

**New York State Department of Civil Service**  
DIVISION OF CLASSIFICATION & COMPENSATION

Classification Standard

**Occ. Code 6884200**

<b>Disability Analyst 2, Grade 20</b>	<b>6884200</b>
<b>Disability Analyst 3, Grade 23</b>	<b>6884300</b>
<b>Disability Analyst 4, Grade 25</b>	<b>6884400</b>
<b>Disability Analyst 5, Grade 27</b>	<b>6884500</b>
<b>Disability Determinations Program Manager, M-4</b>	<b>6897750</b>
<b>Director Disability Determinations Operations, M-5</b>	<b>6897700</b>

Brief Description of Class Series

Positions in this series supervise the review and administrative adjudication of claims for benefits under Title II and Title XVI of the Social Security Act (SSA). They provide expertise on SSA rules and regulations on case processing, including face-to-face adjudications to terminate benefits; assess the quality of claims processing and determinations for efficiency; coordinate training; evaluate regional programs; and oversee the Case Processing System.

Positions in this series are classified only in the Office of Temporary and Disability Assistance, Division of Disability Determinations (DDD).

Distinguishing Characteristics

*Disability Analyst 2:* full-performance level; reviews, evaluates and adjudicates initial, reconsideration, continuing and other disability claims; determinations are based on an evaluation of medical, vocational, and non-medical information submitted by or on behalf of the claimant.

*Disability Analyst 3:* first supervisory level; oversees review and determination of cases, including the more complex hearing and pre-hearing preparation cases, aged or delayed cases, and claims with high level congressional or public official inquiries.

*Disability Analyst 4:* second supervisory level; supervises a module consisting of multiple processing units within a region, or a unit primarily responsible for medical review of claims.

*Disability Analyst 5:* administratively supervises multiple modules within a regional processing center; plans, directs and coordinates development and

dissemination of new and updated legislation and policy regarding disability programs.

*Disability Determinations Program Manager:* managerial level; administers federal and State policies related to disability insurance claims; interprets procedures and policies related to the adjudicative process of claims; and oversees the operation of a processing center.

*Director Disability Determinations Operations:* single-position class, managerial level; under general direction of higher-level executive staff and working in conjunction with the Director of Disability Determinations Planning and Development, plans, directs and controls all aspects of disability claims case processing statewide; supervises Disability Determinations Program Managers.

### Illustrative Duties

#### *Disability Analyst 2*

Reviews initial reconsideration, pre-hearing, continuing disability review, court cases and other disability claims.

- Receives and reads the case file containing the claimant's application for benefits, earnings record, Social Security field office personnel interview comments and observations, appropriate medical information and the claimant's release to obtain additional medical information. Reviews prior filing information including prior case file and administrative jurisdictional data.

Develops and obtains medical, vocational and non-medical information.

- Establishes the claimant's education, skills, occupation, age, disability allegation and extent of medical evidence required to support a decision of disability.
- Establishes the adequacy of the medical information and documentation needed to determine the extent of the claimant's disability, by applying appropriate portions of the disability manual and supplementary material which outlines the extent of documentation required for disabilities in each of the major body systems.
- Identifies the sources available to obtain appropriate medical information. The sources are generally those mentioned by the claimant in the disability application. Clarification of medical information is made by

telephone and in writing. Analysts use a wide variety of medical reference materials.

- Discusses by telephone the alleged claimed disability with the claimant's physicians or other medical sources to determine the specific nature of the disability and identifies the tests, x-rays and kind of examination performed on the claimant. These discussions are preceded by the Analyst's reference to the Listings of Impairments and discussions of severity in the disability manuals, which describe disabilities various medical diagnostic tests, x-rays and examinations.
- Prepares correspondence requesting medical information from physicians, hospitals, medical labs, etc., necessary to support a claim.
- Records information received over the telephone and prepares a written confirmation of the data obtained. The agreed upon confirmation becomes part of the file and a source document in making a determination.
- Makes a follow-up contact by phone or letter to obtain information previously requested but not yet received.
- Makes, as appropriate, a determination of presumptive disability for a six-month period of benefits pending the receipt of medical and vocational information to support the claim, provided there is a basis to believe such information would support the claim.
- Requests consultative medical examinations to supplement medical information or to obtain data not available. This involves preparing forms to order consultative examinations, and specifying medical tests to be performed.
- Obtains, over the telephone or in response to standard correspondence, pertinent vocational information.
- Prepares detailed vocational and skills transferability analyses using available federal resources and vocational databases.
- Evaluates the medical and vocational information in view of the claimant's, allegations, age, education and work history and determines the extent of disability based on this evaluation and knowledge of appropriate laws.
- Obtains and evaluates medical and other information as required by the SSA Program and as requested by other State Disability Determinations Offices or administrative law judges, the Appeals Council, and the Federal Court when necessitated by the claimants' appeals.

