

GAO

Report to the Ranking Member, Subcommittee on Oversight of Government Management, the Federal Workforce, and the District of Columbia, Committee on Homeland Security and Governmental Affairs, U.S. Senate

May 2008

FEDERAL DISABILITY PROGRAMS

More Strategic Coordination Could Help Overcome Challenges to Needed Transformation



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Highlights

Highlights of [GAO-08-635](#), a report to the Ranking Member, Subcommittee on Oversight of Government Management, the Federal Workforce, and the District of Columbia, Committee on Homeland Security and Governmental Affairs, U.S. Senate

Why GAO Did This Study

In 2003, GAO designated federal disability programs as a high-risk area because federal disability programs remained grounded in outmoded concepts that have not been updated to reflect the current state of science, medicine, technology, and labor market conditions. In addition, the Social Security Administration (SSA) and the Department of Veterans Affairs (VA) faced management challenges, especially with their disability claims processing. Further, disability experts have expressed concerns about the level of coordination among the many federal agencies that provide benefits and services to individuals with disabilities.

GAO was asked to determine: (1) what steps SSA and VA have taken to modernize their disability programs and (2) to what extent SSA and VA coordinate with other federal agencies that provide services to individuals with disabilities. To do this, GAO reviewed literature, agency strategic plans and performance and accountability reports, and interviewed agency officials.

What GAO Recommends

GAO suggests that Congress, in consultation with key agencies and other stakeholders, consider authorizing an entity consisting of leaders from appropriate federal agencies to develop a cost-effective federal strategy that would integrate services and support to individuals with disabilities. The agencies reviewed our report and provided technical comments.

To view the full product, including the scope and methodology, click on [GAO-08-635](#). For more information, contact Daniel Bertoni at (202) 512-7215 or bertonid@gao.gov.

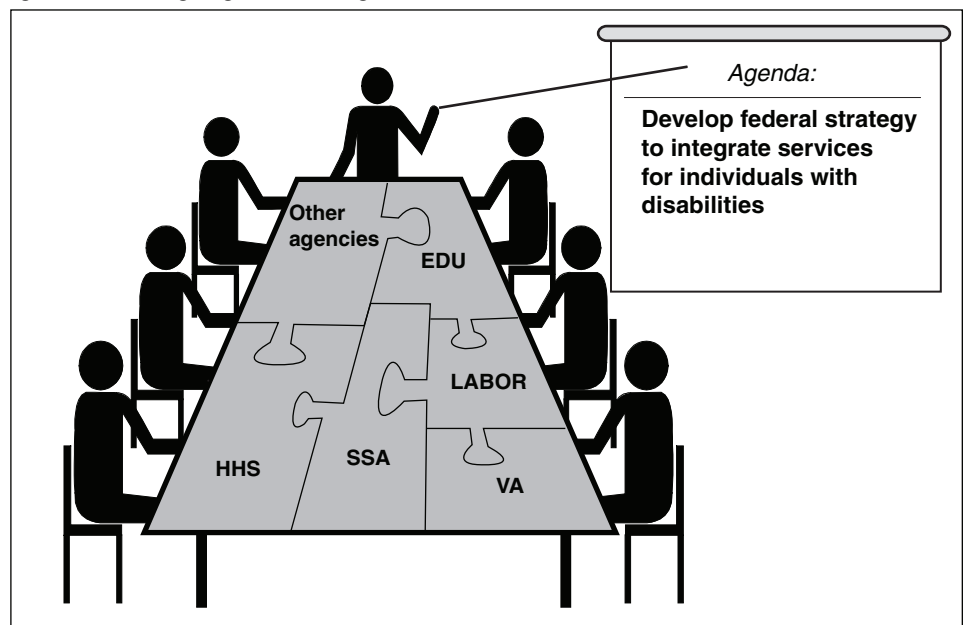
FEDERAL DISABILITY PROGRAMS

More Strategic Coordination Could Help Overcome Challenges to Needed Transformation

What GAO Found

SSA and VA have taken some initial steps to recognize a more modern concept of disability, but both agencies still encounter challenges in fully assessing an individual's capacity to work and in addressing claims processing problems. SSA and VA have revised some eligibility criteria to reflect medical advances and to support beneficiaries' efforts to return to work and achieve self-sufficiency. However, their revisions to eligibility criteria fall short of fully incorporating a modern understanding of how technology and labor market changes should impact eligibility for disability benefits and return-to-work rates remain low. The low return-to-work rates may be due, in part, to the timing in which certain supports are offered to beneficiaries. However, the timing of services are constrained by several factors, including program design, laws, and the agencies' limited span of authority over benefits and services offered by other agencies. Finally, although SSA and VA are taking steps to address management challenges, both agencies continue to experience delays in processing disability claims and persistent backlogs.

Agencies Working Together to Integrate Services for Individuals with Disabilities



Source: GAO analysis; Art Explosion (images).

SSA and VA disability programs partner with other federal agencies that provide services to individuals with disabilities on specific initiatives, but governmentwide coordination of cross-cutting programs is lacking. For example, SSA and VA have partnered with specific agencies to support employment-related services, conduct research, and improve the integrity and operation of their disability programs, among other things. While interagency partnerships may help to improve some programs, individuals with disabilities and the programs serving them continue to operate without a centralized federal strategy or a coordinating entity to ensure federal policies, services, and supports are aligned.

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Abbreviations

CMS	Centers for Medicare and Medicaid Services
DDS	Disability Determination Services
DI	Disability Insurance
Education	Department of Education
HHS	Department of Health and Human Services
IDCC	Interagency Disability Coordinating Council
Labor	Department of Labor
NCD	National Council on Disability
NIH	National Institutes of Health
SGA	substantial gainful activity
SSI	Supplemental Security Income
SSA	Social Security Administration
VA	Department of Veterans Affairs
VDBC	Veterans' Disability Benefits Commission
VETS	Veterans' Employment and Training Services
VR&E	Vocational Rehabilitation and Employment Program

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United States Government Accountability Office
Washington, DC 20548

May 20, 2008

The Honorable George V. Voinovich
Ranking Member
Subcommittee on Oversight of Government Management,
the Federal Workforce, and the District of Columbia
Committee on Homeland Security and Governmental Affairs
United States Senate

Dear Senator Voinovich:

In 2005, the Social Security Administration (SSA) and the Department of Veterans Affairs (VA) collectively provided over \$150 billion in cash benefits to individuals with disabilities and their families. During this timeframe, these agencies provided cash assistance to approximately 12.8 million SSA beneficiaries and 2.6 million VA beneficiaries. SSA and VA disability programs are expected to grow as baby boomers enter their disability-prone years and service members injured in the line of duty, including those returning from conflicts such as Operation Iraqi Freedom and Operation Enduring Freedom, apply for benefits. Both SSA and VA have experienced difficulty processing their disability claims workload, resulting in large backlogs and long waits for claimants seeking benefits.

GAO designated federal disability programs as a high-risk area in 2003. In particular, our prior work found that three of the largest disability programs in SSA and VA relied on outmoded criteria for determining program eligibility that did not fully reflect advances in medicine and technology or changes in the labor market. As a result, SSA's and VA's disability programs may not recognize an individual's full potential to work. While SSA and VA disability programs differ in the purpose and populations they serve, they face similar challenges in making complex determinations about individuals with impairments and their capacity to work in today's labor market.

Although SSA and VA are the largest providers of disability benefits, over 20 agencies and almost 200 federal programs provide benefits and services to individuals with disabilities. The Department of Education (Education), the Department of Labor (Labor), the Department of Health and Human Services (HHS), and the Centers for Medicare and Medicaid Services (CMS), an agency within HHS, are among the agencies that provide assistance for those with disabilities. Historically, these agencies have

overseen a multitude of stand-alone services, including vocational rehabilitation, employment assistance, and health care. However, disability experts and advocates have expressed concerns about the level of coordination among the many federal agencies that provide benefits and services to individuals with disabilities and the effect this may have. Additionally, disability experts have noted that there is no agreement on the desired outcomes that these agencies together should achieve. With increasing expenditures, a growing beneficiary population, and the number of programs involved with providing assistance to individuals with disabilities, the importance of modernizing and effectively coordinating federal disability programs is greater than ever.

In light of these challenges, you asked us to determine (1) what steps SSA and VA have taken to modernize their disability programs and (2) the extent to which SSA and VA have coordinated with other federal agencies that provide services to individuals with disabilities.

To identify the steps that SSA and VA have taken to modernize their disability programs, we conducted a literature review using prior GAO reports, studies conducted by SSA's and VA's Inspectors General, and position papers and testimonies from various agencies, groups, and commissions (including the National Council on Disability (NCD), the Social Security Advisory Board, the Institute of Medicine, and the Veterans' Disability Benefits Commission). In addition, we reviewed SSA and VA internal documents and interviewed knowledgeable SSA and VA officials to obtain information on the current process and status of incorporating present-day medical advances and labor market conditions into their disability eligibility criteria. We also interviewed agency officials and reviewed agency documents to learn about the range of SSA's and VA's planned and ongoing return-to-work initiatives. To determine the extent to which SSA and VA coordinate with Education, Labor, HHS, and CMS, within HHS, on programs that serve individuals with disabilities, we analyzed SSA's and VA's performance plans and memorandums of understanding and interviewed officials from each of these agencies to ascertain the nature and extent of their collaboration. The details of our scope and methodology are in appendix I.

We conducted this performance audit from May 2007 to May 2008 in accordance with generally accepted government auditing standards. Those standards require that we plan and perform the audit to obtain sufficient, appropriate evidence to provide a reasonable basis for our findings and conclusions based on our audit objectives. We believe that the evidence

obtained provides a reasonable basis for our findings and conclusions based on our audit objectives.

Results in Brief

SSA and VA have taken some initial steps to revise eligibility criteria to reflect medical advances and to support beneficiaries' efforts to return to work and achieve self-sufficiency, but challenges remain with adequately identifying an individual's capacity to work. SSA and VA also continue to face challenges with providing timely interventions to support return to work and addressing claims processing challenges, such as large backlogs. In 2002, we reported that SSA's and VA's eligibility criteria were outdated. Since then, SSA has implemented a new process for updating its eligibility criteria and has made changes to one-half of its 14 body systems—criteria based on each of the major body systems, such as respiratory and neurological—to reflect medical advances. In that same time period, VA has made changes to 1 of its 16 body systems. While both agencies are updating their eligibility criteria to stay current with medical advances, the updating of criteria fall short of fully incorporating a modern understanding of how technology and labor market changes should impact the agencies' determination of individuals' eligibility for disability benefits. Moreover, although SSA and VA have been modifying their programs to better support beneficiaries' efforts to return to work, both agencies continue to have low return-to-work rates, perhaps due, in part, to the timing in which certain supports are offered to beneficiaries. Some experts have suggested that earlier access to vocational rehabilitation and health care might improve return-to-work rates. However, constraints, including the program design, laws, and the agencies' limited span of authority over benefits and services offered by other agencies, may hinder SSA and VA from providing this earlier access. Finally, although SSA and VA are taking steps to address claims processing challenges, both agencies continue to experience delays in processing disability claims and have persistent backlogs.

SSA and VA disability programs partner with other federal agencies that provide services to individuals with disabilities on specific initiatives, but governmentwide coordination of cross-cutting programs, which experts and agency officials believe could improve program efficiency and effectiveness, is lacking. SSA and VA have partnered with specific agencies to support employment-related services, conduct research, and improve the integrity and operation of their disability programs, among other things. For example, VA established an interagency agreement with Labor to facilitate employment supports for their beneficiaries. However, in establishing such partnerships, both SSA and VA have encountered challenges, such as restrictions on data sharing. Additionally, policies and programs serving individuals with

disabilities were developed over many years, with differing missions and eligibility criteria, creating a patchwork of federal policy and program initiatives without a unified set of national goals. Previous congressional and executive initiatives to address these issues have had limited success. As a result, individuals with disabilities and the programs serving them are operating without a centralized federal strategy or a coordinating entity to ensure policies, services, and supports are aligned.

We are submitting a matter for congressional consideration. In order to ensure that federal disability policy is clearly stated, programs and policies are better coordinated, and to reduce the possibility of inefficiencies and duplication of programs, we are offering options for Congress, in consultation with key stakeholders, to consider authorizing a coordinating entity consisting of leadership from appropriate federal agencies to develop a cost-effective federal strategy to integrate services and support for individuals with disabilities. A successful coordinated federal effort should include defining and articulating common outcomes and establishing mutually reinforcing joint strategies among federal agencies to achieve identified goals. Further, clear agreement on agency roles and responsibilities and agency accountability for collaborative efforts will be critical to success. SSA, VA, HHS, Education, and Labor reviewed draft copies of this report and provided us with technical comments that we have incorporated as appropriate.

