



SFRMA/ORC Meeting
May 17, 2024

In Attendance-Debby Ellis (Regional Commissioner), Yolanda Whitaker (Deputy Regional Commissioner), David Itzaina (President), Sarah Arnold (Immediate Past President) Maria Perez-Tolbert(Vice President), Miriam Marquez (Treasurer), Dorothy Kennedy (Secretary), George Gama (TSC AVP), Lori Gov (Sierra West AVP), Teresa Kalbaklian (LA Metro AVP), Milton Ayala (Northern AVP), Antoinette Williams (Bay AVP), Elisa Alcalá (Southwest AVP), Idin Pournassrollahi (Southcoast AVP), Ana De Anda (Inland AVP)

Opening Discussion:

SFRMA thanked Debby Ellis and Yolanda Whitaker for their attendance and the mention of SFRMA on the Region IX call. This is a monumental time with the agency; we have a commissioner that is listening to us, and we want to make sure we are representing every area of the region and that Operations and management is supported and customer service remains our focus.

Management Changes/Challenges:

ORC: We want to ensure that management is represented with the commissioner and that there is a balance between the requests made by management and by AFGE. We want to ensure the commissioner is aware of the ripple effect of changes. There have been many changes and challenges in management over the last 5 years that have made managing more difficult. The most important thing is that management must continue to manage offices, do the right thing for the right reason and at the right time. Don't chase the numbers. Management knows what good public service looks and feels like. We are measured by metrics, but we know that the customer service aspect should be our focus. ORC is working on ensuring the messaging matches this.

Training:

ORC: We are hoping the new training method will assist managers with recruiting and keeping employees, which will strengthen resources in the FO. Having a cadre type training model, dedicated mentor, and a defined schedule should assist. Management has concerns about OJT time, mentoring ratios, and the rush to get trainees through OTAP/ePAD. With few hires this fiscal year, this is a good time to test the new model and the effectiveness.

SFRMA: The new training model is a good start, but can we change the curriculum to include more OJT? OTAP is an ineffective way for new hires to learn their positions. OTAP is cumbersome and there is a rush to get trainees through it. Management has very little time to get probationary people through training and they are not finished with training within a year.

ORC Update: The training plans in [OTAP](#) reflect the *average* time of completion per training track. Each plan can be modified to add more OJT to the training curriculum, so long as it does not exceed the new training model timeframes. The chart below indicates the *maximum* time a trainee should take to complete each OTAP track. Managers are encouraged to adjust the training plan to meet the specific needs of trainees within these timeframes. For example, the training plans in [OTAP](#) show the average time a T16 CS takes to complete technical training is 4.5 months; therefore, managers can add 2.5 more months of OJT as the maximum time allowed under this new framework is 7 months for T16.

Training Framework for Entry Level Positions: Technical Training Completion

Trainees complete FO/WSU, including Agency Fundamentals and job-specific training. The chart below outlines the average completion time for each technical training track in OTAP. Recognizing there is flexibility for trainees to move through the content at different paces, the chart also outlines the maximum time an individual may be in training.

Track	Average Training Time	Minimum Recommended days of OJT	Maximum Training Time (including OJT)
Agency Fundamentals	21 business days	2	2 months
Customer Service Representative	68 business days	8	5.5 months
Title 2 Claims Specialist (FO)	112 business days	25	8 months
Title 16 Claims Specialist (FO)	82 business days	20	7 months
WSU Title 2 Claims Specialist*	101 business days	15	7 months
WSU Title 16 Claims Specialist*	63 business days	12	5.5 months
Title 2 Foreign Claims Specialist*	132 business days	25	8.5 months

Management Support

Budget

- **Hiring:** The Commissioner’s Broadcast on the budget states, “The Budget supports restoring our frontline staff, including in our field offices and processing centers, on our National 800 Number, and in the State Disability

Determination Services to FY 2023 levels.” Can you provide us with information on how many hiring slots will be available for field offices, and will it include the direct hiring authority that we had last year?

FY2024 budget only allows for a small number of hiring slots to the field. We have been advised to plan for up to 85 total hires for the field. Direct Hiring Authority will be allowed for FY24.

- **Overtime:** Can ORC share what managers can anticipate in regard to any additional overtime allocation for the remainder of the fiscal year?

The agency received roughly 40% less OT compared to FY23. We were advised that we may not receive additional OT for the remainder of the year due to other agency priorities for the year. Our regional OT was reduced by roughly 40%; therefore, it is imperative that we manage our current allocation to make it through the end of the fiscal year or 09/30/24.

Staff

- **Management:** The agency is continuing to see the effect of burn out in management. Managers regionwide, in addition to their own duties, are processing workloads, taking claims, interviewing the public, processing mail, profiling Work Track, answering GI lines, and filling every gap caused by telework, leave, staff shortages, and increased in-office visitors and inbound calls. Since this is not sustainable, can you share any actions the agency is taking to align public service and workload processing with our current telework model?

We realize it's a balancing act to ensure sufficient staff onsite to serve our walk-in visitors and also provide for a telework program that allows us to recruit and retain employees. While we're not aware of any planned changes to the current telework policy, the agency is working on efforts to provide more services online or by phone and educate the public on ways they can obtain services without having to visit an SSA office.

Additional Discussion on the Topic:

SFRMA: The agency has been promoting online services, especially since Covid. We continue to experience issues with workflows and communication and the internet's ability to eliminate the issues with walk-in traffic. For example, cases pending at the WSU. These are primarily internet claims, but many get sent back to the FO after months at the WSU. Basic inputs such as enumeration or proofs require individuals to visit the field offices and require some human interaction. What has changed at the WSU since our last discussion and what is the push for online services to reduce some of the walk-in traffic?

ORC: There are two WSUs in the region. We have re-aligned the states to the WSUs. which should assist. Processing and business processes have not changed much. The Salinas WSU is helping to assist the Denver and Western WSUs. They are working on prioritizing cases. Management can request to escalate cases if they are aged.

SFRMA: What is the overall vision or push for online services to assist with some of the walk-in traffic like enumeration and wage reporting?

ORC: We took a step back with SSI wage reporting when we put it behind mySSA. People's reluctance to utilize the application and issues with log on reduced usage. There is a data exchange in the works called Payroll Information Exchange (PIE) which will assist with wage inputs, so people don't have to bring in W2s and pay stubs. Enumeration is a struggle with original proofs. OSSNAP has assisted with some of the walk-in traffic. The agency is working on how to create an automated version before we put it online or require someone to come in. It's a slow process. We must get agencies to use data exchanges. There are data exchange systems in place that would prevent people from coming in, but sometimes the agencies don't use them (MVD, HUD). We are trying to educate the public with outreach.

Management Support

- **TSRP MAC Requests:** Can ORC share the TSRP MAC request process? These requests take months and often involve multiple follow-up requests. The response to most requests is that they are awaiting funding. Access to TSRP Real Time Report is critical for management to monitor incoming calls. Is there something in the works to expedite this process?

