



Memorandum

To: Nicki Neal
Director

Thru: Keith Murry 
Class Studies Supervisor

From: Carolina Russell 
Class Studies Analyst

Date: January 23, 2014

Subject: Occupational Therapy Class Study

Study Request and Objectives:

In March 2013, the Department of Health and Social Services requested a classification study of the occupational therapy job classes. The objective of the request was to update the class specifications to reflect changes in the licensing requirements and to examine the salary alignment.

Study Scope:

This study involved two positions in the Occupational Therapist I and II job classes. A Recreation Therapist position was added when management changed the duties. The three positions are located in the Rehabilitation Services Unit of the Anchorage Psychiatric Institute (API) with the Division of Behavioral Health.

Study Contacts:

The agency designated Alton Spurgeon (Occupational Therapist II) as the primary study contact to assist during the study process. However, the supervisor of the Occupational Therapist II, Marianne Holman (Mental Health Clinician IV) also provided input.

Pertinent Class Histories:

The Occupational Therapist class series was established January 1, 1970. Aside from narrowing of the minimum qualifications, effective December 1, 1995, no major revisions have been made to the classes since their inception.

Class Analysis:

This study originated as the agency voiced concerns that entry requirements to the profession had evolved since the class series was last examined, without being reflected in the compensation of the

job classes, therefore requiring reassessment. To examine this, position descriptions were submitted, telephonic desk audits were completed, and comparative analysis was performed to update the class specifications to the current standards.

Occupational therapy represents a broad range of therapeutic work, defined by the American Occupational Therapy Association (AOTA) as one that addresses the physical, cognitive, psychosocial, sensory, and other aspects of performance in a variety of contexts to support engagement in everyday life activities that affect health, well-being, and quality of life. The profession centers on the promotion of optimal functional independence of patients with work characterized by hands-on clinical skills used to assess, treat, or recommend treatment of patients with mental and/or physical conditions or disorders. As such, occupational therapy involves analytical, evaluative, professional work that is license-regulated.

The State of Alaska Occupational Therapists job classes in this study serve in the Rehabilitation Services Unit of API, where the work is carried out as part of an interdisciplinary team, including several therapeutic programs and job classes outside the scope of this study.

The three positions in the study were found to have responsibilities consistent with and demanding an Occupational Therapist license, as defined by AS 08.84.090. Two positions were found to be assigned duties representing the full scope of work of licensed Occupational Therapists, while the third position, historically classified as Occupational Therapist II, additionally provides supervision of the work of others in the Unit.

The State's classification plan provides for the grouping of positions into job classes when they are sufficiently similar with respect to duties and responsibilities, degree of supervision exercised and received, and entrance requirements so that: 1) the same title can be used to clearly identify each position; 2) the same minimum qualifications for initial appointment can be established for all positions; 3) the same rate of basic pay can be fairly applied to all positions; and 4) employees in a particular class are considered an appropriate group for purposes of layoff and recall. Job classes should be constructed as broadly as is feasible as long as the tests of similarity are met.

Full Professional Scope:

The two positions performing the full scope of work are responsible for direct delivery of occupational therapy services to a diverse group of patients, typically treating different unit populations (such as adult long-term or adolescent patients) based upon their primary unit assignment. Both positions have responsibilities to regularly conduct assessments; provide recommendations, therapy, and treatments; document; and plan for discharge. Given the similar type of work, both positions are expected to require equivalent levels of complexity, variety, and responsibility. Incumbents at this level exercise independent professional judgment in determining how to carry out referrals and complete individual treatments and interventions, and display

initiative and originality, for example in the fabrication of splints. Incumbents operate without close technical supervision, but the supervisor is available for consultation as needed. These positions do not exercise independent supervisory authority, but can lead and instruct the work of others in occupational therapy treatments, techniques, documentation, and administrative matters, which is often the case with nursing staff and also regularly with master's or doctoral degree students during recurring internships throughout the year.

Review of the data gathered during this study shows the work of these non-supervisory positions has not significantly changed from the characteristics defined in the existing job class specifications. The work continues to represent the full-proficiency, licensed role serving primarily at the unit level, as previously described. As a result, these positions are sufficiently similar and pass the tests of similarity indicating the work of these positions remains appropriately grouped in one job class.

