

# **Disability Decision Making:**

## **Data And Materials**

**Social Security Advisory Board**

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**Social Security Advisory Board**

An independent, bipartisan Board created by Congress and appointed by the President and the Congress to advise the President, the Congress, and the Commissioner of Social Security on matters related to the Social Security and Supplemental Security Income programs

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# INTRODUCTION

The Social Security Advisory Board has been working for more than three years on the question of how SSA can improve its service to the public and for an even longer period of time on the changes that need to be made in the agency's disability programs. In the course of our work, it has become apparent that administration of the disability programs is at the heart of SSA's service delivery problems. By comparison, the payment of retirement and survivors benefits, the issuance of Social Security numbers, and other basic functions of the agency run more smoothly. These other responsibilities of the agency, while presenting significant challenges, do not present the enormous management challenges that are presented by the Disability Insurance (DI) and Supplemental Security Income (SSI) disability programs.

Administration of the disability programs will take about two-thirds of the agency's projected \$7.1 billion budget for fiscal year 2001, or nearly \$5 billion. In terms of executive management time and concerns, the programs appear to consume even more of the resources of the agency than this number suggests. Yet despite this large expenditure of money and effort, the disability programs continue to manifest serious administrative problems. In August 1998, the Board issued a report on the disability programs indicating how within the terms of the present programs their administration might be improved.<sup>1</sup> SSA itself undertook a number of initiatives beginning in the fall of 1999 and the Board has attempted to monitor the implementation of these initiatives to see whether there are improvements.<sup>2</sup>

As a result of our continuing work on the disability programs, the Board is issuing a new report in January 2001 titled *Charting the Future of Social Security's Disability Programs: The Need for Fundamental Change*. The purpose of the report is to provide the new Administration and the new Congress with a framework for considering the fundamental changes that need to be made if the disability programs are to meet the serious challenges they are facing.

This document, *Disability Decision Making: Data and Materials*, is intended to provide background information to help readers of the report gain a fuller understanding of how the disability programs are being administered and of the major problems that are inherent in the current administrative process. It includes data that raise significant questions, including questions about consistency and equity in decision making. Although as set forth below, this has been a long-standing concern, the fact that some 45 years after the initiation of the program these questions are not only still outstanding – but even more pronounced – is particularly troublesome. The Board recognizes that these questions are exceedingly complex and difficult to answer, but would expect that over time demonstrable progress could be made if they were addressed with a sufficiently high level of concern and effort.

## **The Long-Standing Concern About Consistency and Equity in Decision Making**

Concern about consistency and equity in decision making goes back to the early days of the Disability Insurance program. In the fall of 1959, three years after the program was enacted, the Ways and Means Subcommittee on the Administration of the Social Security Program (the

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<sup>1</sup> *How SSA's Disability Programs Can Be Improved*, Social Security Advisory Board, August 1998.

<sup>2</sup> For a description of the agency's initiatives, see SSA's Disability Initiatives, p. 105.

Harrison Subcommittee) held a series of hearings that focussed in part on variations in decision making among the States. Speaking on behalf of the Social Security Administration, Deputy Commissioner George Wyman told the Subcommittee that the objective of achieving reasonable consistency presented “a real challenge.” Former Commissioner of Social Security Robert Ball, who at that time was Deputy Director of SSA’s Bureau of Old-Age and Survivors Insurance, explained to the Subcommittee that the agency had developed medical guides for use in adjudication with the objective of achieving “as high degree of equity in the application of this law across the country as possible.”

Over the last four decades, as program rules have become more complex and the number of decisions being made at the appeals levels has increased, the challenge to the agency of producing disability decisions that are consistent and equitable has grown. Both the Congress and the agency have periodically taken steps to address the issue of consistency and equity.

In the latter part of the 1970s the House Ways and Means and Senate Finance Committees conducted an in-depth examination of the administration of the DI and SSI disability programs. The concern of the Committees was heightened by the issuance of a General Accounting Office (GAO) report in 1976 that raised serious questions about consistency in disability decision making by the State agencies.<sup>3</sup>

In their reports on proposed legislation (which ultimately was enacted as the Social Security Disability Amendments of 1980) both Committees expressed concern about inconsistencies in decision making. The Ways and Means Committee stated that “significant improvements in Federal management and control over State performance are necessary to ensure uniform treatment of all claimants and to improve the quality of decision making under the Nation’s largest Federal disability program.” The Finance Committee report expressed concern about “State-to-State, ALJ-to-ALJ variations and about the high rate of reversal of denials which occurs at various stages of adjudication, for it indicates that possibly different standards and rules for disability determinations are being used at the different locations and stages of adjudication.”