Background

SSA and VA administer the largest federal disability programs, which have grown in size, cost, and complexity. SSA and VA provide cash assistance to individuals with a reduced capacity to work due to impairment; however, the programs differ in their intent and eligibility criteria.

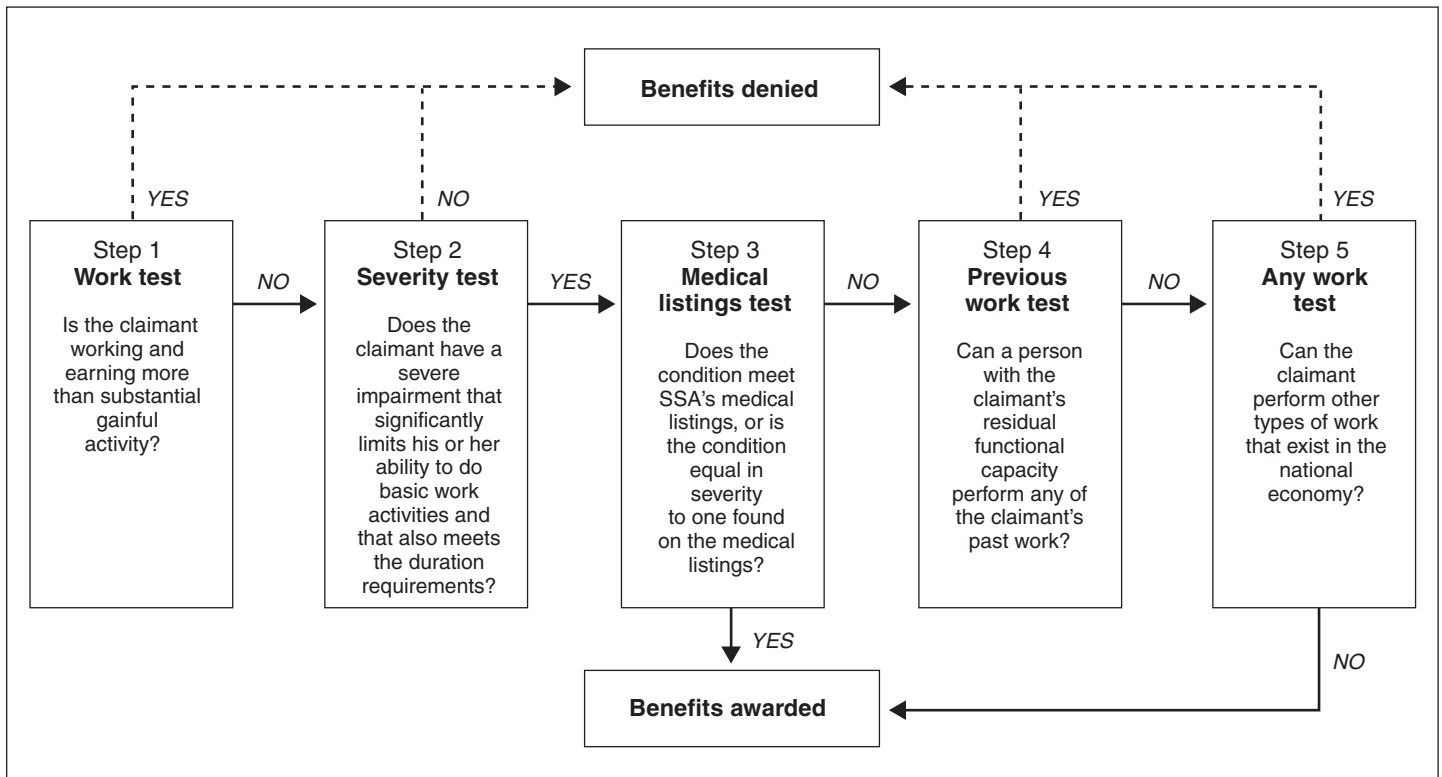
- SSA administers two disability programs: the Disability Insurance (DI) program, enacted in 1956, and the Supplemental Security Income (SSI) program, enacted in 1972. The DI program provides income for persons who have a Social Security work record. The amount of benefits is related to prior earnings levels. The SSI program provides monthly benefits to people with limited income and resources, who are disabled, blind, or age 65 or older. Blind or disabled children, as well as adults, can receive SSI. Initial determinations for disability benefits are made at state agencies called Disability Determination Services (DDS). If an applicant is initially denied benefits, he or she generally has three levels of appeal available within SSA: reconsideration (also administered at DDS), hearing (overseen by an administrative law judge), and Appeals Council. In order to be eligible for DI or SSI disability benefits, an individual must have a

medically determinable physical or mental impairment that (1) has lasted or is expected to last at least 1 year or to result in death and (2) prevents the individual from engaging in substantial gainful activity (SGA).¹ SSA uses a five-step process to evaluate an adult applicant's eligibility for disability benefits (see fig. 1).² Once an applicant meets the first two criteria outlined above, SSA looks to the Listings of Impairments (also known as the medical listings), which describes medical conditions that are determined by the agency to be severe enough to qualify an applicant as disabled as defined by law and eligible for benefits. At the end of October 2007, nearly 8.9 million disabled workers and their dependents were receiving DI benefits, and nearly 6.2 million individuals with disabilities received federally administered SSI payments.

¹A person who is earning more than a certain monthly amount is ordinarily considered to be engaging in substantial gainful activity. In 2008, SGA is \$940 per month for individuals with disabilities, not including blindness. For blind individuals, the SGA in 2008 is \$1,570.

²SSA uses a different three-step process for children who apply for payments based on disability under SSI. For individuals who are already receiving benefits, SSA also uses a different process when it decides whether the individual's disability continues to meet the eligibility requirements for disability benefits. However, all of these processes include steps at which SSA considers whether an impairment meets or equals the medical listings.

Figure 1: SSA's Five-Step Process for Determining Disability



Source: GAO analysis of SSA data.

- VA's disability program compensates veterans for the average loss in earning capacity in civilian occupations that result from injuries or conditions incurred or aggravated during military service.³ VA uses a Schedule for Rating Disabilities (ratings schedule) as its set of criteria for determining if a veteran is eligible for disability benefits. VA determines the disability benefit level using a "percentage evaluation," commonly called the disability rating, which represents the average loss of earning capacity associated with the severity of physical or mental conditions, regardless of current employment status or income. In addition to cash assistance, VA provides disabled veterans with health care, vocational rehabilitation, and other employment-related services.

³VA also has a pension program that compensates certain veterans with low incomes who are permanently and totally disabled, or are age 65 and older.

As of 2006, 2.7 million veterans were receiving VA disability compensation, totaling \$26.6 billion.

SSA and VA disability beneficiaries may obtain assistance from other federal agencies for services, such as vocational rehabilitation, health care, and employment-related assistance. These agencies include Education, Labor, HHS, and CMS, an agency within HHS. All of these programs can differ in the populations they intend to serve and in the specific approaches they use to assess program eligibility. SSA and VA beneficiaries may receive the following benefits and services, among others:

- *Vocational rehabilitation and employment-related assistance.* Individuals with disabilities, including SSA and VA beneficiaries, can obtain vocational rehabilitation services from providers, such as state vocational rehabilitation agencies, funded by Education's Rehabilitation Services Administration. Labor also provides employment-related services to individuals with disabilities through its workforce investment system, such as employment and training services to eligible veterans through its Veterans' Employment and Training Service (VETS). VA's Vocational Rehabilitation and Employment Program (VR&E) provides a variety of employment-related services exclusively for veterans.
- *Medical care.* CMS, as part of HHS, provides medical benefits to individuals with disabilities primarily through two programs: Medicare and Medicaid. Medicare provides health coverage to almost all Americans aged 65 or older, as well as people with disabilities who qualify for assistance. Medicaid provides access to health care services for certain individuals and families with low incomes and resources, including SSI beneficiaries. VA provides health care to its veterans through the Veterans Health Administration, which is a part of the VA.

Congress has taken actions to encourage federal efforts to promote employment and self-sufficiency for individuals with disabilities by creating new programs and expanding existing programs that often span multiple federal agencies. For example, in 1999, Congress passed the Ticket to Work and Work Incentives Improvement Act⁴ to support individuals with disabilities' efforts to work by increasing beneficiaries' choices for rehabilitation and vocational services, reducing disincentives to work, and providing options for continuing health care coverage. The

⁴Pub. L. No. 106-170 (1999).

Act established the Ticket to Work Program, a voluntary program that provides eligible SSA beneficiaries with a “ticket” voucher that can be used to access employment services and supports. The Act also established certain programs to provide work incentives for SSA beneficiaries. For example, in recognition of health care being an important factor for many SSA disability beneficiaries, the Act allowed DI beneficiaries who earn above SGA levels to maintain Medicare coverage for up to 93 months following the end of a trial work period. The Act also established a state option to offer a Medicaid buy-in program for workers with disabilities.

Our prior work has examined SSA and VA modernization efforts, including exploring the extent to which these agencies are using updated medical, workforce, and economic information to inform their program eligibility criteria and steps the agencies were taking to improve the timeliness and accuracy of their claims evaluation process. We determined that SSA’s and VA’s disability programs were grounded in outmoded concepts of disability and that both agencies had difficulty managing their programs, including addressing a growing backlog of pending claims. We found that SSA’s and VA’s disability criteria had not been updated to reflect the current state of science, medicine, technology, and labor market conditions. In addition, we found both SSA and VA have lengthy disability claims processing times and limited assurance of the accuracy and consistency of disability decisions. As such, in 2003 GAO designated federal disability programs as a high-risk area.⁵

Concerns about SSA’s and VA’s disability programs have generated reviews by multiple other entities. These entities have provided various recommendations on how SSA and VA can incorporate present-day concepts into their programs, increase coordination with other programs, and improve service. Such entities include NCD, an independent federal agency that provides recommendations to the President and Congress to promote policies, programs, practices, and procedures that guarantee equal opportunity for individuals with disabilities.⁶ Other

⁵GAO, *High-Risk Series: An Update*, [GAO-03-119](#) (Washington, D.C.: January 2003).

⁶NCD is composed of 15 members appointed by the President and confirmed by the U.S. Senate. In compliance with NCD’s authorizing statute, the President selects members of NCD after soliciting recommendations from representatives of organizations representing a broad range of individuals with disabilities and organizations interested in individuals with disabilities.

recommendations have been formulated by the Institute of Medicine of the National Academies, the Social Security Advisory Board, the Ticket to Work and Work Incentives Advisory Panel, the Veterans' Disability Benefits Commission, and the Commission on Care for America's Returning Wounded Warriors. (See app. II for more information about these entities.) Each of these groups was formed by executive or congressional recommendation to review VA's and SSA's disability programs. Some of these groups, such as the Commission on Care for America's Returning Wounded Warriors, were formed to review a program for a limited period of time, while others, such as the Social Security Advisory Board, were formed without a sunset date, allowing them to provide ongoing guidance on specific disability programs.

SSA and VA Have Taken Steps to Modernize Their Disability Programs, but Fully Recognizing Capacity to Work, Providing Timely Return-to-Work Initiatives, and Addressing Claims Processing Issues Remain Challenging

SSA and VA have taken some initial steps to revise eligibility criteria in their disability programs, but three key challenges remain: incorporating a modern understanding of an individual's capacity to work, providing timely interventions to support return to work, and addressing growing claims processing challenges. SSA and VA have made some revisions to their eligibility criteria, but both agencies are, to some extent, still relying on outdated concepts. These outdated concepts continue to equate medical severity with an inability to work and may not adequately take into account technological advances that provide a wider range of employment options for individuals with disabilities in today's labor market. While SSA and VA have been modifying their programs to better support beneficiaries' efforts to return to work, both agencies continue to have low return-to-work rates, perhaps due, in part, to the timing in which supports and interventions are given to their beneficiaries. Both agencies also continue to face challenges with processing their disability claims in a timely manner and reducing growing backlogs.