The standard process typically allows 30 days for VNOC to complete the MAC request after funding approval. Central Office may take 2-3 weeks for funding approval and quoting. Therefore, it usually takes around 45-60 days to process the MAC request.

Request Process:

- Funding and quoting 2-3 weeks.
- VNOC processing: 30 days
- Total processing time: 45-60 days

Most sites have two managers with MI access to monitor real-time reporting. We usually don't receive many requests that need to be expedited. However, if MAC requests are pending for more than 60 days, please contact communication coordinators [Penny](#), [Adam](#), [Alex](#). We will then escalate the request to Central Office through the appropriate process.

Additional Discussion on the Topic:

SFRMA: Management has noticed that multiple MAC requests submitted at the same time take much longer to process, sometimes many months. If we submit them individually, we can get them processed faster.

ORC: We will look into this.

ORC Update: The standard process allows Central Office 30 days to complete the MAC request after funding is approved. However, Central Office can take up to two to three weeks for funding approval and quoting. Therefore, 45 to 60 days is typically the appropriate amount of time to process a MAC.

The MAC number should be assigned within a week of submitting the request. Individuals should follow up with ^VNOC if a MAC number is not received within a week and should request an updated status after 30 days. For any pending requests that exceed the normal processing time, please contact your Regional Telecommunication Coordinators: Yuxian (Penny) Ye, Adam Salmon, or Chu (Alex) Deng.

Training

- **Management:** SFRMA has raised the question of formal training for first line supervisors in the past and the SFRMA Mentor Program was created to support and mentor first line supervisors. The current training model of virtual OTAP training for first line supervisors is ineffective. Many cannot take the necessary time away from their work to focus on the training and are rushing through it to meet the timeframes. A face-to-face model provides a designated time and place for training. Is the agency or region considering moving back to face-to-face training for first line supervisors?

We agree that face-to-face is the preferred method for training our first-line supervisors. But the ability to provide that type of training requires funding, and our budget has been severely restricted the past few years making it difficult to offer face-to-face training. In operating within the confines of budgetary constraints, we will offer the training model available and will continue to shift based on the funding we receive. Regardless of whether the training is virtual or face-to-face, a learning environment with dedicated time would allow first line supervisors to be fully immersed in the training provided. Whether onsite and/or while teleworking, the current model of virtual online training allows for a comprehensive training experience with ample opportunities to engage and network.

As background: New supervisors must complete Transition to Leadership (TL) 101: Management Fundamentals by watching VODs on weLearn, then complete TL 201: Running Your Field Office and TL 301: Nuts and Bolts by watching VODs on OTAP. In addition to the online VODs, supervisors must complete several live online workshops that are interactive and encourage supervisors to ask facilitators questions. Once the online TL courses are completed, supervisors are then invited to attend Leadership Essentials 4.2 (LE 4.2). TL 101 through 301 is a national initiative that is delivered through VODs. LE 4.2 (formerly known as Nuts & Bolts) has been offered regionally as a supplement. When LE 4.2 is in a face-to-face setting, it is a 5-day course versus a 7-day virtual course.

Regardless of funding, LE 4.2 is a course lead by the Regional Office (RO) where supervisors listen to presentations from RO subject matter experts, participate in vendor-led soft skills training, are guided by an experienced management coach, meet Regional Executives, and network with each other. This course aims to fill in deficiencies from the online training and offers a forum for the supervisors to ask RO experts questions. We typically host two LE 4.2 courses per fiscal year. In FY23, three face-to-face LE 4.2 courses were hosted in Oakland, CA. These were the first face-to-face versions of the course we held post-pandemic. Should we not have a budget to host LE 4.2 face-to-face in FY24, then two virtual courses will be hosted via MS Teams.

In addition to LE 4.2 for new supervisors, we plan to host Ad Hoc refresher training for experienced management via MS Teams to reach more participants. We canvassed the areas for training topics and are working to deliver training on requested topics later this Fiscal Year.

Not a lot of investment in management for training new folks. Why not have the funds spent for new supervisors vs contract training. Headquarters directive. Still want resources for new management. Maybe we can fold into contract training some other topics.

Additional Discussion on the Topic:

ORC: Brought up nationwide contract training for managers in 5 sessions in August.

SFRMA: There is a critical need for new supervisor training, especially Nuts and Bolts to be in person. Would it be possible to do the contract training virtually and allow the new supervisors to have the time for in person Nuts and Bolts training?

ORC: The in-person contract training is a headquarters directive and initiative that will not be modified. We can all benefit from the training in person because we will be under this contract for many years and there are different levels of

expertise. The commissioner would like to drop into some of these sessions. ORC may reach out SFRMA to determine some topics for the sessions. The contract training dates may have some time for training where we can fold in some of the Nuts-and-Bolts training for new management.

SFRMA: We are willing to assist with training topics for the meeting sessions. Can we fold in some of the key aspects of Nuts and Bolts into these sessions to help new management? We would also like to host a reception for each session of the contract training to support regional management and promote SFRMA.

ORC Update: On 06/03/24, SFRMA provided 11 supervisors and/or manager training topics to be considered for the training and 8 of those were either already on the tentative agenda or added for further consideration.

SFRMA Update: SFRMA collaborated with ETDT and will host 5 separate receptions during contract/management training. SFRMA confirmed a location near the booked hotels on every Tuesday of each session.

Workloads

- **Internet Claims:** Internet claims continue to be a substantial workload for most field offices. Streamlining would reduce processing steps required to move these claims towards a medical decision. Has there been additional discussions regarding the requirement for users to submit a complete package rather than allowing the submission of just the MCS/MSSICS claim without the 3368 and 827?

We contacted Central Office (CO) and they reported that the iClaim team previously researched whether we could require a person to submit the i3368 as part of an online package. The answer was “No.” And that’s because the SSA-16 is the application for disability benefits and considered a valid application when submitted through iClaim. The 3368/i3368 is part of the disability interview process and not the actual application. Therefore, we are required to accept an SSA-16, even if the rest of the forms are not submitted. After the user submits an online disability claim, they are taken immediately to the i3368 for part of a streamlined information collection process. Technicians are required to collect a 3368 or i3368 before transferring a disability claim to DDS. If the user does not submit the i3368, technicians should follow the steps in DI 11018.005.

Additional Discussion on the Topic:

SFRMA: Can we automate follow-ups for SSA-3368/SSA-827 instead of someone having to manually change tickles and send out initial and follow-up requests?

ORC: How would the system know if something was received? Could the system send an email to the individual asking them if they submitted the evidence and in what format? This is a programming piece, and we will take it back as a follow-up.

ORC Update: The agency still employs a manual follow-up system via MCS tickles and utilizing manual follow-up notices of the SSA-3368/827 forms via the Document Processing System (DPS). On May 10, 2024, the Office of Public Services Operation Support (OPSOS) informed us of updated notices for initial and final follow-ups for the SSA-3368/827 in DPS. The notice language directs the claimant to complete any necessary actions online and provides sufficient instructions, including their re-entry number, to prevent the claimant from having to contact us by phone or come into the office. We believe this update will reduce phone and walk-in traffic related to pending applications.

The **eMailer** web application allows technicians to send emails and text to claimants to request missing documents. Technicians will have to confirm the claimant consented to receiving emails or texts before using this system. The eMailer is not an automated system, the technician will need to use the web application to select language templates for the forms requested. The eMailer language for the 3368 involves alerting claimants to complete the form online or request a paper form from the field office (FO).

According to policies in **GN 00204.001** and **GN 00204.002**, a valid application is on a prescribed form such as the SSA-16, or SSA-8001. It doesn't mention the need for the SSA-3368 or SSA-837 to be a valid application, or that a complete package is needed in order to be valid. While the iClaim system has been updated to take the claimant directly to the SSA-3368 after they completed the application, iClaim allows claimants to submit their application without completing the SSA-3368/827 as part of their application, which is policy compliant.

- **Third Party Applications:** These applications are initiated online and cannot be processed until signed applications and other documentation are submitted to the field office. Fields offices nationwide are holding large volumes of these cases for 6 months, in which they are subsequently deleted if the signed application is not received within the timeframe. To save time and resources, has the agency considered requiring submission of complete packages for Third Party Applications?

We contacted CO, and they advised that when a third party applies on behalf of a claimant, we do not consider it a valid application until we receive the signed application forms from the claimant. Therefore, third party submissions pending on WMI listings do not affect F01 time until we receive a signed application.

As an FYI: We are working on an outreach effort to large third-party providers to educate and encourage them to provide complete claims packages when they file on behalf of another person. It may not make a significant difference, but any improvement would be helpful.

Additional Discussion on the Topic:

SFRMA: We would like to see the requirement of submitting a complete application with the SSA-16, SSA-3368 and SSA-827. This should be required to reduce the manpower in the field needed to control, delete and process Third Party Applications.

- **Claim Processing Times and F01/F02 Goals:** Agency Priority Goals are 83% RSHI timely within 14 days of filing and DIB claims within 230 days with F01/F02 time of 21 days combined. GN01010.410 requires an initial request and final request for proofs before claims can be denied for failure to submit essential evidence but MCS automatically tickles these development actions for 30 days. To assist FO's in meeting these goals, has the agency considered matching systems defaults to support policy or changing policy to match systems?

CO realizes that many claims do not get processed timely because we're waiting on evidence from the claimant while many others get processed very quickly. Because the goal is an average, there are no plans at this time to change it. However, they will take the suggestion for future consideration. Also, technicians may manually update the default 30-day tickle date to a 15-day tickle and follow up with another manual 15-day tickle.

- **FO ASA:** On April 5, 2024, CDPS sent an email to FO mailboxes stating that CO had learned that some FO employees were inappropriately limiting the number of SSNs they assist callers with and/or are arbitrarily placing a cap on how many records they could service. Although managers would agree it is important to handle calls to completion wherever possible, the volume and time spent on these calls is affecting FO call answer rates and ASA. With the new FO ASA PSI of 5 minutes or less, and limited staff to handle the high volume of incoming calls to the GI lines, it is difficult to utilize our limited resources in these long calls. Can ORC share if CO is working on any other systems updates that would provide more detailed information to these reps, to help minimize these types of time-consuming calls?

We shared this concern with Central Office, and they responded that the agency is looking to update the phone systems to allow for more automation and other system updates to assist the FOs with calls. The agency is actively researching other phone models but does not have a firm timeline of when these updates will occur. The National 800# has seen the average wait time decrease from 42 minutes to 24 minutes. We are hopeful we will notice a trickle-down effect that

leads to decreased phone traffic for the FOs, because callers can reach an 800# agent quicker.

Additional Discussion on the Topic:

SFRMA: This question stemmed from the guidance from CO requesting that technicians not limit phone calls from authorized representatives asking about multiple cases. With the ASA PSI, it is challenging to answer calls timely with lengthy calls from authorized representatives. Can there be a better avenue for representatives to get information?

ORC: Representatives spoke out about long wait times. This became a commissioner directive. We want to be responsive to requests from attorney representatives along with helping our other customers. It takes balance. Some of this may be resolved by strengthening outreach and communication with representatives. They prefer to have a dedicated person but that is not feasible. There is a demo in the works for a claims status tracker that provides better information about claims status. This could possibly provide more discreet information to customers and alleviate some of the representative calls. Came out of one of the stat meetings. More to come on this.

Outreach

- **Critical Congressional Unit:** FOs are continuing to see an increase in congressional inquiries forwarded from RPAO to FOs to resolve. RPAO often selects employees from the FO for Critical Congressional Unit (CCU) positions. FO managers highly recommend these employees because they have technical expertise and experience with congressional cases. However, FOs are continuing to receive email action items from CCU detailees to resolve these cases. FOs are losing resources to the CCU unit, and yet still receiving the congressional inquiries back in our offices to handle locally. Can ORC provide insight into how the CCU employees are being utilized?

The core function of the Critical Congressional Unit (CCU) is to assess every incoming inquiry, request, or complaint to ascertain if it is of CRITICAL importance or urgent. If an inquiry necessitates immediate action, the CCU diligently sees it through to resolution. Conversely, inquiries categorized as NON-critical or already being addressed by another office are redirected to the appropriate component for further review and handling. Similarly, the CCU conducts follow-ups as needed to ensure resolution by the designated component. Congressional, Office of Public Inquiry (OPI), and media inquiries adhere to specific controls dictated by their respective protocols. In summary, the CCU evaluates, reviews, and assesses the incoming request and works hand in hand with the respective office or component to fulfill the case in a timely and efficient manner. Note that this partnership has resulted in no public relations issues stemming from the handling of this critical workload.

Presently, Burr Obryant oversees the CCU workload and works closely with the two virtual detailees who dedicate two hours per day to this workload. The CCU handles cases that fall under the following five categories:

- o Congressional Inquires
- o Office of Public Inquires
- o Media Inquiries
- o Attorney Inquiries
- o General Public Inquiries

Additional Discussion on the Topic:

SFRMA: The individuals from the CCU are the best of the technicians from the FOs. Since they are taken out of the FO to complete this work, why don't they complete the cases to completion instead of referring the request back to the FO?

ORC: They are the gatekeepers and have to fan them out because they have limited resources and only two hours a day to complete them. ORC said they would look further into this.

ORC Update: The Critical Congressional Unit (CCU) is staffed by only one-full time employee and two part-time detailees from field offices who dedicate 25% of their time to CCU cases. There are two main reasons that make it difficult for the CCU staff to handle, process and respond to all Congressional Inquiries without involving the local office: (1) the high volume of receipts, and (2) the lack of case-specific knowledge. The CCU staff do handle to completion all inquiries that are generic in nature and not case-specific, but those are more the exception than the rule. By far, most Congressional Inquiries are case-specific which requires the CCU staff to reach out to ADOs, TSCs and WNPSC to assist.

