Office of the Inspector General

June 28, 2000

William A. Halter
Deputy Commissioner
of Social Security

Inspector General

Performance Measure Review: Reliability of the Data Used to Measure Continuing Disability Reviews (A-01-99-91002)

Attached is a copy of our final report. Our objective was to assess the reliability of the Social Security Administration's (SSA) performance data used to measure the number of continuing disability reviews (CDR) conducted during Fiscal Year 1998. The number of CDRs conducted during this period was one of the performance indicators developed by SSA to meet the requirements of the Government Performance and Results Act of 1993.

Please comment within 60 days from the date of this memorandum on corrective action taken or planned on each recommendation. If you wish to discuss the final report, please call me or have your staff contact Steven L. Schaeffer, Assistant Inspector General for Audit, at (410) 965-9700.

James G. Huse, Jr.

Attachment

OFFICE OF
THE INSPECTOR GENERAL

SOCIAL SECURITY ADMINISTRATION

PERFORMANCE MEASURE REVIEW: RELIABILITY OF THE DATA USED TO MEASURE CONTINUING DISABILITY REVIEWS

June 2000 **A-01-99-91002**

AUDIT REPORT

Office of the Inspector General

William A. Halter
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Performance Measure Review: Reliability of the Data Used to Measure Continuing Disability Reviews (A-01-99-91002)

The Government Performance and Results Act (GPRA) of 1993, Public Law 103-62, requires the Social Security Administration (SSA) to develop performance indicators that assess the relevant service levels and outcomes of each program activity. GPRA also calls for a description of the means employed to verify and validate the measured values used to report on program performance. SSA has stated that the Office of the Inspector General (OIG) plays a vital role in evaluating the data used to measure performance. The objective of this audit was to determine the reliability of the data and the accuracy of the figure used by SSA in Fiscal Year (FY) 1998 for the following GPRA performance indicator:

Number of periodic Continuing Disability Reviews (CDR) processed: 1,391,889 (GPRA goal: 1,245,000)

RESULTS OF REVIEW

We estimate that SSA processed 1,341,170 CDRs in FY 1998, representing 601,480 full medical reviews and 739,690 CDR mailers (see Table 1). As a result of our audit, we determined that the CDR data provided by SSA was reliable. Nonetheless, SSA needs to improve the documentation used to support this GPRA indicator. SSA was unable to provide complete files containing support for the number of full medical and mailer CDRs conducted.

Table 1: FY 1998 CDRs Reported by SSA and Estimated by OIG

Type of CDR	GPRA Goal	SSA Reported	OIG Estimated
Full Medical CDRs	511,300	642,506	601,480
CDR Mailers	733,700	749,383	739,690
Total	1,245,000	1,391,889	1,341,170

NUMBER OF FULL MEDICAL PERIODIC CDRs PERFORMED

As a result of our test of the full medical CDR cases, we estimate that SSA conducted 601,480 full medical periodic reviews during FY 1998. To test the reliability of the full medical CDR count, we estimated the number of reviews performed in FY 1998 based upon National Disability Determination Services System (NDDSS) data files obtained from SSA's Office of Disability (OD). We then requested case folders related to 200 randomly selected CDRs, determined whether a full medical CDR had been performed and properly input into the NDDSS and other information management systems,[1] and projected our sample results to the population to estimate the number of reviews performed in FY 1998.

We obtained a full medical CDR source file from OD since SSA's information systems were unable to provide detailed CDR data to support the FY 1998 full medical CDR numbers reported to Congress. Even with this source file, our CDR count differed from SSA's reported CDR count because: (1) SSA's data file contained fewer CDR cases than anticipated; and (2) periodic CDRs were removed from our final count after we separated "work CDRs" from periodic CDRs.

CDRs Provided in the Data File

SSA was unable to provide detailed support for the full medical CDR number reported to Congress.[2] As a result, we took the information available in the NDDSS and segregated the data to create a population of FY 1998 CDRs. For example, the NDDSS information contained a number of reviews that would not be included in the periodic CDRs reported to Congress, such as “work CDRs” and childhood redeterminations conducted under the Personal Responsibility and Work Opportunity Reconciliation Act of 1996 (see Appendix A for further details on these types of reviews). The final population created from the NDDSS data file contained approximately 18,000 fewer full medical CDRs than SSA reported.

Reclassified CDRs

Our review of the CDR case folders showed instances where CDRs classified as periodic CDRs actually related to “work CDRs,” as well as “work CDRs” that were actually periodic CDRs. After reclassifying these “work CDRs,” our full medical CDR population decreased by about 23,000 cases. OD staff noted that some classification problems are expected since OD may alert a field office (FO) that a periodic CDR is due on an individual while the FO is already in the process of initiating or conducting a “work CDR.” In such cases, the Disability Determination Services (DDS) review could be counted as either a “work CDR” or a periodic CDR. However, if we found clear

[1] See Appendix C for more information on posting CDR results to these information management systems.

