class. She asserts she performs the same or similar work as other employees in the unit who perform similar work and are allocated to the SHPC 3 class.

For example, Ms. Daniels asserts the primary function of her position is to work independently as an RCM exercising lead responsibilities concerning contract topics with the providers and CA staff. She asserts her original PDF indicated that she had a lead position even though her position was classified as a SHPC 2.

In addition, Ms. Daniels asserts that for more than half the time of the review period, she was performing her duties with the full scope of responsibility and authority she had prior to the shift in her supervisory reporting relationship. Further, Ms. Daniels asserts her position serves in a leadership capacity, equal in scope and responsibility to the work that the unit's SHPC 3 positions do, such as the following:

- Serving as a contracts subject matter expert and instructing CA staff, providers and community stakeholders regarding contract content and procedures

- Independently investigating and resolving questions concerning background clearances or regarding complaints involving providers' work

- Checking and providing feedback to providers regarding reports, invoices and personnel records and providing instruction to resolve issues partnering more effectively with contractors

- Leading annual risk assessments and the monitoring plan development process with CA staff

For each of these reasons, Ms. Daniels asserts the overall scope and level of responsibility of her assigned duties meet the requirements of the SHPC 3 class and her position should be reallocated to that class.

Summary of DSHS's reasoning

DSHS asserts Ms. Daniels's position does not meet the requirement of SHPC 3 class of having designation as a lead worker and directing and monitoring the activities of a team comprised of professional level social service staff, families and the community.

In addition, DSHS contends the monitoring functions Ms. Daniels performs on the service contracts she develops are addressed in the SHPC 2 class, which addresses having responsibility for developing, implementing and monitoring service contracts and grants.

Comparison of Duties

When comparing the assignment of work and level of responsibility to the available class specifications, the Class Series Concept (if one exists) followed by the Definition and Distinguishing Characteristics are primary considerations. While examples of typical work identified in a class specification do not form the basis for an allocation, they lend support to the work envisioned within a classification.

Comparison of Duties to Contracts Specialist 2

The Definition states:

> Performs the journey level of professional contract administration with responsibility in the negotiation and preparation of complex contracts, interagency agreements, leases and letters of understanding to provide or obtain services or goods for the agency, including technical contract support activities such as contract cost/price analysis, contract compliance administration or contract property administration.

There are no Distinguishing Characteristics for this class.

Positions in this class have primary responsibility for performing professional, journey-level contract administration work. Incumbents negotiate and prepare complex contracts, interagency agreements, leases and letters of understanding with the intent of providing or obtaining services or goods for an agency. This includes performing a variety of technical contract support activities such as contract cost/price analysis, contract compliance administration or contract property administration.

While this class generally describes aspects of the contract administration work performed by Ms. Daniels in her position, this class does not anticipate the specialized tasks she performs.

For example, Ms. Daniels's position provides a variety of contract administration and monitoring work. This represents a diverse array of client service and personal service contracts and tribal and Inter-Local Agreements to meet the needs of CA clients within an assigned geographical area. These agreements are used by CA staff to provide services to legally dependent children and their families and those whose intensive behavioral and social services needs put them at risk of entering the dependency system. This also includes responsibility for training providers and CA staff about contract content and functions.

There is another class which specifically addresses the specialized health services contract administration and monitoring work performed by Ms. Daniels in her position.

In addition, while the Contracts Specialist 2 class generally describes aspects of work performed by Ms. Daniels in her position, allocating positions to specific rather than general classifications has been applied in numerous Board cases: Waldher; Firouzi; Makari; *Korndorfer v. Department of Transportation*, PRB Nos. R-ALLO-08-026; R-ALLO-09-005, R-ALLO-09-006 and R-ALLO-09-009 (2009).

In *Cerna v. Employment Security Dept.*, PAB No. ALLO-03-0014 (2003), the Board stated that "[i]t is not intended for a more generic classification to be used to allocate a position where the duties and responsibilities of the position are more precisely described by a more specific classification." [See also *Nance v. Eastern Washington University*, PAB No. 3769-A2 (1995)].

Additionally, the PRB has concluded that while one class appeared to cover the scope of a position, there was another classification that not only encompasses the scope of the position, but specifically encompassed the unique functions performed. *Alvarez v. Olympic College,* PRB No. R-ALLO-08-013 (2008). The Board has also consistently held that "[w]hen there is a definition that specifically includes a particular assignment and there is a general classification that has a definition which could also apply to the position, the position will be allocated to the class with the definition that includes the position" *Mikitik v. Depts. of Wildlife and Personnel*, PAB No. A88-021 (1989).

Therefore, if there is another class that specifically encompasses the body of work, allocation to the specific class must take primary consideration. In this case, the SPHC class series specifically addresses the scope of work performed by Ms. Daniels in her position.

For these reasons, Ms. Daniels's position should not be reallocated to the CS 2 class, or other classes within the Contract Specialist series.