- **Data Exchanges:** Proofs continue to be a high volume of the visitors into the FO for claims and enumeration. Are there any enhancements to the data exchange process?

According to ORDP, there are currently no data exchange initiatives in relations to proofs for claims and enumeration in general. However, continues to explore data exchange options for specific evidence that can be uniquely identified for a particular person. For example, SSA continues to add states where applicants can apply online, without needing to visit an office, for a replacement SSN card with a name change due to marriage. There are now 17 participating states. On April 1, 2024, Enumeration Beyond Entry (EBE) was expanded to include applicants for a Certificate of Naturalization (Form N-550) via Form N-400 (Application for Naturalization). SSA is now on track to process one million more EBE applications in Fiscal Year (FY) 24 compared to FY 23.

- **Online Forms:** FO's region wide see a high volume of W4V Tax Withholding and IRMAA requests submitted by mail, fax, and in person. Are there any discussions for these forms to be added to the mySSA platform? This would reduce the volume of calls, visits and mail going into the field office.

The ability to submit a W4-V through a *my*Social Security account is a great idea and would be an effective service option, as it aligns with the recent statements and changes made by the Commissioner to simplify the process. The COSS' recent release of the IRS W-4V video notes the ability for users to now process requests for withholdings via attestation. While attestation will eliminate the need to complete the paper form, the agency has not yet made a decision on whether to add the form to the *my*Social Security account platform. One reason might be that completing an SSA-44 (Medicare IRMAA Life-Changing Event) online may not be effective unless the form becomes interactive, like an actual application, as the public generally finds the form confusing and might attempt to use certain events that are not true LCEs. One other option for adding the IRMAA request online might be to add it to the "after you apply" feature on our webpage, right below the "appeal a decision we made."

We agree that the business process would be streamlined if the public could transmit forms such as the W-4V and SSA-44 directly from *my* Social Security account to WorkTrack. The region asked OCOMM if there were any plans for the W4-V and IRMAA forms to be added online, and OCOMM sent the question/request to Operations for their consideration.

Additional Discussion on the Topic:

SFRMA: The commissioner mentioned the processing of W4-Vs through attestation. Will the attestation script be released?

ORC: Yes, I imagine there will be a script. We will take this back to obtain status.

SFRMA: Can we eliminate forms going to WorkTrack instead of a manual process? Can we change it to be automated through POS/MONET?

ORC: Will take this back as a suggestion/follow-up.

ORC Update: Hot off the press. Publications [EM-24025](#) and [OB 24-021](#) provide step-by-step instructions for technicians to assist the public and process VTW requests without requiring a paper Form W-4V. These instructions are available for both Field Office (FO) and Teleservice Center (TSC) front line technicians on [PolicyNet](#).

OEST team is planning to develop an online W-4V application within the **my** Social Security Suite of Services. They expect to release this project in FY 25, assuming there is adequate funding and other agency priorities do not cause any delay. There are no planned IRMAA projects on the current **my** Social Security roadmap.

Systems

- **Tableau:** Could the tableau reports be streamlined for FO management into an easy-to-read dashboard that contains the most used reports? Consolidating MI reports would help to minimize management time spent on these reports weekly.

While there are no plans for a “Dashboard of Dashboards,” the Office of Customer Service (OCS) did create a landing page [for the more](#) commonly used reports: [dashboard](#) They also created a “MINI” dashboard that is similar to the old “MINI” report that tracked our PSIs: [MINI dashboard](#) The tableau “MINI” report shows data for Disability APT, FO1/FO2 Time, FO Average Speed to Answer, RSHI Timeliness, Dib Appointments within 28 days and RZ/LI completion rates.

- **MS Teams:** MS Teams is an asset to serving customers who may not be able to visit a field office. Additionally, it has some great features, including the ability to read lips and input client responses in the chat. Can ORC share if there is any discussion of expanding MS Teams interviews and usage?

Most workloads that can be conducted by telephone can also be conducted over video. Unless policy requires a face-to-face in person interview, it can be conducted over video. The agency recently announced that effective May 9, 2024, it is implementing Phase III of VaaS. This expansion involves the acceptance of certain types of evidence during video interviews: evidence for which we can currently accept a photocopy, and evidence which we can verify with the custodian of record. This exciting expansion may allow an interview to be completed via video without the need for customers to mail or bring in evidence. OCOMM is developing an internal and external communications plan, which we expect to be launched on May 20, 2024.

TSC

- **FO Workloads:** FY24 NCSSMA Member Survey results listed 13 FO workloads that FO management feel TSC employees could process to assist the FOs. Is this an initiative that our Region or the Agency would pursue?



NCSSMA Survey
Results - TSC Assista

RTO is a strong supporter of TSC/FO/PSC work sharing opportunities. It's a great way to give TSC employees a different work experience while also assisting our fellow components in delivering public service. TSC staff are currently focused on serving the National 800 Number Network calls to reach the Commissioner's service goals/expectations. Going forward, if sufficient resources become available, TSCs are very supportive in assisting FOs with transferable workloads.

- **Verint MI Usage:** TSC's continue to have issues with Verint MI data being incorrect or missing. Verint reports and WINS Scorecard data is used by DCO, OCS, ORCs, and sites to monitor performance and we often question the validity of the data due to these ongoing issues. Can ORC shed any light on Verint's current functionality and recurring issues? We have concerns that the data is wrong or inconsistent when comparing site data with individual team data.

OCS continues to validate the Verint and other MI across the multiple systems; however, we haven't received any additional information on the validity of data. If you encounter data issues or concerns, the best way to assist OCS in trouble shooting them is with specific examples. Please route examples of your concerns with the data through your line management so we can forward them to OCS to investigate.

- **Headsets:** Is there a status update on headsets that were supposed to be included as part of the Avaya Workplace contract? Is there a status update on Avaya Workplace 508 compliance so that EWD and non-EWD employees can be on the same phone platform?

No additional information has become available regarding the expectation of receiving headsets as part of the transition to the Next Generation Telephony Project (NGTP). TSC sites can request replacement headsets through the Self-Service Portal (also known as JIRA) for staff that encounter hardware issues with existing headsets not under warranty. And we have no additional information or status regarding 508 compliance so that all staff can be on Avaya Workplace.

Supplemental Discussion Topics:

- Workplace Safety Plan 3.1

SFRMA: We have not heard any more about the Workplace Safety Plan 3.1. What is the status? Are we still enforcing it?

ORC: Will take that back for status.

ORC Update: DCHR plans to make changes to the agency's current WSP and COVID FAQs to align with current federal guidance, but any change to our WSP requires formal notice and bargaining with our unions. Until then, the current WSP 3.1 remains in effect. Until a new WSP is implemented, DCHR recognized the need to issue interim agency-level instructions given the CDC change in no longer providing county-level COVID-19 data. On 5/22/24, DCHR released an HRIC to all supervisors notifying managers that in the absence of data, all employees and customers have the option to wear masks. Managers may discontinue checking CDC information weekly and should just use the masking is optional signage.

