

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

Classification Standard

***Occ. Code 6884200***

**Disability Analyst 2, Grade 20**

Brief Description of Class

Disability Analysts 2 review individual claims for disability benefits under the provisions of Title II and Title XVI of the Social Security Act and special programs to determine the claimant's eligibility for such benefits. Analysts are responsible for the review, evaluation and adjudication of initial, continuing and other disability claims. Determinations are based on an evaluation of medical, vocational, and non-medical information submitted by the claimant and/or obtained by the Analysts.

Positions in this class are classified only in the Office of Temporary and Disability Assistance, Division of Disability Determinations.

Distinguishing Characteristics

Disability Analysts 2 engage in journey level tasks and activities in the examination and determination of claims for disability benefits under both Title XVI of the Social Security Act and Title II of the Supplementary Security Income Act. They review the cases, develop and obtain medical, vocational and other relevant information. The Analysts evaluate all of the information obtained and independently determine the claimant's case except when required by law to have a physician or psychologist participate in or review the decision.

Related Classes

Disability Analysts 3 supervise claims sections responsible for the review and administrative adjudication of claims for benefits under the provision of the Title II and Title XVI of the Social Security Act and they serve as staff specialists in methodology development and quality of claims review.

Illustrative Duties

Reviews initial and continuing court cases and other disability claims.

- Receives and reads the claim file containing the claimant's application for benefits, earnings record, interview comments from the Social Security district

office, appropriate medical information and the claimant's release to obtain additional medical information.

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. This is done by applying appropriate portions of the disability manual and supplementary material which outlines the extent of documentation required for disabilities in each of the basic 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 textbooks and 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 severity listings in the disability manuals, which discuss disabilities and various 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 from 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 identifying the physician's specialty and qualifications, and preparing forms to order consultative examinations, specifying medical tests to be performed.

- Obtains, over the telephone or in response to standard correspondence, pertinent vocational information.
- Evaluates the medical and vocational information in view of the claimant's disability, 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 for administrative law judges, the Appeals Council, and the Federal Court when necessitated by the claimants' appeals.

When assigned to a medical relations unit, resolves problems concerning consultative examinations.

- Arranges to recruit qualified medical specialists for consultative examinations when additional resources are needed for the Division's panel of physicians.
- Monitors accuracy and processing time for consultative examination reports.
- 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 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.
- Communicates with staff regarding special arrangements.

Independently issues favorable decisions.

- 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.

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

Prior to any disapproval, the Analyst:

- Sends claimants a claimant conference notice indicating a need for a conference with the claimant before an unfavorable or less than fully favorable decision can be made.

- Conducts a claimant conference interview with the claimant. Conferences will be conducted via the telephone or face to face based on the Analyst's discretion.
- Conferences with the claimant to explain the definition of disability as defined by Social Security Law as it pertains to the claimant's impairment(s).
- Reviews and obtains clarification and/or additional documentation from the claimant based on information in the file.
- After the claimant conference, the Analyst requests by telephone or letter the additional information needed to make a decision.
- Reviews additional medical information for completeness.
- 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.

Conducts review of continuing 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.

## Independence of Operation

Disability Analysts 2 perform their duties with a high degree of independence of judgment and are typically supervised by Disability Analysts 3. Written guidelines are provided in the form of the Program Operations Manual system, Code of Federal Regulations, SSA rulings and interoffice memoranda. Disability Analysts 2 work independently in reviewing detailed case material developing information and conducting pre-decision conferences to determine the applicability of the Federal guidelines. They are required to maintain a large caseload; taking necessary actions and making eligibility decisions within stated time frames. Samples of their work are reviewed for accuracy.

They are required to prepare a detailed written analysis of each case, which supports their decision. They are required to prepare and sign the necessary assessment forms as part of their decision. Determinations made by Analysts are reviewed by a staff physician only when required by statute, e.g., all children's claims and adult claims based on mental impairment, which result in a less than favorable decision.

## Complexity

Disability Analysts 2 are expected to work within a framework of very detailed State and Federal policies and procedures. Their work requires a high degree of analysis and judgment of medical and non-medical information. They use individual initiative, ingenuity, and the application of a wide range of technical knowledge regarding the effects of disabilities and the body systems.

They must issue decisions and prepare detailed written analyses, which document the investigation, provide a full assessment of the medical opinions and address the credibility of allegations and medical information.

## Communication

Disability Analysts 2 communicate with claimants, administrators, physicians, attorneys, social workers, psychologists, medical records personnel, clergy, and others to gather accurate and sufficient information required to make a case determination. These conversations are frequently concerned with sensitive matters and require that the Analysts have knowledge of medical terminology. They may have face-to-face contact or communicate via the telephone with their clientele and claimants' attorneys or other representatives. This requires that the Analysts have good interviewing and communication skills to elicit the right responses required to make a case decision.

They frequently prepare standard form letters requesting and providing information and must be able to compose correspondence. The Analysts are required to

prepare a detailed analysis for each of their new cases. The narratives must be detailed and comprehensive as they may be used as a legal document in appeal cases.

They communicate with staff to exchange information on procedures, policies and cases.

They may communicate with medical consultant staff to discuss medical evidence.

### Supervision Exercised

Disability Analysts 2 do not supervise. A Disability Analyst 3 typically supervises Analysts in a Unit by reviewing cases on a sample basis.

### Minimum Qualifications

A license to practice as a registered professional nurse, nurse practitioner, or physician's assistant and two years' post-licensure experience as an RN, nurse practitioner or physician's assistant;

OR a Bachelor's Degree in any field which included the successful completion of 24 credit hours in one or any combination of the following: biology, biochemistry, human anatomy, human physiology or medical terminology;

OR a Bachelor's Degree in psychology which included the successful completion of 24 credit hours in psychology;

OR a Bachelor's Degree in any field, or a license to practice as a registered professional nurse, nurse practitioner, or physician's assistant, and either two years of experience adjudicating claims under Title II and XVI of the Social Security Act, or two years of experience adjudicating disability benefit claims where the primary responsibility is the evaluation of medical criteria to award claims.

**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.

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