[2] OD staff stated that a CDR-specific data base was being prepared to provide better CDR information in future years, but not for FY 1998.

evidence of an on-going "work CDR" among the periodic CDR cases in our sample, with no evidence that OD released the case as a periodic CDR, we reclassified the CDR as a "work CDR."

NUMBER OF CDR MAILERS PROCESSED

As a result of our test of CDR mailer cases, we estimate that SSA processed 739,690 CDRs through mailers during FY 1998. We reviewed a random sample of 100 cases from the mailer data base to test the reliability of the data file. We also reviewed 50 hard-copy mailer questionnaires to test the completeness of postings to the data file.

Random Sample from Mailer Data Base

To test the reliability of the CDR mailer count, we obtained a data file from OD that represented 739,690 CDR mailers that led to the deferral of full medical reviews during FY 1998. The data file contained approximately 10,000 fewer CDR mailers than reported to Congress. OD staff told us that a complete FY 1998 year-end file of CDR mailers was not available and, when OD attempted to recreate this file, some of the necessary information was no longer available in the information systems. OD staff also noted that work was underway to improve the completeness of year-end mailer data in future years.

We randomly selected 100 mailers from the data file and requested copies of the actual mailers from SSA to ascertain whether the individuals had responded to the mailer during FY 1998. OD was able to provide an automated file related to each of the selected mailers, which we then converted to a facsimile of the original mailer. We compared the mailer documents to the Master Beneficiary Record (MBR), Supplemental Security Record, and Continuing Disability Review Control File to determine whether the release of the mailers had been recorded and the deferral results were properly posted to these systems. In all 100 cases the data bases contained evidence of the mailers' release as well as the deferral decisions.

Hard-Copy Mailer Questionnaires

To determine whether mailer information on hard-copy questionnaires was properly input into SSA's computer systems, we obtained 50 CDR mailers submitted by Disability Insurance beneficiaries and traced them through the mailer process. Twenty-five of these mailers had been processed automatically through SSA's computer program while the remaining 25 had been sent to the Program Service Center in Baltimore since the mailer contained attachments or other information needing further review. After obtaining the facsimile of the mailer from OD, we compared this to the hard-copy of the mailer as well as information in the MBR. We found that the facsimile of the mailer accurately represented information found on the hard-copy questionnaire, and the mailer information had been properly posted to the MBR for these 50 cases.

Of the 50 mailers we reviewed, 29 resulted in deferred medical reviews, while 21 were sent to DDS offices for full medical CDRs. As of December 1999, 19 of the 21 full medical CDRs had been completed. The remaining two cases have been awaiting full medical CDRs since the summer of 1998. In all of the 19 cases that went through full medical CDRs, the DDS found the individuals to still be disabled.

CONCLUSIONS AND RECOMMENDATIONS

Our audit found that SSA exceeded its GPRA goal of 1,245,000 CDRs in FY 1998. In addition, we determined that the CDR data provided by SSA was reliable. However, SSA needs to improve the documentation used to support this GPRA indicator. GPRA requires agencies to: (1) provide a basis for comparing actual program results with the established performance goals, and (2) describe the means to be used to verify and validate measured values. SSA was unable to provide complete files containing support for the number of full medical and mailer CDRs conducted. As a result, we were unable to begin the audit with the same population of periodic CDRs SSA reported to Congress and had to perform our own validation procedures since SSA could not provide the validation procedures used. In future periods, we recommend that SSA:

1. Maintain records to support all CDRs performed as part of its GPRA goal so that a third party can fully assess the reliability of SSA's reporting; and

2. Provide information on the methodology used to validate the CDRs measured for the performance indicator.

AGENCY COMMENTS

In response to our draft report, SSA agreed with our recommendations and stated that a contractor has been hired to document the CDR automated process and build the management information controls necessary to provide a better-documented audit trail. (See Appendix E for SSA's comments to our draft report.)

OTHER MATTERS

While reviewing cases to meet our audit objective, we also determined for each sample case whether SSA's data bases had been properly updated to reflect the DDS office's decision on the cases. See Appendix C for the results of this analysis.

James G. Huse, Jr.

APPENDICES

BACKGROUND

Since the early 1980s, the Social Security Administration (SSA) has been required to conduct periodic continuing disability reviews (CDR) on individuals receiving Disability Insurance (DI) benefits. New legislation since 1994 has also required CDRs and redeterminations on Supplemental Security Income (SSI) recipients. For example, the Personal Responsibility and Work Opportunity Reconciliation Act of 1996 (Public Law 104-193),[1] required additional CDRs and redeterminations related to the SSI workload. Under this legislation, SSA must perform CDRs or redeterminations on: (1) 18 year-olds using adult eligibility criteria; (2) children whose disabilities were based on low birth-weight; and (3) all children under age 18 at least every 3 years whose impairments are likely to improve (or, at the option of the Commissioner, recipients whose impairments are unlikely to improve). Appendix D provides a list of relevant legislation.