- Reasonable Accommodations (RA)

SFRMA: The RA process is time consuming and takes a lot of effort by management. The time at the NRAC is lengthy and often circumstances change by the time a decision is made. Management has noted that offices are handling this process differently depending on the office. Is there any thought to removing some of the responsibilities from the FO and making the process easier and more consistent?

ORC: We understand that this process is complex and important to your offices. There has been a push to get the RA decisions made timely most recently. We agree consistency and timely processing is important and will take back to see if there are any changes in the works.

ORC Update: Currently, there are no changes to the process, however, we understand that the Office of Civil Rights and Equal Opportunity (OCREO) is in the process of updating the NRAC review process and timeliness. From what we've heard, they're considering an increase in the number of NRAC officials to issue denial decisions and establishing a next-level NRAC Reconsideration Official to make the recon decision, but also shortening some of the timeframes to improve timeliness of the RA process. Meanwhile, OCREO continues to provide resources for managers on reasonable accommodations (RA) via the FAQs for Managers Series (attached).

Reasonable Accommodation FAQs

Series 1 - General Information

This is the first in a series of Frequently Asked Questions (FAQs) for managers issued as reminders on the reasonable accommodation process.

1. What is reasonable accommodation?

Reasonable accommodation is a change in the work environment or in the application process that would enable a person with a disability who is qualified for the job to perform the essential functions of that job and enjoy equal benefits and privileges of employment.

2. When does SSA provide reasonable accommodation?

There are three general categories of reasonable accommodations: (1) changes to a job application process to permit people with disabilities to apply and to be considered for jobs; (2) changes to enable people with disabilities to perform the essential functions of a job; and (3) changes to give people with disabilities equal access to the benefits and privileges of employment.

A few examples of reasonable accommodations that have been granted in SSA are:

Additional day(s) of telework

Liberal leave

Relocation to a different seating area in the office

Reader or Personal Attendant

3. What are the legal requirements for agencies to provide reasonable accommodation?

Agencies must provide reasonable accommodation to qualified employees or applicants with disabilities unless the accommodation would create an undue hardship on the operation of the agency.

A person with a disability is qualified for a job if they can perform the essential functions of that job with or without the reasonable accommodation.

An employer is required to provide an effective accommodation unless doing so would require significant difficulty or expense for the agency. Undue hardship is always determined on a case-by-case basis.

Agencies are not required to provide an accommodation for someone else's disability. For example, an agency is not required to grant an accommodation to an employee to allow the employee to provide care to a member of their household with a disability.

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Please refer to the applicable Union contract for your component, as well as SSA's PERSONNEL POLICY MANUAL (ssa.gov) for information on leave flexibilities related to care giving responsibilities.

4. Why is reasonable accommodation important?

It is important because it removes workplace barriers for people with disabilities and allows agencies to expand the pool of qualified workers.

5. Why are reasonable accommodation *procedures* important?

Procedures are important because they allow the agency to handle requests in a prompt, fair, and efficient manner.

6. Is there a form required or special language that must be used in the request?

No. An initial request for accommodation does not have to be in writing, and there are no special words that must be used to make a request. A request is any communication in which an employee or applicant asks or states that they need SSA to provide or to change something because of a medical condition. The requester is not required to have a particular reasonable accommodation in mind before making a request.

If the nature of the initial communication is unclear, the supervisor should ask the individual whether a reasonable accommodation is being requested. It is important to note that, once an agency official has been notified, even informally, of a need for an accommodation, the initial request should **not** be ignored. Supervisors must take prompt action by beginning to engage in a discussion with the employee making the request, referred to as the interactive process.

7. How are reasonable accommodation requests made at SSA?

An employee* may make a request for a reasonable accommodation using several methods as identified below:

RA Wizard: This electronic on-line system is the preferred method for submission because it ensures that the request is recorded in SSA's RA tracking system, the Reasonable Accommodation Process Information and Data System (RAPIDS). RAPIDS is the only official system of records for recording such requests.

If an employee makes a request to their supervisor through another method, the supervisor must enter a request on behalf of an employee in the RA Wizard to ensure that the request is recorded in RAPIDS.

SSA-501: Employees may use this form to submit a request for reasonable accommodations. Employees typically submit the form to their supervisor, via email or in person, but they may also submit it to SSA's OCREO**, CADS, or the local RAC by

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email, in person or by mail. Once received, the supervisor, CADS, or the local RAC must enter the request into the RA Wizard.

Verbally or in Writing: Employees may submit a request verbally or in writing to their supervisor, OCREO**, CADS, or their local RAC. Once received, the supervisor, CADS, or the local RAC, must enter the request into the RA Wizard.

** Third parties can fill out a Form SSA-501 or make a verbal or written request for an RA on behalf of an employee.*

***The local delegated official (i.e. management), is responsible for handling the RA request, even if it is first submitted to OCREO, unless the request falls within CADS delegated authority (see FAQ #31).*

8. Why is the RA Wizard the preferred method for submitting RA requests?

In addition to ensuring the request is recorded in RAPIDS, SSA's RA tracking system, the application also assists employees and managers with the reasonable accommodation process. It works by stepping the user through a series of pages and asking simple questions to assist in determining the needs of the employee. It also aids in timely action, as the agency can track it immediately upon submission.

9. What timeframes govern the RA process?

Decisions on RA requests should be made as soon as reasonably practicable and no later than **45** days after the request is made, absent extenuating circumstances.

See the Reasonable Accommodation Program PERSONNEL POLICY MANUAL (ssa.gov) S1630_1, Section 5.6.

10. Once a request is received, what is my next step as a management official?

You should begin the interactive process with the employee upon receipt of the request, but no later than ten (10) calendar days after the request was made, to acknowledge the request and clarify the employee's needs.

11. What is the "interactive process"?

This is an ongoing dialogue between the manager and employee to identify and provide an appropriate and effective RA. Communication is a priority throughout the RA process but particularly so where the specific limitation, problem, or barrier is unclear; where an effective RA is not obvious; or where the parties are considering different forms of RA.

12. Do I need to request medical documentation in support of the request?

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If the need for the RA is not obvious and/or if the supervisor does not already have existing knowledge about the employee's disability and/or limitations, you may request medical documentation to the extent it is necessary to determine if the employee has a disability and/or to help determine what RAs the employee needs and would be most effective.

Remember to consider that if an employee has a known medical condition or disability or has already provided medical documentation, requesting additional information may not be appropriate. It is also permissible to rely on personal knowledge or observation of limitations.

13. What medical information do I ask the employee to provide and how much time is given to the employee to obtain the documentation?

Management should put any requests for medical documentation in writing to the employee with specifics as to what is needed, as well as the timeframes to provide the documentation. Please note that asking for an entire medical history is not permitted. It is also not permitted to request an employee's genetic information.