SSA and VA Face Challenges with Fully Incorporating Medical, Technological, and Labor Market Changes into Their Eligibility Criteria

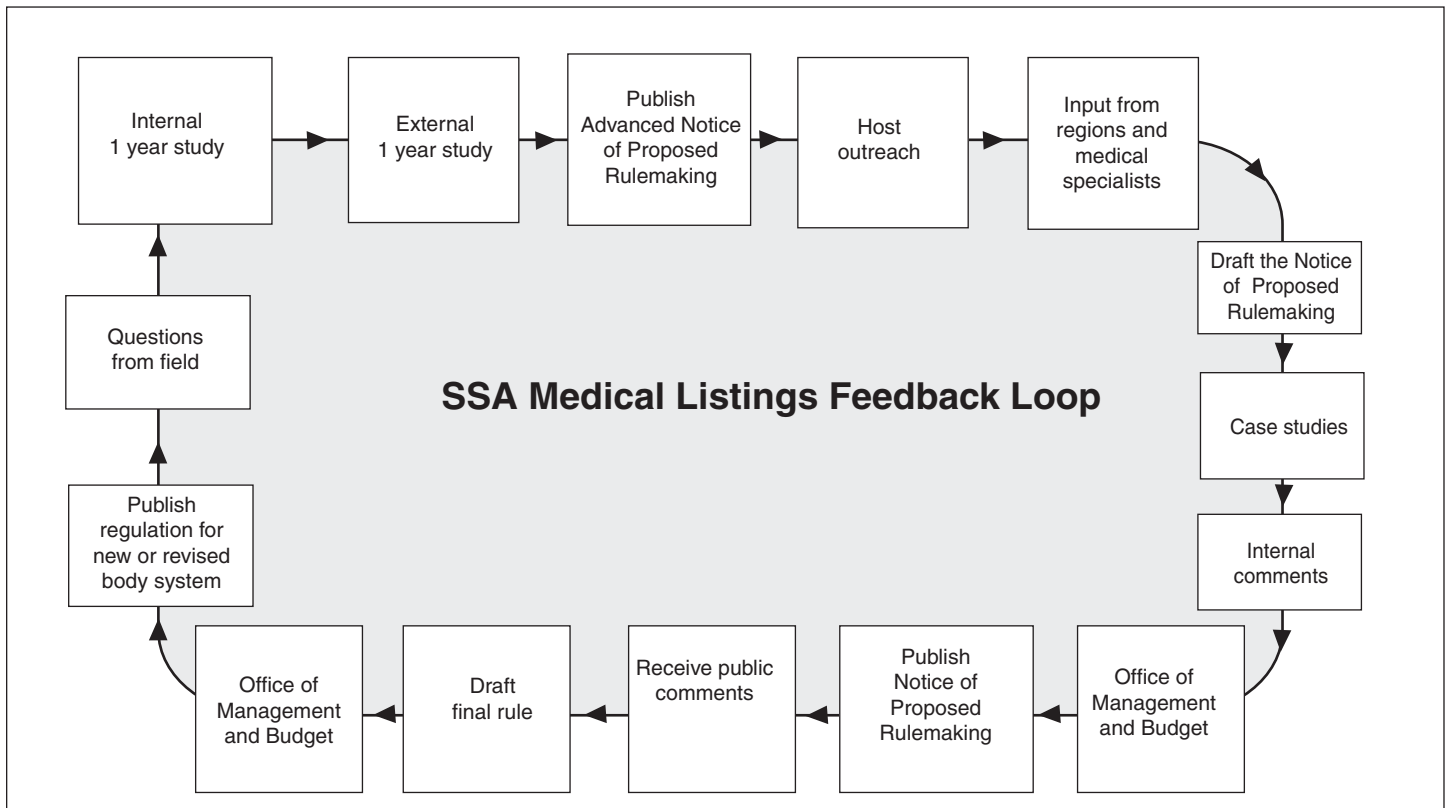
SSA and VA have revised some of their eligibility criteria to reflect medical advances but continue to face challenges with fully incorporating all of the factors that should play a critical role in eligibility criteria—medical, technological, and labor market changes. In 2002, we reported that both SSA and VA were slow to incorporate medical advances into their criteria and did not have specific time frames for making their updates.⁷ Since then, SSA began using an outreach-based model to update its medical listings. As shown in figure 2, under this model, SSA incorporates feedback from multiple parties, including medical experts and disability examiners, to update their medical criteria. As of January 2008, SSA officials told us they had completed updating an additional seven body systems and expect to finish the remaining seven body system updates by mid-2010.⁸ However, SSA officials told us that their release dates on the updates could change based on the review process. With regard to VA's eligibility criteria, in 2002 we reported that VA had completed 11 of 16 body systems updates. Since then, VA has completed updating 1 additional body system.⁹ VA officials did not have specific timelines for updating the remaining body systems, in part, because VA is awaiting results from an ongoing external study being conducted by Economic Systems, Inc. The study, which is expected to be completed in August 2008, is assessing VA's entire disability system, which could impact how they revise their eligibility criteria. Additionally, VA officials cited other reasons for the uncertainty surrounding the estimated completion of the remaining updates, including the lack of staff available to make updates and a lengthy internal and external review process.

⁷GAO, *SSA and VA Disability Programs: Re-Examination of Disability Criteria Needed to Help Ensure Program Integrity*, GAO-02-597 (Washington, D.C.: Aug. 9, 2002).

⁸SSA and VA categorize their medical criteria based on each of the major body functions. SSA's has 14 adult and 15 child body systems, and VA's has 16.

⁹Since 2002, VA completed partial updates of the musculoskeletal, respiratory, and neurological body systems.

Figure 2: SSA's Medical Listings Feedback Loop



Source: GAO analysis of SSA data.

Although SSA and VA continue to update their medical eligibility criteria, the updates do not always account for technological advances or labor market changes that affect an individual's potential to work. Historically, severe medical conditions were often considered to be reliable indicators of one's ability to function in the workplace. However, in the years since SSA's and VA's disability programs were created, jobs in our workforce and the availability of technological assistance have changed. These technological advances and labor market changes provide more opportunities for some individuals with disabilities to participate in the workforce. For example, the Social Security Advisory Board reported that jobs in the manufacturing sector accounted for over 40 percent of the jobs in the U.S. economy in the mid-1950s, as compared to 18 percent in 2002. In an economy that relied so heavily on physical labor, the severity of one's medical condition, in many instances, may have been an appropriate indicator of one's capacity to work. Because the U.S. economy has shifted from a manufacturing-based economy to a service- and knowledge-based economy, assessing the degree to which a

medical condition limits an individual's ability to participate in the workforce becomes more complex. Additionally, as technology advances, people with medical impairments may be able to use technology to help them perform job functions. For example, voice recognition could make it easier to work in the current economy if an individual had an impairment that limited their ability to use a computer keyboard. Medical severity as measured by clinical findings alone may not reflect one's ability to function in the workplace, considering the availability of assistive devices and new workplace technology.

SSA's medical listings do not consistently reflect one's ability to work in the current labor market, and as a result, individuals with disabilities may not receive an accurate assessment of their potential to participate in the workforce. If individuals meet the criteria set forth in the medical listings, they become automatically eligible for disability benefits. While the medical listings were originally established to serve as an objective proxy for determining disability, they do not consistently evaluate an individual's capacity to function in today's work setting with accommodation. Rather, the listings equate medical severity with the incapacity to function in the workplace. Generally, SSA applicants provide hospital records and other medical documentation to support a medical condition. However, at this stage in the decision-making process, applicants generally are not required to support how the medical condition translates into an inability to work. In its 2007 report, the Institute of Medicine noted that as medical treatments and assistive technologies advance, the medical listings will become less and less useful.¹⁰ The Institute of Medicine recommended that SSA consider one's capacity to function in the workplace at the step in which the medical condition is assessed using the medical listings (see fig. 1).

SSA is also using outdated labor market data to assess what job opportunities exist for applicants with disabilities who do not automatically qualify for benefits based on the medical listings. SSA uses a database that has not been updated since 1991 to determine if there are any jobs in the national economy that would allow the individual applying

¹⁰Institute of Medicine of the National Academies, *Improving the Social Security Disability Decision Process* (Washington, D.C., 2006).

for disability benefits to participate in the workforce.¹¹ Given the changes in the types of jobs available in the current labor market, it is not likely that SSA's eligibility criteria accurately reflect the potential job opportunities for individuals with medical impairments. SSA officials told us that they recognize that they are using an outdated database and are beginning to research how to update labor market data. The officials also told us that collecting more current and accurate data on the national economy was expensive. However, they are beginning discussions with the National Institutes of Health (NIH), an agency within HHS, to learn how they may obtain more accurate information on the types of activities that are required for employment in various sectors of the U.S. economy. SSA has entered into an interagency agreement with NIH to assess, among other things, the functional limitations that prevent an individual from working.

Similar to SSA, VA has not fully incorporated the changing economy or advances in technology into its ratings schedule. Disability decisions are based on the ratings schedule, which is intended to reflect how a service-connected medical impairment might translate into a loss in earnings for the average person. VA's system is intended to provide payment for veterans with service-connected disabilities, regardless of his or her ability to overcome the disability and participate in the workforce. As a result, the majority of veterans receiving disability compensation are partially or fully employed. Because the ratings schedule assigns percentage ratings to indicate the expected percentage decrease in earning capacity for the average person, an understanding of how a medical impairment affects one's earnings is essential to VA's system for determining disability. However, VA's understanding of the impact on earnings is based on the labor market as it existed in 1945. While VA has made some changes to its ratings schedule to account for medical advances, it has generally not re-examined the estimates of how impairments affect veterans' earnings in today's economy. As such, VA could be misinterpreting the impact of a medical impairment on a veteran's earning capacity. VA expects that the study being conducted by Economic Systems,

¹¹Labor and SSA worked collaboratively to define work that was meaningful for the disability program. The information was used to create the Dictionary of Occupational Titles (DOT) and its companion publication, the Selected Characteristics of Occupations (SCO)—two sources of information that SSA currently uses to understand work in the national economy. However, after the last publication of DOT and SCO in 1991, DOL created a new database, O*Net. SSA concluded that O*Net descriptions of work are not meaningful for disability evaluations.

Inc. will include proposals on the appropriate compensation for veterans with disabilities in the twenty-first century labor market.

SSA and VA Are Taking Steps to Support Return to Work and to Provide More Timely Interventions but Have Encountered Challenges with Achieving Successful Employment Outcomes

SSA and VA have a number of initiatives to encourage and support beneficiaries' efforts to return to work, but these efforts have not resulted in high return-to-work rates. One SSA initiative, the Ticket to Work and Self-Sufficiency (Ticket) Program, has been operational since 2002. The voluntary Ticket Program provides SSA beneficiaries with a "ticket" that can be used as a voucher to obtain vocational rehabilitation, employment, or other support services from a variety of sources—traditional state vocational rehabilitation agencies, as well as SSA-approved public or private providers known as employment networks. According to SSA, as of August 2007, 1.4 percent of eligible beneficiaries had participated in the program. Over the years, SSA has experienced difficulty implementing the Ticket Program, especially in the areas of recruiting an adequate number of employment networks to provide rehabilitative services and in recruiting program participants. To help address some of these issues, SSA has proposed new regulations to encourage employment networks to participate in the program and to make it easier for beneficiaries to use the Ticket Program.¹² According to SSA officials, these new regulations will be finalized in May 2008.

In addition to the Ticket Program, SSA has other initiatives to help beneficiaries return to work. Some initiatives, such as the Trial Work Period, help some beneficiaries maintain their disability income while they transition into employment. The Trial Work Period allows DI beneficiaries to work for 9 months in a 60-month rolling period without earnings affecting their disability benefits. Other initiatives were designed to help beneficiaries better understand the impact of employment on their benefits. For example, the Work Incentives Planning and Assistance Organizations projects are community-based organizations that receive grants from SSA to provide all SSA disability beneficiaries with free access to work incentives planning and assistance that can help beneficiaries make better and more informed choices about work and its potential effect on benefits from a variety of assistive programs, including those from SSI, DI, Medicaid, and Food Stamps. (See app. III for more information on work incentives provided by SSA.)

¹²The proposed regulations would revise the payment scheme for employment networks, which is expected to increase their participation. The proposed regulations are also expected to encourage greater beneficiary participation by increasing the number of rehabilitation providers available to them.