The Advanced and Supervisory Level:

The supervisor position has changed over the years and now has greater organizational responsibility, being in charge of the Rehabilitation Services Unit and reporting to a Mental Health Clinician IV (PCN 065010). The position oversees all the rehabilitation personnel responsible for implementing and overseeing the rehabilitation programs throughout the hospital, which includes occupational therapy, but also rehabilitation counseling, recreation therapy, and industrial therapy. The position now exercises supervisory authority to independently take action in employment decisions, and to effectively recommend action in matters of discipline and discharge of employees, as well as in the adjudication of grievances over a total of seven positions in the unit. These include a Mental Health Clinician III, a Psychiatric Nursing Assistant III, two Recreation Therapist positions (at the I and II levels), an Industrial Therapist, and after reclassification through this study, a total of two Occupational Therapist positions. This level of supervisory scope and authority over other job classes is a departure from the previous definition of the job class, which centered on the supervision of occupational therapist functions only and which was more ambiguous by stating that positions *may* supervise other occupational therapists *or* function as the sole resource for the institution. Instead, full supervisory authority is now a distinctive class controlling feature, while the larger scope of authority allows for more flexibility in the exercise of supervision over occupational therapists but also potentially over other rehabilitation treatment functions.

The supervisory position backs up direct delivery of occupational therapist services and serves as a resource for more difficult work, demanding an experienced professional opinion, pointing to a specific advanced level of work. Therefore, while many of the duties performed by the position are programmatic and administrative, the range of work and complexity encountered is more effectively carried out within the boundaries of the professional occupational therapy work, justifying the retention of the license requirement.

It was found that the administrative work calls for programmatic knowledge and represents an equally significant element of work as the occupational therapist element. The position manages the unit and must provide adequate supervision, including quality assurance of programs and accountability to the API Senior Management Team. The supervisory position is also assigned a unique hospital-wide responsibility to manage scheduling of all clinical services group treatments for occupational therapy, psychology, recreational therapy, social work, and nursing at API. This task requires clinical knowledge and skills to understand the needs of patients to adequately coordinate and document group descriptions and protocols, balance treatments, and not least, comply with regulations. Although the position does not have independent budgetary control of the Rehabilitation Services Unit, these programmatic responsibilities are linked to API's funding sources, more closely correlating the position with decisions on the use of resources, decisions affecting the goals and objectives of API, and a higher consequence of error.

This position is significantly different in variety and complexity of the work responsibilities and scope of recommendations from those of the non-supervisory occupational therapist positions. It is also significantly different in terms of supervision exercised and with regards to entrance requirements. As a result, when we apply the standards for grouping, comparative analysis confirms that two levels of licensed-regulated occupational therapist work exist. These contain elements not present in other job classes, breaking the tests of similarities for grouping with other existing therapist work. Instead it is necessary and justified to maintain this body of work as a separate job class series. Analysis supports updating the current full-scope licensed work as the journey level and more clearly defining the higher level work as a combined advanced and supervisory job class that also performs licensed work and manages the rehabilitation programmatic work at the institutional level. Analysis further supports reexamination of the salary range for appropriate alignment within the PG06 job class family.

Class Title:

A class title should be the best descriptive title for the work. It is intended to concisely and accurately convey the kind and level of work performed and should be brief, easily recognized, gender neutral, and understood by potential applicants. "Occupational Therapist" is the historical and recognized title for the profession; underscored by the requirement of a state-issued license prior to using the title to practice in the field.

Reinstatement of the abolished Rehabilitation Therapy Coordinator class title was initially contemplated for the supervisory position, as both the past and current supervisory positions have been labeled with the working title of "Director of Rehab"¹ and have overseen the same

¹ It should be clarified that the term "Director" is limited to an in-house term that does not imply any of the delegated responsibilities provided by statute to administer the activities of a division of a principal State department or authority equivalent to that of a Division Director in the partially exempt service.

rehabilitation unit, thereby pointing to similarities. It was found that, unlike the Coordinator position, the current supervisory position is a working supervisor serving as a subject matter expert in occupational therapy – while retaining the coordinating and programmatic duties. Therefore, the Rehabilitation Therapy Coordinator title was found to be insufficient and much too narrow of a definition for the current needs of API for a licensed Occupational Therapist professional. Accordingly, Occupational Therapist I and Occupational Therapist II continue to accurately describe the work performed and remain the job class titles.

Minimum Qualifications:

One of the driving forces behind this study involved concerns that entry requirements to the profession had evolved in significant ways requiring revision of their impact on the minimum qualifications. The minimum qualifications established for a job class must relate to the knowledge, skills, and abilities needed to perform the work and must not create an artificial barrier to employment of individuals in protected classes. Required training should be limited to the basic formal training that customarily prepares individuals for work in the field. Experience requirements are intended to ensure new employees can successfully perform the work after a period of orientation or familiarization. Required experience should be directly related to the actual duties of positions in the class and should not be equivalent to the work to be performed.

Per AS 08.84.010 (b) the State Physical Therapy and Occupational Therapy Board shall control all matters pertaining to the licensing and practice of occupational therapists. Accordingly, the Occupational Therapist I job class has had licensure as the minimum qualification since 1995, as opposed to the separate elements to obtain a license. The Occupational Therapist II has since its inception required licensure and one additional year of experience.

Detailed examination revealed changes in the educational element required to obtain a license, which has made it effectively more demanding to obtain a license than previously. For many years the norm for entry to the profession was graduation from an accredited baccalaureate degree program in occupational therapy. The American Occupational Therapy Association initiated a new post-baccalaureate requirement for entry-level occupational therapy education in the late 90s, which changed this norm, and on January 1, 2007 the bar was effectively raised from a minimum baccalaureate degree to a master's degree in occupational therapy. A master's degree typically requires approximately 36 credits of post-baccalaureate education in the subject field, or roughly two additional years of education, after obtaining the baccalaureate degree.

A distinction to be made is that these changes were only applied to educational programs and affects their accreditation; practicing therapists were not required to obtain an advanced degree to maintain certification. Other trends affecting the composition of current applicant pools involves the availability of Doctorate of Occupational Therapy (OTD), typically an entry-level degree that is

being embraced by some universities such as the University of Alaska Anchorage, while other options are made available to post-professional students to obtain clinical doctorate degrees as well.

Taking these changes into consideration the minimum qualifications for the Occupational Therapist class series have been reviewed to ensure they provide a broad pool of candidates that have adequate knowledge and skills, and license to practice per AS 08.84.030b, which currently demands: successful graduation from an accredited occupational therapist educational program (at the master's level), completion of fieldwork requirements (6 months of supervised field work), passing the National Board for Certification in Occupational Therapy examination, and applying for a license.

Given the limited changes in the work of Occupational Therapist I, it was established that licensure continues to be a sufficient minimum qualification to perform the work at the journey level.

A determination was made to increase the minimum qualifications for the Occupational Therapist II job class and expand the experience component from one to three years at the journey level to reflect the changes in increased responsibility with the now class controlling supervisory authority, supervision of job classes outside the job class series, expectation of sufficient expertise in occupational therapy practices, and sufficient breadth of experience to meet specific challenges associated with programmatic management of a unit immersed in the mental health field. Additionally, a substitution clause was created in which a doctorate in occupational therapy may substitute for up to two of the requisite years of experience. This was done to further broaden the pool of candidates for the supervisory and advanced level and take advantage of the availability of higher educational preparation where doctoral degrees are increasingly common.

Class Code:

A Class Code is assigned based on the placement of the job class in the classification schematic of Occupational Groups and Job Families. Occupational Groups are made up of related Job Families and encompass relatively broad occupations, professions, or activities. Job Families are groups of job classes and class series that are related as to the nature of the work performed and typically have similar initial preparation for employment and career progression.

The subject job classes have traditionally been in the PG - Medical, Public Health and Related occupational group and in the PG06 Special Health Services job family. The PG occupational group includes families of classes that advise on, administer, supervise or perform research, education, or professional, scientific, technical or sub professional work in the areas of medicine, public health, mental health and patient services. The PG06 Special Health Services job family includes classes of positions that advise on, administer, supervise or perform professional, technical or sub professional work in health service specialties including those related to therapy, nutrition, speech, hearing, education and others. Initial preparation for employment is typically through advanced education in a specialty area with subsequent career progression based on specialized education and responsible

experience. As no changes to the nature of the classes were made, no changes were made to the Class Codes and AKPAY Codes.

Fair Labor Standards Act

The positions in this study are covered by the minimum wage and maximum hour provisions of the Fair Labor Standards Act of 1938, as Amended (FLSA). While exemption from the provisions of the Act are determined based on the specific circumstances of an individual employee on a work-week basis, there are general aspects of the classes and their influence on the exemptions for employees in bona fide executive, professional, or administrative positions that can be addressed in general.

Both Occupational Therapist levels require knowledge of an advanced type in a field of science or learning. Employment in these classes meets the professional criteria for exemption from the overtime requirement of the FLSA.

The Occupational Therapist II also meets the executive employee criteria for exemption. The executive exemption is based on the primary duty to manage a customarily recognized subdivision of a department, customarily and regularly directing the work of two or more employees, and the authority to take action as to the hiring, and to effectively recommend the firing, advancement, promotion and any other changes of status of other employees.

Employees in these job classes do not meet the administrative exemption criteria.

Salary Analysis:

The salary range of a job class is determined based on internal consistency within the State's pay plans, in accordance with merit principles, with the goal of providing fair and reasonable compensation for services rendered and maintaining the principle of like pay for like work. In evaluating internal consistency, the difficulty, responsibility, knowledge, skills, and other characteristics of a job are compared with job classes of a similar nature, kind, and level in the same occupational group and job family or related job families.

In analyzing and determining the salary range for the classes under review, comparisons were made to various job classes within the PG06 job family. The classes in the job family deemed comparable were those performing Professional/Managerial type of work and excluded those job classes in the job family categorized as Clerical/Technical/Paraprofessional.

The classes for comparison are:

Range	Job Class	Characteristics & Examples of Duties
Range 14	Recreation Therapist I (PG0681)	<p>Develops and implements a recreational therapy program at the unit level under the general direction of an interdisciplinary therapeutic team or higher level therapist.</p> <p><i>Examples:</i> Assesses residents' needs and develops and directs implementation of a therapeutic recreational program. Uses therapeutic techniques to motivate the socialization and constructive use of leisure time and/or skills acquisition. Leads, instructs and encourages residents in individual and group activities of a physical, social and cultural nature.</p>
Range 16	Recreation Therapist II (PG0682)	<p>Develops and implements a recreational therapy program for an institution under the general direction of an interdisciplinary therapeutic team or higher level therapist. Incumbents may supervise other therapists or function as the sole resource for the institution.</p> <p><i>Examples:</i> Supervision of recreation therapy functions in addition to performing administrative responsibilities associated with the management of an institutional recreational therapy program such as directing subordinate recreation therapists; adapting and implementing recreation therapy philosophy applicable to the institution and planning, and preparing and administering the recreation therapy program budget.</p>
Range 16	Industrial Therapist (PG0640)	<p>Provides industrial rehabilitative therapy programs through directed activities to prepare, train, place and supervise patients with physical or mental disabilities or disorders in employment. Operates under the general direction of an institutional therapeutic team or higher level therapist.</p> <p><i>Examples:</i> Uses therapeutic techniques to develop, rehabilitate, and/or expand job interests, job goals, skills, training, orientation, continuing education, and job potentials. Coordinates and confers with medical and other staff to prepare job plan for patients and job goals within the hospital structure that may lead to job placement or training outside the hospital.</p>
Range 18	Physical Therapist (PG0660)	<p>Responsible for providing journey level planning, supervision, performance, and day-to-day functioning of a physical therapy program.</p> <p><i>Examples:</i> Evaluates patients' physical developmental levels and neurologic, orthopedic, and cardiovascular statuses; reevaluates periodically. Administers and interprets test results; plans and administers individualized treatment programs incorporating the full range of therapeutic procedures. Consults other healthcare professionals to provide optimum physical therapy care to the patient.</p>

Occupational Therapist I

As previously reviewed in detail, Occupational Therapists I are responsible for performing professional journey level work, planning, directing and implementing an occupational therapy program and focusing on the direct delivery of those services to patients at the unit level. These kinds of therapists rehabilitate neuromuscular performance, functional skills, social, emotional, and cognitive skills through directed activities, and carry out referrals for specialized treatments.

Accordingly, the range of treatments may involve instructing patients in areas of daily living, active and passive muscle manipulation, splinting and splint fabrication, relaxation techniques, pain management, communication skills in group therapy, and/or clarifying life values. As such, typical work decisions involve clinical assessments, psychometric evaluations, evaluating patients' functional status and occupational performance and using therapeutic techniques and interventions to promote independent functioning in *all* aspects of life, as well as making recommendations for discharge and the functionality of patients in all affected areas after release.

In comparison, the work of Recreation Therapists I and Recreation Therapists II requires considerable knowledge of the concepts, principles, practices and current trends of recreation therapy, with knowledge of areas of recreation such as sports, drama, music, social activities, and arts and crafts. In addition, Recreation Therapists II need working knowledge of supervision and knowledge of community resources and volunteer services in order to perform the administrative responsibilities associated with the management of an institutional recreational therapy program. A Bachelor's degree with a major in recreation therapy or a closely related field meets the entry requirements for a Recreation Therapist I and an equivalent degree is required for the Recreation Therapist II level, accompanied by two years of professional experience providing therapy services including development, organization and implementation of a therapy program. However, eligibility for entry into either of these job classes is relatively flexible through the minimum qualification substitution clauses; certifications may be substituted for the required education. The knowledge, skills and abilities of Recreation Therapists I and II do not translate into an absolute certification requirement and this line of work is not license regulated in the State of Alaska.

Unlike the work of Recreation Therapists, the scope of work of Occupational Therapists I requires a higher degree of specialization, which is possibly best demonstrated by the evidence-based-treatments and certain therapies and treatments that as a result are strictly license-controlled. Previous to this study, Occupational Therapists I have been aligned with the Recreation Therapists I, however the nature of the work performed and the regular scope of decisions and recommendations by Occupational Therapists indicate a higher level of complexity. This has also been reflected in the developments in the profession with a higher minimal educational threshold of a Master's degree for entry into the profession. These facts strongly support assigning Occupational Therapists I a range higher than Recreational Therapists I and also higher than the Recreation Therapists II.

The Industrial Therapist job class centers on employment placement and orientation, thereby demanding considerable knowledge of theory and techniques of industrial therapy for pre-vocational, job training, placement, orientation supportive employment and activities commonly used in industrial therapy work. This scope of work and decisions is of a narrow scope in relation to the work performed by Occupational Therapists I. The qualifications required of an Industrial Therapist include graduation from an accredited college with major course work in vocational

guidance and counseling, psychology, sociology, occupational therapy, or closely related field and one year of experience in vocational rehabilitation, industrial therapy, or vocational counseling. However, The Industrial Therapist job class has no mandatory certifications or license requirements and applicants may substitute the degree on a year-for-year basis with experience in vocational rehabilitation, industrial therapy, or vocational counseling. This indicates and once again supports the conclusion that the professional therapeutic work of Occupational Therapists has greater complexity, responsibility, and much stricter minimum requirements associated with the degree of specialization and is appropriately placed at a salary range higher than the Industrial Therapist.

The last job class within the job family for comparison is the Physical Therapist aligned at Range 18. The Physical Therapist job class performs journey level work that is focused on promoting a patient's ability to move, reduce pain, restore function, and prevent disability through activities that aim to return the patient to maximal physical function and also prevent loss of mobility. Incumbents are highly educated in the movement and function of the human body and have considerable knowledge of the theory, methods, and techniques of physical therapy and of the equipment and special treatments employed in the field.

The Physical Therapist job class has similarities with the Occupational Therapist I such as the work process involving assessments, evaluations, similar nature of recommendations and therapeutic specialization. Within State service both job classes alike may serve as leads to others but exercise limited personnel authority to effectively employ, discipline, or terminate other employees. Another comparative feature is that the work of both professions is licensed controlled and both occupations in fact share a combined "State Physical Therapy and Occupational Therapy Board" that regulates the practice of both professions in Alaska.

Closer examination of the educational requirements for licensing however reveals one difference. The relatively recent change of minimum standard instituted by AOTA in 2007 involves a Master's degree demanding typically 36 credits or around 2 years for Occupational Therapists entering the profession. In the same fashion, the American Physical Therapy Association (APTA) has adopted a minimal standard for education programs to be granted accreditation. To maintain or be granted accreditation, programs will be required to award the Doctor of Physical Therapy (DPT) degree by 2015 and will have until 2017 to come into compliance with that decision. At the time of the writing of this memorandum, all Physical Therapy programs have transitioned to the DPT degree, except one. The length of the professional DPT program is typically 3 years. This distinction indicates that while there are many similarities and the professional standards have steadily progressed for both professions, the Physical Therapist profession has sustained a higher minimal standard of specialization for entry to the profession and will continue that way in the foreseeable future. The entry requirements to the journey level work of both occupations are therefore not equal and it is justified to align the Occupational Therapist I at a range lower than 18. These conclusions result in the Occupational Therapist I being aligned at range 17, where no job classes in the job family were previously aligned.

Occupational Therapist II

The Occupational Therapist II represents the advanced and supervisory level job class, carrying out responsibilities of a higher level of complexity, providing occupational therapist services expertise, and also serving in a supervisory role over a unit of professionals specialized in several areas of rehabilitative therapy. The position has programmatic and hospital-wide responsibilities that require a firm experiential grasp on mental health issues, a solid understanding of the work of subordinate therapy specialty positions, and of the administrative and programmatic responsibilities.

The Occupational Therapist II is currently assigned supervision over a total of seven positions in six job classes and pay ranges as depicted below:

Range	Job Class	Job Class Code	Job Family
12	Psychiatric Nursing Assistant III	PG0233	Nursing Assistive
14	Recreation Therapist I	PG0681	Special Health Services
16	Recreation Therapist II	PG0682	Special Health Services
16	Industrial Therapist	PG0640	Special Health Services
17	Occupational Therapist I	PG0651	Special Health Services
21	Mental Health Clinician III	PG0513	Mental and Behavioral Health Services

The placement of a Mental Health Clinician III at range 21 under the supervision of the Occupational Therapist II is an unusual configuration and is the result of a request that allowed API to meet the requirements of the Joint Commission and Centers for Medicaid and Medicare Services to be compliant in regards to the need for “active treatment”. Those regulations require patients be provided with a minimum standard of hours per week of psychotherapy. This configuration allows the Mental Health Clinician III to provide group psychotherapy services and particular expertise as a consultant in that specialty area and provide clinical guidance and mentoring of others as it relates to group therapy and other treatment modalities. The Mental Health Clinician III is a licensed position with a minimum requirement of a doctoral degree in psychology or a closely related field and represents a nature of work that falls within the PG05 Mental and Behavioral Health Services job family, as opposed to the PG06 Special Health Services job family used for internal alignment during this review. The Occupational Therapist II is limited to providing administrative, programmatic supervision over the Mental Health Clinician III, in contrast to the supervision over other professional therapists in the unit this oversight cannot contain or require detailed technical professional review of the work performed by the Mental Health Clinician III. As a result, the supervision of the Mental Health Clinician III is an anomaly for internal alignment purposes and does not influence the alignment of the Occupational Therapist II.

The internal salary alignment of the Occupational Therapist I at range 17 is the most pertinent job class for comparison because both job classes remain part of the same job class series. In addition, the advanced level of occupational therapy work along with the programmatic and supervisory

responsibilities collectively support aligning the Occupational Therapist II above the highest pay range supervised within the job family, which is the Occupational Therapist I at range 17. In contrast to the initial class specifications, the current supervisory authority is also fully class controlling work. Appropriately recognizing this authority suggests a two range differential above the Occupational Therapist I job class is appropriate, thereby aligning the Occupational Therapist II at range 19.

Although no other job classes are available for comparison at range 19 within the job family it should be noted that this determination is also consistent with the responsibility of other job classes outside the job family that supervise small units of professionals.

Conclusions:

This study examined the Occupational Therapist job classes in the Department of Health and Social Services with the objective of updating the class specifications to reflect changes in the licensing requirements and to examine the salary alignment.

The accreditation of educational programs has changed and since 2007 requires a Master's degree instead of a previously accepted Bachelor's degree, effectively making entry to the profession and licensing more demanding than previously.

The Occupational Therapist I and II job classes have been updated. The experience component of the Occupational Therapist II minimum qualifications has increased from one to three years and a new substitution clause is established.

The job class titles, class codes, and AKPAY codes have not been changed.

The salary range of the Occupational Therapist I has changed from range 14 to 17. The salary range for the Occupational Therapist II has changed from range 16 to 19.

Both Occupational Therapist I and II meet the professional criteria for exemption from the overtime requirement of the FLSA.

The Occupational Therapist II also meets the executive employee criteria for exemption from overtime.

The effective date for these changes is February 1, 2014. Correspondence on the allocation of study positions is being distributed through the OPD system.

Attachments:

Final class specifications

Nicki Neal, Director

January 23, 2014

Page 13

Cc: Sana Efir

Assistant Commissioner

Finance and Management Services

Department of Health and Social Service

Barbara Henjum

Acting Director

Division of Behavioral Health

Department of Health and Social Services

Ronald Hale

Acting Director of Alaska Psychiatric Institute

Division of Behavioral Health

Department of Health and Social Services

Dallas Hargrave

Human Resource Manager

Finance and Management Services

Department of Health and Social Services