Generally, SSA will provide employees with 30 calendar days to provide the requested documentation; however, reasonable extensions should be granted as necessary (e.g., the employee could not get an appointment with the appropriate medical provider within the 30-day period). If supplemental medical documentation is requested, SSA will provide employees with 10 business days to provide the requested documentation.

14. What type of medical information is requested?

Generally, a request for medical documentation is limited to the:

- nature, severity, and duration of the impairment (e.g., diagnosis, functional limitations, barriers, symptoms, side effects of any treatments, whether or not it is permanent in nature, etc.);
- impact on major life activities;
- extent of the limitations when the condition is active; and
- recommended RAs and why the RAs are being recommended (e.g., how the RA will assist the individual in performing the essential functions of the job or enjoying a benefit or privilege of employment; why a particular RA would be effective; etc.).

15. How do I evaluate the medical information provided by the employee?

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You should be engaging in the interactive process and speaking with the employee if you need further clarification on what has been submitted. In addition, working through the RAC, you may have the medical documentation reviewed by SSA's Medical Office. The Medical Office will issue an opinion for your consideration. Please note, however, that only the National Reasonable Accommodation Coordinator (NRAC) can make a final determination that the employee does not have a disability.

16. If I request medical documentation, where should it be maintained?

Medical documentation must be maintained in a separate, secure file; be uploaded into RAPIDS; and **not** placed in the e7B file.

17. In what circumstances may medical information be disclosed?

Medical documentation must be kept confidential. Disclosure is only permitted in certain specified circumstances, including:

On a "need-to-know" basis, if doing so is necessary to ensure compliance with applicable laws. For example, supervisors may be informed regarding necessary restrictions on the work or duties of the employee and necessary RAs;

First aid and safety personnel, if the disability might require emergency treatment; or

With government officials investigating compliance with applicable laws.

18. Are there situations in which a request may be processed without needing medical documentation?

Yes. There are times when medical documentation is not needed, including:

Employees with an obvious disability where the need for the requested RA is clear;

Times when an employee has previously established a disability; has the same functional limitations; and the need for the requested RA is clear; and

Requests for equipment given to all employees regardless of disability.

19. What happens if an employee doesn't provide any documentation as requested?

Managers are not required to recommend denial when the employee has a non-obvious condition and does not provide any requested documentation to substantiate the condition. When the employee fails to respond to requests for medical documentation for a non-obvious

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condition and provides no documentation at all, this constitutes “failure to cooperate” and managers may close the request in RAPIDS. However, when an employee provides minimal or inadequate documentation, this does not constitute failure to cooperate and should be processed as a recommended denial.

20. After determining the individual is disabled, what is the next step in the process?

You should continue with the interactive process by discussing the requested RA with the employee and exploring possible alternatives. SSA is required to provide an effective RA to employees with disabilities; **not** necessarily the employee’s preferred RA.

21. I’ve also heard the term “interim accommodation” being used, what does that mean?

When all the facts and circumstances known to the agency make it reasonably likely that an individual will be entitled to a reasonable accommodation, but the accommodation cannot be provided immediately, the agency will provide an interim accommodation that allows the individual to perform some or all of the essential functions of his or her job, if it is possible to do so without imposing undue hardship on the agency.

22. After determining the individual is disabled and entitled to an accommodation, and agreement on the specific RA has been reached, what’s next?

You should issue an approval letter to the employee and provide a copy to the RAC. The RAC will upload the letter to RAPIDS.

23. What if management does not want to grant the RA request?

The NRAC is the only agency official who can deny reasonable accommodation requests. If after reviewing the request and engaging in the interactive process, the manager finds the request shouldn’t be granted, they should make a denial recommendation to the NRAC. Managers must explore alternative accommodations before submitting a denial recommendation.

24. For what reasons would a recommended denial be warranted?

Examples of reasons for a recommended denial include:

Employee is not disabled;

Employee does not need an RA;

Requested RA would not be effective;

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Requested RA only supports marginal functions (not essential functions) of the position;

Granting the requested RA would remove essential functions of the position;

Granting the requested RA would lower performance or production standards;

Employee is not qualified to perform the essential functions of the position with or without an RA; or

Requested RA constitutes an undue hardship for the Agency.

25. If management offers an alternative accommodation and the employee refuses to accept it, what happens?

Management should submit a recommended denial based on offering effective alternative accommodations to the NRAC for review. Management should obtain assistance from the local RAC to submit a recommended denial to the NRAC by submitting a “Tab B” – *Recommendation for Denial of a Reasonable Accommodation Request to National Reasonable Accommodation Coordinator*. All recommendations for denial must go through this centralized, electronic process, with the NRAC making the final decision. Please see: [RA Request Status Portal Supervisor User Guide](#) for further information on completing the electronic Tab B submission.

26. What timeframes does the NRAC follow?

The NRAC reviews recommended denials as soon as practicable but generally not more than ten (10) business days from the date the recommended denial is received. The NRAC may contact the employee or management to obtain additional information.

27. What types of decisions can the NRAC make?

The NRAC may concur or disagree with some or all of the denial recommendation. The NRAC will notify management of their decision. Examples of NRAC decisions include:

When management makes a denial recommendation based on a lack of disability and the NRAC disagrees, the NRAC will return the request to management, who is then expected to continue the interactive process and identify possible RAs.

When management makes a denial recommendation based on any other reason and the NRAC disagrees, the NRAC will direct management to grant the request and implement the RAs consistent with the NRAC’s decision or take other steps as instructed.

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When the NRAC identifies alternative RAs after receiving a recommendation for denial, the NRAC will notify management and work with them to implement the alternate RA(s).

28. If the NRAC concurs with the denial recommendation, what are the next steps?

When the NRAC concurs with any aspect of management's recommendation, the NRAC will notify the employee of:

The reasons for denying the request (in whole or in part),

The procedures to request reconsideration, and

The right to file an EEO complaint with SSA's Office of Civil Rights and Equal Opportunity.

The Notice also provides information on the agency's Alternative Dispute Resolution (ADR) program, along with instructions on how to file a complaint, and the timelines for contacting an EEO counselor - within 45 days of the denial.

The NRAC will provide management with an electronic copy of the notice to the employee.

29. What happens if the employee doesn't agree with the NRAC's decision?

The employee may request reconsideration, with or without additional supporting materials that the employee did not previously provide. The NRAC will make a decision and notify the employee within five (5) business days of receiving the request for reconsideration. The employee may request reconsideration at any time.

30. Is there ever a situation where an existing RA may be changed or removed?

If management believes it is necessary to modify a previously approved RA or believes an RA is no longer needed, they must first engage in an interactive discussion with the employee. If management and the employee cannot come to an agreement, then management must submit a recommended denial to the NRAC for consideration before taking any further action.

31. Are there certain types of accommodations that aren't within local management's authority to process?

Yes. OCREO's Center for Accommodation and Disability Services (CADS) manages an agency-wide allocation of personnel resources that are used to support RAs for employees with disabilities. Commonly known as the FTE Pool, this resource pool provides:

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Reader assistants for employees who are blind or who have extremely low vision;

Personal assistants for employees with severe impairments; and

Sign-language interpreters for employees who are deaf or hard of hearing.