Comparison of Duties to Social and Health Program Consultant 3

The Definition for this class states:

> Within the social service system, these positions serve as a designated lead worker, directing and monitoring the activities of a team comprised of professional level social service staff, other professional staff, families and the community in providing guidance to families that are at risk of dependency and/or serving clients with severe and intense social service needs. These positions also develop, administer and/or monitor social, financial, or health services programs or the program policies and procedures used by staff or vendors.

There are no Distinguishing Characteristics for this class.

The OFM - State HR "*Glossary of Classification Terms"* defines "lead" as follows:

> **Lead.** An employee who performs the same or similar duties as other employees in his/her work group and has the designated responsibility to regularly assign, instruct and check the work of those employees on an ongoing basis.

Ms. Daniels's position does not reach the primary allocating criteria of this class of serving in a designated lead capacity, directing and monitoring the activities of a team comprised of professional level social service staff and others.

For example, Ms. Daniels confirmed during the review conference that she works independently and her position does not have responsibility for regularly assigning, instructing, or checking the work of other employees on an ongoing basis. Ms. Potts states in her comments that, "The SHPC 3 contract managers had lead functions and although they did many of the same tasks in managing their contracts, they had additional responsibility of the lead worker as outlined previously."

In addition, positions at this level develop, administer and/or monitor social, financial, or health services programs or the program policies and procedures used by staff or vendors. Ms. Daniels's position does not exercise this full scope of responsibility. In her comments, Ms. Potts indicates that this level of responsibility rests with higher level SHPC 3 positions or management-level staff within each region. This includes identifying new services and addressing regional-level matters relating to contract administration.

For example, in her comments she indicates this includes the following:

- Determining the regional need for new contracts or expansion of services and the primary point of contact when working with regional management
- High profile or politically sensitive issues involving a contracted provider
- Regional or local request for technical assistance or region-wide training
- Coordinating monitoring activities with program managers
- Coordinating action plans to address region-wide issues involving contractors or contract issues
- Developing improvement or action plans for the region regarding contract-related issues
- Finalizing regional monitoring plans

Ms. Daniels works with a high degree of autonomy and independence in performing her work. Her contract monitoring activities include reviewing records, meeting with contractors and conducting on-site visits with providers. However, her position has not been recognized as a designated lead for her assigned area of responsibility. While a portion of her duties at times include coordinating and facilitating the work of other staff during onsite provider visits, as a whole her position is more accurately described as providing occasional work direction to others.

Further, as stated in the PRR, her duties include serving as the primary source of information for CA staff regarding policies and procedures specific to contract standards and mandates. This includes assisting staff in selecting correct services for clients. It also includes assisting in determining client eligibility and referral processes, timelines for contacting clients, the type of work to be provided, the required content and timelines for reports, payment terms and staff qualifications. However, she does not have responsibility for instructing other staff, checking the work of other employees, providing feedback or addressing performance issues.

Therefore, in total, the scope of her duties and overall level of responsibility assigned to her position does not meet the primary allocating requirements of this class of serving in a designated lead capacity.

For each of these reasons, her position should not be allocated to the SHPC 3 class.

Comparison of duties to Social and Health Program Consultant 2

The Definition for this class states:

> Independently develop, administer and/or monitor social, financial, or health services programs or the program policies and procedures for use by staff or service vendors; or develop plans for monitoring service delivery; or develop, implement, monitor and provide statewide program consultation and/or technical assistance to staff, community or providers to enhance the delivery of services; or serves as a licensor of day care centers.

The Distinguishing Characteristics for this class state:

> Some positions in this class may perform one of the following functions a majority of the time, provided that the duties identified in the Definition are also included in the work assignment:
>
> - develop, implement and monitor grants and/or service contracts
> - liaison and public relations
> - draft or analyze proposed legislation and determine fiscal impact
> - conduct program audits and on-site inspections
> - review findings of hearings
> - research, analyze and interpret State and Federal regulations and/or legislation; or
> - develop, implement, direct and monitor a designated project or projects
> - Licensure of day care centers

The thrust of Ms. Daniels position and the majority of duties as a whole, align more appropriately with the requirements of the SHPC 2 class. The definition and distinguishing characteristics specifically describe the duties performed by Ms. Daniels in her position.

For example, her position provides direct technical assistance to CA staff, the community and providers to enhance the delivery of services. As stated in the Distinguishing Characteristics, this includes responsibility for developing, implementing and monitoring service contracts within her assigned region. Her position receives little supervision and she is responsible for devising her own work methods.

In addition, although the examples of typical work identified in a class specification do not form the basis for an allocation, they lend support to the scope and level of work performed by that classification. The following typical work statement aligns with Ms. Daniels's duties:

> Develops, negotiates and implements service contracts; develops bid packages; monitors contracts for delivery of service; trains contract writers; sets payment rates; determines stop-placement or terminate contracts; writes statement of work; writes corrective action; monitors contract monitors;

Ms. Daniels duties align with this statement. For example, Ms. Daniels creates processes, approves and executes a variety client services contracts and related agreements to meet the needs of CA's clients. Ms. Daniels investigates and resolves questions, disputes and complaints among contracted providers and CA clinical and program staff, financial staff, clients and community stakeholders. Ms. Daniels writes compliance agreements and tracks progress in successfully completing correction plans to avoid recurrences of problems. Ms. Daniels also monitors contract activities for her assigned region. This includes reviewing records, meetings with contractors, conducting site visits and performing other necessary steps to mitigate risk to CA clients.