SSA reports to Congress on the CDR results in a number of ways. Under the Government Performance and Results Act (GPRA) of 1993, SSA chose to report the number of periodic CDRs performed annually as a performance indicator. In addition, periodic CDRs is one of the workload measures reported to Congress to gauge SSA's progress in meeting workload goals proposed in its budget. Finally, SSA is required to report to Congress the number of periodic CDRs performed each year to meet three legislative requirements: (1) the Social Security Act requires SSA to report to Congress annually on the results of periodic CDRs; (2) the Contract with America Advancement Act of 1996 requires that SSA provide an annual status report on the number of periodic CDRs performed, the cost to perform these reviews, and the expected program cost savings that will result from these reviews; and (3) the Welfare Reform law requires SSA to report on the number of SSI CDRs and redeterminations in an annual report on the SSI program.

PROCESSING PERIODIC CDRs

A periodic CDR is a review routinely conducted to determine if a disabled individual is still medically eligible to receive benefits under the DI or SSI programs. Periodic CDRs differ from work issue CDRs in that the latter relate to reviews initiated when work activity is reported for an individual. SSA conducts periodic CDRs using one of two methods: full medical reviews or questionnaires (mailers).

[1] Often referred to as the Welfare Reform law.

Full Medical Reviews

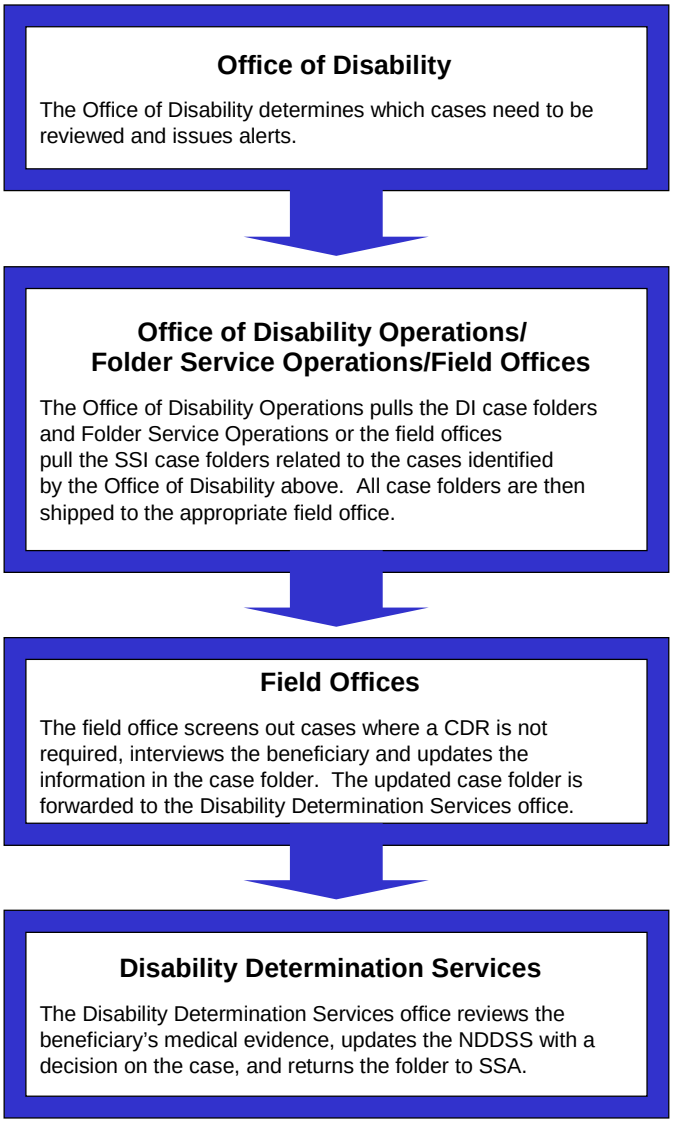
Full medical reviews are primarily conducted by Disability Determination Services (DDS) offices located in each State,[2] whose administrative costs are funded by SSA. SSA's field offices (FO) send CDR cases to the DDS offices throughout the year for processing. SSA initiates these CDRs for various reasons, including: (1) routine scheduling of a medical review (this is sent out as a "direct release");[3] (2) responses to a CDR mailer indicate that the individual's medical condition has improved; (3) receipt of information that an individual's condition has improved and/or the individual has been working (this is sent out as a "work CDR"); or (4) testing the reliability of SSA's systems and/or verifying assumptions through a full medical review.