Despite SSA's initiatives over the years to help beneficiaries return to work, few actually do. In a 2004 evaluation of the Ticket Program, Mathematica Policy Research, Inc. reported that less than 0.5 percent of beneficiaries on SSA's disability rolls returned to work. A number of factors beyond the severity of beneficiaries' impairments could contribute to the low return-to-work rate, including when disability beneficiaries are offered services. Vocational rehabilitation experts believe that rehabilitation has the best chance for success if offered early, while individuals still have a strong attachment to working and may also have a continuing relationship with an employer. However, under the current design of SSA's Ticket Program, vocational rehabilitation is offered to beneficiaries after they have gone through the lengthy disability application process and have had to provide adequate documentation supporting their case for why they cannot work. Additionally, SSA does not provide "tickets" to individuals who they have determined to be most likely to have an improvement in their medical status and who might return to work until these individuals have been re-evaluated for continued eligibility.¹³ Furthermore, some experts believe that SSA would have better success with its return-to-work efforts if beneficiaries received earlier access to health care and had access to health care after they returned to work. Under current eligibility requirements, Medicare is offered to DI beneficiaries only after they have been receiving DI benefits for 24 months. Additionally, premium-free Medicare benefits are only available for a limited amount of time after beneficiaries return to work. Disability experts and advocates have cited beneficiaries' fears of losing health care coverage as a major disincentive to returning to work. While the timing in which vocational rehabilitation and health care are offered could have an effect on beneficiary return-to-work rates, SSA does not have the authority to address these issues alone. To make any changes in the design of these programs will, in some cases, require a change in law and, in other cases, a multiagency coordinated strategy that would consider the potential costs of expanding vocational rehabilitation and health care.

SSA is conducting some demonstration projects to research various interventions' impacts on return-to-work rates. One demonstration project—the Accelerated Benefits Demonstration—is designed to test whether providing immediate health benefits and employment supports to certain newly entitled DI beneficiaries might result in higher return-to-work rates. SSA officials are conducting this study over a 5-year period to

¹³SSA is proposing to remove this delay in issuing tickets to beneficiaries whose medical condition is expected to improve.

determine what effect earlier access to health care may have on the participants' return-to-work rates. In another demonstration—the Youth Transition Demonstration—SSA is conducting a 9-year study to understand if providing additional support to youth with disabilities as they transition from school to work prevents them from becoming long-term adult disability beneficiaries. In this demonstration, states were awarded grants to provide a broad array of transition-related services and supports to SSI and DI applicants and children as they left school and either pursued post-secondary education or entered the workforce.

Like SSA, VA also offers services and assistance to help veterans with disabilities gain self-sufficiency and return to work. Under VA's Vocational Rehabilitation and Employment (VR&E) Program, eligible veterans can obtain assistance with job-related services. In May 2006, VA revised VR&E and established a new five-track service delivery system to address the varying levels of support that veterans with service-connected disabilities may need. The goal of this system is to place veterans as quickly as possible into a track of service that is most appropriate to meet their employment or independent living goals. Also, similar to SSA, veterans generally first go through a lengthy application process for disability benefits before becoming eligible for services through VR&E. After becoming eligible for VA benefits, a VA counselor and the veteran applicant decide which of the five tracks are appropriate. (See table 1 for a description of the five tracks to employment.)

Table 1: VA's Five Tracks to Employment

Track to employment	Description of track
Re-employment	This track is designed for those individuals separating from active duty or in the National Guard or Reserves and who are now returning to work for their previous employer.
Rapid access to employment	Rapid access to employment is targeted to those individuals who have expressed a desire to seek employment soon after separation or who already have the necessary skills to be competitive in the job market in an appropriate occupation.
Employment through long-term services	Long-term services are targeted to individuals who need specialized training or education to obtain and maintain suitable employment.
Self-employment	Self-employment is targeted to individuals who have limited access to traditional employment, need flexible work schedules, or who need a more accommodating work environment due to their disabling conditions or other life circumstances.
Independent living	Independent living services are targeted to individuals who may not be able to work right now and need rehabilitation services to live more independently.

Source: VA program information.

To help veterans with job placement, VA has a number of initiatives and partnerships underway. For example, VA has both formal and informal agreements with various employers so that veterans with specific skills and interests may have easier access to employment opportunities with those employers. VA also has some early outreach efforts, such as the Coming Home to Work Initiative, to help veterans gain work experience while they are early in their recovery. Through this initiative, among other services, participants can work with a vocational rehabilitation counselor to obtain unpaid work experience with the federal government.

While VR&E has several new initiatives to help veterans return to work, it is unclear how many of their program participants meet their employment and independent living goals established upon entering the program. In its 2007 Performance and Accountability Report, VA reported that 73 percent

of its program participants were rehabilitated.¹⁴ However, in a December 2007 report, the VA Inspector General stated that in this percentage, VA excluded the majority of veterans participating in VR&E.¹⁵ Specifically, VA did not include veterans who discontinued participation in the program without a written rehabilitation plan. In a sample of cases, the VA Inspector General reported that if VA included all of the veterans who participated in the program—including those who did not have a written plan for rehabilitation—the rehabilitation rate would have been 18 percent.¹⁶ In its 2007 report, the Veterans' Disability Benefits Commission (VDBC) makes a similar point. The VDBC reported that in 2006, VR&E rehabilitated about 12,000 of its nearly 91,000 active cases.¹⁷ While many of the active cases may have been for veterans who were still in the process of reaching their rehabilitation goals, the VDBC report points out that VR&E has continued to rehabilitate the same number of people per year, even though the number of participants in their programs has grown. Many factors could contribute to these trends in rehabilitation, including VA staffing shortages and veterans dropping out of the program. VA is conducting some research to understand how to better serve its beneficiaries in reaching their rehabilitation goals, including those who dropped out of the program. In 2005, VA began its Veterans Employability Research Study. The purpose of the Veterans Employability Research

¹⁴VA defined the rehabilitation rate based on a formula. Specifically, the rate is the number of disabled veterans who successfully complete VA's vocational rehabilitation program and acquire and maintain suitable employment and the number of veterans with disabilities for whom employment is infeasible but who obtain independence in their daily living with assistance from the program, divided by the total number leaving the program—both those rehabilitated plus discontinued cases with a plan developed in one of three case statuses (independent living, rehabilitation to employability, or employment services). To determine the actual rate, this number is then subtracted from the number of individuals who benefited from, but left, the program and have been classified under one of three "maximum rehabilitation gain" categories: (1) the veteran accepted an employment position incompatible with disability limitations, (2) the veteran is employable but has informed VA that they are not interested in seeking employment, or (3) the veteran is not employed and not employable for medical or psychological reasons.

¹⁵VA Office of Inspector General, *Audit of Vocational Rehabilitation and Employment Program Operations* (Washington, D.C., December 2007).

¹⁶The VA Inspector General used statistical sampling techniques to determine the sites to be visited and the cases to be reviewed. The purpose of the statistical sample was to allow projection of results over the entire VA Regional Office site that was visited and for all Regional Offices, if necessary. The study also used statistical sampling techniques to randomly select a sample of 1,377 cases.

¹⁷VDBC analysis of Veterans Benefits Administration, *Annual Benefits Report Fiscal Year 2006*.

Study is to obtain information on veterans who discontinued or interrupted their VR&E participation. VA plans to use the data from this study to determine factors impacting program completion rates, veteran employability, and the types of interventions that might enable veterans to stay in the program. Additionally, the study will compare these veterans with veterans who successfully completed the program, as well as with all other veterans.

SSA and VA Continue to Face Challenges Managing Their Disability Claims Process

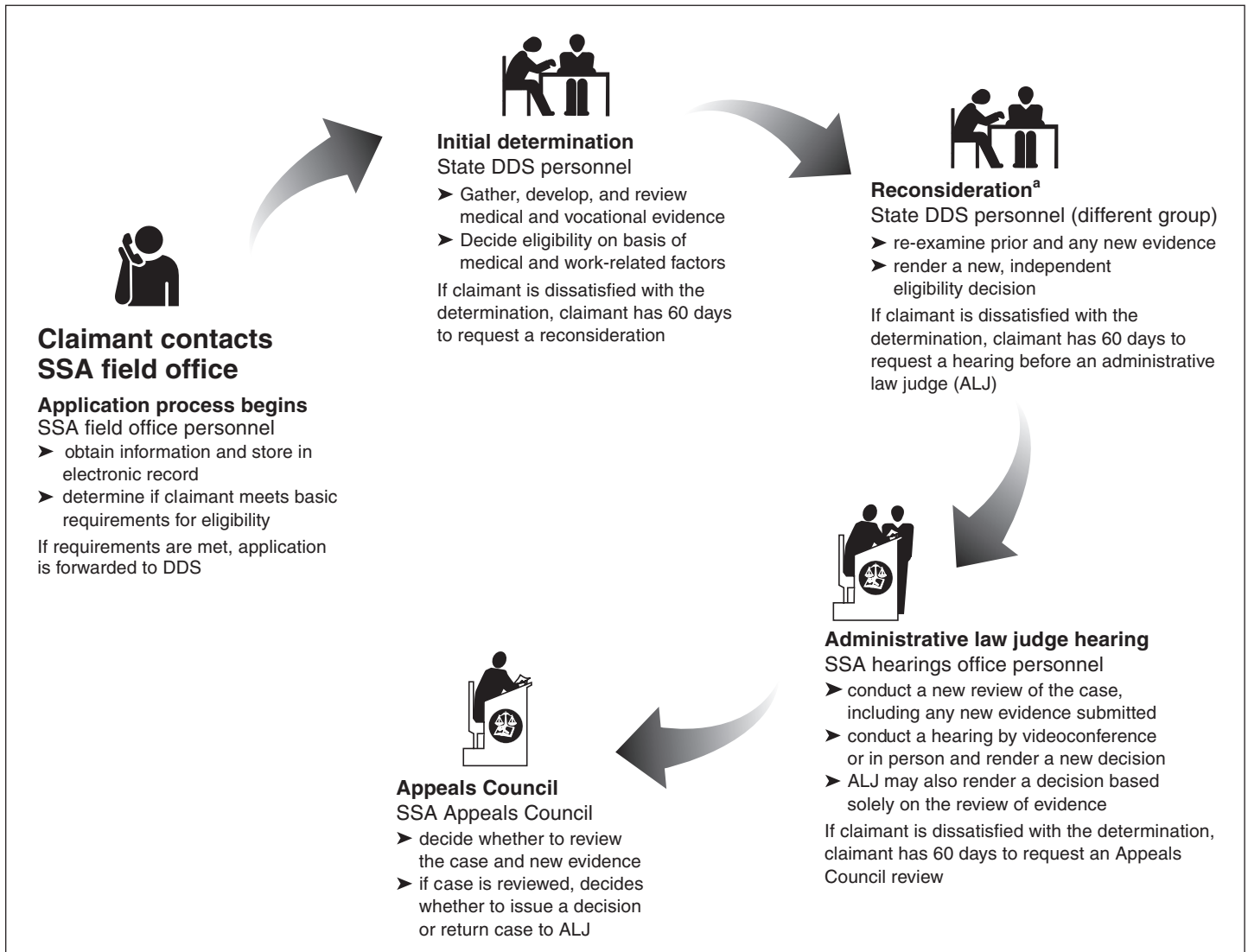
As SSA and VA continue to work on modernizing their eligibility criteria and programs, both agencies also continue to face challenges with processing disability claims in a timely manner and reducing their backlogs. In December 2007, we reported that the backlogs of SSA disability claims doubled from fiscal years 1997 through 2006, reaching about 576,000 cases.^{18, 19} Backlogs have occurred at each stage of the claims process, and over the 10-year time frame, they have increased at all stages, except at the Appeals Council.²⁰ (For a description of the various stages in the claims process, see fig. 3.) The greatest backlog—exceeding 415,000 and accounting for 72 percent of the total backlog—was at the hearings level, which is the third of the four stages in SSA’s disability claims process. Backlogs at this level increased rapidly after almost being eliminated from fiscal year 1997 through 1999. This increase can be attributed, in part, to initiatives that were not successfully implemented, staffing challenges, and large numbers of requests for hearings from applicants who had been denied benefits at previous levels of the claims process. Additionally, from 1997 to 2006, the average time for processing a disability claim increased in three of the four stages, most significantly at the hearings level. The average amount of time required to render a hearing decision rose from 386 days in fiscal year 1997 to 483 days in fiscal year 2006.

¹⁸GAO, *Social Security Disability: Better Planning, Management, and Evaluation Could Help Address Backlogs*, GAO-08-40 (Washington, D.C.: Dec. 7, 2007).

¹⁹SSA uses a relative measure to determine the backlog by considering how many cases should be pending at year-end. The number of pending claims at year-end that exceed these numbers represents the backlog.

²⁰We could not compute the number of claims backlogged at the reconsideration stage because SSA has not established an optimal level of pending claims that would allow computation of the backlog.

Figure 3: Stages in SSA's Claims Process



Source: GAO analysis of SSA data; Art Explosion (images).