The 1980 legislation incorporated several amendments aimed at addressing these concerns, including (1) giving SSA authority to set standards for the performance of State Disability Determination Services (DDSs), with the option of taking over the work of a DDS if the Commissioner finds that the State is substantially failing to make determinations in a manner consistent with regulations and other written guidelines; (2) requiring the agency to review a percentage of DDS decisions before payment begins; and (3) requiring the Commissioner to implement a program of own motion review of disability decisions made by administrative law judges (ALJs).<sup>4</sup>

In the Social Security Disability Benefits Reform Act of 1984 the Congress again sought to improve consistency between the DDSs and ALJs by enacting a provision requiring the

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<sup>3</sup> In 1981, SSA’s Office of Policy issued a report critiquing the 1976 GAO study and presenting its own study of consistency of State agency decisions. The SSA study found less inconsistency than reported by GAO. Commenting on the results, the study stated that “Given the complexity of disability adjudication, a certain amount of disagreement in decisions is expected.” In addition, it noted that “the results...in part could be interpreted as indicating that SSA should continue to focus its efforts to improve mainly the structure of the disability decision process, i.e., the guidelines and instructions used by the individual disability examiners.”

<sup>4</sup> In her book, *Agency Under Stress* (The Brookings Institution, 1990), Martha Derthick discusses the turmoil in the disability programs in the early 1980s following enactment of the Social Security Disability Amendments of 1980. She comments on the differences in decision making by DDSs and ALJs, and the impact that these differences had on the continuing disability reviews that the agency conducted pursuant to the 1980 legislation.



Commissioner to establish, by regulation, uniform standards to be applied at all levels of determination, review, and adjudication.

Legislation enacted in 1986 required the appointment of a special Disability Advisory Council to study and make recommendations with respect to the DI and SSI disability programs. One of the primary concerns expressed by the Advisory Council in its 1988 report was the lack of uniformity in the determination of disability. The Advisory Council recommended a number of measures to address this concern, including:

- more effective use by the agency of its authority, through pre-effectuation review of decisions, to ensure the accuracy and uniformity of DDS decisions;
- establishment by the agency of more precise standards and criteria for determining eligibility;
- exercise of the agency's full authority and obligation under the law to ensure that the States faithfully perform their administrative role on behalf of the Federal government;
- alteration of SSA's quality assurance system to ensure that reviews are not conducted by the same region in which the cases originate;
- efforts by the agency to determine why State agency decisions differ if for reasons that cannot be explained by differences in applicant pools or court orders;
- expedited promulgation of regulations so as to promote the use of a standard set of criteria by the DDS and ALJ;
- action by the Congress to require the Department of Justice to prepare a study of possible alternatives to the current method of court review of disability cases, including an evaluation of alternative types of courts, and alternative placement of court review in the Social Security appeals process on the timeliness, accuracy and nationwide uniformity of decisions; and
- study by SSA of the Medical Improvement Review Standard.

In response to the Advisory Council's report, staff in SSA's Office of Program and Integrity Reviews undertook a statistical analysis of State agency data. The major finding of this internal study, which was never published, was that "in general, more than half the differences in filing and allowance rates among States are associated with different characteristics of State populations." The study observed that differing filing and allowance rates were therefore appropriate and reflected expected variation among the States. It was also noted, however, that there were several States where the actual allowance rate varied significantly from the "expected" rate and, with respect to those States, more intensive analysis was warranted.

Although they did not address the issue of consistency among States or between levels of decision making, other studies undertaken by SSA in the 1990s analyzed the reasons for fluctuations in the growth of the Disability Insurance program. These studies were prompted by the forecasts of the impending exhaustion of the DI Trust Fund following the sharp increase in awards in the late 1980s and early 1990s. These included the so-called "709 Report" issued by the Department of Health and Human Services in December 1992 and the "Report on Rising Cost of Social Security Disability Insurance Benefits" issued by SSA in February 1996. The latter was based in part on a study of the causes of the increases in DI and SSI disability applications and awards that was conducted by Lewin-VHI, Inc., under contract with the Department of HHS.<sup>5</sup> SSA's Office of the Chief Actuary also issued an actuarial study, *Social Security Disability Insurance Program Worker Experience*, in June 1999.