SSA's folder processing centers send the case folders (which contain background and medical information on the individual) selected for a CDR to the appropriate FO for development. FO personnel review the information in the case folders, interview the individuals, and update pertinent facts in the folders prior to sending the cases to the DDS offices for full medical reviews. DDS medical examiners, using information in the case folders, determine if additional tests are necessary. Based on this information, a determination is made as to whether the individual is still disabled according to current medical criteria. The DDS office prepares a *Cessation or Continuance of Disability or Blindness Determination and Transmittal* at the end of each review to provide information on the medical review, including a decision as to whether the individual is still disabled. An electronic version of this form is transmitted daily to the National Disability Determination Services System (NDDSS) maintained by SSA. This data base maintains information on all full medical CDRs conducted nationwide. See Figure A-1 for a flow chart of the CDR direct release process.

[2] DDS offices shown in SSA's workload reports are located in all 50 States, the District of Columbia, Guam, and Puerto Rico.

[3] SSA classifies medical impairments into one of three periodic CDR categories: medical improvement expected (which generally necessitates a review every 6 to 18 months); medical improvement possible (which generally necessitates a review every 3 years); and medical improvement not expected (which generally necessitates a review every 5 to 7 years).

Figure A-1: Direct Release CDR Process



Note: Work CDRs would be initiated at the field offices.

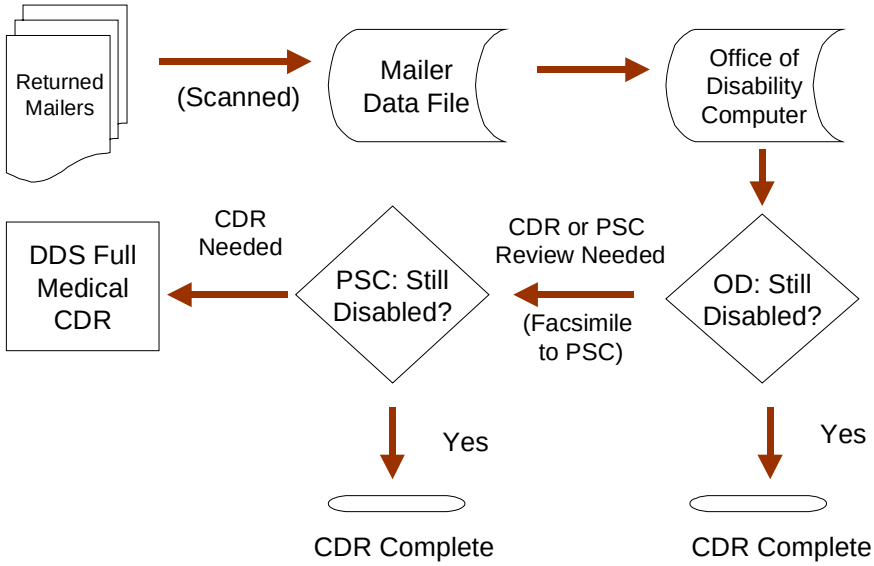
CDR Mailer Questionnaires

Another method for determining the disability status of an individual is through a CDR mailer. CDR mailers are electronically readable forms similar to other mass questionnaires released by SSA. The mailer asks six questions and can be sent in English or Spanish. The mailer asks whether the beneficiaries/recipients have been employed, attended school or training, been told by a doctor whether they can work or not, have gone to a doctor or clinic for treatment, or have been hospitalized or had surgery. The individual only needs to check a box to answer each of these questions.

The mailer process consists of two steps: a profiling system that uses data from SSA's records to determine the likelihood of medical improvement for disabled beneficiaries, and the individuals' responses to the mailer questionnaire. Only individuals determined to have a low likelihood of medical improvement are sent mailers. Cases that are profiled as having a mid-range to high likelihood of medical improvement are scheduled for full medical CDRs rather than mailer questionnaires.

CDR mailers are printed and mailed by a private contractor according to a schedule prepared by SSA's Office of Disability (OD). Once completed by the beneficiaries/recipients, the mailers are returned to SSA's Data Operations Center (DOC) where the scanning operation is performed (see Figure A-2 for a flowchart of CDR mailer data processing).[4]

Figure A-2: CDR Mailer Data Processing



DOC clerks review the returned mailers for completeness and identify those that are unsigned, incomplete, or undeliverable. The majority of the mailers are processed by a combination of optical scanning equipment and manual keying. The mailers that can not be processed in the DOC must be referred to a program service center (PSC) for action. Reasons that a mailer would be referred to a PSC include: the form is damaged, the beneficiary died or moved to a foreign address, or information submitted does not pertain to the mailer questions, but does impact the individual's claim.

[4] The DOC also processes change of address actions, re-mails undeliverable mailers, and scans the returned mailers.