Claims can be approved or disapproved within the framework of procedural and judgmental criteria.

Prior to any determination, the Analyst:

- Records decision on Social Security Administration form with a written summary of medical and vocational findings to support the decision.
- Prepares a detailed written analysis of the case file information providing a full explanation of the investigation, documentation and utilization of the information in the final decision
- Determines the claimant's eligibility for benefits, using as a guide the disability manual and supplementary information, the listing of medical severity disabilities and precedent cases. Also determines the beginning date of the disability and the date the claim should be reviewed to determine if benefits should continue.

Conducts review of continuing disability review cases to determine whether claimants are still eligible for benefits.

- Determines whether the Division of Disability Determinations has jurisdiction.
- May interview the claimant by telephone regarding his or her current medical and vocational status.
- Prepares a written summary of the interview with the claimant.
- Obtains medical evidence from the outside medical community as to current severity of claimant's impairment.
- Contacts claimant's medical providers and when applicable, purchases consultant examination to determine, based on objective medical data submitted or elicited, if claimant remains eligible for benefits.
- Compares information recently received to information in the files.
- Determines based on objective medical and vocational data submitted and/or elicited, if claimant has the capacity for substantial gainful activity.
- Prepares determination of continuance or cessation of benefits, based on evaluation of medical and vocational information.

Examines claims and adjudicates disability cases appealed for reconsideration.

- Determines if the Division of Disability Determinations has jurisdiction over the claim.
- Evaluates the rebuttal of the denial and contacts claimant or representative to obtain more information concerning additional medical or other evidence needed.
- Contacts new treatment sources supplied by claimants, and sources that have already supplied information to clarify, verify and expand on medical or rehabilitation reports.
- Arranges for additional medical examinations for claimant if necessary.
- Prepares reconsideration determination based upon review of the original decision and new information provided.

When assigned as a peer mentor, assists peers and/or trainee analysts in demonstration of case processing applications or procedures.

- Advise on next appropriate action for case development
- Demonstrates best practices to ensure efficiency
- Provides case policy and business process advice and directs peer/trainee to a supervisor where appropriate

When assigned to a medical relations unit, resolves problems concerning consultative examinations and performs outreach to medical providers in the community to facilitate the receipt of critical treating source records.

- Arranges to recruit qualified medical specialists for consultative examinations when additional resources are needed for the Division's panel of physicians and psychologists.
- Monitors accuracy and processing time for consultative examination reports. Utilizes disability adjudication skills to ensure CE reports contain the programmatically required level of medical exam description and details. Follows up with CE providers to obtain clarifications and corrections of consultative exam reports, and may request repeat exams or testing, if they were not conducted per program standards.
- Resolves problems in obtaining information of record by making special arrangements with members of the medical community.

- Receives reports from program staff on problems which cannot be resolved and contacts individual physicians and hospital directors to establish long-term arrangements to obtain complete and accurate treating source records on a timely basis.
- Monitors adherence to special arrangements by medical sources with an established arrangement and tracks the accuracy and timeliness of other sources to anticipate and avoid problems.
- May perform site visits of consultative exam providers to ensure compliance with contract stipulations that pertain to disability program requirements.
- Communicates with staff regarding special arrangements for requesting consultative examinations and treating source records.
- Refers to the medical relations officer or other management staff, items for potential corrective actions in line with reported quality reviews, claimant interviews, and complaint investigations.