^aIn 1999, SSA eliminated the reconsideration step in 10 states (Alabama, Alaska, Colorado, Louisiana, Michigan, Missouri, New Hampshire, New York, Pennsylvania, and in the Los Angeles area of California) as part of an initiative. In these states, claimants who wish to appeal their initial DDS determination must appeal for review before an administrative law judge. As of August 2006, New Hampshire discontinued participation in this initiative so that it could participate in another initiative specific to the Boston region.

Over the years, SSA has introduced several initiatives to improve processing times and decrease backlogs, but poor execution of these initiatives may have contributed to an even greater increase in the backlogs. For example, in fiscal year 2000, SSA introduced the “Hearings Process Improvement” initiative to reduce the number of appeals by improving the review at the hearing level. This initiative resulted in the promotion of some staff that had formerly been responsible for assembling claims documents for hearings. However, SSA did not fill the vacancies that were created as a result of these promotions. Additionally, the automated systems that were necessary to support the full implementation of this initiative were never put in place. The hearing backlog increased from under 12,000 claims in fiscal year 1999 to almost 136,000 by the end of fiscal year 2001.

Another contributing factor to the growing backlogs was SSA’s loss of key personnel. For example, SSA experienced reductions in administrative law judges who conduct hearings and the staff who support them. The Commissioner of SSA has noted that the agency required at least 1,250 administrative law judges to properly handle the hearings workload, but in fiscal year 2006, SSA had 1,018 administrative law judges available to conduct hearings. Additionally, in fiscal year 2006, the ratio of support staff to administrative law judges was the lowest it had been in 10 years. SSA officials stated that budget constraints were a key contributor to these staffing shortages and the backlog. Further, SSA experienced a 21 percent increase in initial disability applications from fiscal year 1997 to 2006, receiving over 2 million applications in fiscal year 2006. In April 2008, the Commissioner of SSA testified that SSA was in the process of hiring an additional 175 ALJs. Additionally, SSA officials told us that the ratio of support staff to administrative law judges increased in fiscal year 2007.

SSA has taken a number of steps to address the claims backlog across all levels of the process. These steps include enhancing its electronic processing system, reallocating workloads, and increasing hearing office capacity. In 2007, SSA published its most recent plan to eliminate the hearing backlog and prevent its recurrence, which outlined its strategies for improving hearing office procedures, increasing adjudicator capacity, and increasing efficiency. However, it is too early to report on the impact that these actions have had on the backlog.

Similarly, the number of VA disability claims awaiting an initial disability decision grew by more than 50 percent from 2003 to 2007; reaching about 392,000 claims (see table 2 for information on VA’s claims process).

Additionally, claims pending for more than 6 months more than doubled from about 47,000 to about 101,000 during that same time period. Several factors have contributed to the growing inventory of pending claims for VA. One contributing factor is that the agency has faced increases in the number of applications filed, including those filed by veterans returning from Iraq and Afghanistan. VA officials have also attributed the growing number of claims to their successful outreach efforts. Additionally, many new VA disability applications are filed with multiple conditions, requiring VA claims examiners to conduct a separate evaluation for each condition claimed. Like SSA, VA is taking steps to address its growing inventory of pending claims. Most recently, VA hired more claims examiners, including retired VA employees, to help provide training and to process the growing number of disability claims. VA officials expected the retired employees to help process and complete 23,000 claims in 2008. VA has also used other initiatives, such as brokering claims between offices to help manage its claims inventory. In 2007, VA announced an initiative to provide priority processing of disability claims for all Operation Iraqi Freedom and Operation Enduring Freedom veterans. Additionally, VA and the Department of Defense have begun a pilot program in which VA completes disability ratings for service members who have been found unfit for duty by the military services due to disability. Because VA rates disabilities while the service member is still in the military service, disability benefits can be awarded soon after the service member is discharged.

Table 2: VA Claims Processing Teams

Team	Description
Public contact	Answers telephone and in-person inquiries, refers claims to triage, and informs veterans of the status of their claims.
Triage	Reviews, controls, processes, and routes all incoming mail. If claim can be resolved immediately without a claims folder, the triage team does so.
Predetermination	Develops claims. Tasks include requesting and obtaining all evidence needed to support a claim.
Rating	Makes decisions on rating-related claims.
Postdetermination	Approves the establishment of benefits, authorizes payments to beneficiaries, and notifies claimants of the Veterans Benefits Administration's decisions.
Appeals	Processes appeals and remands of regional office decisions.

Source: Veterans Benefits Administration.

SSA and VA Are Making Efforts to Partner with Other Federal Agencies, but Governmentwide Coordination of Cross-Cutting Programs Is Lacking

SSA and VA disability programs partner with Education, Labor, HHS and CMS, an agency within HHS, on specific programmatic initiatives to support employment-related services and research and improve the integrity and operation of their disability programs.²¹ However, agency officials cite challenges to interagency partnerships and coordination of programs across the federal government. Experts have stated that while interagency partnerships and collaborations are helping to improve some programs providing benefits and services, an integrated system of services to support individuals with disabilities is needed.

SSA and VA Disability Programs Partner with Other Agencies on Specific Initiatives, but Face Challenges to Coordination

SSA's and VA's interagency partnerships generally take place on a case-by-case basis between other agencies' programs for specific purposes, such as supporting beneficiaries' and veterans' efforts to return to work and attain self-sufficiency.²² For example, VA's VR&E signed a national memorandum of understanding with Labor's Veterans' Employment & Training Service (VETS) in 2005 to coordinate efforts to advance and expand employment opportunities for veterans with disabilities. These two programs have historically worked together to serve veterans, but in 2005, they developed an agreement to improve interagency collaboration and coordination. In our September 2007 report, we found that Labor and VA had implemented some elements of their agreement to coordinate efforts on the national level, such as establishing joint workgroups to address issues related to shared performance measures, staff training, and joint data collection. However, Labor and VA were still in the process of creating a plan to fully implement and assess the progress of the agreement and faced challenges to fully executing the agreement, such as data sharing restrictions and staffing limitations.²³ In another example of a

²¹We studied partnerships that SSA and VA have with these agencies because of the number of programs targeting individuals with disabilities within these agencies. VA primarily coordinates with the Department of Defense; however, we did not include the Department of Defense in this study because we have ongoing research on partnerships between VA and the Department of Defense.

²²Our analysis focused on partnerships between agencies at the federal level. While outside the scope of this report, SSA and VA may work with agencies at the state or local levels to support disability beneficiaries, such as state vocational rehabilitation agencies.

²³GAO, *Disabled Veterans' Employment: Additional Planning, Monitoring, and Data Collection Efforts Would Improve Assistance*, [GAO-07-1020](#) (Washington, D.C.: Sept. 12, 2007).

partnership to support efforts to return to work, SSA and Labor jointly established the Disability Program Navigator initiative in 2002 to better inform SSA beneficiaries and other individuals with disabilities about the work support programs available through Labor's workforce investment system.²⁴

SSA and VA also partner with other federal agencies to support research on ways to help beneficiaries return to work. For example, SSA developed a memorandum of understanding with Education to share data to promote research activities about beneficiaries who receive state vocational rehabilitation services funded by Education. According to SSA officials, these research initiatives generate information that helps inform policy, including ways to support current and potential beneficiaries' efforts to attain self-sufficiency. SSA and VA also participate in the Interagency Committee on Disability Research, which Congress created to facilitate the exchange of information on disability and rehabilitation research and coordinate research activities among federal agencies.²⁵ As part of this interagency committee, agencies have come together to discuss common challenges, such as barriers to accessing other agencies' data.

In addition to partnerships meant to support return-to-work initiatives, some interagency partnerships between SSA, VA, and other federal agencies focus on improving the integrity and operation of disability programs through data sharing efforts. With regard to improving program integrity, both SSA and VA have electronic data matching agreements with other agencies to prevent improper payments. For example, SSA and VA have a data matching agreement to provide VA with income tax return information disclosed to SSA to verify eligibility for certain VA benefit

²⁴The Disability Program Navigator initiative established a new position located within Labor's One-Stop Career Centers. As of May 2008, Labor stated that there were approximately 525 Disability Program Navigators located in state local workforce investment systems in 45 states, the District of Columbia, and Puerto Rico. The initiative's goals include developing new and ongoing partnerships to achieve seamless, accessible, comprehensive, and integrated access to services; creating systemic change; and expanding the workforce investment systems' capacity to serve customers with disabilities and employers.

²⁵The Interagency Committee on Disability Research facilitates the exchange of information on disability and rehabilitation research activities among its 20-plus member agencies and programs and coordinates activities that span the areas of assistive technology and universal design, medical rehabilitation, data and statistics, employment, and community participation. Participating agencies include Education, Labor, HHS, SSA, and VA. The director of Education's National Institute on Disability and Rehabilitation Research serves as chair of the committee.

programs. VA uses this data to determine continued eligibility for VA compensation and pension benefits.²⁶ With regard to improving program operations, SSA and VA have data sharing agreements with other agencies to enhance the efficiency of their administration of disability programs. For example, CMS and SSA share electronic data in order to assure that SSA beneficiaries receive Medicare benefits when they are legally entitled.

While SSA and VA recognize the value of partnering with other federal agencies, agency officials cited challenges to these interagency partnerships.²⁷ In establishing such partnerships, SSA and VA enter into memorandums of understanding with other agencies that officials said can be time-consuming to develop and renew. These officials stated that each federal agency had its own requirements and protocols for entering into formal agreements, which presented a challenge when agency procedures were incompatible. Agency officials also told us that because the process was so time-consuming, they were hesitant to enter into formal agreements with other agencies because resources were not available to establish the agreement. Officials noted that staff sometimes encountered difficulty sharing information because they may not know the appropriate contact person in another federal agency. In addition, officials noted that they experienced challenges with sharing data, in part, due to privacy concerns and differing data systems. Further, in facilitating joint services or research endeavors, SSA and VA face challenges related to legal restrictions on program activities and sharing appropriated funds. Officials also identified a reluctance for agencies to coordinate with one another due to concerns about losing control over scarce program funds and a lack of clear incentives to form partnerships.

²⁶As a result of this agreement, VA expects net savings of nearly \$13.5 million per year over the life of the agreement.

²⁷SSA's strategic plan for fiscal years 2006 to 2011 discusses ways they can increase employment for people with disabilities. Strategies include focusing on the improvement and expansion of the agency's partnerships with other federal and state agencies, community-based organizations, and other public agencies, as well as private individuals and groups who serve Social Security beneficiaries with disabilities. As part of VA's strategic plan for fiscal years 2003 to 2008, the agency aspires to meet the need of the nation's veterans and their families by, among other things, fostering partnerships with the Department of Defense and other federal agencies to leverage resources and enhance the quality of services provided to veterans.

Comprehensive Governmentwide Coordination of Cross-Cutting Disability Programs Is Lacking

Although agencies are partnering on a case-by-case basis, agency officials and experts have cited a lack of comprehensive coordination among the various federal programs that serve individuals with disabilities. In 2005, we identified more than 20 federal agencies and almost 200 programs that served individuals with disabilities in a multifaceted and complex manner. Although some of these programs had similar missions and provided similar types of assistance, they often differed in their eligibility criteria, and thus, served different populations. Our 2005 report also noted that these agencies and programs generally operated independently of one another and experienced difficulty communicating and coordinating with other programs serving individuals with disabilities.²⁸ Further, experts in a 2007 GAO Comptroller General’s forum identified fragmentation and duplication among disability programs and a need for strengthening partnerships and coordination of federal programs and policies serving individuals with disabilities.²⁹ Other entities, such as the Social Security Advisory Board and the Veterans’ Disability Benefits Commission have conducted studies of SSA and VA disability programs and consistently found that increased coordination between SSA, VA, and other federal agencies is needed to adequately serve individuals with disabilities.

Individuals with disabilities may experience the greatest impact of the decentralization and fragmentation of federal disability programs and policies (see fig. 4). In its 2007 final report to the President and Congress, the Ticket to Work and Work Incentives Advisory Panel found that individuals with disabilities encountered a myriad of policies and procedures from other systems that did not work in concert with one another and may even have worked at cross purposes.³⁰ For example, beneficiaries testifying before the panel shared frustration with their interactions with state vocational rehabilitation agencies, the Medicaid system, and Social Security field offices that did not understand one another’s policies. The panel found that despite these programs’ common mandated objective to improve employment outcomes and support self-

²⁸GAO, *Federal Disability Assistance: Wide Array of Programs Needs to be Examined in Light of 21st Century Challenges*, [GAO-05-626](#) (Washington, D.C.: June 2, 2005).