After this initial screening, a mailer may also be referred to a PSC when it contains: (1) lengthy remarks related to an individual's current work or disability status; (2) doctor's notes or other relevant attachments; (3) indications of work activity; or (4) remarks in a foreign language. PSC examiners will make final determinations on these mailers.

The DOC transmits data containing the complete scanned data base to OD daily. OD then utilizes computer programming to determine whether to: (1) defer a full medical CDR and reset the medical diary that schedules the next CDR; or (2) refer the case for a full medical CDR or further PSC review. In the case of a deferral, SSA sends a notice to the beneficiary letting him or her know that no further review will be needed at that time. If the case is referred for a full medical CDR, OD will forward the mailer information to the appropriate PSC for processing and routing to the relevant FO. In some cases, PSC staff will investigate the mailer questionnaire information before making a final determination as to whether a full medical CDR is necessary.

CDR Control File

SSA has also developed a CDR tracking system, the Continuing Disability Review Control File (CDRCF), to assist SSA in managing the increasing number of CDRs mandated by legislation. This system is used to notify FOs that routine CDRs are due, indicate that CDR mailers have been initiated, track the progress of the various CDRs, and interface with other SSA systems to update the individuals' records. The CDRCF also shares information with the NDDSS. Although the CDRCF covered only SSI CDRs up until the end of Fiscal Year (FY) 1999, SSA has since expanded the capability of the system to also include DI and concurrent CDRs.[5]

SSA's CDR Performance Indicator

GPRA requires SSA to establish performance measures for its major business functions. SSA chose the number of periodic CDRs performed annually as a performance indicator under GPRA. The workload goals for FYs 1997 through 2000 are shown in Table A-1.

Table A-1: CDR Workloads Under GPRA (FYs 1997-2000)

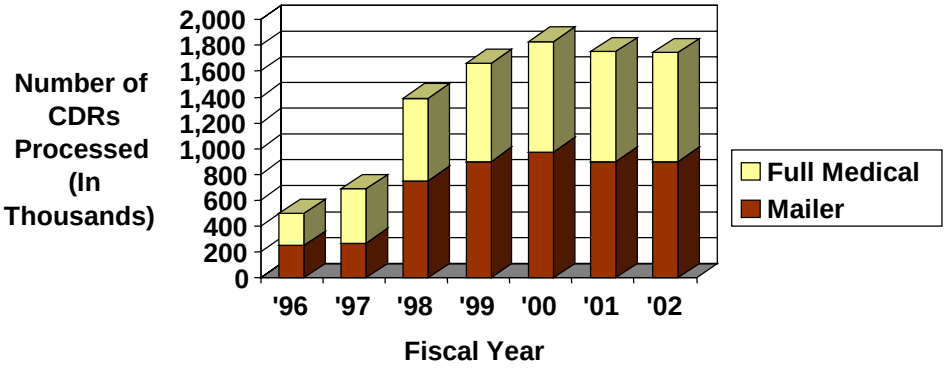
Periodic CDRs Processed	FY 1997	FY 1998	FY 1999	FY 2000
GPRA Goal	603,000	1,245,000	1,637,000	1,804,000
SSA Reported	690,478	1,391,889	1,703,414	NA

Source: SSA's FY 1999 Accountability Report.

[5] Concurrent cases relate to individuals receiving both DI and SSI benefits.

In its most recent Annual Report of CDRs, submitted to Congress on October 8, 1999, SSA stated that it processed 1,391,889 periodic CDRs during FY 1998.[6] SSA also stated that the cost to process these CDRs was $462 million. In August 1996, SSA issued a 7-year plan to eliminate the backlog of overdue CDRs by FY 2002. This plan was updated in March 1998 to accommodate changing workloads. The CDRs performed or planned under the latest plan through FY 2002 are shown in Figure A-3.

Figure A-3: SSA's 7-Year CDR Plan



Note: Numbers for FYs 1996 - 1998 represent actual counts reported by SSA.

[6] The 1,391,889 CDRs consisted of 642,506 full medical CDRs and 749,383 CDR mailers.

SCOPE AND METHODOLOGY

The objective of this review was to assess the reliability of the Social Security Administration's (SSA) performance data used to measure the number of continuing disability reviews (CDR) conducted during Fiscal Year (FY) 1998.