### *Disability Analyst 3*

When assigned to a case processing unit, supervises a unit of Disability Analysts 2 in developing and determining claims for benefits and may do any of the following:

- Ensures that cases are processed efficiently and accurately by periodically reviewing cases at different stages of development for completeness, timeliness and appropriateness of any action or determination.
- Assists staff by suggesting methods for case analysis; reviews cases and sources to be contacted for proper case development; provides information on precedent cases; refers staff to specific policies and procedures to be followed; and provides alternatives to usual methods of case development.
- Corrects procedural, substantive and analytical deficiencies noted in the case review and instructs staff in the specific technique, policy and procedure to be followed to ensure proper case development and determinations.
- Reviews statistical production reports to identify problems in meeting acceptable production targets and sets goals, defines and solves work problems and trains staff on new policies.

- Consults with medical personnel or the Quality Assurance Unit to support initial case development or determination; reviews additional case development for completeness and soundness of judgment before referring the case back to the medical consultant or the Quality Assurance Unit.
- May expedite difficult aged or delayed cases and reviews pre-hearing cases prior to forwarding them to the Hearing Unit.
- Ensures each case is complete and that the decision to stop benefits is correct.
- Reviews claims and cases returned by Quality Assurance Unit, medical consultants or federal examiners for inadequate case development or disagreements on the case determination and returns or refers the case back to Quality Assurance or the medical consultant.
- Provides continuing training and/or mentoring to experienced or trainee Disability Analyst 2 staff.

When assigned to Quality Assurance, reviews a sample of cases developed and determined by examining staff to ensure compliance with policies and procedures and to maintain high quality and timely determinations.

- Reviews sample cases and those returned by federal examiners and evaluates the adequacy of the case preparation and determination based on conformity to policy and procedure, proper application of case determining factors and adequate documentation in support of the determination.
- Returns federally reviewed cases, summarizing the nature of the problem identified and if necessary, requests explanation of the policy basis of the federal findings.
- Reviews all cases returned by the federal reviewer and, following the reexamination of the claim, returns the case to the federal reviewer.
- Returns cases containing errors to the appropriate case processing unit supervisor for action or corrects the errors and prepares reports for corrective action.
- Reviews the case when returned from the supervisor in the case processing unit for comment and/or action and follows up until the case is complete.

- Evaluates staff performance in accordance with office policy regarding quality and timeliness standards or to evaluate the effectiveness of training.
- Prepares periodic reports on work performance, case processing, problems or other issues.
- May also function as a vocational consultant; reviews and advises on complex vocational issues in accordance with SSA rules and regulations.

When assigned to the Hearings Unit, reviews determinations for correctness and determines eligibility or ineligibility for benefits and conducts face-to-face, telephone, or video conference hearings prior to cessation of benefits.

- Reviews the case and takes any required action for an administrative hearing as requested by the claimant.
- Prepares a Summary of Evidence, listing the sources of evidence used in making the last continuing disability review decision and notes any issues requiring clarification at the time of the hearing.
- Determines eligibility for benefits that may override an earlier determination of cessation.
- If the evidence in file does not permit a fully favorable decision, schedules and conducts a hearing following SSA procedures or, with supervisory approval, returns the case for additional development to the Disability Analyst 2 responsible for the case at the pre-hearing level.
- Prepares a report of the hearing, identifies medical and vocational issues, notes observations at the time of the hearing, and renders a decision.

When assigned as a Disability Case Processing System (DCPS) Coordinator, provides support for all DCPS and program related systems applications.

- Coordinates with the Division's system unit to ensure that all files, records and applications on the Division's legacy system are properly maintained, that the functions of NDDS, the legacy system on the federal systems side, are working properly and that any problems or delays in either system is promptly identified and reported to the Division's system unit.
- Trains staff working with the Division's system and the federal system on inquiries, folder requests, case reporting and acts as a backup security officer on the federal system.



- Reports all ACP application anomalies, assesses whether they are procedural, system or user errors and refers problems to the Division's system unit for corrective action.
- Serves as a member of the Division's Statewide User Committee to present and explain regionally endorsed suggestions for modification and enhancements to the DCPS.

When assigned as a training coordinator, provides regional support for the planning and coordination of Division-wide training activities and report preparation, and may assist in quality reviews and program evaluation trends to plan and develop training for the Division.

- Develops and delivers training to staff on medical, policy and procedural issues and computer programs related to disability claims process; may write curricula, manuals or handouts to assist in the training process.
- Identifies, prioritizes and plans training activities.
- Mentors staff by providing guidance and training in such areas as case development, documentation requirements, caseload management and desk organization.
- Keeps staff informed of available training opportunities and resources; acts as liaison between staff and various external training organizations such as OTDA, SSA, etc., and arranges for access to training.
- Ensures current and accurate updating of the training database; and prepares reports on training activities.

#### *Disability Analyst 4*

Supervises a group of units responsible for case processing, quality assurance, training or medical review.

When assigned to case processing, quality assurance or DCPS oversight:

- Ensures that the quantity and quality of determinations meet established goals and standards; examines production statistics and ensures remedial actions are taken to maintain goals.
- Directs and trains first-line supervisors and directs the assignment and reassignment of work.

- Coordinates activities of the unit to maintain timely and accurate determinations; meets with other supervisory staff to coordinate workload and processing activities.

When assigned to a medical relations liaison function:

- Ensures that medical evidence on record from treating sources and Consultative Examination (CE) providers is received timely and is high quality; ensures that medical resources are available to Division analysts.
- Meets with, informs and educates the medical, educational and advocacy communities and other organizations, agencies, schools, and institutions about the disability program requirements.
- Ensures that the CE panel of experts is adequate; recruits, enrolls, trains, selects and maintains the panel according to policy; takes corrective actions in line with reported quality reviews, claimant interviews, and complaint investigations.
- Performs site visits of consultative exam providers to ensure compliance with contract stipulations that pertain to disability program requirements.
- Develops and implements specialized programs with health care providers and other institutions to meet particular needs of the regional offices.
- Negotiates with and monitors field facilities, hospitals, clinics and schools that provide medical records needed to adjudicate claims.

When assigned to a Medical Review function:

- Administratively manages Medical Review, ensuring satisfactory coverage, work assignment, accuracy, processing time and productivity.
- Prepares workload status reports as requested by APM/DPM.
- Monitors and assists in training of MC/PC staff, coordinating with PC Trainer and other resources.
- Conducts regular meetings with MC/PC staff to inform of program, policy, practice, and workflow changes, and solicit feedback.
- Prepares and presents MC/PC probation reports and evaluations.

- Works with APM and DPM to insure coordination of Medical Review goals with PC and agency goals.

When assigned to an Administrative Manager function:

- Performs duties and prepares reports as assigned by the PC APMs/DPM, such as aged case and case development monitoring and oversight.
- May assist with medical review queue management, staff training, and assist or monitor other office components, including but not limited to, caseload modules, MRO, IQA and Systems.
- May assist administrative staff in personnel or related duties.
- May collaborate with DA4 module manager staff as needed to address programmatically complex case processing issues and gain consensus of the adjudicative team (medical consultant and analyst), and if necessary, refer to APMs or DPM for further discussion and resolution.

#### *Disability Analyst 5*

Supervises a group of modules responsible for case processing, quality assurance, training or medical review; supervises operations and production of disability claims according to programmatic standards; and develops new policies arising from new and changed laws, rules and regulations.

When assigned to oversee program integrity and quality assurance:

- Reviews proposed changes in federal and State law and regulations to assess operational impact on DDD and prepare written analyses.
- Analyzes quality performance trends in Statewide operations; identifies corrective actions or remedial staff development actions to ensure compliance with federal quality performance standards.
- Develops strategies to use emerging technologies in cooperation with other Division staff; plans and directs activities to further the efficiency and effectiveness of Division operations.

When assigned to a Statewide Division training function:

- Plans, develops, reviews and evaluates training programs to ensure the availability and high quality training for staff.

- Recommends curriculums and training schedules and responds to identified deficiencies during case processing to quickly address gaps in specific training.
- Develops and maintains an information library within the Division; acts as liaison with federal offices regarding training programs.
- Oversees the development and maintenance of a training database to document available training.

*Disability Determinations Program Manager*

Develops and administers policies related to Disability claims.