SSA also provides personal attendant services (PAS) to SSA employees with targeted disabilities who require assistance with basic activities of daily living, such as eating, removing and putting on clothing, and using the restroom unless doing so will pose an undue hardship on the Agency.

CADS is also responsible for any assistive technology, devices, and/or equipment that costs more than \$100, training, ergonomic assessments, and items for the alternative duty station. Additionally, CADS handles all requests for reasonable accommodation from job applicants.

32. What about assistive technology and adaptive devices costing less than \$100?

The purchase of standard office equipment needed as a reasonable accommodation, as well as adaptive items costing \$100 or less, are the component's responsibility. For items over \$100, both technology and training to use the technology, are handled by CADS. Please contact your RAC for further information.

33. Could you provide more information about sign language interpreter services?

SSA has an agency-wide contract for sign language interpreter services that provides daily on-site interpreters at headquarters and, by request, hourly interpreter services to all SSA offices outside headquarters. These services are available for qualified job applicants and employees who are deaf or hard of hearing for meetings, training classes, commemorative programs, performance reviews, and other agency sponsored events where interpreters are needed to facilitate communication.

SSA also offers Communication Access Real-time Translation (CART) services for deaf or hard of hearing employees who are not fluent in American Sign Language. Funding is also provided to obtain "as needed" interpreter or CART services from local vendors with an estimated cost of \$2,500 or less.

For daily communication needs and participating in conference calls, Deaf or Hard of Hearing (DHOH) employees and/or their managers can utilize services from the agency's interpreting services at Sign.Language.Interpreter.Requests@ssa.gov. Please include the date, time, and reason for the request (i.e., training, one-on-one discussion, staff meeting, etc.) This service will be provided via MS Teams.

34. Does a request for a special chair need to be put into the RA Wizard?

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All requests for chairs, including those for employees with disabilities, should first be directed to the Office of Facilities and Logistics Management (OFLM), Office of Realty Management (ORM), Division of Furniture Support (DFS). DFS provides ergonomic adjustable chairs, as well as chairs for employees with special height and/or weight requirements, or medical conditions requiring specific features. Select the following link: [Ergonomic Chair](#), for instructions on completing a request for an ergonomic chair. If DFS does not provide the chair and/or if an employee needs a second chair for their ADS, those requests should be directed to CADS.

35. Do employees need to return office equipment that they were allowed to take home during the pandemic?

Equipment issued as a reasonable accommodation: The agency supports reasonable accommodations for the ADS, including chairs. Employees who were provided with equipment for the ADS as a reasonable accommodation and will be working at the ODS and teleworking at the ADS, do not need to return it to the office. These employees will consult their supervisor about additional equipment for the office. Without a documented reasonable accommodation, employees are responsible for furnishing their own chairs at the ADS and the agency will not purchase chairs for employee use at the ADS.

If not part of an RA: Please refer to: the January 2024 DCHR issued Instructions for Increasing On-Site Presence FAQs #37-41 for additional information on equipment.

36. What resources are available?

Questions related to these FAQs or reasonable accommodation in general may be directed to: OCREO.CADS.Inquiries@ssa.gov

Reasonable Accommodation Training on weLearn: [Reasonable Accommodation \(csod.com\)](#)

[Center for Accommodations and Disability Services | Office of Civil Rights and Equal Opportunity \(ssa.gov\)](#) – includes a list of RA coordinators.

Personnel Policy Manual, S1630_1: [PERSONNEL POLICY MANUAL \(ssa.gov\)](#)

National Union Agreements: Go to [OLMER \(ssa.gov\)](#) for additional provisions applicable to bargaining unit employees.

Job Accommodation Network (JAN): www.askjan.org

Equal Employment Opportunity Commission: www.eeoc.gov

Reasonable Accommodation FAQs

Series 4 – Recommended Denials (Tab B)

This is the fourth in a series of Frequently Asked Questions (FAQs) for managers issued as reminders on the reasonable accommodation process.

1. Who is responsible for denying reasonable accommodation (RA) requests?

The National Reasonable Accommodation Coordinator (NRAC) or designee is the only agency official with the delegated authority to deny reasonable accommodation requests.

2. Who submits information to the NRAC for them to make a decision on whether an accommodation request should be denied?

The delegated official (may also be referred to as the local delegated official or LDO) is responsible for submitting information to the NRAC if the employee cooperates in the RA process, and the LDO does not grant the requested accommodation. The LDO is often the employee's first-line supervisor or manager but may also be a different person delegated by components to handle certain reasonable accommodation (RA) requests not handled by the Center for Accommodation and Disability Services (CADS).

The LDO responsibilities include making recommendations for the denial of RA requests; determining the need for medical documentation; and requesting any additional information or documentation; and having interactive discussions with the employee. The LDO also provides all required information to the RAC in a timely manner to submit a denial recommendation to the NRAC. Additionally, the LDO promptly implements decisions from the NRAC. See [PERSONNEL POLICY MANUAL \(ssa.gov\)](https://ssa.gov/PERSONNEL-POLICY-MANUAL) for further information on the LDO responsibilities, which also includes approving RA requests within their delegated authorities.

The RA request and all related supporting documentation should be uploaded to the Reasonable Accommodation Process Information and Data System (RAPIDS). RAPIDS is SSA's official RA tracking system that houses all information pertaining to RA requests. The employee, management/LDO, and the RAC have access to RAPIDS and may upload documents throughout the RA process where applicable. Typically, after the LDO makes a decision to recommend denial, the LDO will notify the RAC and the RAC will update the RAPIDS system. It is critical that the RA record in RAPIDS be a complete record for the NRAC to review and make a timely decision.

After engaging in the interactive process with the employee, the LDO may make a recommended denial of the RA to the NRAC, also known as a "Tab B."

3. I've heard about a "Tab B" – but what is it?

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A Tab B is completed by the LDO and submitted to the NRAC when recommending a denial of an RA request. The NRAC, or their designee, is the agency official with the delegated authority to deny RA requests completely or in part.

It is important to prepare a well-documented Tab B submission so that the NRAC has a complete record of the RA request, which should include: relevant dates and events related to the RA request and all aspects of the interactive process; employee's title and essential job functions; names of the supervisor, the LDO, other management officials to contact and the RAC; other components contacted – such as the Medical Office; the employee's stated impairment; any accommodations already provided; accommodation(s) requested; the basis for the denial and an explanation as to why a denial is being recommended; and alternatives offered and declined. All documentation, such as medical documentation, correspondence with the requesting employee, and other documents on which the LDO relied should be uploaded in RAPIDS. Missing documents may result in the Tab B being returned for correction and further processing at the local level.