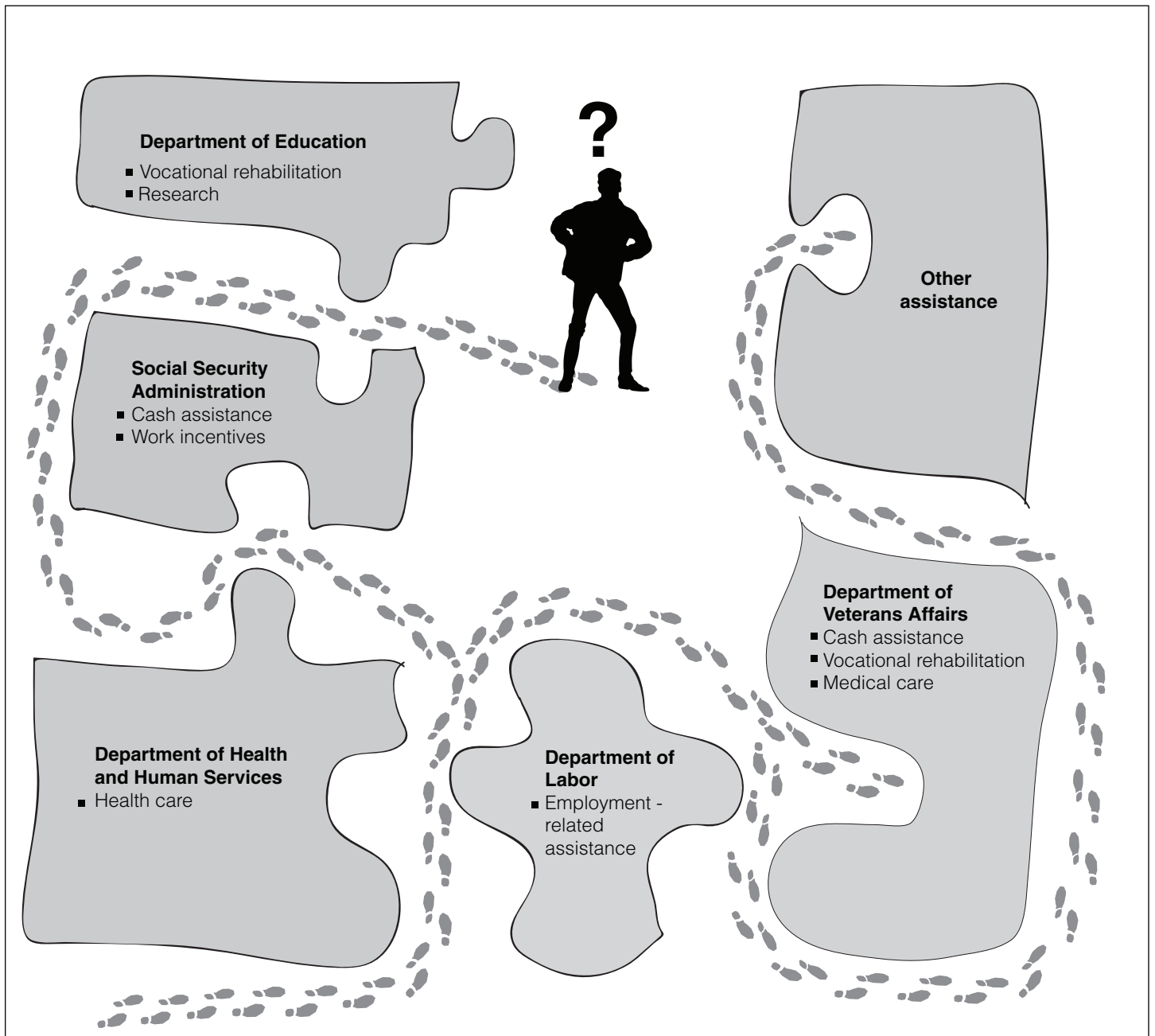
²⁹GAO, *Highlights of a GAO Forum: Modernizing Federal Disability Policy*, [GAO-07-934SP](#) (Washington, DC: Aug. 3, 2007).

³⁰See Ticket to Work and Work Incentives Advisory Panel, *Building on the Ticket: A New Paradigm for Investing in Economic Self-Sufficiency for People with Significant Disabilities, Final Report to the President and Congress, Year Eight of the Panel*, (Washington, D.C., December 2007).

sufficiency, the responsibility of navigating these different systems was placed on the beneficiary. Further, participants in National Council on Disability (NCD) focus groups and public forums affirmed the lack of coordination among multiple systems of support, as well as the complexity of the rules and regulations faced by beneficiaries. Beneficiaries navigating the system found that coordination and collaboration among vocational rehabilitation agencies, Labor's workforce development system, VA, and SSA were limited and typically did not provide a seamless system of support.³¹ Because individuals with disabilities may need a variety of services to seek or retain employment from various federal agencies, coordination of these activities is vital.

³¹See National Council on Disability, *Empowerment for Americans with Disabilities: Breaking Barriers to Careers and Full Employment* (Washington, D.C., Oct. 1, 2007).

Figure 4: Individuals with Disabilities Experience a Fragmented Federal Disability System



Source: GAO analysis; Art Explosion (images).

Disability policy and programs in the United States have been developed on an individual basis over many years, creating a patchwork of federal policy and program initiatives without a unified set of national goals. As a result, federal programs serving individuals with disabilities often have different legal mandates, funding streams, missions, eligibility criteria, and priorities for their programs and services. As we reported in March 2000, if agencies' missions and goals are not mutually reinforcing, reaching consensus on strategies and priorities is difficult.³² Additionally, without clear national goals, agencies may lack appropriate incentives to coordinate because of concerns about protecting jurisdiction over missions and control over resources. For example, many officials we interviewed said that agencies face challenges fulfilling prescriptive agency mandates for their particular programs with limited funds and staff and may not have adequate incentives to coordinate with other agencies if it appears they will lose resources as a result. To overcome these disincentives, agencies may need to reach consensus on the desired outcomes for the beneficiaries they are serving and the roles that each agency plays in achieving those outcomes. We have identified practices that have helped to enhance and sustain collaboration among federal agencies.³³ For example, establishing a shared purpose or common outcome that is consistent with agencies' respective goals and missions helps agencies to work across agency boundaries. Some specific practices include

- defining and articulating a common outcome;
- establishing mutually reinforcing or joint strategies;
- identifying and addressing needs by leveraging resources;
- agreeing on roles and responsibilities;
- establishing compatible policies, procedures, and other means to operate across agency boundaries;
- developing mechanisms to monitor, evaluate, and report on results;

³²GAO, *Managing For Results: Barriers to Interagency Coordination*, [GAO/GGD-00-106](#) (Washington, D.C.: Mar. 29, 2000).

³³GAO, *Results-Oriented Government: Practices That Can Help Enhance and Sustain Collaboration Among Federal Agencies*, [GAO-06-15](#) (Washington, D.C.: Oct. 1, 2005).

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- reinforcing agency accountability for collaborative efforts through agency plans and reports; and
 - reinforcing individual accountability for collaborative efforts through performance management systems.

Various executive initiatives have been implemented to improve the federal government's provision of services and supports for individuals with disabilities, however as of yet, none have coordinated disability-related services governmentwide. In 2001, the President implemented the New Freedom Initiative, a set of guiding principles and initiatives aimed at improving the integration of individuals with disabilities in all aspects of society.³⁴ As part of this initiative, federal agencies report to the President on ways they are supporting individuals with disabilities; however, the initiative does not require interagency coordination to achieve these goals. The Presidential Task Force on Employment of Adults with Disabilities is another executive initiative, which was issued in 1998.³⁵ Created with the goal of developing a coordinated national policy to bring adults with disabilities into gainful employment, the task force membership included the Secretaries and heads of relevant federal agencies. Several agency officials we interviewed noted that this type of task force was successful at bringing agencies to the table to discuss ways to better serve individuals with disabilities, but the task force was dissolved in 2002. These executive initiatives may have served their intended purpose while in effect, but the

³⁴President George W. Bush announced the New Freedom Initiative (NFI) on February 1, 2001, as part of a nationwide effort to remove barriers to community living for people with disabilities. The NFI directed six federal agencies, including the departments of Education, HHS, Housing and Urban Development, Justice, Labor, and the Social Security Administration to "evaluate the policies, programs, statutes and regulations of their respective agencies to determine whether any should be revised or modified to improve the availability of community-based services for qualified individuals with disabilities" and to report back to the President with their findings. The Office of Personnel Management, the Small Business Administration, and the departments of Transportation and Veterans Affairs, though not named in the Executive Order, also joined in the implementation effort. The NFI also has the following goals: increase access to assistive and universally designed technologies, expand educational opportunities, promote homeownership, integrate Americans with disabilities into the workforce, expand transportation options, and promote full access to community life.

³⁵On March 13, 1998, President William J. Clinton signed an Executive Order which created a Presidential Task Force on Employment of Adults with Disabilities. Task force members included the Secretary of Education, the Chair of the Equal Employment Opportunity Commission, the Secretary of Health and Human Services, the Chair of the National Council on Disability, the Administrator of the Small Business Administration, the Commissioner of the Social Security Administration, and the Secretary of Veterans Affairs.

focus, implementation, and level of commitment to such initiatives have been subject to change or abandonment as administrations change.

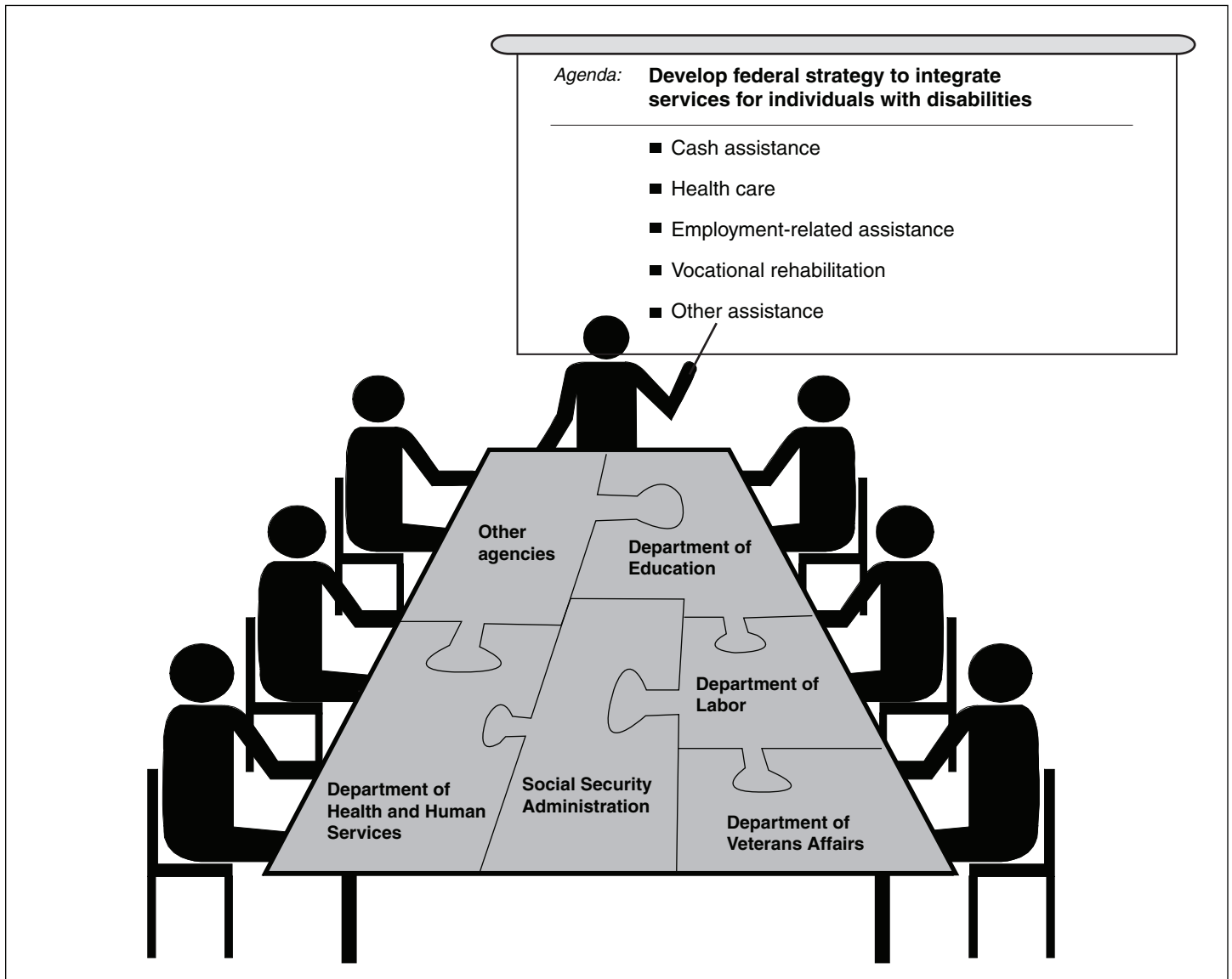
Congress has also attempted to improve the federal government's provision of services and supports for individuals with disabilities; however, governmentwide coordination still remains a challenge. In 1978, Congress established NCD, which serves as an independent federal agency making recommendations to the President and Congress to promote policies, programs, practices, and procedures that guarantee equal opportunity for individuals with disabilities.³⁶ NCD has evaluated a range of federal programs serving individuals with disabilities and has made recommendations for improvement. In 1992, Congress authorized the Interagency Disability Coordinating Council (IDCC) to coordinate federal activities to promote independence and productivity of individuals with disabilities.³⁷ However, IDCC has never met or reported to Congress, as required by law, and no other interagency body exists to perform this function. Although the council was given the authority to coordinate federal activities and policies, it did not have the appropriate leadership or membership to accomplish this goal. While SSA, VA, and other critical agencies could be invited to join IDCC, these agencies were not mandated members. Further, agency roles and responsibilities were not clearly defined. While the council was required to report annually, specific outcomes were not provided. In 2003, NCD, which is required to provide advice regarding the activities of IDCC, recommended to Congress that IDCC be revived in order to fulfill its intended purpose. However, NCD does not have the authority to require implementation of its recommendations and, as of 2008, IDCC remains inactive.³⁸ As suggested in figure 5, agency officials indicated that a coordinating entity should be in place to ensure that the multiple agencies serving individuals with disabilities are communicating on a governmentwide scale to ensure integration of services.