Ms. Daniels also provides a variety of contract education and technical assistance to CA staff regarding policies and procedures specific to contract standards. This includes assisting in selecting the correct service for clients and determining client eligibility, timelines for contacting clients, types of work to be provided, required content and timelines for reports, payment terms and staff qualifications.

Ms. Daniels performs a variety of health services support tasks such as analyzing, monitoring activity information and identifying trends regarding compliance issues and performance concerns. She reports this information to regional level management staff to mitigate risk to DSHS, CA, clients, contractors and other stakeholders.

Most positions within the civil service system occasionally perform duties that appear in more than one classification. However, when determining the appropriate classification for a specific position, the duties and responsibilities of that position must be considered in their entirety and the position must be allocated to the classification that provides the best fit overall for the majority of the position's duties and responsibilities. See *Dudley v. Dept. of Labor and Industries*, PRB Case No. R-ALLO-07-007 (2007).

Based on the information provided and the discussion held during the Director's review conference, it is clear Ms. Daniels has a very important role at DSHS. However, a position review is not an evaluation of performance. Likewise, it does not reflect an individual's ability to perform higher-level duties. Rather, a position review is limited to the duties and responsibilities assigned to a position and how the majority of those duties best fit the available job classifications.

As a whole, when comparing the definition and distinguishing characteristics of the available classes, the SHPC 2 class provides an overall better fit for the majority of work that Ms. Daniels performs. Her position should remain allocated to that class.

Appeal Rights

RCW 41.06.170 governs the right to appeal. RCW 41.06.170(4) provides, in relevant part, the following:

> An employee incumbent in a position at the time of its allocation or reallocation, or the agency utilizing the position, may appeal the allocation or reallocation to the Washington personnel resources board. Notice of such appeal must be filed in writing within thirty days of the action from which appeal is taken.

The mailing address for the Personnel Resources Board (PRB) is PO Box 40911, Olympia, Washington, 98504-0911. The PRB Office is located on the 3rd floor of the Raad Building, 128 10th Avenue SW, Olympia, Washington. The main telephone number is (360) 407-4101 and the fax number is (360) 586-4694.

If no further action is taken, the Director's determination becomes final.

c: Sandra Daniels
Addley Tole, WFSE
Lester Dickson, DSHS

Enclosure: List of Exhibits

SANDRA DANIELS v DSHS

ALLO-15-076

List of Exhibits

A. Sandra Daniels Exhibits

1. Request for Director's Review, accepted by that office on 7/31/15
2. Re-Allocation Appeal letter dated 7/28/15
3. Position Description Form approved by the Human Resources Classification & Compensation unit on 5/6/08. (The original PDF for my job.)
4. Performance and Development Plan Part B: Review for Position # WF46
5. Position Review Request denial letter from Lester Dickson dated 7/2/15
6. Change in supervisor letter for 10/24/2014 stating "Effective 11/16/14, you will report to Dianne Thompson, Social & Health Program consultant 3. All other conditions of your employment will remain the same."
7. Calendar entry made with me initiating a conference call (regarding the reallocation PDF's)
8. Annual evaluation for 9/1/13 through 8/31/14. Never completed by Supervisor. Emails (dated 11/18 & 11/20) pertaining to evaluation meetings that took place and evidence I submitted my evaluation to Supervisor (April Potts).
9. Email from Janet Richardson (dated 12/11/14) responding to a request for the forms to submit my Updated PDF in the Reallocation Request.
10. Email (dated 12/12/14) pertaining to a conversation with April that I was updating my own PDP because I never received an updated one. I requested a meeting with her to go over my updated PDF in December, before she wrote her PDF for the SHPC 2's.
11. List of examples of my leadership activities between October 2014 and April 2015. Calendar proving some of the listed activities. Oct 14 – Apr 15. Includes 2 samples of my Leadership work- Region 3 Contract Directory & Region 3 Professional Service Rate Schedule

B. DSHS Exhibits

1. Allocation Determination Notice Letter
2. Position Description/WF46 – dated 2/11/15
3. Org Chart/WF46 – Dated 2/11/15
4. Position Review Request/Stamped Received 4/24/15
5. Memorandum from April Potts, dated 4/23/15
6. Org Chart/Finance & Performance Unit – dated 4/24/15
7. Org Chart/Contracting – dated 4/24/15

8. Class Specification/Social & Health Program Consultant 2/349F
9. Class Specification/Social & Health Program Consultant 3/349G
10. Class Specification/Contract Specialist 1/144F
11. Class Specification/Contract Specialist 2/144G
12. Class Specification/Contract Specialist 3/144H