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<sup>5</sup>The results of this study are discussed in *Growth in Disability Benefits, Explanations and Policy Implications*, edited by Kalman Rupp and David C. Stapleton (W.E. Upjohn Institute for Employment Research, 1998).

In addition to these studies, during the 1990s both the Congressional Research Service and the General Accounting Office issued reports that examined inconsistencies in decision making in Social Security's disability programs. In 1995 and 1997, the Social Security Subcommittee of the House Committee on Ways and Means also conducted hearings that addressed this subject.

The Social Security Administration's effort to redesign the disability determination process, which began in 1994 and is still evolving, included making the right decision the first time as one of its major objectives. The redesign plan also established "process unification" as one of the key "enablers" for improving the decision making process. SSA proposed to develop a single presentation of all substantive policies used in the determination process that would be binding on all decision makers. The primary instrument that the agency has used to do this is the issuance of Social Security rulings in the areas that the agency had identified as being responsible for major differences in decision making between State agencies and ALJs. In 1996, the agency issued a series of nine rulings and conducted nationwide training on these rulings for both DDS employees and ALJs and other SSA employees. Administrators in the State agencies have told the Board that implementation of these rulings by the State agencies has been uneven. It is unclear what, if any, impact the rulings have had on ALJ decision making.

## **The Definition of Disability and the Administrative Structure Make Consistency and Equity Difficult to Achieve**

It is important to point out that both the definition of disability and the administrative structure of SSA's disability programs make consistent and fair decisions difficult to achieve. The definition of disability in the statute requires a determination of whether an individual's impairment is so severe that it precludes engaging in any substantial gainful activity. Although the agency has issued extensive regulations to guide decision makers, the determinations require the exercise of judgment, both as to the type and amount of evidence that is needed to document the case and whether the evidence supports a determination of eligibility. Most adjudicators appear to agree that there are a significant although undetermined number of difficult cases in which the evidence may lead different decision makers to different conclusions.

The administrative arrangements for determining disability involve different levels of government and different processes, depending upon the stage of an individual's claim. Although SSA is responsible for the program, the law requires that initial determinations of disability be made by agencies administered by the 50 States, the District of Columbia, Guam, Puerto Rico, and the Virgin Islands. This State-based administrative mechanism was established by the Congress in 1954 on the theory that this arrangement would provide coordination with existing State vocational rehabilitation agencies, and was necessary in order to secure the cooperation of the medical profession, which already had working relationships with the rehabilitation agencies. In fact, although today most State disability agencies are still part of their State departments of rehabilitation, the close coordination of the disability determination process and the delivery of vocational rehabilitation services that was originally envisaged has generally not been achieved. In addition, the relationship of the State agencies with the medical profession has changed over the years and is becoming increasingly problematic as the result of rapid changes in the health care delivery system that involve more care through group providers and less through personal physicians.

Although the State agencies are required to follow the policy guidance of the Social Security Administration and are fully funded by the Federal government, there are few Federal requirements relating to their administrative practices. The agencies follow State established personnel policies with respect to such matters as salaries, benefits, and educational requirements; do their own hiring;

provide most of the training for adjudicators; follow their own quality assurance procedures; and pay State-established reimbursement rates for purchase of medical evidence.

By regulation, an individual whose claim is denied by the State agency may ask the agency to reconsider the decision and may present new evidence. The statute provides that individuals whose claims are denied at the reconsideration step may appeal that decision at a hearing conducted by an ALJ.<sup>6</sup> New evidence is frequently introduced at this stage of the appeal and in most hearings the claimant is represented by an attorney or by a non-attorney representative. The ALJ hearing is a *de novo* proceeding, involving a complete readjudication of the case. Currently, about one-quarter of all allowances are made at this level. Although ALJs must follow the agency's regulations and rulings, they have decisional independence to ensure a fair hearing.

Individuals whose claims are denied at the ALJ level may appeal their cases to the Appeals Council, which is the final step in the administrative appeals process. Claimants may continue to introduce new evidence and raise new issues. As noted above, since 1980 the Appeals Council has also been required to have a program of own motion review of ALJ cases. In fiscal year 2000, about 4,000 ALJ allowances were selected for pre-effectuation review, based on a profile of error-prone cases. Cases are first reviewed by SSA's Office of Quality Assurance (OQA), which forwards to the Appeals Council those cases in which it disagrees with the ALJ decision. If, after review, the Appeals Council agrees with OQA's assessment, it can reverse the decision or remand the case to the ALJ.