³⁶Pub. L. No. 95-602 (1978).

³⁷Pub. L. No. 102-569 (1992). The law expanded duties of a prior council, the Interagency Coordinating Council, which had been given limited duties when established in 1978. The mandated members of the IDCC are the Chairperson of the Architectural and Transportation Barriers Compliance Board, the Attorney General, the Secretary of Education, the Chairperson of the Equal Employment Opportunity Commission, the Secretary of Health and Human Services, the Secretary of Housing and Urban Development, the Assistant Secretary of the Interior for Indian Affairs, the Secretary of Labor, the Director of the Office of Personnel Management, and the Secretary of Transportation. Additionally, other officials may be designated by the President.

³⁸See National Council on Disability, *Rehabilitating Section 504* (Washington, D.C., Feb. 12, 2003).

Figure 5: Federal Strategy to Integrate Services for Individuals with Disabilities



Source: GAO analysis; Art Explosion (images).

While individual agencies' attempts to collaborate with one another may improve some benefits and services, there is an absence of a centralized consensus-based federal strategy to serve individuals with disabilities. Without high-level governmentwide coordination of federal disability programs, it is difficult for individual agencies to determine if the most appropriate cooperation is occurring within the context of a

governmentwide system. Further, the absence of an integrated federal strategy may impede SSA's and VA's ability to modernize their federal programs, as no single agency has the span of authority to coordinate the variety of services provided to beneficiaries by various federal programs.

Conclusions

Over the years, with advances in medicine and technology and changes in the labor market, the effect a medical impairment or disability has on one's ability to function, especially in a work setting, has changed. SSA and VA have taken some steps to incorporate these advances, but their changes have largely been at the margins, resulting in temporary fixes to a system that requires ongoing re-examination and transformation. SSA's and VA's programs do not sufficiently assess the work capacity of individuals with disabilities in the twenty-first century or adequately ensure individuals are given timely and appropriate benefits and services. All of these factors are needed for both agencies to better serve their beneficiaries and see better results with their return-to-work and self-sufficiency initiatives. This transformation will likely require legislative and regulatory changes so that those who can work are identified early in the process and given timely supports, while the benefits for those who cannot work are protected. In addition, such transformation would require the participation and cooperation of other federal agencies that provide many of the supports for individuals with disabilities. These agencies must operate with a framework of agreed-upon, desired outcomes for disability policies and programs and the processes to achieve them. However, because of the many agencies and programs involved and the many challenges to coordination, it will be especially difficult for individual agencies, such as SSA and VA, to modernize their programs in a manner that would provide an integrated system of benefits and services to individuals with disabilities. Without a mechanism to facilitate governmentwide agreement on outcomes and coordination of cross-cutting programs, it is unlikely that leaders from individual agencies will be able to effectively work together across agency boundaries to find comprehensive and sustainable solutions to better serve disability beneficiaries. Prior attempts to coordinate federal disability programs, such as through the IDCC, have had limited success primarily because all of the necessary stakeholders were not included and outcomes were not clearly stated. Moving forward, options exist for creating a coordinated federal disability system, including reviving the IDCC and altering its mandated membership and stated mission for this purpose or creating a similar body. In either case, any future attempts to develop a cost-effective national strategy to integrate federal services and supports will need to be

based on clear disability policy goals, have well defined program outcomes, and involve all of the stakeholders.

Matter for Congressional Consideration

In order to help ensure that federal disability policy is more clearly stated, programs and policies are better coordinated, and to reduce the possibility of inefficiencies and duplication of programs, Congress, in consultation with key agencies and other stakeholders, should consider authorizing a coordinating entity consisting of leadership from appropriate federal agencies to develop a cost-effective federal strategy to integrate services and support for individuals with disabilities. Options to achieve this include reviving the IDCC or creating a similar entity with the key agency officials represented and clear expectations for outcomes of the entity. A successful coordinated federal effort should include defining and articulating common outcomes and establishing mutually reinforcing joint strategies among federal agencies to achieve identified goals. Further, clear agreement on agency roles and responsibilities and agency accountability for collaborative efforts and outcomes will be critical to success.

Agency Comments and Our Evaluation

We provided a draft of this report to the Commissioner of the Social Security Administration, the Secretary of Veterans Affairs, the Secretary of the Department of Education, the Secretary of the Department of Health and Human Services, and the Secretary of the Department of Labor. Each of these agencies provided technical comments which we have incorporated as appropriate into the final report. Also, HHS provided additional examples of their coordination efforts. The Department of Education and the Department of Health and Human Services provided written comments that appear in appendix IV and V, respectively. We also provided a draft of this report to the Executive Director of the National Council on Disability, who agreed with our findings and matter for congressional consideration.

As agreed with your offices, unless you publicly announce the contents of this report earlier, we plan no further distribution until 5 days from the report date. At that time, we will send copies to relevant congressional committees, the Commissioner of the Social Security Administration, the Secretary of Veterans Affairs, the Secretary of the Department of Education, the Secretary of the Department of Health and Human Services, and the Secretary of the Department of Labor, and other interested parties. We will also make copies available to others on request. In addition, the report will be available at no charge on the GAO Web site at <http://www.gao.gov>.

If you or your staff have any questions about this report, please contact me at (202) 512-7215 or bertonid@gao.gov. Contact points for our Offices of Congressional Relations and Public Affairs may be found on the last page of this report. GAO staff who made key contributions to this report are listed in appendix VI.

Sincerely yours,

A handwritten signature in cursive script that reads "Daniel Bertoni".

Daniel Bertoni, Director
Education, Workforce, and
Income Security Issues

Appendix I: Scope and Methodology

To identify the steps that the Department of Veterans Affairs (VA) and the Social Security Administration (SSA) have taken to modernize their disability programs, we conducted a literature review, including prior GAO reports, reports written by the National Council on Disability (NCD), studies conducted by SSA's and VA's Inspectors General, and position papers and testimonies from national groups (including the Social Security Advisory Board and the Veterans' Disability Benefits Commission). Specifically, to gain an understanding of the changes that would be required for SSA to modernize its programs, we reviewed multiple reports from the Social Security Advisory Board, including *A Disability System for the 21st Century* and *The Social Security Definition of Disability*; the final Ticket to Work and Work Incentives Advisory Panel report, *Building on the Ticket: A New Paradigm for Investing in Economic Self-Sufficiency for People with Significant Disabilities*; and *Improving the Social Security Disability Decision Process* from the Institute of Medicine of the National Academies. To review VA's modernization efforts, we reviewed the final report released by the Veterans' Disability Benefits Commission, *Honoring the Call to Duty: Veterans' Disability Benefits in the 21st Century*; a report published by the Institute of Medicine of the National Academies, *A 21st Century System for Evaluating Veterans for Disability Benefits*; and a VA Office of Inspector General report entitled *Audit of Vocational Rehabilitation and Employment Program Operations*.

In addition, we reviewed relevant agency documents, including strategic plans and government performance and accountability reports. We interviewed knowledgeable SSA and VA officials to obtain information on the current process and status of incorporating present-day medical and labor market conditions into their disability eligibility criteria. We also interviewed agency officials and reviewed agency documents on the range of SSA's and VA's planned and ongoing return-to-work initiatives, including SSA's Ticket to Work Program and other ongoing demonstration projects, as well as VA's Vocational Rehabilitation and Employment Services (VR&E) program. To determine how SSA and VA coordinate efforts with Education, Labor, HHS, and CMS, an agency within HHS, we analyzed a list of SSA's and VA's memorandums of understanding relevant to our study that was provided to us by agency officials. We also interviewed agency officials from each of these agencies and NCD to learn about the types of barriers that may hinder interagency coordination and what other opportunities for collaboration may exist.

Much of the numerical data in this report was obtained from outside reviews of SSA's and VA's disability programs. The data provides

background and context for the findings but were not necessary to support our findings or matter for congressional consideration. Instead, our findings and the matter for congressional consideration are based on our analysis of information received from a variety of sources, including a literature review and interviews with agency officials and experts.

We conducted this performance audit from May 2007 through May 2008 in accordance with generally accepted government auditing standards. Those standards require that we plan and perform the audit to obtain sufficient, appropriate evidence to provide a reasonable basis for our findings and conclusions based on our audit objectives. We believe that the evidence obtained provides a reasonable basis for our findings and conclusions based on our audit objectives.

Appendix II: Entities Making Recommendations to SSA and VA

Entity	Purpose	Examples of reports with recommendations
National Council on Disability (NCD)	The National Council on Disability was established in 1978 as an advisory board within the Department of Education (Pub.L. 95-602). The Rehabilitation Act Amendments of 1984 (Pub.L. 98-221) transformed NCD into an independent federal agency with 15 members appointed by the President of the United States and confirmed by the U.S. Senate. The purpose of NCD is to promote policies, programs, practices, and procedures that guarantee equal opportunity for all individuals with disabilities, regardless of the nature or significance of the disability, and to empower individuals with disabilities to achieve economic self-sufficiency, independent living, and inclusion and integration into all aspects of society.	<i>Empowerment for Americans with Disabilities: Breaking Barriers to Careers and Full Employment</i> (October 2007)
Institute of Medicine of the National Academies	The National Academy of Sciences (National Academies) is a private, nonprofit society of distinguished scholars engaged in scientific and engineering research, which was chartered by Congress in 1863 with a mandate to advise the federal government on scientific and technical matters. The Institute of Medicine was established in 1970 by the National Academy of Sciences to, among other things, advise the federal government on issues of medical care, research, and education.	<i>Improving the Social Security Disability Decision Process</i> (2007) <i>A 21st Century System for Evaluating Veterans for Disability Benefits</i> (2007)
Social Security Advisory Board	The Social Security Independence and Program Improvements Act of 1994 (Pub.L. 103-296) established the Social Security Advisory Board to advise the President, Congress, and the Commissioner of SSA on matters relating to the Social Security and Supplemental Security Income programs.	<i>A Disability System for the 21st Century</i> (September 2006)
Ticket to Work and Work Incentives Advisory Panel	The Ticket to Work and Work Incentives Improvement Act established the Ticket to Work and Work Incentives Advisory Panel within SSA to advise the President, Congress, and the Commissioner of SSA on issues related to work incentive programs, planning and assistance for individuals with disabilities, and the Ticket to Work Program.	<i>Building on the Ticket: A New Paradigm for Investing in Economic Self-Sufficiency for People with Significant Disabilities, Final Report to the President and Congress, Year Eight of the Panel</i> (December 2007)
Veterans' Disability Benefits Commission	The National Defense Authorization Act of 2004 (Pub. L. 108-136) established the Veterans' Disability Benefits Commission to study the benefits and services available to U.S. veterans and their dependents and survivors to compensate for and assist with disabilities and deaths attributable to military service.	<i>Honoring the Call to Duty: Veterans' Disability Benefits in the 21st Century</i> (October 2007)

**Appendix II: Entities Making
Recommendations to SSA and VA**

Entity	Purpose	Examples of reports with recommendations
Commission on Care for America's Returning Wounded Warriors	The President's Commission on Care for America's Returning Wounded Warriors was established by Executive Order in March 2007 to conduct a comprehensive review of services provided to wounded warriors and deliver recommendations to the President, Secretary of the Department of Defense, and Secretary of the Department of Veterans Affairs. As of July 2007, the commission was officially closed.	<i>Serve, Support, Simplify: Report of the President's Commission on Care for America's Returning Wounded Warriors (July 2007)</i>
VA Vocational Rehabilitation and Employment (VR&E) Task Force	The Secretary of the Department of Veterans Affairs chartered the VR&E Task Force in 2003 to assess the VR&E service and make recommendations for improvement.	<i>Report to the Secretary of Veterans Affairs: The Vocational Rehabilitation and Employment Program for the 21st Century Veteran (2004)</i>

Source: GAO review of disability reports written by national groups.

Appendix III: Employment Supports for SSA's Disability Insurance (DI) and Supplemental Security Income (SSI) Beneficiaries

Work Incentive	Description	Eligible beneficiaries
Ticket to Work Program	Under this program, many DI and SSI disability beneficiaries receive a "ticket" that they can use to obtain services from a state vocational rehabilitation agency or another approved provider of their choice. The program was created to increase the choices available for beneficiaries when obtaining employment services, vocational rehabilitation services, and other support services needed to get or keep a job. It is a free and voluntary service. Eligible beneficiaries can elect to use the ticket, but there is no penalty for not using it.	DI and SSI beneficiaries meeting SSA's criteria are mailed a "ticket."
Trial Work Period (TWP)	The TWP allows beneficiaries to test their ability to work for at least 9 months. During the TWP, beneficiaries will receive their full DI benefits, regardless of how high their earnings might be, as long as work activity is reported and the beneficiary continues to have a disabling impairment.	DI beneficiaries
Extended Period of Eligibility (EPE)	The EPE allows beneficiaries, who stopped receiving DI benefits because their earnings exceeded income limits, to qualify for their benefits to be reinstated—without a new application—at any time during the 36 consecutive months following the TWP. Beneficiaries can receive benefits for any month in which their earnings fall below substantial gainful activity (SGA) levels and they continue to have a disabling impairment.	DI beneficiaries
Impairment-Related Work Expenses (IRWE)	SSA will deduct from beneficiaries' gross incomes the cost of certain impairment-related items and services that are needed for them to work.	DI and SSI beneficiaries
Unincurred Business Expenses	SSA allows contributions made by others to support beneficiaries' self-employment efforts to be deducted from their earnings calculation. For example, if a state vocational rehabilitation agency provides a beneficiary with a computer for his/her business, SSA will deduct the cost of the computer from the net income to get an accurate measure of the value of the beneficiary's work.	DI beneficiaries
Unsuccessful Work Attempt	SSA will consider any work attempt of 6 months or less as an unsuccessful work attempt. Earnings during an unsuccessful work attempt are not counted if they occurred before the beneficiary would be awarded benefits.	DI beneficiaries
Continued Payment under a Vocational Rehabilitation Program	If a beneficiary's medical condition improves so that it is no longer considered a disabling impairment, SSA may continue providing benefits if the beneficiary is enrolled in an appropriate vocational rehabilitation program and the agency believes continued participation in the program would increase the likelihood of permanent removal from the disability benefit rolls.	DI and SSI beneficiaries
Plan to Achieve Self-Support (PASS)	SSA allows beneficiaries to set aside income and/or resources for a specified time so that the beneficiary can reach a work goal, such as education, vocational training, or starting a business. Income used in the PASS will not be counted when calculating SSI payment amounts.	SSI beneficiaries

**Appendix III: Employment Supports for SSA's
Disability Insurance (DI) and Supplemental
Security Income (SSI) Beneficiaries**

Work Incentive	Description	Eligible beneficiaries
Continuation of Medicare Coverage	Most individuals with disabilities who work will continue to receive at least 93 consecutive months (after the 9-month TWP) of hospital and supplementary medical insurance under Medicare. The hospital insurance is premium-free.	DI beneficiaries
Medicare for Individuals with Disabilities Who Work	If an individual remains medically disabled but is working, continued Medicare coverage may be available for purchase after the premium-free Medicare coverage ends.	DI beneficiaries
Earned Income Exclusion	For SSI beneficiaries, SSA counts less than half of a beneficiaries earned income in any month when figuring the SSI payment amount.	SSI beneficiaries
Student Earned Income Exclusion	For SSI beneficiaries regularly attending school and under age 22, SSA will not count a certain amount of earned income per month when figuring the SSI payment amount.	SSI beneficiaries
Property Essential to Self-Support	SSA does not count certain resources that are essential to an individual's means of self-support when deciding initial and continuing eligibility.	SSI beneficiaries
Special SSI Payments for Individuals Who Work	Certain individuals can qualify to receive SSI cash benefits even when earned income is at the SGA level.	SSI beneficiaries
Medicaid While Working	Some individuals can continue to receive Medicaid coverage even if income is too high to receive SSI cash payment.	SSI beneficiaries

Source: GAO analysis of SSA data.

Appendix IV: Comments from the Department of Education



UNITED STATES DEPARTMENT OF EDUCATION
OFFICE OF SPECIAL EDUCATION AND REHABILITATIVE SERVICES

MAY 02 2008

THE ASSISTANT SECRETARY

Mr. Daniel Bertoni, Director
Education, Workforce, and Income Security Issues
United States Government Accountability Office
Washington, D.C. 20548

Dear Mr. Bertoni:

Thank you for the opportunity for the Department of Education to review the draft of your report, *FEDERAL DISABILITY PROGRAMS: More Strategic Coordination Could Help Overcome Challenges to Needed Transformation* (GAO-08-635). The draft report contains no recommendations for executive action. We have provided technical comments and suggestions to your staff in a few areas specific to programs we administer where we believe minor changes might contribute to clarity or understanding.

Sincerely,

A handwritten signature in cursive script that reads "Tracy R. Justesen".

Tracy R. Justesen

600 INDEPENDENCE AVE., S.W. WASHINGTON, D.C. 20202-2500

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Appendix V: Comments from the Department of Health and Human Services



DEPARTMENT OF HEALTH & HUMAN SERVICES

Office of the Assistant Secretary
for Legislation

Washington, D.C. 20201

MAY 06 2008

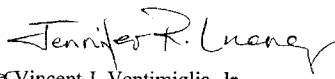
Mr. Daniel Bertoni, Director
Education, Workforce,
and Income Security Issues
441 G Street NW
Washington, DC 20548

Dear Mr. Bertoni:

Enclosed are the U.S. Department of Health and Human Services' comments on the U.S. Government Accountability Office's (GAO) draft report entitled: "Federal Disability Programs: More Strategic Coordination Could Help Overcome Challenges to Needed Transformation" (GAO 08-635).

The Department appreciates the opportunity to review and comment on this report before its publication.

Sincerely,


for Vincent J. Ventimiglia, Jr.
Assistant Secretary for Legislation

Attachment

GENERAL COMMENTS OF THE DEPARTMENT OF HEALTH AND HUMAN SERVICES (HHS) ON THE U.S. GOVERNMENT ACCOUNTABILITY OFFICE'S (GAO) DRAFT REPORT ENTITLED: FEDERAL DISABILITY PROGRAMS: MORE STRATEGIC COORDINATION COULD HELP OVERCOME CHALLENGES TO NEEDED TRANSFORMATION (GAO 08-635)

HHS remains committed to promoting federal disabilities programs. GAO should note that HHS currently coordinates on several programs that serve individuals with disabilities in partnership with the Department of Veterans Affairs (VA) and the Social Security Administration (SSA). The following are some examples of coordinating efforts:

- Beginning November 2005, HHS and the VA continues to work together on accessibility issues for persons with disabilities through the Consumer Empowerment Workgroup of the American Health Information Community (AHIC), a federal advisory body chartered to make recommendations to the Secretary on how to accelerate the development and adoption of health information technology.
- Beginning 2007, HHS and the VA have been Federal Partners in AIDS.gov, the internet gateway to guide users to Federal domestic HIV/AIDS information and resources on prevention, testing, treatment and research.
- In March 2006, representatives from HHS and the VA participated in a panel discussion at the National Behavioral Health Conference on Returning Veterans and Their Families, "Restoring Hope and Building Resiliency," which was sponsored by the Substance Abuse and Mental Health Services Administration (SAMHSA) and the Therapeutic Communities of America (TCA).
- HHS, SSA, and the VA work together in the Senior Workgroup for Mental Health, which is sponsored by SAMHSA as part of its "Mental Health System Transformation" program.
- HHS' Office of Civil Rights (OCR), the VA Center for Health Equity Research and Promotion, and the Center for Minority Health at the University of Pittsburgh Graduate School of Public Health cosponsored and organized the Annual National Minority Health Leadership Summits for three (3) consecutive years beginning in 2003 through 2005.
- HHS's Office of the National Coordinator (ONC) coordinates with SSA in development of a disability-based electronic personal health record (PHR).

Appendix VI: GAO Contact and Staff Acknowledgments

GAO Contact

Daniel Bertoni, (202) 512-7215 or bertonid@gao.gov

Staff Acknowledgments

In addition, the following staff made key contributions to this report: Shelia Drake served as Assistant Director; Anjali Tekchandani coordinated team efforts as Analyst-In-Charge; Jean Cook served as a team member; Patricia M. Owens provided expertise on disability issues; Susannah Compton advised on report preparation; Walter Vance advised on design and methodology issues; Daniel Schwimer advised on legal issues; Lise Levie verified our findings.

Related GAO Products

Veterans' Disability Benefits: Claims Processing Challenges Persist, while VA Continues to Take Steps to Address Them. [GAO-08-473T](#). Washington, D.C.: February 14, 2008.

Social Security Disability: Better Planning, Management, and Evaluation Could Help Address Backlogs. [GAO-08-40](#). Washington, D.C.: December 7, 2007.

Disabled Veterans' Employment: Additional Planning, Monitoring, and Data Collection Efforts Would Improve Assistance. [GAO-07-1020](#). Washington, D.C.: September 12, 2007.

Highlights of a Forum: Modernizing Federal Disability Policy. [GAO-07-934SP](#). Washington, D.C.: August 3, 2007.

Military and VA Disability Systems: GAO Findings and Recommendations Regarding DOD and VA Disability Systems. [GAO-07-906R](#). Washington, D.C.: May 25, 2007.

Vocational Rehabilitation: Improved Information and Practices May Enhance State Agency Earnings Outcomes for SSA Beneficiaries. [GAO-07-521](#). Washington, D.C.: May 23, 2007.

Vocational Rehabilitation: Earnings Increased for Many SSA Beneficiaries after Completing VR Services, but Few Earned Enough to Leave SSA's Disability Rolls. [GAO-07-332](#). Washington, D.C.: March 30, 2007.

High-Risk Series: An Update. [GAO-07-310](#). Washington, D.C.: January 2007.

Results-Oriented Government: Practices That Can Help Enhance and Sustain Collaboration among Federal Agencies. [GAO-06-15](#). Washington, D.C.: October 21, 2005.

Federal Disability Assistance: Wide Array of Programs Needs to be Examined in Light of 21st Century Challenges. [GAO-05-626](#). Washington, D.C.: June 2, 2005.

Social Security Administration: Better Planning Could Make the Ticket Program More Effective. [GAO-05-248](#). Washington, D.C.: March 2, 2005.

VA Vocational Rehabilitation and Employment Program: GAO Comments on Key Task Force Findings and Recommendations. [GAO-04-853](#). Washington, D.C.: June 15, 2004.

Social Security Administration: More Effort Needed to Assess Consistency of Disability Decisions. [GAO-04-656](#). Washington, D.C.: July 2, 2004.

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SSA and VA Disability Programs: Re-Examination of Disability Criteria Needed to Help Ensure Program Integrity. [GAO-02-597](#). Washington, D.C.: August 9, 2002.

SSA Disability Programs: Fully Updating Disability Criteria Has Implications for Program Design. [GAO-02-919T](#). Washington, D.C.: July 11, 2002.

Managing for Results: Barriers to Interagency Coordination. [GAO/GGD-00-103](#). Washington, D.C.: March 29, 2000.

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