To test the full medical CDR count reported by SSA, we:

- obtained from the Office of Disability (OD) a National Disability Determination Services System (NDDSS) data file containing the CDR records input during FY 1998;

- removed Welfare Reform childhood redeterminations from the NDDSS data file so that it would represent work and periodic CDRs only;

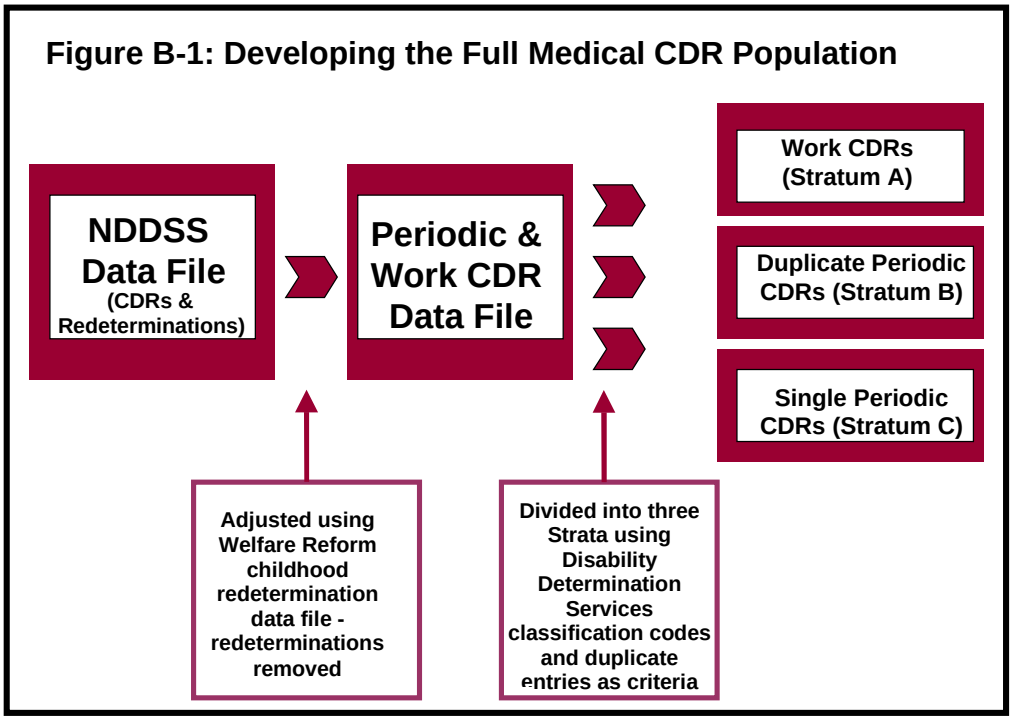
- stratified these CDR records, based upon NDDSS classification coding, into (1) "work CDRs" (stratum A), (2) multiple occurrence periodic CDRs (stratum B), and (3) single occurrence periodic CDRs (stratum C);

- selected a random sample of 200 records (50 from stratum A, 50 from stratum B, and 100 records from stratum C);

- requested from SSA copies of the medical files that supported the CDR decisions for each of these sample cases;

- determined for each sample case whether: (1) the contents of the medical folder supported SSA's claim that a CDR had been performed and (2) the Master Beneficiary Record (MBR), Supplemental Security Record (SSR) and/or Continuing Disability Review Control File (CDRCF) had been properly updated to reflect the decision on the case; and

- projected the confirmed periodic CDRs within each stratum to the population (shown on page B-3).



To test the CDR mailer count reported by SSA, we:

- obtained from OD a data file containing the 739,690 Social Security numbers of individuals who had their CDRs deferred in FY 1998 due to mailers;
- randomly selected a sample of 100 records (stratum D) from this deferred group;
- requested from SSA a computer-generated mailer facsimile for each selected record;
- determined for each sample record whether: (1) a completed questionnaire had been recorded by SSA's computer system and (2) the MBR, SSR and/or CDRCF had been properly updated to reflect the decision on the case;
- projected the results of our sample to the deferred CDR mailer population (shown on page B-3); and
- selected 50 Disability Insurance mailer questionnaires from a Baltimore warehouse, obtained a computer-generated mailer facsimile for each sample item, and determined whether: (1) the information on the questionnaire matched the facsimile information, (2) each mailer had been properly signed, and (3) the MBR had been properly updated to reflect the decision on the case.

In conducting this audit, we also:

- reviewed a copy of SSA's FY 1998 Annual Report on CDRs to determine what SSA had reported for full medical CDRs and CDR mailers processed during FY 1998;

- interviewed OD staff to determine how the CDR numbers were being used and reported;

- contacted both Disability Determination Services and field office personnel to obtain updated information on sample cases where we had questions; and

- reviewed pertinent laws and regulations related to CDRs.

CDR Sample Results and Projections

	Full Medical Reviews			Mailers -	
	Strata A	Strata B	Strata C	Strata D	Total
Population Size	24,647	9,645	614,954	739,690	1,388,936
Sample Size	50	50	100	100	300
Sample Results – Number of confirmed periodic CDRs	3	50	96	100	249
Projection – Periodic CDRs conducted in FY 1998	1,479	9,645	590,356	739,690	1,341,170
Projection Lower Limit					1,317,378
Projection Upper Limit					1,364,962

Note 1: The point estimate for full medical CDRs is the combined total of strata A, B and C, or 601,480 CDRs.