- Interprets procedures and policies related to claims processing and coordinates the uniform application of these policies and procedures.
- Serves as liaison with the federal regional office to discuss potential and existing problems in proposed, new or existing standards and regulations for adjudication of disability claims.
- Analyzes existing and proposed legislation impacting center operations and recommends changes.

Ensures the smooth operation of a processing center by acquiring needed resources, monitoring case processing and making necessary adjustments.

- Establishes operational goals and objectives; and develops and implements a plan for meeting these goals and objectives.
- Identifies existing or potential problems in implementing plans and recommends changes based on the peculiarities of the State's method of adjudicating claims.
- Analyzes center operations to determine needs for supporting medical staff; arranges for the assignment of such staff (both in numbers and types of specialties) to ensure that medical determinations are consistently and efficiently processed.
- Ensures that adequate office support and administrative services are provided to meet production and performance standards set by the State and federal government.

- Identifies, in consultation with managers, training needs to correct and improve practices within the assigned center; and arranges for the delivery of such training.
- Identifies security improvements and consults with the security office in implementing steps to ensure the safety of staff.
- Participates with other Division staff in developing program studies and evaluations to locate weaknesses in operational or administrative procedures or to develop new methods and processes.
- Maintains liaison with federal, State, county and civil agencies whose clientele is seeking or receiving SSA disability benefits.

### *Director Disability Determinations Operations*

Oversees all operations for each regional office, including claims intake, new claims data entry and processing, files and records retention, consultative examination (CE) procedure and vouchering, vocational consultation, and business support functions such as obtaining supplies and materials, identifying space requirements, handling utility needs; provides direction for regional offices and central office.

Interprets and implements all rules, regulations and procedures which impact operational activities; aids with requests for evidence from other states, hearing officers, and federal agencies; sets and communicates goals and objectives.

Develops, enhances and maintains inter-relationships with Federal, State, county and civil agencies whose clientele may be involved in the disability process.

Assists medical relations staff to identify medical staff resource needs and CE provider requirements, directs monitoring of CE providers to ensure adequacy and timeliness of CE reports, and maintains strong and cooperative relationships with the medical community.

Maintains and updates fee schedule for consultative medical services; develops, maintains and monitors production, statistical and quality reports for regional offices.

Evaluates operational effectiveness; ensures standards are maintained; provides regular management status updates to central administration.

Reviews proposed legislation and changes in policy to determine impact on claims processing and recommend changes.

Develops and implements staff training.

Stays apprised of changes to federal budgeting provisions by case type as the federal fiscal year progresses; prepares and monitors regional offices budgets; with Program Managers.

Ascertains data management needs; guides the Division's database team in establishing strategies to support the management of any business process changes; guides Program Managers in the use of the Division's electronic reporting tools.

Performs the full range of supervisory duties.

### Minimum Qualifications

#### *Disability Analyst 2*

Either

1. a bachelor's degree or higher in one of the following fields: human biology, biochemistry, human anatomy, human physiology, psychology, nursing, physical therapy, speech and language pathology, medicine, occupational therapy, chiropractic, radiology, or medical technology

Or

2. a bachelor's degree or higher in any field and two years of experience adjudicating claims under Title II and XVI of the Social Security Act; where the primary responsibility (50% or more of your duties) involves the evaluation of the criteria, (including medical criteria), to award disability benefits claims and/or special programs to determine a claimant's eligibility for such benefits.

#### *Disability Analyst 3*

Promotion: One year of permanent service as a Disability Analyst 2.

#### *Disability Analyst 4*

Promotion: One year of permanent service as a Disability Analyst 3.

#### *Disability Analyst 5*

Promotion: One year of permanent service as a Disability Analyst 4.

*Disability Determinations Program Manager*

Promotion: One year of permanent service as a Disability Analyst 5.

*Director Disability Determinations Operations*

Promotion: One year of permanent competitive service as a Disability Determinations Program Manager or Director of Program Integrity.

**Note:** Classification Standards illustrate the nature, extent and scope of duties and responsibilities of the classes they describe. Standards cannot and do not include all of the work that might be appropriately performed by a class. The minimum qualifications above are those which were required for appointment at the time the Classification Standard was written. Please contact the Division of Staffing Services for current information on minimum qualification requirements for appointment or examination.

Date: 1/2023

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