State of California - Department of Social Services
DUTY STATEMENT

EMPLOYEE NAME:
VACANT

CLASSIFICATION:	POSITION NUMBER:
Medical Consultant I	800-982-7784-910
DIVISION/BRANCH/REGION: *(UNDERLINE ALL THAT APPLY)*	BUREAU/SECTION/UNIT: *(UNDERLINE ALL THAT APPLY)*
Disability Determination Services/Los Angeles	Case Adjudication Bureau
SUPERVISOR'S NAME:	SUPERVISOR'S CLASS:
	Disability Evaluation Services Administrator I

SPECIAL REQUIREMENTS OF POSITION *(CHECK ALL THAT APPLY)*:

- ☑ Designated under Conflict of Interest Code.
- ☐ Duties require participation in the DMV Pull Notice Program.
- ☐ Requires repetitive movement of heavy objects.
- ☐ Performs other duties requiring high physical demand. *(Explain below)*
- ☐ None
- ☑ Other *(Explain below)*

fingerprinting required

I certify that this duty statement represents an accurate description of the essential functions of this position.		I have read this duty statement and agree that it represents the duties I am assigned.	
SUPERVISOR'S SIGNATURE	DATE	EMPLOYEE'S SIGNATURE	DATE

SUPERVISION EXERCISED *(Check one)*:

☑ None ☐ Supervisor ☐ Lead Person ☐ Team Leader

FOR SUPERVISORY POSITIONS ONLY: Indicate the number of positions by classification that this position DIRECTLY supervises.

Total number of positions for which this position is responsible:

FOR LEADPERSONS OR TEAM LEADERS ONLY: Indicate the number of positions by classification that this position LEADS.

MISSION OF ORGANIZATIONAL UNIT:

The mission of the California Department of Social Services is to serve, protect, and support the people of California experiencing need in ways that empower wellbeing and disrupt systemic inequities.

CONCEPT OF POSITION:

Under the direction of the Team Manager (TM)(DESA I), the Medical Consultant (MC), in conjunction with Disability Evaluation Analyst staff, adjudicates applications for disability benefits under the Social Security, Supplemental Security Income and/or Medi-Cal programs. The MC reviews case histories, evaluates and interprets medical reports, and evaluates possible effects of medical or surgical treatment in relationship to program requirements. The MC provides assessments of the applicant's functional abilities based on program guidelines. The MC is a full participant on the team and is involved in decision-making regarding team endeavors related to the team's quality, workflow, and production.

A. RESPONSIBILITIES OF POSITION:

50% Evaluates medical evidence to determine its adequacy for making disability decisions. Based on program requirements, may recommend appropriate consultative examinations. Interprets medical findings for analysts and has the responsibility for establishing medical onset of disability. Assesses and documents severity of impairments and describes applicant's residual functional capacity (RFC). In conjunction with disability evaluation analysts, reviews cases and makes medical decisional recommendations developed in accordance with regulations from the Social Security Administration.

25% Contacts (primarily by telephone) physicians and other medical sources for the purpose of obtaining/clarifying pertinent medical information or resolving discrepancies in disability cases.

10% Participates in activities to improve the program's relationship with the medical community. Assists in attempts to resolve problems with obtaining evidence of record from medical sources. Reviews consultative reports for deficiencies in content and makes suggestions to panelists for improving their reports. Assists in developing medical panels of examining physicians and specialists in the Branch's service area.

10% As requested, provides medical training for staff and also participates in the development and presentation of the training. Mentors DEA IIIs regarding RFC completion issues as well as mentoring new DEAs. As assigned, may provide special assistance to the Branch Chief and other Branch staff.

5% Attends case-related training. Reviews, and becomes familiar with, changes in the disability program rules and regulations, transmitted via a variety of policy documents. Participates in regularly scheduled team meetings. May work on special projects identified by management.

B. SUPERVISION RECEIVED:

The MC receives general supervision from a Team Manager (DESA I), covering program performance and growth. The incumbent is expected to take initiative and work in an independent manner. The MC is expected to apply medical training and experience in the performance of their duties. A sampling of case decisions is reviewed for program consistency.

C. ADMINISTRATIVE RESPONSIBILITY:

None

D. PERSONAL CONTACTS:

The MC has ongoing contact with Bureau and Branch personnel. The MC has contact with private physicians, hospitals and other treatment sources; and may have occasional contact with Social Security Administration personnel.

E. ACTIONS AND CONSEQUENCES:

Failure to accurately document and adjudicate disability claims could have substantial monetary impact upon the Social Security Trust Fund or result in financial hardship for disability applicants.

F. OTHER INFORMATION:

The incumbent is required to have and maintain a current State of California medical license. The incumbent's case-related activities require the use of a special computer application utilized by DDSD for case processing. Case files may be paperless and require processing by computer including reading and keying in of information. Incumbents in this position should have the ability to perform sustained (lengthy and uninterrupted periods) of reading and analysis of data from a PC monitor. Uses a computer to read and send e-mail messages.

State of California - Department of Social Services
DUTY STATEMENT

EMPLOYEE NAME:

CLASSIFICATION:	POSITION NUMBER:
DIVISION/BRANCH/REGION: *(UNDERLINE ALL THAT APPLY)*	BUREAU/SECTION/UNIT: *(UNDERLINE ALL THAT APPLY)*
SUPERVISOR'S NAME:	SUPERVISOR'S CLASS:

SPECIAL REQUIREMENTS OF POSITION *(CHECK ALL THAT APPLY)*:

- ☐ Designated under Conflict of Interest Code.
- ☐ Duties require participation in the DMV Pull Notice Program.
- ☐ Requires repetitive movement of heavy objects.
- ☐ Performs other duties requiring high physical demand. *(Explain below)*
- ☐ None
- ☐ Other *(Explain below)*

I certify that this duty statement represents an accurate description of the essential functions of this position.		I have read this duty statement and agree that it represents the duties I am assigned.	
SUPERVISOR'S SIGNATURE	DATE	EMPLOYEE'S SIGNATURE	DATE

SUPERVISION EXERCISED *(Check one)*:

☐ None ☐ Supervisor ☐ Lead Person ☐ Team Leader

FOR SUPERVISORY POSITIONS ONLY: Indicate the number of positions by classification that this position DIRECTLY supervises.

Total number of positions for which this position is responsible:

FOR LEADPERSONS OR TEAM LEADERS ONLY: Indicate the number of positions by classification that this position LEADS.

MISSION OF ORGANIZATIONAL UNIT:

CONCEPT OF POSITION:

A. RESPONSIBILITIES OF POSITION:

B. SUPERVISION RECEIVED:

C. ADMINISTRATIVE RESPONSIBILITY:

D. PERSONAL CONTACTS:

E. ACTIONS AND CONSEQUENCES:

F. OTHER INFORMATION: