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Report to the Chairman, Committee on Finance, U.S. Senate

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SOCIAL SECURITY

Increasing Number of Disability Claims and Deteriorating Service

GAO/HRD-94-11

GAO

United States
General Accounting Office
Washington, D.C. 20548

Human Resources Division

B-249865

November 10, 1993

The Honorable Daniel Patrick Moynihan
Chairman, Committee on Finance
United States Senate

Dear Mr. Chairman:

This report, prepared at the request of the former Chairman, examines the disability programs of the Social Security Administration (SSA), which are jointly administered with state agencies called state disability determination services. The request was prompted by a significant increase in benefit claims, which in turn has caused an unprecedented increase in pending claims and processing delays.

We examined the operating conditions at the states and SSA actions taken and planned to improve service. We are recommending that the Secretary of Health and Human Services (HHS) develop a plan to (1) reduce the backlog of disability benefit claims and (2) resume the performance of continuing disability reviews to the level necessary to comply with Social Security Act provisions.

As arranged with your office, we are sending copies of this report today to interested congressional committees, the Secretary of HHS, the Commissioner of SSA, and other interested parties and will make copies available to others on request.

Please contact me at (202) 512-7215 if you or your staff have any questions concerning this report. Other major contributors to this report are listed in appendix V.

Sincerely,

Jane L. Ross

Jane L. Ross
Associate Director
Income Security Issues

Executive Summary

In recent years, disability claims for benefits under Social Security's Disability Insurance (DI) and Supplemental Security Income (SSI) programs have increased significantly and at an unprecedented rate. Much of the increase has occurred in the SSI program and was caused by poor economic conditions, changes in program rules, and other factors. In turn, the surge in claims has created a significant number of pending claims and lengthy processing times at state agencies called disability determination services (DDSs). These organizations determine whether claimants are disabled according to program rules.

Because of these events, the former Chairman of the Senate Committee on Finance requested that GAO assess (1) the operating conditions at the DDSs and (2) the actions taken and planned by the Social Security Administration (SSA) to reduce the number of pending claims. In addressing these issues, GAO analyzed DDS performance data and various SSA studies and reports. GAO also conducted a nationwide survey of state DDS administrators about the operational problems confronting them.

Background

The DI program provides income replacement for disabled persons who have enough work experience to be insured under Social Security. The SSI program provides assistance to the aged, blind, and disabled whose income and resources are below a specified amount, regardless of insured status under Social Security.

In fiscal year 1992, the DI program paid about $31 billion to 3.5 million disabled workers and 1.4 million of their dependents. The SSI program paid $21 billion to about 5.5 million recipients in fiscal year 1992, 4.0 million of whom were disabled.

SSA administers both programs with the help of the DDSs, which make the initial decisions on whether the claimants meet the programs' definition of disability. A claimant initially denied benefits can appeal the decision to several levels of review. SSA and the DDSs also periodically review the continued eligibility of program participants to determine if they meet the disability criteria for the programs. These reviews, which are required by the Social Security Act, are called continuing disability reviews (CDRs).

Results in Brief

Claim backlogs and processing times for the DI and SSI programs reached an all-time high in fiscal year 1992. SSA and the DDSs have not been able to keep up with the high rate of claims submitted for benefits, which has

continued into fiscal year 1993. From fiscal year 1990 to fiscal year 1992, processing times increased nearly 50 percent, and some states have taken more than 5 months to process a claim. In fiscal year 1992, DDSs in the more populous states generally tended to be the poorest performers, according to a number of key program performance indicators.

SSA has undertaken numerous short-term initiatives to keep up with claims—most significantly, the funding of DDS overtime. The high workloads of the last several years have stressed many of the DDSs considerably. Staff are overworked according to the DDS administrators, and overtime use is at an all-time high.

SSA also diverted staff resources from doing CDRs to processing initial claims. As a result, many ineligible individuals have received and are continuing to receive program benefits, which, according to SSA, will cost the program at least $1.4 billion.

These short-term initiatives resulted in a relatively small reduction in pending claims and processing times. SSA also has established a number of long-term initiatives to improve its disability programs; however, exactly how, when, and to what extent these initiatives will improve service is not known at this point. Consequently, the Secretary of Health and Human Services needs to develop a plan to reduce the backlog of benefit claims in SSA's disability programs and resume the performance of mandated CDRs.

Principal Findings

DDSs—Organizations Under Stress

Service to beneficiaries has deteriorated significantly in recent years. During most of the 1980s, the average claim processing time was about 75 days, but, in the last 3 years, the time has increased significantly. For fiscal year 1992, the average processing time was 112 days. Further, processing times involving 10 of the largest DDSs—which account for 60 percent of all pending claims—averaged 127 days.

GAO's survey of DDS administrators disclosed numerous other indicators of organizational stress in the DDSs during fiscal year 1992. For example, according to the administrators,

- the majority (85 percent) of DDSs are understaffed;

- funding in key functional areas—such as, automated data processing, training, and the purchase of medical examinations—is often inadequate;
- supervisors and quality assurance personnel are often detailed to process claims rather than performing their normal duties;
- many employees may not be willing to continue working overtime to try to keep up with incoming claim receipts;
- in fiscal year 1992, most DDSs staged claims (that is, set claims aside and did not assign them to staff because of their high workloads) whereas only five DDSs staged claims in 1990; and
- employee morale is not good and is declining primarily because of workload pressures.

Limited Success in Reducing the Number of Pending Claims

As early as fiscal year 1990, to improve service, SSA started reducing the number of CDRs to be done by the states and diverting these resources to claim processing. Reducing the number of CDRs has resulted in significant payments to individuals ineligible for benefits. According to SSA, the net cost of not performing required CDRs for the DI program in fiscal years 1990 through 1993 is $1.4 billion, projected through 1997.

In January 1992, SSA initiated a program to reduce the number of pending claims. SSA took initiatives to increase the productivity of the DDSs, such as streamlining certain claim processing requirements and transferring workloads between DDSs and SSA facilities to help process claims. Also, since the start of the program through September 1993, the DDSs made extensive use of overtime to improve service.

Although DDS productivity has increased significantly since early 1992, the reduction in pending initial claims was modest, from a high of 638,000 in February 1992 to 555,000 through September 1993—a reduction of 83,000 claims or 13 percent below the February peak. Also, in fiscal year 1993, processing times were reduced about 10 days.

Long-Range Plans to Improve Service

For the long term, SSA has undertaken several initiatives, most notably the development of a strategic plan to guide the agency as it moves toward the year 2000. As part of its plan, five strategic priorities have been established, two of which specifically address improvements in the agency's disability programs. The plan covers a wide variety of initiatives to improve service and increase SSA and DDS productivity, including the integration of state-of-the-art computer technology into all of SSA and DDS

operations. Exactly how, when, and to what extent this planning and these initiatives will pay off, however, is not known now.

Recommendations

Because of the limited progress achieved by SSA and the uncertainties associated with its long-range planning, GAO recommends that the Secretary of Health and Human Services develop a plan to (1) reduce the backlog of disability benefit claims made in SSA's disability programs and (2) assure the performance of continuing disability reviews to the level necessary to comply with Social Security Act provisions. The plan should be submitted to the Congress and include a request for additional staffing and funding, if deemed necessary.

Agency Comments

GAO requested written comments from the Department of Health and Human Services, but none was provided. However, GAO did discuss its basic findings with agency officials and considered their comments in finalizing the report.

Contents

Abbreviations

ALJ	administrative law judge
CDR	continuing disability review
DDS	disability determination service
DI	Disability Insurance
HHS	Department of Health and Human Services
PPWY	production per work year
SSA	Social Security Administration
SSI	Supplemental Security Income
WWOH	weeks work on hand

Chapter 1

Introduction

In the last several years, the disability programs administered by the Social Security Administration (SSA) have experienced unprecedented growth in the number of claims, which has created large numbers of pending claims and high claim processing times. This report addresses the operating conditions of the programs and the action SSA has taken or plans to take to improve service.

Background

SSA administers two disability programs that have the same eligibility criteria. One is the Disability Insurance (DI) program, and the other is the needs-based Supplemental Security Income (SSI) program. For both DI and SSI, state agencies, called disability determination services (DDSs), determine whether applicants meet established criteria for disability.[1]

In 1992, an average of 4.9 million persons received about $31 billion in benefit payments under the DI program. Under the SSI program, benefit payments amounted to about $21 billion in fiscal year 1992, a portion of which includes benefits for the aged. Of the 5.5 million people receiving SSI benefits at the end of fiscal year 1992, 27 percent qualified because of age, and the remainder qualified for reasons of disability.

Individuals seeking DI or SSI benefits on the basis of disability must file an application with an SSA field office. A key part of the application is the disability report, which includes a description of the applicant's disability and a medical history. The SSA field office then forwards an application package to a state DDS, which in turn assigns it to one of its disability examiners. The examiner reviews the report for accuracy and completeness and sends letters to medical providers requesting documentation of the applicant's disability. If necessary, the examiner will also set up a consultative medical examination for the applicant to document the disabling conditions. Upon receipt of all medical evidence, the examiner, in consultation with a DDS physician, determines whether the applicant is disabled according to program rules.

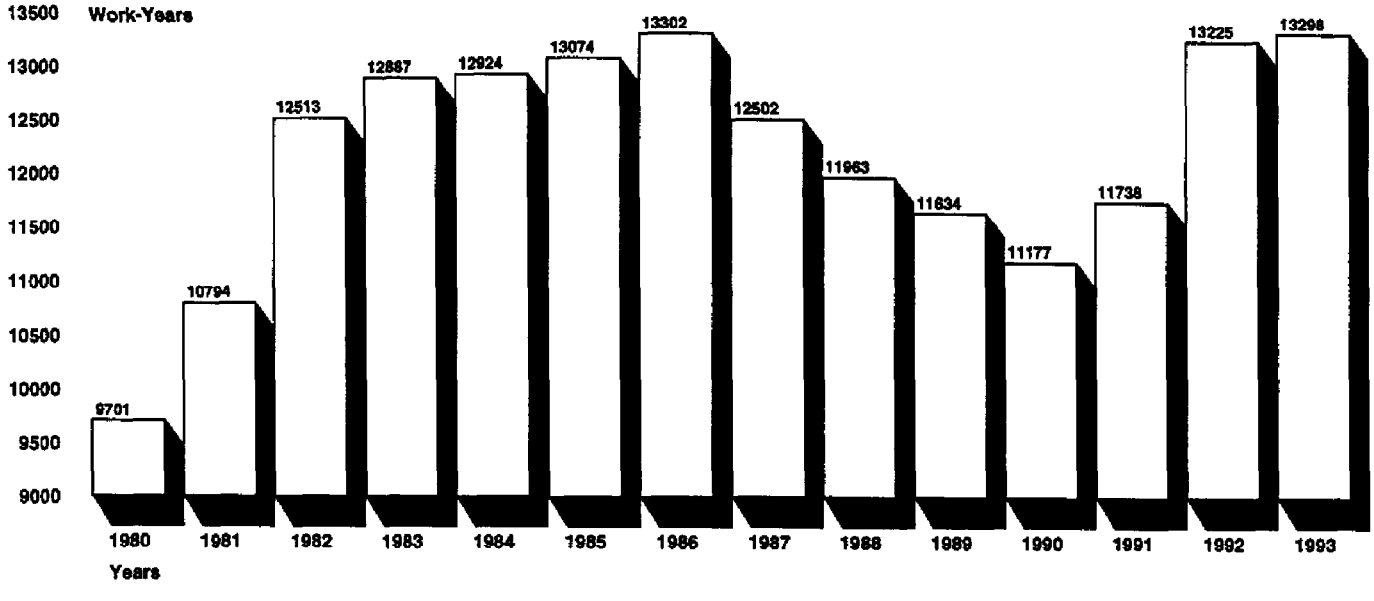
Applicants who are denied benefits have several appeal levels available. The first level is a reconsideration of the initial decision, which is administered by a DDS. The second is a face-to-face hearing given by a federal administrative law judge (ALJ). The third level is SSA's Appeals Council, and the last recourse for denied applicants is the federal court system.

[1]DDSs number 54, one in each state, the District of Columbia, Puerto Rico, and Guam. South Carolina also has a separate agency for the blind.

Most DDS resources (nearly 80 percent in fiscal year 1992) were devoted to the processing of initial claims, with most of the remainder used for reconsiderations and continuing disability reviews (CDRs). The latter are periodic reviews to determine whether an individual continues to meet program criteria for disability.

For fiscal year 1992, the operating budget for the DDSs was $1.034 billion, involving 13,225 work-years. Figure 1.1 shows the work-years devoted to DDS operations since 1980.

Figure 1.1: DDS Work-Years, Fiscal Years 1980 to 1993

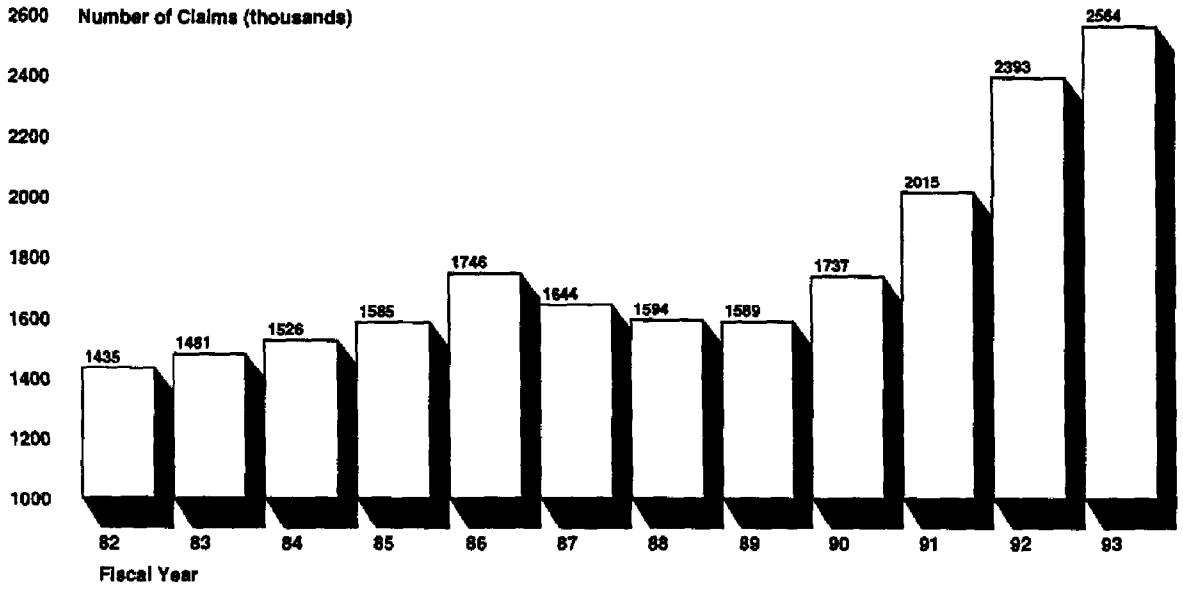


As shown in figure 1.1, DDS staffing increased steadily from 1980 to 1986, reaching a high point in that year. Beginning in 1987, DDS staffing decreased steadily through 1990, reaching a 9-year low in that year. After 1990, staffing levels increased. The DDS cuts in the late 1980s generally paralleled significant reductions in SSA staff. From fiscal year 1985 to 1991, SSA staff was cut by about 21 percent or 17,000 positions.

Rising DDS Workloads

In recent years, the number of disability benefit applications has risen dramatically, as shown in figure 1.2.

Figure 1.2: Initial DI and SSI Claim Receipts



From fiscal years 1982 through 1989, the DI and SSI programs combined averaged 1,575,000 initial claims per year, with total claims received in most years ranging between 1.4 and 1.6 million. In only 2 years did receipts exceed 1.6 million—1.75 million in 1986 and 1.64 million in 1987.

From 1990 through 1992, however, the number of receipts increased 9, 16, and 19 percent, respectively, with 1992 receipts amounting to 2.4 million. The 1992 level represents about a 50-percent increase over the average number of applications received during the last 8 years of the 1980s. Also, the increase in claims started when DDS staffing was the lowest in 9 years.

For fiscal year 1993, claim receipts also increased, up about 7 percent from the 1992 level. For fiscal year 1994, SSA expects the increase in claims to continue.

The largest increase in claims occurred in the SSI program. Although the precise reasons for the increase are not known, the poor performance of the economy, an increase in children's claims resulting from a Supreme Court decision,[2] changes in program rules, and increased SSI outreach are among the reasons frequently cited by SSA and others.[3] In fiscal year 1992, SSI claims accounted for 47 percent of the 2.4 million disability claims received, while DI and concurrent claims (both SSI and DI) accounted for 28 and 25 percent, respectively.

The increase in applications has resulted in a larger number of pending initial claims at the DDSs and increased claim processing times. From 1982 through 1989, the number of pending initial claims at the DDSs averaged around 266,000. In 1991 through 1993, the number of pending initial claims more than doubled, averaging about 550,000.

Similarly, processing times during the mid-to-late 1980s averaged around 75 days but increased dramatically in recent years, averaging 112 days in 1992.[4] This time represents nearly a 50-percent increase over the processing times achieved during the 1980s and sharply contrasts until SSA's established processing time goal of 60 days. In fiscal year 1993, processing times were reduced about 10 days. Figures 1.3 and 1.4 illustrate these trends.

[2]On February 20, 1990, the U.S. Supreme Court ruled that regulations for evaluating impairments for children under SSI were inconsistent with the standard in the Social Security Act. The act provides that a child will be considered disabled if he or she has an impairment of comparable severity to one that would render an adult disabled.

[3]We are currently reviewing the causes for the increase in disability claims and will issue the results in late 1993.

[4]Processing times in this report are measured from the date of application to DDS clearance. Most time involves DDS processing.

Figure 1.3: Initial DI and SSI Pending Claims

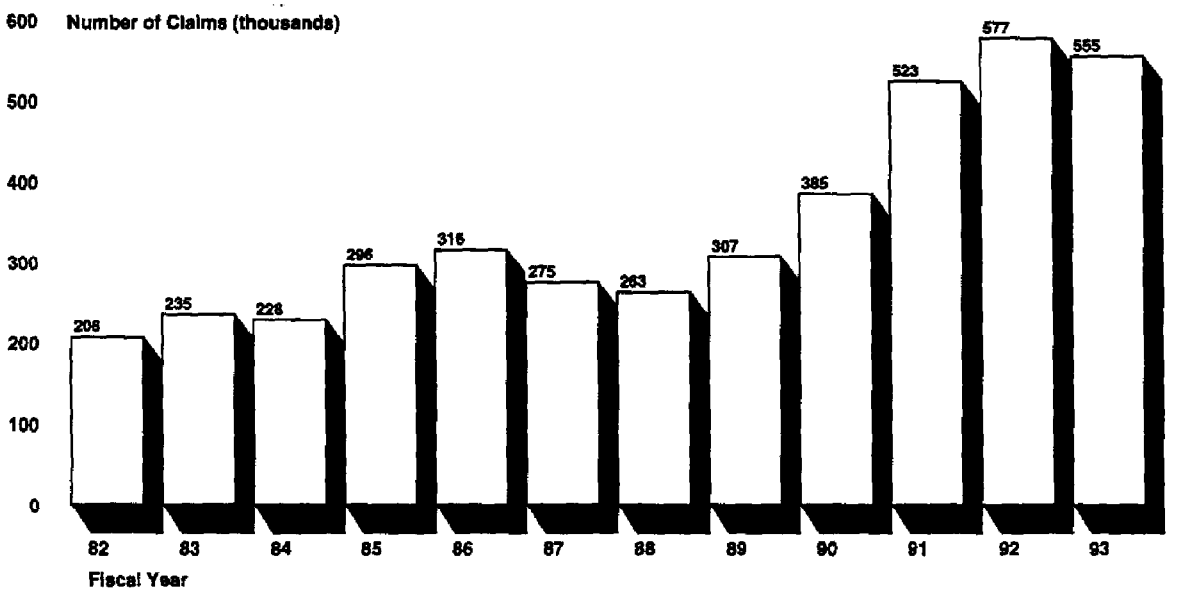
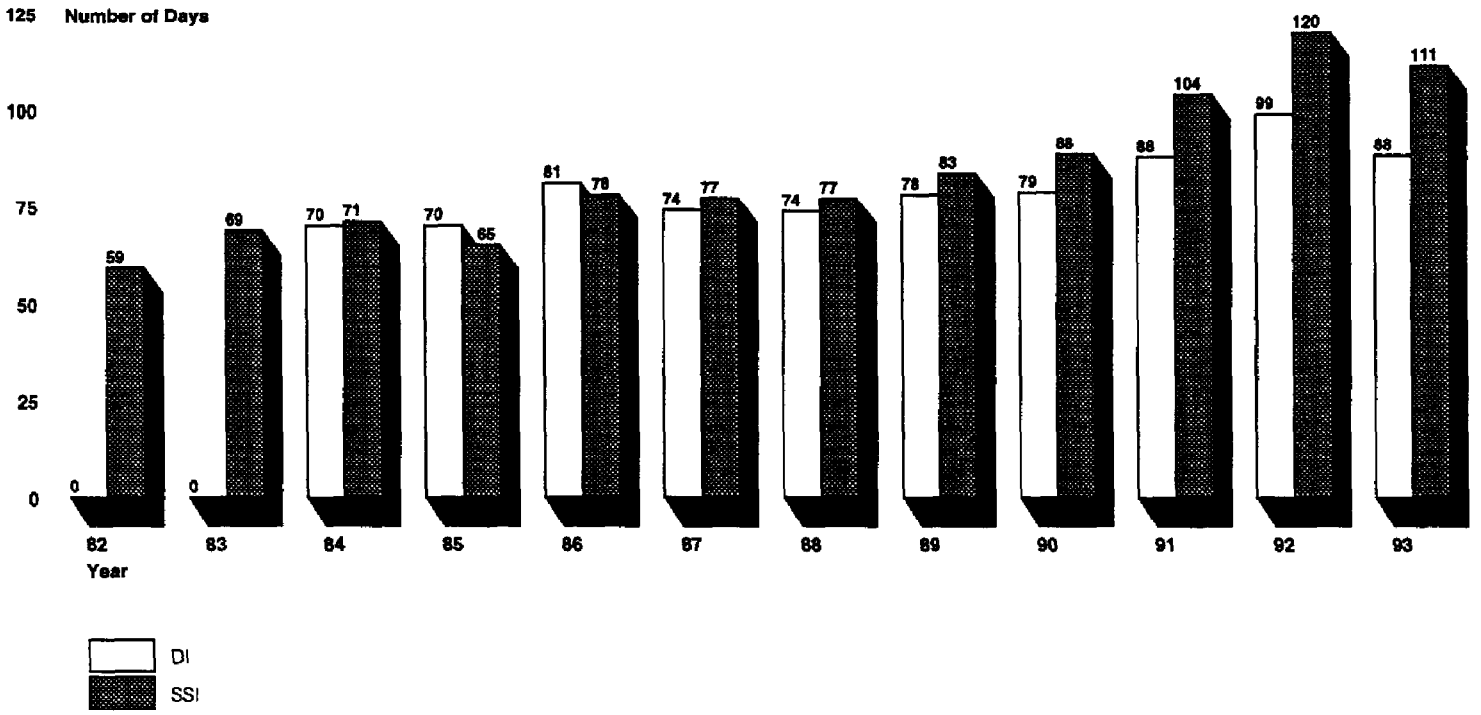


Figure 1.4: Initial Claim Processing Times



Note: SSI processing times generally are longer than those of DI claims. For the most part, this is attributed to the longer claim development time required because SSI applicants tend to have less medical documentation to support their claims. Also, DI processing times were not available for 1982 and 1983; they were measured for the first time in 1984.

The increase in disability claims also directly impacts other DDS workloads such as CDRs and reconsiderations. Further, disability claims directly impact other SSA components such as SSA field offices—which take the initial claims—and SSA's Office of Hearings and Appeals. Regarding the latter, the number of appeals to ALJs have increased significantly in recent years. Cases pending before ALJs increased 44 percent, from 142,000 at the end of fiscal year 1989 to 205,000 by the end of fiscal year 1992.

Objectives, Scope, and Methodology

The objectives of our review were to examine the operating conditions at the DDSs during fiscal year 1992 and SSA actions taken and planned to

reduce the number of disability pending claims. We based our review on analyses of routinely generated SSA/DDS performance data, which included claim receipts, pending claims, productivity, staffing levels, and processing times.

We also visited six DDSs and discussed with the administrators the operational problems they were experiencing because of the high claims workload. To obtain a more broadly based view of DDS operations and problems, we sent a nationwide questionnaire (see app. I) to DDS administrators. Fifty-two of the 53 DDSs we surveyed responded to the questionnaire.[5]

In reviewing SSA's actions, we examined its plans, as well as reports and studies on their impact. We also obtained DDS views on the actions taken. Concerning future plans, we examined SSA's strategic planning process to gain an understanding of the activities planned and their potential impact on productivity and service quality.

We requested written comments on this report from the Department of Health and Human Services, but none was provided. However, we did discuss our basic findings with agency officials and considered their comments in finalizing this report. We conducted our review between June 1992 and June 1993 in accordance with generally accepted government auditing standards.

[5]We did not survey the South Carolina Commission for the Blind, and Guam did not respond to our questionnaire.

High Workloads Create Problems at DDSs

The DDS administrators we surveyed generally painted a negative picture of conditions at their state agencies. Overall, the DDSs can be characterized as organizations under a considerable amount of stress. Moreover, many administrators believed that workload pressures are adversely affecting the accuracy of claim decisions.

While processing times and the number of pending claims in general are very high, the performance of individual DDSs varies widely. In fiscal year 1992, a group of 10 DDSs performed at a level much lower than the national average for all DDSs, and the performance of a group of 23 DDSs was much better than the performance for the program overall.

Administrators Report That DDSs Are Under Stress

The results of our survey of DDS administrators indicate that many DDSs have significant staff shortages, and funding in key operational areas is insufficient. This situation in turn is contributing to several other DDS problems, including declining morale and a reduction in the extent and quality of training.

The vast majority of DDS administrators said that their agencies are understaffed, and a third characterized the understaffing as significant. Understaffing was particularly apparent in key DDS positions. On average, the administrators said that the maximum claim caseload per disability examiner should be about 100 cases, while the actual average caseload during fiscal year 1992 was 134. Twenty-nine administrators also said they had too few medical consultants. Compounding this shortage, about a third of the administrators said that they had a great deal of difficulty in recruiting these consultants. The number of clerical staff and disability examiner supervisors, however, generally did not appear to be a problem.

Many administrators said that their DDSs were underfunded in key areas. For example, more than half of them said that funding for automated data processing (for example, computers and printers) was less than or considerably less than adequate during fiscal year 1992. About a third of the administrators said that funding for training and equipment was too low, and about a fourth said that funding for medical examinations was not adequate.

Employees Are Not Performing Their Normal Duties

Certain DDS staff spent time processing claims instead of performing their normal duties. For example, seven administrators said that staff who normally perform quality assurance functions spent between 41 and

60 percent of their time processing claims; six said that their quality assurance staff spent 81 to 100 percent of their time in this manner. Many administrators (25) also reported that disability examiner supervisors spent no more than 20 percent of their time on claims processing rather than supervising, and 12 said that their supervisors spent 21 to 40 percent of their time in this manner.

Quality of Training Could Be Improved

In fiscal year 1992, the administrators reported that disability examiners received an average of 24 hours of post-entry level training. In commenting on the extent to which the training kept examiners current with policy and procedural changes, 23 administrators said that it did to a great or very great extent. The other 28 administrators said that the training was not as good; 20 said the training kept the examiners current to a moderate extent; 7 said to some extent, and one said to little or no extent. Administrators cited high workload most frequently as the principal reason for the less than adequate training; because of the current workload pressure, training has been deferred. Comparing the training to that provided in 1989, about half said the quality was about the same; 7 said it was somewhat better or much better; and 17 said it was somewhat worse or much worse.

Claims Are Being Set Aside

In situations where DDSs cannot keep up with incoming claim receipts, claims often are "staged;" that is, they are set aside until a disability examiner is free to process the claim. The stated rationale for this practice is that disability examiners can generally manage a caseload of 100 claims, and beyond this, the caseload becomes unmanageable.

In fiscal years 1989 and 1990, the number of DDSs that staged claims were two and five, respectively. In fiscal year 1991, the number increased to 26 and in 1992, to 33. Of those that staged claims in 1992, the average percent of all claim receipts staged was 41. Further, the claims were staged an average of 26 days until they were assigned to an examiner. Although the number of DDSs that staged claims increased significantly from 1989 to 1992, the number dropped to 11 in fiscal year 1993, according to SSA.

All but one DDS that staged claims said that they exempt certain priority claims from staging. Common examples are those involving terminal illness, homelessness, and certain children's claims. Also, although a staged claim is not immediately assigned to an examiner, 24 DDSs reported that some preliminary work is started on the claims, such as initiating requests for medical documentation.

Willingness to Work Overtime May Decline

In fiscal years 1991 and 1992, the DDSs used overtime extensively to keep up with claim receipts—68,758 days in 1991 and 156,462 days in 1992. By comparison, the DDSs averaged 12,345 days of overtime per fiscal year from 1984 through 1990. In fiscal year 1992, the DDS administrators reported that, on average, two-thirds of their disability examiners worked overtime.

While the use of overtime can be extremely useful in meeting short-term requirements, the reliance on overtime, especially over the long term, can be problematic. First, not all employees are interested in working overtime. The administrators reported that, on average—given an availability of unlimited resources—only two-thirds of their examiner staff would be willing to work overtime.

Also, the willingness to work overtime may diminish as the number of overtime hours increases or the duration of the use of overtime lengthens. Half of the administrators reported that their examiners would be willing to work the same amount of overtime in fiscal year 1993 to a great or very great extent. The other half characterized examiner willingness as moderate or less. When asked if examiners would be willing to work more overtime in 1993, only 7 administrators described their examiners' willingness as great or very great; 34 described examiners as having some, little, or no such willingness.

DDS Morale Is Not High and Has Declined

According to DDS administrators, the morale of DDS employees is not high and has declined in the last several years. None of the administrators described employee morale as very high, and only nine described it as high. Most described the morale as moderate, and 11 described it as low or very low. Compared to 1989, 8 of the administrators said that morale improved considerably while 10 said that it improved somewhat. Nineteen said that morale declined somewhat, and 10 said that it declined considerably. In commenting on the reasons for the declining morale, the administrators most frequently cited high workloads.

Automated Systems Support Is Inadequate

Other than funding for staffing, the most serious funding deficiency cited by the DDS administrators was funding for automated systems support for claims processing. More than half said that funding was a problem during fiscal year 1992, with 18 saying that it was less than adequate and 9 saying that it was considerably less than adequate.

Sixteen administrators said that their current computerized processing systems meet DDS needs to a great or very great extent. Conversely, 15 said that their systems met their needs to a moderate extent, another 15 said that they did to some extent, and 2 said that they did to little or no extent.

SSA plans to improve automation in the DDSs. Through 1995, SSA is requiring DDSs to automate six baseline functions.[1] Beyond 1995, SSA plans to start its implementation of an enhanced modernized disability system in the DDSs. This system is intended to fully integrate DDS operations into SSA's by providing the DDSs with the same intelligent workstations, local area networks, and software applications used by SSA.

Decisional Accuracy May Be Adversely Affected by Workload Pressures

Historically, decisional accuracy for the disability programs has been relatively stable, with the accuracy rate for allowances higher than the rate for denials. In fiscal year 1992, the accuracy rate for allowances declined 0.2 of 1 percent, from 97.2 percent to 97.0. For denials in fiscal year 1992, the accuracy rate improved from 92.4 to 92.9. The improved accuracy for denials ended a 3-year decline in accuracy since 1988, when the rate was 93.4 percent.

Many DDS administrators expressed concern about the effect of workload pressures on decisional accuracy, particularly with respect to claim denials. We asked the administrators to what extent fiscal year 1992 workload and staffing pressures contributed to inaccurate decisions. Regarding denials, 7 administrators said that these pressures contributed to decisional inaccuracies to a great or very great extent, while 15 said that the extent was moderate. In comparison, only three administrators said that workload and staffing pressures contributed to decisional inaccuracies in allowances to a great or very great extent and seven said that the extent was moderate.

Performance of DDSs Varies

In fiscal year 1992, the performance of DDSs varied widely. To facilitate analysis of the DDSs, we grouped them into three categories. Category I comprises 23 states, and the sole criterion for inclusion in this group was a weeks work on hand (WWOH) of 10 weeks or less. Category II comprises 19 states whose WWOH was more than 10 weeks and that had fewer than 13,000 pending claims. Finally, category III comprises 10 states; the criteria

[1]The six functions are (1) case receipt and assignment; (2) disability examiner interface and worksheets; (3) medical evaluation reports, consultative examinations, and fiscal/accounting; (4) DDS internal administrative and management information; (5) case closure; and (6) data and word processing.

for inclusion in this group were an initial claims' WWOH of more than 10 weeks and 17,000 or more pending initial claims. Appendix II categorizes the 50 states as well as the District of Columbia and Puerto Rico in the three groups. Comparative data presented at the end of fiscal year 1992 include numbers of pending claims, processing times, and accuracy rates.

The 23 states in category I generally are smaller states and better performers. Their WWOH on average was 8.4, which was almost half that of the category III states. Also, their production was the highest among the three categories, and their claim processing time was the lowest. Conversely, category III states generally are the most populous states and the poorest performers. Programwide, they accounted for 60 percent of all pending initial claims and half of all DDS work-years expended in fiscal year 1992. Their WWOH for initial claims averaged 15.4. Their combined production levels for fiscal year 1992 was the lowest among the three categories;[2] their claim processing time was the highest; and their accuracy rate was the lowest. Table 2.1 summarizes, by category, the performance of the DDSs for fiscal year 1992.

Table 2.1: Selected DDS Performance Data for Initial Claims (by Defined DDS Categories), Fiscal Year 1992

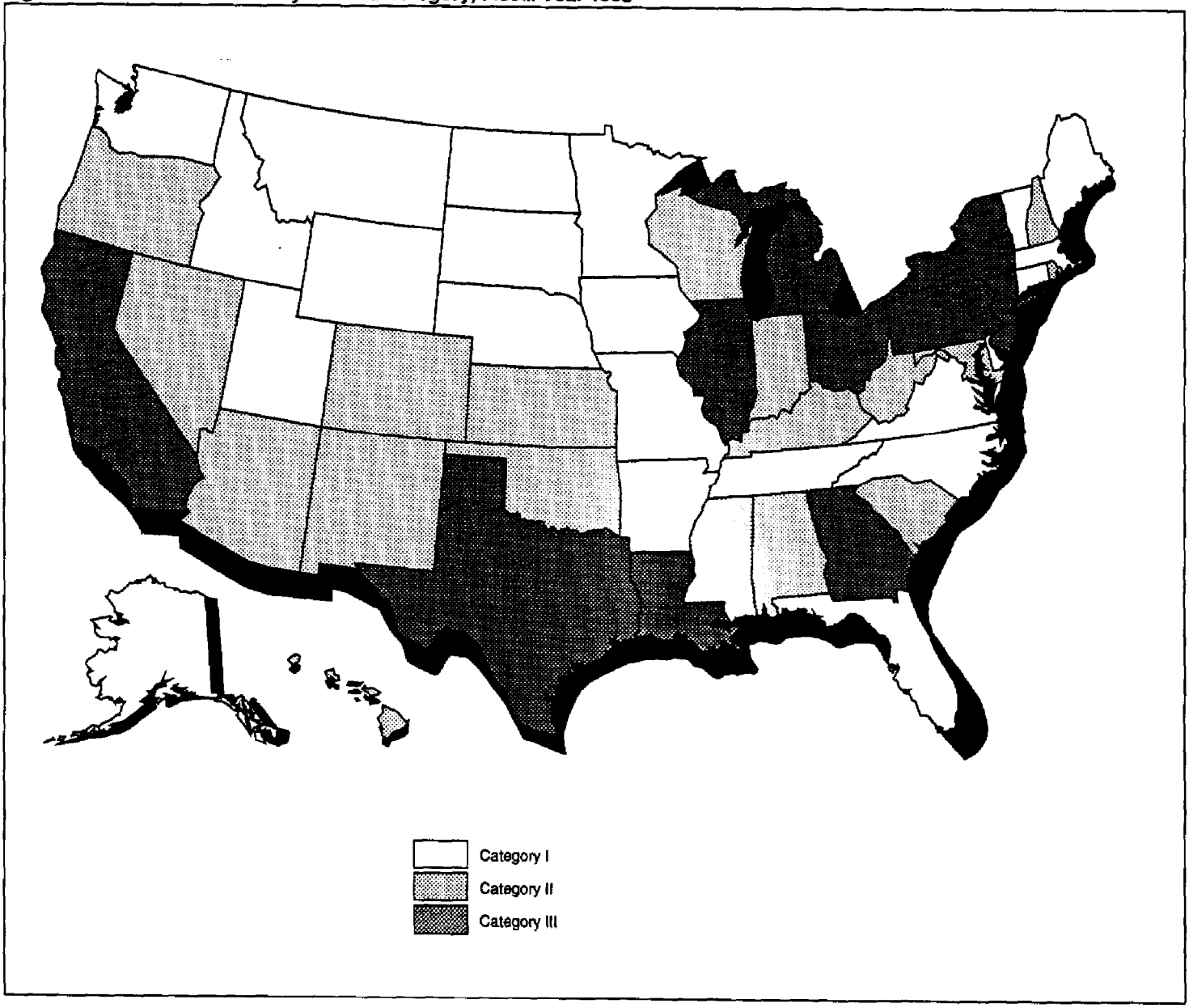
	Category I	Category II	Category III	All DDSs
Number of DDSs	23	19	10	52
Processing times (in days)	84	110	127	112
WWOH	8.4	12.0	15.4	12.8
Accuracy rates	95.3%	95.1%	93.3%	94.7%
PPWY	253	235	228	236

Note: PPWY is based on DDS operations overall and not just initial claims. Processing time is measured from the date of application to the date of clearance by the DDS. Most time involves DDS processing.

Figure 2.1 shows the overall performance of individual states, using the above category definitions.

[2]SSA measures production as the number of cases produced per DDS each work-year, or production per work-year (PPWY).

Figure 2.1: DDS Performance by Defined Category, Fiscal Year 1992



SSA's Actions and Plans to Improve Service

In the short term, SSA has taken several actions to maintain service levels in its disability programs. These include reallocating resources from CDRs to initial claim workloads and implementating a plan to reduce the number of pending claims. These actions have produced some progress in reducing pending claims and processing times, but, as mentioned earlier, their cost has been a lowering of morale in the DDSs and a cutback in other DDS workloads.

SSA has under way numerous initiatives that over the long term are intended to improve service and productivity in its disability programs. Exactly how, when, and to what extent these initiatives will pay off is not known at this point. Further, an ongoing GAO review of SSA management has disclosed several problems regarding SSA's long-term planning.

Because of the relatively little progress made to date in reducing the claims pending and the uncertainty of SSA's long-range efforts, the Secretary of Health and Human Services should develop a plan to (1) reduce the backlog of disability claims and (2) assure the performance of CDRs to the level necessary to comply with Social Security Act provisions.

SSA Actions Reduce Pending Claims Somewhat

As early as 1990, to keep up with increasing claim receipts, SSA began reducing the number of CDRs it expected DDSs to perform. During the 3 years before 1990, DDSs devoted an average of about 1,300 work-years to CDRs. In 1990, SSA cut the CDR effort by almost a third to 879 work-years. The effort was cut again in 1991 to 321 work-years and again in 1992 to 246 work-years.

SSA estimates that not performing required DI CDRs[1] during fiscal years 1990 to 1993 will result in about $1.4 billion in benefits paid to ineligible persons, projected through fiscal year 1997. This loss does not include savings that could have resulted from CDRs that were not done before 1990 but should have been done. Also, although data were not readily available to make similar estimates for the SSI program, the likely impact on that program is significant.

According to SSA, at least 300,000 to 400,000 CDRs should be done each year to keep pace with the legislative requirement. Additionally, the current

[1]Generally, the Social Security Act requires that SSA review the continuing eligibility of DI beneficiaries at least every 3 years, except in cases where disabilities are considered permanent. As required under the law, regulations were issued that require that those with permanent disabilities are to be reviewed every 7 years.

backlog of statutorily required CDRs is about 1.1 million. In the last 4 years, the most CDRs done in a given year was 367,000 in 1989. In 1990, 195,000 were done, and 73,000 were done in each of fiscal years 1991 and 1992. Currently, SSA plans for about 73,000 CDRs to be done in each of fiscal years 1993 and 1994.[2]

Plan to Reduce Backlogs

On January 31, 1992, the Commissioner of SSA approved a plan for reducing the backlog of disability claims. Key ingredients of the plan included short-term initiatives and the use of SSA's $100 million contingency fund for fiscal year 1992. The initiatives, begun in February 1992, were to be in effect for 6 months; subsequently, they were continued indefinitely.

Two key initiatives in the plan involved (1) reducing claim development and documentation requirements and (2) having certain DDSs and SSA components process claims for DDSs with large backlogs. Also, as part of the plan, SSA sought from HHS and the Office of Management and Budget the release of its $100 million contingency fund to support the use of overtime in DDSs. The contingency fund was released in March 1992, and the DDS share was about $66 million.

Modification of the claim development and documentation requirements involved 15 specific types of claims (see app. III), and, with one exception, they applied to claims that appeared to be allowable. An internal SSA study of the implementation of the modified requirements showed that they were applied to about 7 percent of all claims processed between March and July 1992 and that they had no adverse impact on the accuracy of claim decisions. For example, the study showed that the decisional accuracy rate for the claims studied was 98.3 percent while the rate for all allowances in fiscal year 1992 was 97.0 percent. Further, the accuracy rates for the claims studied were higher than or equal to the 1992 accuracy rates of allowance decisions involving 12 of the 14 individual body systems (for example, cardiovascular, digestive, pulmonary).

Our survey of the DDS administrators generally corroborated the results of SSA's study. The administrators said that SSA's initiatives and other actions

[2]The failure of SSA to perform CDRs and the related cost to the agency was the subject of a hearing held March 9, 1993, by the Select Committee on Aging, U.S. House of Representatives. Our testimony, GAO/T-HRD-93-9, Social Security: SSA's Processing of Continuing Disability Reviews, suggested that SSA should examine ways to refine its CDR process and increase the number of reviews beyond current levels.

to reduce backlogs did not contribute to any great extent to inaccuracies in allowance decisions (see app. II, questions 81 and 82).

Regarding the initiative to provide assistance to DDSs with large backlogs, 23 DDS administrators surveyed said that they sent more than 58,700 claims to other states or federal organizations for processing. About 81 percent of the claims were sent to SSA organizational components, including regional quality assurance units and SSA headquarters. The remainder were sent to other states. Thirteen administrators also reported receiving staff on a temporary basis from other states or federal organizations to help process claims. The number of employees detailed was 41, and the average detail lasted about 9.3 weeks. While 8 DDSs that sent or received cases for processing said that the process worked very well, 13 DDSs said that the process went moderately well, 14 said that it went somewhat well, and 3 said "not well."

For those DDSs that transferred or received workloads, we asked the administrators to describe what problems, if any, they had with the process. Problems mentioned included (1) relatively significant start-up efforts, (2) differences in case development procedures, (3) confusion for claimants because some other state was processing their claims, and (4) increased processing times.

Impact of Actions Taken

Since initiation of the plan to reduce the backlogs, DDS productivity has increased considerably, but the number of pending claims has decreased only slightly. Overall, the DDS's average PPWY for fiscal year 1992 was 235, which amounts to an 8.3 percent increase over 1991. For comparison purposes, the PPWY levels in fiscal years 1988, 1989, and 1990 were 210, 215, and 220, respectively.

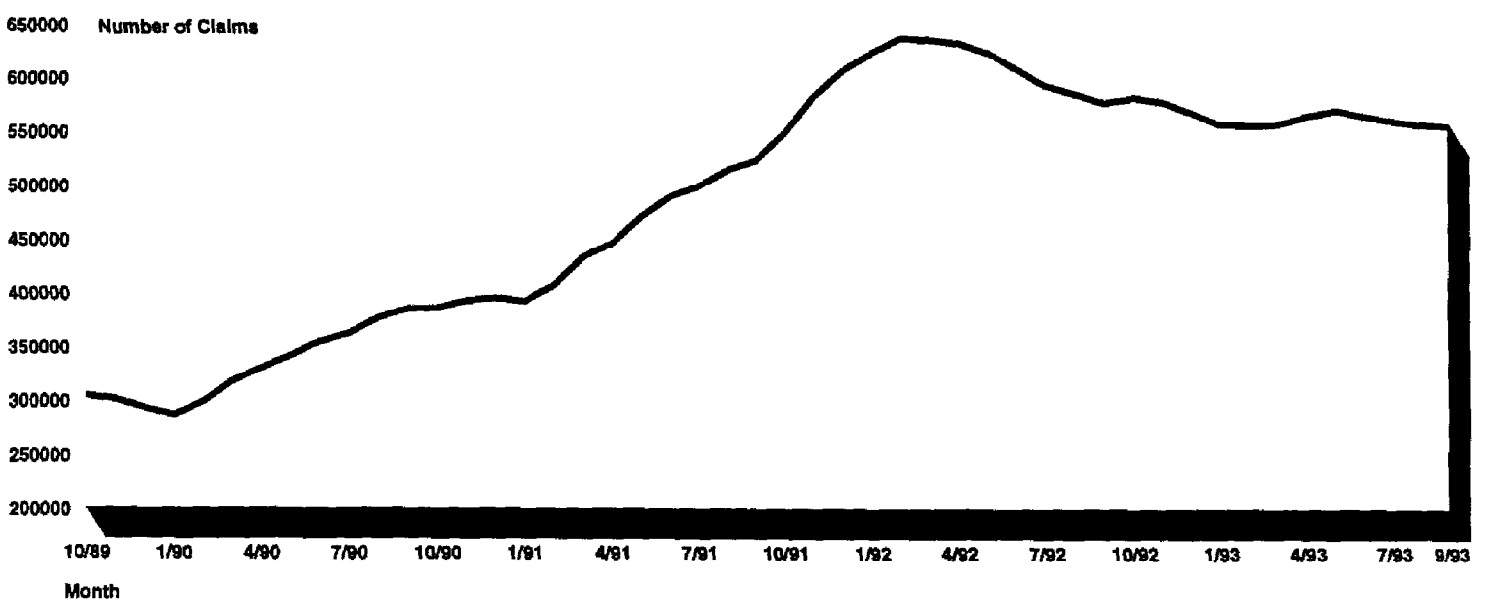
The increase in the PPWY during fiscal year 1992 generally coincides with the implementation of the short-term initiatives in February and the release of the contingency funds in March. The average PPWY for October 1991 through February 1992 was 210, compared to an average PPWY of 256 during March to September 1992. For fiscal year 1993, the PPWY was 261.

When we asked the DDS administrators to what extent their fiscal year 1992 productivity improved as the result of the short-term initiatives, only three said that their productivity increases resulted from the initiatives to a great or very great extent. In contrast, 35 administrators said that their DDSs'

productivity increases resulted to a great or very great extent from the release of the contingency fund, which was used in large part to fund overtime pay.

For the first 5 months of fiscal year 1992, the DDSs averaged 8,449 days of overtime. During the last 7 months of the fiscal year, overtime use nearly doubled, averaging 16,410 days per month. Relatively high overtime use continued in fiscal year 1993, averaging 12,414 days per month. Pending initial claims were reduced from the high in February 1992 of 638,000 to 555,000 through September 1993. This represents a reduction of 13 percent. Also, in fiscal year 1993, processing times were reduced about 10 days compared to 1992 levels. The initial claims pending by month for fiscal year 1990 through fiscal year 1993 are shown in figure 3.1.

Figure 3.1: Initial DI and SSI Pending Claims by Month



While progress has been made in reducing the claims pending, it is questionable how much more progress can be made or how long claims can be kept from rising. As discussed earlier, many DDSs appear to be

considerably stressed. Further, the decline in claims pending has tended to level off since December 1992.

We also asked the DDS administrators what further actions SSA can take—other than an increase in funding or staffing—to reduce the number of pending disability claims. Forty administrators offered a total of 153 suggestions or recommendations on a wide variety of issues and topics. They included, for example, simplifying claim forms, procedures, and processes; placing more responsibility on the claimants to develop their claims; additionally modifying case development requirements; and giving the DDSs more authority or discretion in making claim decisions.

On January 22, 1993, we provided SSA officials a copy of the DDS recommendations and our analysis of them. They said they would review the recommendations to determine which might warrant further study or implementation.

Long-Term Initiatives to Improve Service

SSA has numerous initiatives under way with the potential to make long-term improvements to service and increase productivity in its disability programs. Some examples appear in appendix IV.

In 1991, SSA released its strategic plan, which provides a framework for agency planning and action to be completed by the year 2005. The planning document articulates, for example, the agency's mission and its service delivery goals and objectives. The plan also establishes five strategic priorities that are considered to be of paramount importance to the agency's future. These priorities are (1) improving the disability process, (2) improving the appeals process, (3) improving access to SSA, (4) turning SSA into a "paperless" agency, and (5) establishing a "cooperative processing architecture."

Following the issuance of the strategic plan, the next step in SSA's planning process was the issuance of strategic priority transition guidance in June 1992. This guidance identifies numerous specific initiatives that must be undertaken during the strategic planning period to accomplish the agency's goals and objectives.

For these initiatives, SSA will develop 159 tactical plans to identify the specific activities required, including time frames for their completion and preliminary estimates of the denied benefits. SSA will revise the tactical

plans annually; the plans will provide input to the development of SSA's annual budget.

From its long-term strategy, SSA expects benefits in increased efficiency and productivity, cost avoidance, and improved service to the public. However, the precise nature and extent of the benefits to be realized from the more than 150 initiatives are not known at this point. The long-term nature of the undertaking and the fact that much study and development remains to be done makes it difficult to predict ultimate outcomes. According to SSA, it will develop more precise estimates of benefits as part of the annual budget process, which identifies those initiatives and activities that SSA is confident will produce a given result.

In addition to its strategic planning initiatives, SSA has also recently begun a special study of disability claim processes. The study will attempt to identify ways to reengineer current processes and procedures to achieve greater efficiency and improved service. According to SSA, the initial phase of this study, along with recommendations, is to be completed by March 31, 1994.

Three GAO studies completed in 1987, 1989, and 1991 have raised several issues concerning the adequacy of SSA's long-range planning.[3] More recently, an ongoing GAO review of SSA management has raised additional concerns. We communicated these concerns to SSA in August 1993 in a draft report titled Social Security: Sustained Effort Needed to Improve Management and Prepare for the Future.

Conclusions

The administration of SSA's disability programs has reached a crisis stage. Service is poor and billions of dollars in payments to ineligible individuals will be wasted if mandated CDRs are not resumed. SSA's short-term efforts to reduce the number of pending claims have been largely unsuccessful. Further, long-range SSA plans are uncertain about when and to what extent service will improve. The Secretary of HHS needs to act to address this crisis.

[3]Social Security Administration: Stable Leadership and Better Management Needed to Improve Effectiveness (GAO/HRD-87-39, Mar. 18, 1987); Social Security: Status and Evaluation of Agency Management Improvement Initiatives (GAO/HRD-89-42, Jul. 24, 1989); and SSA Computers: Long-Range Vision Needed to Guide Future Systems Modernization Efforts (GAO/IMTEC-91-44, Sept. 24, 1991).

Recommendation to the Secretary of Health and Human Services

We recommend that the Secretary of Health and Human Services develop a plan to (1) reduce the backlog of SSA disability benefit claims and (2) assure the performance of CDRs to the level necessary to comply with Social Security Act provisions. The recommended plan should be forwarded to the Congress and should establish a specific time frame for achieving SSA's stated goal of 60-day claim processing times for its disability programs and identify to what extent, if any, additional staffing and funding may be needed for implementation.

Questionnaire for DDS Administrators

U.S. General Accounting Office
Questionnaire for State Directors of Disability Determination Services

Please make corrections, if any, to the mailing label--------->

Note: ***There are 54 DDSs, including two in South Carolina, and one each in the other 49 states, the District of Columbia, Guam and Puerto Rico. This questionnaire was sent to all but the South Carolina Commission for the Blind. Of the 53 DDSs receiving the questionnaire, only Guam did not respond.***

This questionnaire is part of a study being conducted by the U.S. General Accounting Office (GAO), an agency of the U.S. Congress. GAO has been asked by the Chairman of the Senate Finance Committee to gather information on the conditions and problems in states' Disability Determination Services (DDS).

Your answers will provide valuable information for our report to the Committee. Copies of this questionnaire are also being mailed to all state DDS directors to obtain information on their experiences.

Unless otherwise instructed, please answer questions based on the recently completed federal fiscal year 1992. Also, please answer all questions from the perspective of your DDS and not from that of the national program.

This questionnaire has seven sections:

- -Staffing and Funding
- -Employee Issues
- -Staging Cases
- -SSA Case Development
- -SSA's Short-term Initiatives
- -State Policies and Regulations
- -General

The questionnaire can be completed within one hour.Please return your completed questionnaire in the enclosed preaddressed, prepaid envelope within 14 days of receipt. Our return address is

Mr. Gary Tutt
U.S. GENERAL ACCOUNTING OFFICE
Suite 1500
1445 Ross Avenue
Dallas, TX 75202

If you have any questions, please call Gary Tutt at 214-855-2724 (Dallas) or Tom Smith at 410-965-8964 (Baltimore).

Please give the name, title, and telephone number of the person with whom we should speak if we need to clarify any responses in this questionnaire:

Name: .....

Title: .....

Telephone: .....

92.10.105371HRD.MJO

Staffing and Funding

1. Which of the following best characterizes the overall number of budgeted DDS staff in fiscal year 1992 relative to the fiscal year 1992 caseload? *(Check one)* *(N=52)*

   1. *17* Significantly too few staff
   2. *27* Somewhat too few staff
   3. *7* About the right number of staff
   4. *1* Somewhat too many staff
   5. *0* Significantly too many staff

2. What percent of your DDS's current Disability Examiners have four or more years of experience as examiners? *(Enter percent, rounding to the nearest whole percent)* *(N=51)*

   61 % ***Range 14-100%***

3. Following entry level training, how many months must a "typical" Disability Examiner work before you would say he or she is proficient in adjudicating disability claims? *(Enter number of months)* *(N=52)*

   16 months ***Range 7-30 months***

4. What percent of your DDS's current Disability Examiners would you classify as proficient? *(Enter percent)* *(N=51)*

   77 % ***Range 39-100%***

5. What is the maximum number of cases a proficient Disability Examiner can manage effectively at any one time? Count an individual's concurrent claims as one case. *(Enter number)* *(N=52)*

   100 maximum number of cases a proficient Disability Examiner can manage
   Range 70-150 cases

6. What was the average caseload per Disability Examiner during fiscal year 1992? Count an individual's concurrent claims as one case. *(Enter number)* *(N=52)*

   134 average number of cases per Examiner
   Range 78-245 cases

7. What is the maximum number of Disability Examiners that you believe a Supervisor can manage effectively? *(Enter number)* *(N=51)*

   8 maximum number of Examiners per Supervisor
   Range 5-20 examiners per supervisor

8. What was the average number of Disability Examiners per supervisor during fiscal year 1992? *(Enter number)* *(N=51)*

   8 average number of Examiners per Supervisor
   Range 4-18 examiners per supervisor

9. What do you believe is the ideal ratio of clerical staff per examiner? *(Enter number)* *(N=49)*

   .8 number of clerical staff per examiner
   Range .1-3 clerical staff per examiner

10. What was the actual ratio of clerical staff per examiner in fiscal year 1992? *(Enter number)* *(N=50)*

    .7 number of clerical staff per examiner
    Range .1-3 clerical staff per examiner

11. Once your DDS is given authority to hire a new Disability Examiner, on average, about how many weeks elapse from the day the authority is given to the day a candidate is selected for employment? *(Enter number)* *(N=52)*

    11 number of weeks to hire a Disability Examiner
    Range 2-45 weeks

12. Which of the following best characterizes the overall number of budgeted medical consultants, on DDS staff and under contract, in fiscal year 1992 relative to the fiscal year 1992 caseload? *(Check one)* *(N=52)*

    1. *4* Significantly too few medical consultants
    2. *25* Somewhat too few medical consultants
    3. *23* About the right number of medical consultants
    4. *0* Somewhat too many medical consultants
    5. *0* Significantly too many medical consultants

13. Overall, to what extent does your DDS have difficulty in recruiting medical consultants? *(Check one)* *(N=52)*

    1. *7* Very great extent
    2. *9* Great extent
    3. *24* Moderate extent (GO TO QUESTION 15)
    4. *7* Some extent (GO TO QUESTION 15)
    5. *5* Little or no extent (GO TO QUESTION 15)

14. Which medical specialty(ies) is the most difficult to recruit? *(Print name(s) of specialty(ies))* *(N=16)*

Orthopedic	*11*
Psychiatric	*10*
Pediatric	*9*
Neurology	*7*
Cardiology	*5*
Psychology	*3*
Internal medicine	*3*
Other	*4*

15. Once your DDS is given authority to hire a new medical consultant, on average, how many weeks elapse from the day the authority is given to the day a candidate is selected for employment? *(Enter number)* *(N=39)*

    9 number of weeks to hire a medical consultant

16. Once your DDS is given authority to put into place a contract with a new medical consultant, on average, how many weeks elapse from the day the authority is given to the day a candidate is selected for contracting? *(Enter number)* *(N=44)*

    8 number of weeks to contract with a medical consultant
    Range 1-18 weeks

17. Following entry level training, how many months must a "typical" medical consultant work before you would say he or she is proficient? *(Enter number of months)* *(N=50)*

    8 months
    Range 2-23 months

Range 1-26 weeks

18. During fiscal year 1992, what percent of the time did the following non-examiner DDS staff spend processing disability claims rather than performing their normal duties? *(Check one box for each position)*

Position	1-20%	21-40%	41-60%	61-80%	81-100%	Not Applicable
Professional Relations Staff *(N=51)*	*10*	*8*	*3*	*1*	*2*	*27*
Disability Hearings Officer *(N=52)*	*5*	*4*	*5*	*7*	*20*	*11*
Disability Examiner Supervisor *(N=52)*	*25*	*12*	*5*	*2*	*1*	*7*
Quality Assurance Staff *(N=51)*	*16*	*8*	*7*	*6*	*6*	*8*
Other Staff (Please specify) *(N=18)* *Administrative/clerical* . . . . . 5 *Director/deputy* . . . . . 4 *Case aide/consultant* . . . . . 3 *Training staff* . . . . . 3 *Other* 6	*10*	*7*	*2*	*1*	*1*	-

19. During fiscal year 1992, how adequate was your DDS funding for each of the following items? *(Check one box for each activity)*

DDS activity	Considerably more than adequate	More than adequate	Adequate (About the right amount)	Less than adequate	Considerably less than adequate
Medical exam costs *(N=52)*	*0*	*1*	*35*	*12*	*4*
Applicant travel *(N=52)*	*0*	*1*	*44*	*7*	*0*
Travel *(N=52)*	*0*	*0*	*48*	*3*	*1*
Equipment *(N=52)*	*0*	*1*	*33*	*14*	*4*
Training *(N=52)*	*0*	*1*	*32*	*17*	*2*
Space rental *(N=52)*	*0*	*1*	*48*	*3*	*0*
Communications *(N=52)*	*0*	*0*	*48*	*3*	*1*
EDP/ADP *(N=52)*	*0*	*2*	*23*	*18*	*9*
Contracting out *(N=51)*	*0*	*1*	*45*	*5*	*0*
Other activity (Please specify) *(N=9)* *Staff/personnel* . . . . . 7 *Overtime* . . . . . 1 *Overall funding* 1	*0*	*0*	*2*	*4*	*3*

Employee Issues

20. Overall, how would you characterize the current morale of the DDS employees in your state? *(Check one)* *(N=52)*

1. *0* Very high
2. *9* High
3. *32* Moderate
4. *10* Low
5. *1* Very low

21. Which of the following best characterizes the morale of your state's DDS employees since 1989? *(Check one)* *(N=52)*

1. *8* Improved considerably since 1989
2. *10* Improved somewhat since 1989
3. *5* Remained about the same since 1989
4. *19* Declined somewhat since 1989
5. *10* Declined considerably since 1989

22. What factors, do you believe, contributed the most to changing or maintaining employee morale since 1989? *(List up to three factors)* *(N=51)*

Negative factors:
- *Increased workload* 33
- *Low pay/no raises* 15
- *Inadequate number of staff/funds* 13
- *Complexity/program changes* 13
- *State personnel policies* 4
- *Other negative factors* 3

Positive factors:
- *Administrative/personnel policy changes* 15
- *Additional staff/upgrades* 14
- *New space/equipment* 13
- *Increased pay/benefits/OT* 10
- *Staging/controlled cases* 4
- *Short-term initiatives* 4
- *Other positive factors* 4

23. On average, how many hours of post-entry level, on-going training did Disability Examiners receive from your DDS in fiscal year 1992? *(Enter number)* *(N=51)*

24 average number of hours
Range 2-104 hours

24. To what extent, if any, did post-entry level, on-going training from your DDS keep **Disability Examiners** current with policy and procedural changes during fiscal year 1992? *(Check one)* *(N=51)*

1. *1* Very great extent **(GO TO QUESTION 26)**
2. *22* Great extent **(GO TO QUESTION 26)**
3. *20* Moderate extent
4. *7* Some extent
5. *1* Little or no extent

25. Please elaborate on why you believe post-entry level, on-going training from your DDS did not keep **Disability Examiners** current with policy and procedural changes to any great extent. *(N=25)*

- *Heavy caseloads/pressure* 15
- *Frequent/complex program changes* 7
- *Inadequate SSA materials/policy* 7
- *Lack of training staff/emphasis* 4
- *Inadequate/inexperienced staff* 2

26. How did post-entry level, on-going training from your DDS in fiscal year 1992 compare to that in fiscal year 1989 for keeping **Disability Examiners** current with policy and procedural changes? *(Check one)* *(N=51)*

1. *2* Much better in FY92
2. *5* Somewhat better in FY92
3. *26* About the same in FY92
4. *12* Somewhat worse in FY92
5. *6* Much worse in FY92

27. How timely was post-entry level, on-going training for **Disability Examiners** from your DDS in fiscal year 1992? *(Check one)* *(N=51)*

1. *3* Much too late
2. *15* Somewhat too late
3. *33* About the right time **(GO TO QUESTION 29)**
4. *0* Somewhat too early
5. *0* Much too early

28. Please elaborate on why you believe post-entry level, on-going training for **Disability Examiners** from your DDS was given either too early or late. *(N=18)*

Heavy caseloads/pressure ***9***
Inadequate SSA materials/policy ***8***
Lack of training staff/emphasis ***4***
Other ***3***

29. When Disability Examiners left the employ of your DDS in fiscal year 1992, on average, how many years had they worked for the DDS? *(Enter number of years, rounded to the nearest whole year)* *(N=50)*

7 years employed with DDS ***Range .9-20 years***

10 Not applicable; no-one left in fiscal year 1992

30. Since 1989, how has the average number of years of service changed for retiring or departing Disability Examiners for your DDS? *(Check one)* *(N=51)*

1. *4* Years of service have increased greatly
2. *14* Years of service have increased somewhat (GO TO QUESTION 32)
3. *22* Years of service have remained about the same (GO TO QUESTION 32)
4. *8* Years of service have decreased somewhat (GO TO QUESTION 32)
5. *3* Years of service have decreased greatly

31. What reasons do you believe explain the great increase or decrease in the years of service employees had at the time of their leaving your DDS since 1989? *(N=7)*

Economy/higher pay ***3***
Productivity pressure ***2***
Lack of opportunities ***2***
Other ***6***

32. Does either your DDS or state have a policy that allows DDS employees to work overtime? *(Check one)* *(N=51)*

1. *48* Yes
2. *3* No

33. Does either your DDS or state have a policy that limits the amount of overtime a DDS employee can work during any given pay period? *(Check one)* *(N=52)*

1. *21* Yes
2. *31* No (GO TO QUESTION 35)

34. What is the maximum number of overtime hours a DDS employee can work during any given pay period? *(Enter number of hours)* *(N=19)*

32 maximum number of overtime hours per pay period
Range 9-84 hours

35. How many regular work hours are in your DDS's pay period? *(Enter number)* *(N=51)*

93 regular hours per DDS pay period
Range 38-176 hours

36. Does your DDS have any policy or criteria that precludes a DDS employee from working overtime? (For example, "poor performers" or inexperienced employees) *(Check one)* *(N=52)*

1. *33* Yes
2. *19* No (GO TO QUESTION 38)

37. Please describe under what conditions your DDS's policy or criteria would preclude employees from working overtime. *(N=33)*

Poor performance ***28***
Trainees/inexperienced staff ***11***
Supervisors can't work OT ***4***
Other ***10***

38. During fiscal year 1992, approximately, what percent of your Disability Examiners worked any overtime? *(Enter percent)* *(N=51)*

65 % ***Range 0-100%***

39. Does either your DDS or state have a mandatory overtime policy? *(Check one)* *(N=52)*

1. *10* Yes
2. *42* No (GO TO QUESTION 41)

40. Approximately, what percent, if any, of the overtime worked during fiscal year 1992 was mandatory? *(Enter percent, rounded to the nearest whole percent)* ***(N=9)***

    0 %

41. If your DDS were authorized to approve unlimited overtime, what percent of the Disability Examiners, would you estimate, would be willing to work overtime? *(Enter percent, rounded to the nearest whole percent)* ***(N=51)***

    66 % ***Range 1-100%***

42. In your opinion, to what extent, if any, will Disability Examiners in your DDS be willing to work the same number of overtime hours in fiscal year 1993 that they worked in fiscal year 1992? *(Check one)* ***(N=48)***

    1. ***11*** Very great extent
    2. ***13*** Great extent
    3. ***16*** Moderate extent
    4. ***6*** Some extent
    5. ***2*** Little or no extent

43. In your opinion, to what extent, if any, will Disability Examiners in your DDS be willing to work more overtime hours in fiscal year 1993 than they worked in fiscal year 1992? *(Check one)* ***(N=48)***

    1. ***2*** Very great extent
    2. ***5*** Great extent
    3. ***7*** Moderate extent
    4. ***19*** Some extent
    5. ***15*** Little or no extent

Staging Cases

In the following set of questions, we use the term staging. We define the term staging to mean receiving a disability case and, upon receipt, setting it aside before assigning the case to a Disability Examiner.

44. For each fiscal year listed below, indicate whether or not your DDS staged any disability cases. *(Check one box for each fiscal year)* ***(N=52)***

	Disability Cases Staged During Fiscal Year?	
	Yes	No
FY92	***33***	***19***
FY91	***26***	***26***
FY90	***5***	***47***
FY89	***2***	***50***

45. Approximately, what percent of the disability claims your DDS received during fiscal year 1992 were staged? *(Enter number)* ***(N=31)***

    41 percent of cases staged during FY92
    Range 1-99 percent
    19 Not applicable; no cases staged in FY92
    2 Don't know

46. On average, how many days were disability cases staged in your DDS during fiscal year 1992, measured from the time they were received to the time they were assigned to a Disability Examiner? *(Enter number)* ***(N=31)***

    26 average number of days cases staged
    Range 3-95 days
    19 Not applicable; no cases staged in FY92
    2 Don't know

47. Does your DDS expect to stage cases during fiscal year 1993? *(Check one)* *(N=51)*

    1. *21* Yes
    2. *30* No

48. Are any types of disability claims exempt from staging? *(Check one)* *(N=36)*

    1. *35* Yes
    2. *1* No **(GO TO QUESTION 50)**

49. Indicate whether or not each of the following items is a criterion to exempt disability claims from being staged. *(Check one box for each item)* *(N=35)*

Criteria	Yes	No
Terminal illness	*35*	*0*
AIDS	*33*	*2*
Homelessness	*23*	*12*
Reconsideration	*12*	*23*
Receipts from OHA	*17*	*18*
Zebley case	*26*	*9*
Presumptive disability	*27*	*8*
Congressional request	*17*	*18*
Other **(Please specify)** *(N=11)* ***Probable allowance*** ..... *3* ***Special project/request*** ..... *3* ***Chronically ill/neonatal*** .... *3* ***Other*** *11*		

50. While cases are staged in your DDS, is any work done on them? *(Check one)* *(N=36)*

    1. *24* Yes
    2. *12* No **(GO TO QUESTION 52)**

51. Indicate whether or not each of the following steps is taken during the time a case is staged. *(Check one box for each item)* *(N=24)*

Processing steps	Taken	Not Taken
Verify medical treatment(s)	*8*	*16*
Request medical documentation	*21*	*3*
Verify data with SSA	*10*	*14*
Verify data with claimant	*8*	*16*
Other **(Please describe)** *(N=3)* ***Request vocational documentation*** *1* ***Request ADL* information*** ..... *1* ***Screen if immediate decision can be made*** ..... *1* ****Activities of Daily Living***		

SSA Case Development

52. How would you rate the overall quality, that is, accuracy and completeness, of the Disability Reports (SSA Form 3368) your DDS received from SSA during fiscal year 1992? *(Check one)* *(N=52)*

1. *0* Very high quality
2. *5* High quality
3. *38* Moderate quality
4. *9* Low quality
5. *0* Very low quality

53. Overall, what percentage of the SSA Form 3368s your DDS received from SSA in fiscal year 1992 would you estimate were of a high or very high level of quality? *(Enter percent)* *(N=51)*

32% *Range 0-97%*

54. Overall, how has the quality of SSA Form 3368s changed, if at all, since fiscal year 1989? *(Check one)* *(N=52)*

1. *6* Quality has increased substantially
2. *18* Quality has increased somewhat
3. *16* Quality has remained about the same
4. *12* Quality has decreased somewhat
5. *0* Quality has decreased substantially

55. Excluding the SSA Form 3368, how would you rate the overall quality, that is, accuracy and completeness, of other documentation your DDS received from SSA for disability cases during fiscal year 1992? *(Check one)* *(N=52)*

1. *0* Very high degree of quality
2. *7* High degree of quality
3. *36* Moderate degree of quality
4. *9* Low degree of quality
5. *0* Very low degree of quality

56. Excluding the SSA Form 3368, overall, how has the quality changed, if at all, of other documentation your DDS received from SSA for disability cases since fiscal year 1989? *(Check one)* *(N=51)*

1. *1* Quality has increased substantially
2. *12* Quality has increased somewhat
3. *30* Quality has remained about the same
4. *8* Quality has decreased somewhat
5. *0* Quality has decreased substantially

SSA's Short-term Initiatives

57. In a January 31, 1992 memorandum to all Deputy and Regional Commissioners, SSA Commissioner Gwendolyn S. King set out a Comprehensive Plan to address workload issues in the Disability program. This plan contained a series of initiatives grouped into short- mid- and long-term initiatives. The table below contains the nine short-term initiatives described by Commissioner King. For each initiative, (1) check one box that indicates the extent, if any, it has improved your DDS's productivity in fiscal year 1992 and (2) whether or not you believe the initiative should be made permanent.

Initiative	To what extent did the initiative improve your DDS's productivity in fiscal year 1992? *(Check one)*					Should the initiative be made permanent?
	Little or No	Some	Moderate	Great	Very Great	
1. Assistance from other States and Federal Components *(N=50)*	*30*	*7*	*8*	*3*	*2*	*24* Yes *12* No *11* Don't Know
2. Regional Office Operational Assistance to Troubled DDSs *(N=49)*	*33*	*11*	*3*	*2*	*0*	*21* Yes *15* No *11* Don't Know
3. Field Offices/Teleservice Centers Requesting Medical Evidence *(N=45)*	*32*	*8*	*4*	*1*	*0*	*17* Yes *15* No *11* Don't Know
4. Strengthening Relations with State Governments *(N=50)*	*36*	*7*	*6*	*0*	*1*	*28* Yes *6* No *11* Don't Know
5. Enhancing Teamwork with the DDSs Through Weekly Communications/Reporting *(N=51)*	*25*	*15*	*9*	*2*	*0*	*29* Yes *7* No *10* Don't Know
6. Better Managing CDR Processing *(N=48)*	*25*	*10*	*7*	*5*	*1*	*33* Yes *0* No *13* Don't Know
7. Requiring New Policies and Procedures Only When Critical *(N=51)*	*8*	*16*	*17*	*9*	*1*	*43* Yes *3* No *2* Don't Know
8. Refinement of Development/Documentation Procedures *(N=52)*	*2*	*15*	*20*	*14*	*1*	*45* Yes *0* No *2* Don't Know
9. Ensure that Quality Assurance Review Development Requests are More Productive *(N=50)*	*24*	*13*	*10*	*3*	*0*	*37* Yes *1* No *10* Don't Know

58. For those initiatives that you believe should not be made permanent, please explain why. *(If more than one initiative, please indicate its corresponding item number in the previous table.)* ***(N=29)***

Initiative 1: ***Short-term solution to a long-term problem (6); Slow process (2); Generates unnecessary work (2); Requires too many resources (1); Disabled deserve local service (1).***

Initiative 2: ***Not a long-term solution (4); SSA lacks staff/expertise (3); Micromanagement is counterproductive, Too many components involved, Regional office assistance more nuisance than help, Hard to track/locate cases, Higher SSA pay demoralizes DDS staff (1 each).***

Initiative 3: ***Raises fiscal/accounting issues (3); Much rework had to be done (3); Should be done by the DDSs (2); Not a long-term solution, Little positive impact, Different computer systems caused dual efforts (1 each).***

Initiative 4: ***Saw no evidence of this initiative, Should be done only upon request of the DDS (1 each).***

Initiative 5: ***Weekly reporting/monitoring unnecessary (4); Little or no positive impact (2); Duplication of effort (2); Did not allow for ideas to improve productivity (1).***

Initiative 6: ***No responses.***

Initiative 7: ***If policies need to be changed, they should not be deferred, Not good on a crisis basis--only adds to confusion/poor quality work, As a long-term strategy, creates rather than solves problems (1 each).***

Initiative 8: ***No responses.***

Initiative 9: ***No responses.***

59. Compared to fiscal year 1991, did your DDS's FY92 Production Per Work Year (PPWY) increase, decrease or stay about the same? *(Check one)* ***(N=52)***

1. ***45*** Increased
2. ***5*** Stayed about the same
3. ***2*** Decreased

60. Overall, to what extent, if any, do you believe your FY92 PPWY was improved as a result of the nine short-term initiatives? *(Check one)* ***(N=51)***

1. ***0*** Very great extent
2. ***3*** Great extent
3. ***18*** Moderate extent
4. ***21*** Some extent
5. ***9*** Little or no extent

61. Overall, to what extent, if any, do you believe your FY92 PPWY was improved as a result of SSA's release of contingency funds? *(Check one)* ***(N=51)***

1. ***14*** Very great extent
2. ***21*** Great extent
3. ***6*** Moderate extent
4. ***9*** Some extent
5. ***1*** Little or no extent

62. Did your DDS send any of its disability cases to other state DDSs or to any federal organizations for processing assistance during fiscal year 1992? *(Check one)* ***(N=52)***

1. ***23*** Yes
2. ***29*** No **(GO TO QUESTION 66)**

63. In the table below, (1) print the name of each state and federal organization to which your DDS sent disability cases for processing during fiscal year 1992 and (2), the number of cases you sent to each. *(Enter names and numbers) (N=23)*

States or federal organization to which your DDS sent disability cases in FY92	Number of Cases sent in FY92
13 DDSs sent cases to 1 DDS or SSA unit	*22 DDSs reported sending 58,775 cases to other DDSs or SSA units for processing (1 DDS was unable to estimate the number sent)*
5 DDSs sent cases to 2 DDSs or SSA units	
2 DDSs sent cases to 3 DDSs or SSA units	
2 DDSs sent cases to 4 DDSs or SSA units	
1 DDS sent cases to 8 DDSs or SSA units	

64. Overall, how well did it work to have other states or federal organizations process your disability cases in FY92? *(Check one) (N=23)*

1. *6* Very well
2. *7* Moderately well
3. *8* Somewhat well
4. *2* Not well

65. Please describe what problems, if any, you may have had with the procedure in which other states or federal organizations processed your disability claims in FY92. *(N=15)*

Delayed Processing *9*
Tracking/locating cases *7*
Different case development procedures *6*
Significant start-up effort *3*
Confusion for claimants *2*
Other *2*

66. Did your DDS process any disability cases for another state during fiscal year 1992? *(Check one) (N=52)*

1. *15* Yes
2. *37* No **(GO TO QUESTION 70)**

67. In the table below, (1) print the name of the other state(s) for which your DDS provided disability case processing assistance, if any, during fiscal year 1992 and (2), the number of cases your DDS processed for each. *(Enter names and numbers) (N=15)*

States for which your DDS provided case processing assistance during FY92	Number of Cases Your DDS Processed during FY92
10 DDSs assisted 1 DDS	*14 DDSs reported processing 9,280 cases for other DDSs (1 DDS was unable to estimate how many cases they processed for others)*
4 DDSs assisted 2 DDSs	
1 DDS assisted 3 DDSs	

68. Overall, how well did it work to have your DDS receive and process other states' disability cases in FY92? *(Check one) (N=15)*

1. *2* Very well
2. *6* Moderately well
3. *6* Somewhat well
4. *1* Not well

69. Please describe what problems, if any, you may have had with the procedure in which your state DDS processed other states' disability cases in FY92. *(N=10)*

Different case development procedures *10*
Delayed processing *2*
Significant start-up effort *2*
Other *4*

70. Were any persons from other states or federal organizations detailed to your DDS during fiscal year 1992 to assist your DDS in processing cases? *(Check one) (N=52)*

1. *13* Yes
2. *39* No **(GO TO QUESTION 72)**

71. In the table below, (1) print the name of the other state(s) that detailed their employee(s) to your DDS to provide processing assistance during fiscal year 1992, (2), the number of individuals they detailed to your DDS and (3), the aggregate number of weeks their details lasted. *(Enter names and numbers) (N=13)*

States that detailed employees to your DDS during FY92	Number of Employees Detailed	Aggregate Number of Weeks Detail(s) lasted
9 DDSs had detailees from 1 DDS or SSA unit	***9 DDSs reported 41 employees detailed to their DDSs (4 DDSs were unable to estimate)***	***9 DDSs reported 383 weeks worked by detailes (4 DDSs were unable to estimate)***
2 DDSs had detailees from 2 DDSs or SSA units		
1 DDS had detailees from 3 DDSs or SSA units		
1 DDS had detailees from 5 DDS or SSA units		

72. Were any of your DDS employees detailed to other state DDS offices or federal organizations during fiscal year 1992 to assist them in processing cases? *(Check one)* *(N=52)*

1. *9* Yes
2. *43* No **(GO TO QUESTION 74)**

73. In the table below, (1) print the name of the other state(s) to which your DDS employee(s) were detailed to provide processing assistance during fiscal year 1992, (2), the number of individuals that were detailed and (3), the aggregate number of weeks their details lasted. *(Enter names and numbers) (N=9)*

States to which your employees were detailed during FY92	Number of Your DDS Employees Detailed	Aggregate Number of Weeks Detail(s) lasted
8 DDSs detailed employees to 1 DDS or SSA unit	***9 DDSs reported detailing 32 employees to other DDSs***	***9 DDSs reported 218 weeks worked by employees they detailed***
1 DDS detailed employees to 3 DDSs or SSA units		

State Policies and Regulations

74. Although DDSs are federally funded, we recognize that they are state agencies and may be subject to state regulations and requirements. For each of the following, indicate the extent, if any, state regulations and requirements make it more difficult to manage your DDS's program. *(Check one box for each item)*

State Regulations and Requirements	Extent of Difficulty				
	Little or No	Some	Moderate	Great	Very Great
Promotions ..... *(N=50)*	14	15	15	1	5
Salary levels ..... *(N=50)*	7	8	12	8	15
Bonuses ..... *(N=50)*	8	5	6	5	21
Use of overtime ..... *(N=50)*	31	3	7	5	2
Staff utilization ..... *(N=50)*	32	5	5	6	2
Recruiting ..... *(N=50)*	14	9	17	6	4
Hiring ..... *(N=50)*	10	7	13	14	6
Training ..... *(N=50)*	39	6	2	1	2
ADP purchasing rules ..... *(N=49)*	12	14	10	9	4
Contracting for Services ..... *(N=50)*	13	11	12	8	6
Furloughs ..... *(N=48)*	32	3	2	3	7
Labor/management agreements ..... *(N=49)*	27	9	4	4	4
Other (Please explain) ..... *(N=4)* *Leasing procedures* ..... 2 *Staffing* ..... 2 *Grievance procedures* 1	0	1	2	1	0

75. For each item you selected "Great" or "Very Great" in the preceding table, please elaborate on your reasons. *(N=39)*

Promotions: ***Restricted to layoff recalls and upward mobility, Freezes, A jungle of bureaucracies (1 each).***

Salaries: ***Low salaries (8); Pay set outside the DDS (5); No pay raises (3); Only union employees got pay raises last 2 years (2); No supervisory overtime pay, Hard to reward/penalize due to combination of merit pay and union contract (1 each).***

Bonuses: ***No bonuses allowed (15); Bonuses limited/difficult to give (5).***

(Continued on page 18)

General

76. Excluding situations where work experience is substituted for education, what is the minimum educational requirement for your DDS Disability Examiner position? *(Check one)* *(N=51)*

1. *3* High school graduate or equivalent
2. *0* Associate degree
3. *44* Bachelor degree
4. *1* Masters degree
5. *0* Doctoral degree
6. *3* Other *(Please specify)*: *(N=3)*
   Civil service exam required *1*
   No education requirement *1*
   Knowledge, skills and abilities equal to bachelor's degree *1*

77. To what extent, if any, does your DDS's computerized data processing system (both hardware and software) currently meet the needs of your DDS? *(Check one)* *(N=51)*

1. *2* Very great extent
2. *14* Great extent
3. *15* Moderate extent
4. *15* Some extent
5. *2* Little or no extent

3 No EDP

78. Approximately, what percentage, if any, of your DDS's disability claims process is automated? *(Check one)* *(N=51)*

1. *13* 0-20%
2. *10* 21-40%
3. *12* 41-60%
4. *11* 61-80%
5. *4* 81-100%

1 Don't Know

79. To what extent, if any, did fiscal year 1992 workload and staffing pressures contribute to inaccuracies in DDS disability decisions for allowances? *(Check one)* *(N=51)*

1. *1* Very great extent
2. *2* Great extent
3. *7* Moderate extent
4. *14* Some extent
5. *27* Little or no extent

80. To what extent, if any, did fiscal year 1992 workload and staffing pressures contribute to inaccuracies in DDS disability decisions for denials? *(Check one)* *(N=50)*

1. *4* Very great extent
2. *3* Great extent
3. *15* Moderate extent
4. *10* Some extent
5. *18* Little or no extent

81. Did any of the Commissioners' initiatives and other actions taken to reduce claim backlogs in fiscal year 1992 contribute to inaccuracies in DDS disability decisions for allowances? *(Check one)* *(N=52)*

1. *10* Yes
2. *41* No **(GO TO QUESTION 83)**

1 Don't know

82. To what extent did the Commissioners' initiatives and other actions taken to reduce claim backlogs in fiscal year 1992 contribute to inaccuracies in DDS disability decisions for allowances? *(Check one)* ***(N=10)***

1. ***0*** Very great extent
2. ***0*** Great extent
3. ***1*** Moderate extent
4. ***6*** Some extent
5. ***3*** Little or no extent

83. Did the Commissioners' initiatives and other actions taken to reduce claim backlogs in fiscal year 1992 contribute to inaccuracies in DDS disability decisions for denials? *(Check one)* ***(N=52)***

1. ***2*** Yes
2. ***49*** No **(GO TO QUESTION 85)**
   1 Don't know

84. To what extent did the Commissioners' initiatives and other actions taken to reduce claim backlogs in fiscal year 1992 contribute to inaccuracies in DDS disability decisions for denials? *(Check one)* ***(N=2)***

1. ***0*** Very great extent
2. ***0*** Great extent
3. ***1*** Moderate extent
4. ***1*** Some extent
5. ***0*** Little or no extent

85. How easy or difficult is it for your DDS to recruit physicians for medical consultative examinations (CEs)? *(Check one)* ***(N=52)***

1. ***0*** Very easy **(GO TO QUESTION 87)**
2. ***1*** Easy **(GO TO QUESTION 87)**
3. ***19*** About equally easy as difficult **(GO TO QUESTION 87)**
4. ***23*** Difficult
5. ***9*** Very difficult

86. What are your major difficulties in recruiting physicians for medical consultative examinations (CEs)? ***(N=32)***

Lack of sources/interest ***31***
Low fees ***27***
Bureaucracy/requirements ***13***
Hostile/problem clients ***7***
Other ***5***

87. Are there any medical specialties that your DDS has particular problems in recruiting? *(Check one)* ***(N=49)***

1. ***49*** Yes--> Please print the name of the specialty(ies) your DDS has difficulty in recruiting:

   Orthopedic ***40***
   Neurology ***31***
   Psychiatric ***21***
   Pediatric ***19***
   Cardiology ***9***
   Ophthalmology ***8***
   Psychology ***7***
   Other ***12***

2. ***0*** No

88. Please use this and the remaining pages to describe things that you believe SSA can do, that it is not already doing, other than an increase in funding or staffing, to reduce the current disability case backlog and/or adjudicate cases in a more timely manner. *(N=40)*

Forty DDS Administrators provided 153 suggested actions. Our analysis showed that these suggestions could be grouped into the following 16 categories. We provided a complete list of the suggestions to SSA.

1. *Case development (27)*
2. *Forms improvement (17)*
3. *Budget/funding (13)*
4. *SSA guidelines/policies (13)*
5. *Quality assurance (12)*
6. *Special initiatives (11)*
7. *More DDS authority (9)*
8. *More claimant involvement (8)*
9. *Automation (7)*
10. *Changes in law/regulations (6)*
11. *Appeals (6)*
12. *Program Operations Manuals (6)*
13. *Continuing disability reviews (5)*
14. *Training (5)*
15. *Frivolous claims (4)*
16. *Outreach (4)*

Question 75 responses continued:

Use of Overtime: Difficult to obtain state approval (4); Subject to collective bargaining agreement, Professionals not eligible for overtime (1 each).

Staff Utilization: DDS losing positions/spending authority due to state downsizing, Cannot work people out of classifications. Fair Labor Standards Act causes problems, Requires modification of job duties resulting in grievances, State imposed 5 percent cut in personnel services–2 FTEs for the DDS (1 each).

Recruiting: State requirements too restrictive (2); Process takes too long (2); Salaries too low (1).

Hiring: Process too slow, too long (8); Hiring requirements set by others (4); Hiring freeze (3); Lack of positions (1).

Training: Lack of good candidates requires more investment in training, No travel approved for training (1 each).

ADP Purchasing Rules: Lengthy process controlled by others (8); Established by parent agency, Protects us from ourselves (1 each).

Contracting for Services: Cumbersome process (6); Union rules (2); Not enough flexibility, Limited use (1 each).

Furloughs: Furloughs limit federal work (3); Some DDS layoffs due to funding problems, Furloughs not acceptable in public agencies (1 each).

Labor/Management Agreements: Creates difficulty in managing/evaluating staff (5); State closely regulated by labor contracts (2); Limits contracting for services, Negotiations seem interminable, Supervisors/Senior examiners cannot work overtime (1 each).

Other-State requirements for leased office space: Complex/time consuming process, SSA/State requirements conflict (1 each).

Please complete and return within 2 weeks to:

Mr. Gary Tutt
U.S. GENERAL ACCOUNTING OFFICE
Suite 1500
1445 Ross Avenue
Dallas, Texas 7502

Selected DDS Performance Data for Fiscal Year 1992

The following tables display the state DDSs grouped into three categories according to their initial pending claims and their weeks work on hand at the end of fiscal year 1992. Category I includes all DDSs with 10 or fewer WWOH, regardless of the size of their pending claims. Category II includes DDSs with more than 10 WWOH but with less than 13,000 initial pending claims. Finally, Category III includes DDSs with a WWOH greater than 10 and initial pending claims of more than 17,000. States appear in descending order on the basis of weeks work on hand.

The tables also include other fiscal year 1992 DDS performance indicators—the production per work-year, the number of work-years, overall decisional accuracy rates, and overall claim processing times. The latter are measured from the date of application to DDS clearance. The PPWY and work-years are based on total DDS workloads while all other data are based on initial claims only.

DDS	Pending claims	Work-years used	WWOH	PPWY	Accuracy rates	Processing times (days)
		Category I DDSs (23)				
Connecticut	4,351	104	10.0	275	94.9%	89
Delaware	869	27	9.9	209	95.6%	109
Iowa	3,730	107	9.8	242	94.9%	80
Tennessee	11,642	371	9.7	237	96.7%	89
Nebraska	1,872	60	9.4	223	95.5%	70
Massachusetts	10,035	283	9.3	254	95.7%	93
Florida	21,532	646	9.2	255	95.9%	79
Arkansas	6,205	178	9.1	277	95.9%	89
District of Columbia	1,255	41	8.8	227	95.6%	124
Minnesota	4,317	141	8.7	238	95.3%	88
Maine	1,783	56	8.6	255	93.9%	76
Washington	5,689	207	8.5	227	94.8%	109
Alaska	423	18	8.4	189	96.4%	115
Utah	1,502	48	8.4	222	96.2%	150
Montana	1,045	41	7.7	245	94.6%	76
South Dakota	830	29	7.7	254	95.4%	85
North Carolina	9,162	335	7.3	265	95.6%	67
Wyoming	431	14	6.8	297	96.8%	65
Missouri	7,762	284	6.8	285	92.3%	71
North Dakota	449	22	6.7	215	95.6%	76
Vermont	650	27	6.4	242	96.2%	102
Virginia	6,158	271	6.3	256	96.1%	77
Idaho	943	46	4.9	276	96.1%	75
Category I subtotals	102,635	3,356	8.4	253	95.3%	84
Percent of total	18%	26%				

	Category II DDSs (19)					
DDS	Pending claims	Work-years used	WWOH	PPWY	Accuracy rates	Processing times (days)
Hawaii	2,110	32	18.5	206	95.8%	163
West Virginia	8,131	181	16.2	217	93.4%	106
Nevada	2,689	48	15.2	245	96.4%	153
Rhode Island	2,043	42	14.0	235	94.8%	108
Puerto Rico	4,338	155	13.8	172	95.8%	100
New Hampshire	1,744	34	13.7	247	95.5%	102
Wisconsin	10,464	225	13.5	227	96.0%	110
Maryland	8,698	205	13.0	219	94.4%	113
Arizona	7,570	162	12.8	236	94.4%	147
Indiana	12,162	258	12.6	256	96.3%	96
New Mexico	3,966	102	12.5	216	94.9%	113
Alabama	12,922	318	12.4	240	94.6%	118
Oregon	3,836	116	12.4	195	95.4%	123
Kentucky	12,433	325	11.9	250	96.0%	103
Mississippi	10,437	253	11.2	266	93.8%	89
Kansas	4,009	123	11.0	194	94.7%	109
South Carolina	8,092	204	10.8	255	96.3%	102
Colorado	5,178	130	10.4	248	94.7%	117
Oklahoma	5,783	164	10.1	259	96.7%	116
Category II subtotals	126,605	3,077	12.0	235	95.1%	110
Percent of total	22%	23%				

	Category III DDSs (10)					
DDS	Pending claims	Work-years used	WWOH	PPWY	Accuracy rates	Processing times (days)
Ohio	39,595	545	21.7	214	93.8%	138
California	84,945	1,483	18.9	214	94.1%	157
Louisiana	25,759	495	17.0	211	94.7%	135
New Jersey	17,922	376	15.8	193	94.5%	158
Michigan	26,969	461	15.6	255	93.6%	116
New York	51,209	1,028	15.0	220	92.9%	118
Georgia	17,105	388	12.7	246	94.4%	94
Illinois	28,228	628	12.6	247	94.8%	105
Texas	37,367	835	12.4	249	94.5%	121
Pennsylvania	18,745	550	10.1	241	93.8%	105
Catetory III subtotals	347,844	6,789	15.4	228	93.3%	127
Percent of total	60%	51%				
Totals, all categories	**577,084**	**13,222**	**12.8**	**236**	**94.7%**	**112**
Percent, all categories	100.0%	100.0%				

Modified Claim Processing Procedures Approved by SSA Commissioner

1. Completion of the Psychiatric Review Technique Form:
For allowances, the DDS physician/psychologist does not have to complete the form beyond the point at which an allowance is apparent. When this procedure is used, the form must include a summary statement addressing the areas that affect the allowance.

2. Completion of the Residual Functional Capacity Assessment Forms:
For allowances, the DDS physician/psychologist does not have to complete the forms beyond the point at which an allowance is apparent. When this procedure is used, the form must include a summary statement.

3. Establishment of Alleged Onset Date as the Onset Date in DI Cases:
The alleged date may be used as the established onset date in DI cases without full onset documentation when (1) the date is within 3 years of the current date; (2) other evidence in file clearly supports an allowance; and (3) nothing in file suggests that the impairment was not disabling as of the alleged date.

4. Adverse Vocational Factors:
The DDS adjudicator may make an allowance determination with less than ideal medical documentation if the claimant has adverse vocational factors (e.g., closely approaching retirement age with a high school education or less and no transferable work skills).

5. Chest Pain Description:
The DDS adjudicator may make an allowance determination in cardiovascular cases involving chest pain without a detailed description of the chest pain, provided other objective medical findings in the file support a finding of disability.

6. Cancer Pathology Reports:
The DDS adjudicators may make an allowance determination in a cancer case without pathology reports, provided other evidence in the file shows that the medical criteria are met.

7. X Ray Evidence:
The DDS adjudicator may make an allowance determination without X ray evidence when severe joint damage is readily apparent by other signs and clinical findings.

8. Pulmonary Function Studies:
The DDS adjudicator may make an allowance determination in a

respiratory impairment case without purchasing pulmonary function studies when other medical evidence in file supports a disabling pulmonary impairment.

9. History/Physical:
The DDS adjudicator may make an allowance determination without a thorough medical history and physical examination when severe chronic disease is otherwise documented by laboratory findings and other objective findings.

10. Chronic Renal Disease:
The DDS adjudicator may make an allowance determination on the basis of a treating physician's description of chronic renal disease and evidence of ongoing dialysis.

11. Activities of Daily Living:
The DDS adjudicator may make an allowance determination in cases involving pain and mental impairments without a complete description of the activities of daily living when other evidence in the file supports a finding of disability.

12. Deferred Medical Development:
The DDS adjudicator may make favorable determinations involving impairments such as heart attacks and strokes without waiting for the impairment to stabilize provided that the evidence in file shows the claimant has little or no chance of regaining significant function.

13. Obesity:
The DDS adjudicator may make an allowance determination on the basis of excess weight alone when other evidence in file supports an allowance.

14. Completion of Individualized Functional Assessment:
For an allowance involving SSI childhood disability claims, the DDS adjudicative team does not have to complete every applicable section of the assessment.

15. Visual Impairment:
The DDS adjudicative team may make a denial determination when the medical evidence of record is based on automated perimetry devices showing no loss of visual fields and there is no other impairment alleged or documented.

Examples of SSA's Strategic Planning Initiatives

The initiatives planned to improve the disability and appeals processes, as well as all other initiatives, involve a wide variety of activities. The following describes briefly some of these initiatives.

Improving Claims Intake

SSA is testing ways to improve the timeliness and quality of disability claims intake and development.

One model being tested involves providing claims representatives with intensified medical training to permit them to initiate medical evidence development earlier in the claims process. The expected benefits are reduced claim processing times and increased decisional accuracy. SSA is piloting the approach at several locations in one state and will make recommendations regarding national implementation after completing the final evaluation report.

Another model being tested in at least three states involves giving applicants the opportunity to gather their own medical evidence. The principal advantage for applicants who choose to apply for benefits in this manner is shorter processing time. Also, it may be possible to save some of the administrative costs associated with DDS development of medical evidence.

Face-to-Face Interviews

A face-to-face interview enables applicants or their representatives to present their full case in person and allows decisionmakers to make direct observations about the alleged impairment(s) and tailor the interview accordingly. Generally, the earliest that applicants are afforded a face-to-face interview with a decisionmaker is when they have appealed an adverse decision to the Administrative Law Judge level.

SSA plans to test several models that would provide for a face-to-face interview earlier in the disability determination process, such as a predenial interview by the disability determination service. The potential benefit of such a change is that more ultimate decisions would be made earlier in the process. Testing of several options is targeted to begin following publication of the final regulations that will establish the specific authority to conduct these tests.

Automating DDSs

SSA plans to provide all DDSs with at least a baseline level of automation through 1995. Beyond 1995, SSA plans to implement an enhanced

modernized disability system in the DDSs. By using the same computerized workstations, local area networks, and software applications used by SSA, DDSs will be fully integrated with SSA systems and be able to communicate directly with SSA field offices, program service centers, teleservice centers, other DDSs, ALJs, and SSA headquarters. Standard software and hardware would also facilitate the introduction of such processing enhancements as "paperless processing," voice-to-print technology for medical and vocational information, and the capacity to readily shift workloads among the DDSs and other SSA components.

SSA expects modernized automation to have a substantial impact on improving timeliness, decisional accuracy and consistency, and productivity. National implementation is expected to start in 1996 and be completed by 2005.

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Social Security Disability: SSA Needs to Improve Continuing Disability Review Program (GAO/HRD-93-109, July 8, 1993).

Social Security: Rising Disability Rolls Raise Questions That Must Be Answered (GAO/T-HRD-93-15, Apr. 22, 1993).

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SSA Computers: Long-Range Vision Needed to Guide Future Systems Modernization Efforts (GAO/IMTEC-91-44, Sept. 24, 1991).

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