Note 2: All precision figures were calculated at the 95-percent confidence level.

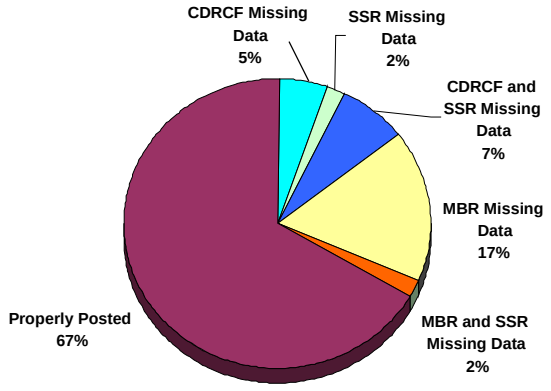
We did not review the internal control procedures associated with processing the CDRs. Controls related to the NDDSS and associated full medical CDRs were the subject of an earlier Office of the Inspector General (OIG) review.[1] We also plan to review the CDR mailer process and related controls in a future audit. We performed our review in Baltimore, Maryland and Boston, Massachusetts between April and December 1999. We conducted our review in accordance with generally accepted government auditing standards.

[1] See SSA/OIG A-01-98-94003, "Performance Measure Review: Periodic Full Medical Continuing Disability Review Data Collection," September 1999.

OTHER MATTERS

In reviewing the continuing disability review (CDR) cases, we also determined for each sample case whether the Master Beneficiary Record (MBR), Supplemental Security Record (SSR) and/or the Continuing Disability Review Control File (CDRCF) had been properly updated to reflect the Disability Determination Services (DDS) office's decision. The MBR and SSR are the Social Security Administration's (SSA) primary data bases for all individuals receiving Disability Insurance (DI) and Supplemental Security Income (SSI) payments, respectively. Both the MBR and the SSR include data related to an individual's eligibility for payments, the nature of any disability, an individual's payment status, and other information. The CDRCF was developed to assist SSA in managing the increasing number of CDRs and redeterminations mandated by legislation.[1] This system is used to notify field offices when a review is due, track the progress of the review, and interface with other SSA systems to update the recipients' records. The MBR, SSR and CDRCF are updated with CDR information generated by the DDS office conducting the review.[2]

Figure C-1: MBR, SSR and CDRCF Posting of Stratum C Cases



We found that information for 33 of the 100 periodic CDR sample items in stratum C were not properly posted to the MBR, SSR, and/or the CDRCF.[3] For the DI cases in our sample, DDS decisions were not properly posted to the MBR in 19 cases. Of the SSI cases, DDS decisions were not properly posted to the SSR in 11 cases. Specifically, we found that DDS decisions were either missing, incorrectly posted, or never updated on the MBR and/or SSR.

[1] Program Operations Manual System DI 40503.004.

[2] Although the National Disability Determination Services System remains the primary management information system used at the national level to monitor CDR and redetermination workloads, the proper recording of review results on other systems, such as the MBR, SSR and the CDRCF, is important since these systems are also used by SSA staff to review post-entitlement activities.

[3] We only discuss stratum C which represents single-occurrence periodic CDRs since this was the most relevant stratum and represents the majority of the CDRs conducted by SSA. This stratum represents 42 DI-only cases, 44 SSI-only cases and 14 concurrent cases. A concurrent case would be posted to both the MBR and SSR.

Our review of the sample cases also found that DDS decisions on 12 of the SSI cases initially alerted through the CDRCF were not properly posted to the CDRCF. In particular, information on initial decisions for 10 cases and appeals information for another 2 cases was either missing or incorrect. Seven of these 12 cases also had SSR posting errors, as shown in Figure C-1 under "CDRCF and SSR Missing Data."

Although the CDRCF covered only SSI CDRs and redeterminations during Fiscal Year (FY) 1998, SSA recently expanded the capability of the system so that it also includes DI and concurrent reviews. As a result, any uncorrected problems noted in FY 1998 may be magnified in the future since SSA has expanded the system. We believe that incomplete CDR data in the information management systems weakens the ability of SSA's managers to properly monitor CDRs in progress and the post-entitlement status of DI beneficiaries and SSI recipients.

RELEVANT CONTINUING DISABILITY REVIEW LEGISLATION

LEGISLATION	DATE ENACTED	PROVISIONS	PROGRAM INVOLVED
Section 221(i) of the Social Security Act	Act amended on June 9, 1980 by Public Law (P.L.) 96-265; on January 12, 1983 by P.L. 97-455, and on November 10, 1988 by P.L. 100-647	1) Report to Congress annually on the results of periodic continuing disability reviews (CDR) required to be performed on a beneficiary at least once every 3 years. 2) Report to Congress annually with respect to determinations that the Commissioner has made, on a State-by-State basis, to waive the requirement that the continuing eligibility of disability beneficiaries with nonpermanent disabilities be reviewed at least once every 3 years.	Disability Insurance (DI) DI
Social Security Independence and Program Improvements Act of 1994 (P.L. 103-296)	August 1994	1) Conduct medical reviews on at least one-third of individuals attaining age-18 each year during Fiscal Years (FY) 1996 through 1998. Report to Congress by October 1, 1998. (Note A) 2) Conduct at least 100,000 CDRs annually on Supplemental Security Income (SSI) recipients for the period October 1995 through September 1998. Report to Congress by October 1, 1998.	SSI SSI
Contract with America Advancement Act of 1996 (P.L. 104-121) (Note B)	March 1996	1) Conduct redeterminations by January 1, 1997 for beneficiaries for whom Drug Addiction and/or Alcoholism (DAA) is a contributing factor material to the finding of disability and who timely appealed their termination based on DAA. 2) Report to Congress annually for FYs 1996 through 2002 on the amount of money spent on CDRs, the number of reviews conducted by category, the results of such reviews by program and the estimated savings by program over the short-, medium- and long-term.	DI/SSI DI/SSI

LEGISLATION	DATE ENACTED	PROVISIONS	PROGRAM INVOLVED
Personal Responsibility and Work Opportunity Reconciliation Act of 1996 (P.L. 104-193) (Note C)	August 1996	1) Redetermine eligibility for children considered disabled based on an individualized functional assessment and/or maladaptive behavior. (Note D) 2) Conduct CDRs once every 3 years for recipients under age 18 whose impairments are likely to improve (or, at the option of the Commissioner, recipients whose impairments are unlikely to improve). 3) Conduct CDRs not later than 12 months after birth for low birth-weight babies. (Note D) 4) Redetermine eligibility during the individuals 18th year using the adult initial eligibility criteria. (Note D) 5) Report to Congress annually on the SSI program, including in the report data on the number of redeterminations and CDRs, and the outcomes of such reviews.	SSI SSI SSI SSI SSI
Balanced Budget Act of 1997 (P.L. 105-33)	August 1997	1) Extends current 12-month period to 18 months for redetermining the disability of children under age-18 under the new comparable severity standard and/or maladaptive behavior standards. 2) Permits the Social Security Administration (SSA) to schedule CDRs for low birth-weight babies at a date after the first birthday if the Commissioner determines the impairment is not expected to improve within 12 months of the child's birth. 3) Provides SSA with the authority to make redeterminations of disabled childhood recipients who attain age-18, using the adult eligibility criteria, more than 1 year after the date such recipient attains age-18.	SSI SSI SSI

Notes:
(A) Repealed by P.L. 104-193.
(B) The legislation also authorized funds to be spent on performing the required periodic CDRs in addition to the normal workload: for FY 1996, $260 million; for FY 1997, $360 million; for FY 1998, $570 million; and for FY 1999 though FY 2002, $720 million annually.
(C) The legislation authorized $150 million in FY 1997 and $100 million in FY 1998 in additional funds to assist with these mandates. The legislation also requires eligibility redeterminations for non-citizens.
(D) Provisions modified by the Balanced Budget Act of 1997.

APPENDIX E

AGENCY COMMENTS

COMMENTS ON THE OFFICE OF THE INSPECTOR GENERAL (OIG) DRAFT REPORT, "PERFORMANCE MEASURE REVIEW: RELIABILITY OF THE DATA USED TO MEASURE CONTINUING DISABILITY REVIEWS" (A-01-99-91002)

We appreciate the opportunity to comment on this report. We are pleased OIG found that the Social Security Administration (SSA) provided reliable data for Fiscal Year (FY) 1998 for the Government Performance and Results Act (GPRA) indicator for the number of periodic continuing disability reviews (CDR) processed. Our comments on the report recommendations are provided below.

Recommendation 1

Maintain records to support all CDRs performed as part of its GPRA goal so that a third party can fully assess the reliability of SSA's reporting.

Comment

We agree that the management information systems that support SSA's CDR process should be strengthened. Over the last year, SSA has contracted with Lockheed Martin to document the CDR automated processes and build the management information controls necessary to provide a better documented audit trail. We believe that this enhancement of our management information systems will ensure that a third party can fully assess the reliability of SSA's reporting. We expect this effort to be completed by December 31, 2000.

Recommendation 2

Provide information on the methodology used to validate the CDRs measured for the performance indicator.

Comment

We agree. As stated in our response to the first recommendation, we are working with Lockheed Martin to document the CDR automated processes and build the necessary management information controls. We believe that once this effort is completed, the results will fully satisfy this recommended action.

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