4. For what reasons would the denial of an accommodation be recommended?

The LDO may recommend denial of an RA request due to the following reasons:

- a. Employee is not disabled;
- b. Employee does not need an RA;
- c. Requested RA would not be effective;
- d. Requested RA only supports marginal functions (not essential functions) of the position;
- e. Granting the requested RA would remove essential functions of the position;
- f. Granting the requested RA would lower performance or production standards;
- g. Employee is not qualified to perform the essential functions of the position with or without an RA; or
- h. Requested RA constitutes an undue hardship for the Agency.

5. What steps should be taken if the Tab B recommendation is based on insufficient medical documentation or the belief the employee does not have a disability?

The LDO must first ensure the employee has been provided 30 calendar days to submit medical documentation (if the employee does not have an obvious or previously known

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Series 4 – Recommended Denials (Tab B)

disability). If the employee (without an obvious or previously known disability) does not provide information that the LDO finds to be sufficient to establish a disability, the LDO must notify the employee in writing and explain that they have the opportunity to supplement the medical documentation with a due date of ten (10) business days. Reasonable extensions may be granted for situations beyond the employee's control. If the LDO then determines the medical documentation does not establish that the employee has a disability, the LDO must submit a Tab B to the NRAC. Please note that, where an employee submits any medical documentation, it is never appropriate to close the request based on failure to cooperate.

6. What happens if the employee indicates they will not submit new, updated, or supplemental medical documentation to establish they have a disability?

The LDO should obtain confirmation of this in writing and proceed with submitting the Tab B – Recommendation for Denial.

7. What type of information should be included in the Tab B if the recommendation is based on removal of essential functions?

The LDO must provide a thorough and detailed justification to support any recommended denial, including on the basis of removal of essential functions. Essential functions are the basic job duties that an employee must be able to perform. The Tab B should document information such as whether the performance of a function is the reason that a position exists, the number of people available to perform that function, the degree or skill required to perform the function, and whether that function can be performed in a different manner. The Tab B should clearly explain the relevancy of the essential functions as needed and performed in the office or component. **NOTE: Please do not only attach a position description (PD).** The Tab B should explain how much time daily or weekly the employee spends performing each function.

If the requested accommodation is for telework, the Tab B should specify which essential function(s) would be removed if telework were granted. The Tab B should explain whether there is a need to be physically present in the office and why. For example, is there a need for in-person interaction, or does the employee need immediate access to documents or other information located only in the workplace? In addition, the Tab B should outline portable and non-portable job functions (work that must/can only be performed on-site and work that may be performed off-site) and explain why those job functions would not be portable. The LDO should make the Tab B explanation as specific and detailed as possible. Further, the Tab B should explain whether a modification of non-essential job functions (marginal duties) could address the

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employee's limitations. Please work closely with your RAC and OGC to develop this basis if you believe it is applicable.

8. What type of information should be included in the Tab B if the recommendation is based on lowering production or performance standards?

The Tab B should indicate which standards would be lowered and provide specific information pertaining to that production/performance standard, including documentation showing that the employee was on notice of the production or performance standard. Please work closely with your RAC and OGC to develop this basis if you believe it is applicable.

9. What type of information should be included in the Tab B if the recommendation is based on undue hardship?

As SSA is a large agency, undue hardship is very difficult to prove. Undue hardship means that a specific accommodation would require significant difficulty or expense for the agency. This basis requires an individualized assessment of current circumstances that shows a specific reasonable accommodation would cause significant disruption of the facility's operations. It requires specific support and detailed analysis. Factors to consider include: nature and net cost of the accommodation needed; overall financial resources for the agency; effect of the accommodation on expenses and resources; and impact of the accommodation on the operation of the agency, including the impact on the ability of other employees to perform their duties and the impact on the agency's ability to conduct business. Please work closely with your RAC and OGC to develop this basis if you believe it is applicable.

10. What happens if an employee whom the Agency determined to be disabled is offered an effective alternative RA, but they refuse to accept the effective alternative RA?

In this situation, the LDO would submit a Tab B to the NRAC based on the employee's refusal to accept an effective alternative RA. Such submission is not considered a recommended denial; however, the current version of RAPIDS does not have such a designation and the recommended denial code must be used.

It is important to note that employees are not entitled to the accommodation of their choice if an alternative offered is equally effective. *See question 9 - [Enforcement Guidance on Reasonable Accommodation and Undue Hardship under the ADA | U.S. Equal Employment Opportunity Commission \(eoc.gov\)](#)*

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11. What happens if the NRAC does not agree with the recommended denial?

Where the NRAC or a designee disagrees with any part of an LDO's recommendation, the NRAC or a designee shall notify the LDO of the reasons for disagreeing and will provide further instructions to management in the transmittal memorandum.

If the LDO made a recommendation based on lack of disability and the NRAC or a designee disagrees, the request will be returned to the LDO to continue the interactive process and identify possible RAs.

If the LDO made a recommended denial based on any other reason and the NRAC disagrees, the NRAC may direct the delegated official to grant the request and implement the RAs consistent with the NRAC's or a designee's decision or may direct the delegated official take other steps as instructed.

12. Are there any other circumstances in which the NRAC would return a recommended denial decision?

Recommended denials may be returned to the LDO for additional processing when an NRAC decision is premature. For example, an employee may upload additional medical documentation to RAPIDS after the LDO forwarded the denial recommendation to the NRAC. When this occurs, the LDO must review the new medical information before the NRAC can evaluate the Tab B.

13. What happens if the NRAC or a designee contemplates alternative RAs after receiving a recommendation for denial?

When the NRAC believes an equally effective alternative RA should be provided to the employee, the NRAC shall notify the LDO via a transmittal memorandum that explains to the LDO that they should work with the employee to offer the alternate RA(s).

14. Does management or the LDO have the right to appeal or contest the NRAC's decision when the NRAC does not concur with the recommendation?

No. The LDO should follow the NRAC's instructions, as the NRAC is the delegated deciding official for the agency.

15. Is there a timeframe on when the Tab B should be submitted?

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Yes. The Tab B should be submitted as soon as possible but no later than 45 days from the date of the request, absent extenuating circumstances (i.e., employee on extended leave, employee granted additional time to submit medical documentation, etc.)

16. What resources are available?

Questions related to these FAQs or reasonable accommodation in general may be directed to: OCREO.CADS.Inquiries@ssa.gov

Reasonable Accommodation Training on weLearn: [Reasonable Accommodation \(csod.com\)](https://csod.com)

[Center for Accommodations and Disability Services | Office of Civil Rights and Equal Opportunity \(ssa.gov\)](https://ssa.gov) – includes a list of RA Coordinators (RACs).

Personnel Policy Manual, S1630_1: [PERSONNEL POLICY MANUAL \(ssa.gov\)](https://ssa.gov)

National Union Agreements: Go to [OLMER \(ssa.gov\)](https://ssa.gov) for additional provisions applicable to bargaining unit employees.

Job Accommodation Network (JAN): www.askjan.org

Equal Employment Opportunity Commission: www.eeoc.gov

Reasonable Accommodation FAQs: [Center for Accommodations and Disability Services | Office of Civil Rights and Equal Opportunity \(ssa.gov\)](https://ssa.gov)