## **Many Factors Have Been Identified As Affecting the Dynamics and the Consistency of Decision Making**

Over the years policy makers and administrators have identified many factors in addition to the inherent subjectivity of the statutory definition of disability that may affect the consistency of disability decision making.

These include:

- Economic differences (differences in State economic conditions, changes over time)
- Demographic differences (differences among States, changes over time)
- Differences in health status
- State actions (elimination of State general assistance programs, requiring individuals to file for SSA's disability programs as a condition of eligibility for State benefits)
- Differences in quality assurance (differences in how SSA's regional Offices of Quality Assurance determine the accuracy of State decision making, differences in quality assurance procedures applied to ALJs and State agencies, changes in quality assurance procedures over time)
- State differences in administrative practices (use of consultative examinations, the degree of involvement of doctors in making disability decisions, the amount allowed to be paid for the purchase of medical evidence of record, salaries and qualifications of disability decision makers)
- Hearing office differences in administrative practices (variation in use of vocational and medical experts at the ALJ hearing)

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<sup>6</sup>The reconsideration step has been eliminated in the 10 so-called prototype States. The prototype States are implementing a set of changes introduced by SSA in October 1999 that are aimed at improving the disability determination process. The agency plans to implement the changes in the remaining States over the next few years.

- Differences in the training given to ALJs and State examiners; differences in State agency training practices
- The fact that most claimants are never seen by an adjudicator until they have an ALJ hearing
- Involvement of attorneys and other claimant representatives at the ALJ hearing
- Changes in the adjudicative climate (the “message” sent by SSA, the Congress, or others to those who adjudicate claims)
- Rules that allow claimants to introduce new evidence and allegations at each stage of the appeals process
- Lack of clear and unified policy guidance from SSA
- Erratic and inadequate funding for State agencies and for hearing offices
- SSA pressures on State agencies and on ALJs to meet productivity goals

There have also been many court decisions that have affected the way decisions are made, leading to changes in decision making over time, differences in decision making among different regions of the country, and differences in decision making between ALJs and DDSs.

For example, in the mid-1980s the 2<sup>nd</sup> Circuit in *Stieberger v. Heckler* (615 F. Supp. 1315) declared illegal SSA’s former policy of not following circuit case law within the circuit that issued the decision. After the decision, SSA adopted its current policy: when there is a circuit court decision that the agency is unwilling to implement nationwide, the agency issues an acquiescence ruling stating that the agency will comply with the decision within the issuing circuit. Initially acquiescence rulings applied only to the ALJ level, but a regulation in 1990 extended them to State agencies.

In response to various court decisions and changing perceptions of how disability should be determined, SSA has implemented a number of policies that have introduced increased levels of judgment into the disability determination process. For example, the agency’s regulations and rulings now require all adjudicators to assess such subjective factors as the weight that should be given to the opinion of a treating source and credibility with respect to allegations of pain and other symptoms.<sup>7</sup> At this time it appears that these more recent policies emphasizing subjective factors are not being uniformly implemented throughout the disability determination system.

## **The Urgent Need for Ongoing In-depth Assessment of the Disability Determination Process**

Although, as discussed above, there have been periodic attempts in the past to shed light on various aspects of the disability programs, there has never been ongoing and in-depth analysis of a subject that has been of persistent concern to policy makers: are claimants receiving consistent and equitable decisions?

In fact, there are very few data available to help those outside of the agency to understand in even a rudimentary way how the disability programs are operating. It was in response to this lack of information that in the fall of 1999 the Social Security Advisory Board undertook to assemble and update some basic historical data. The Board considered these data to be essential to its continuing efforts to help the Congress, the President, and the agency to understand and address important issues of policy and service to the public.

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<sup>7</sup> Court cases include *Schisler v. Bowen*, 787 F. Supp. 76 (2nd Cir. 1986), which dealt with treating source opinion, and *Hyatt v. Heckler*, 579 F. Supp. 985 (4th Cir. 1986), which dealt with assessment of pain.

The charts that are included in this document reflect the information that we have been able to assemble at this time. All of the charts are the work of the Board's staff. The data that were used in preparing them were provided by the Social Security Administration at the request of the Board or have appeared in SSA publications. Presentation of the charts generally follows the sequence of the disability determination process, from initial applications through the administrative and judicial appeals processes. In summary, the charts show:

- Variations in applications over time
- Variations in awards and allowance rates
- Variations in benefit termination rates over time
- Growth in number and variations in prevalence of beneficiaries
- Trends in continuing disability reviews
- Changes in the characteristics of beneficiaries
- Variations in DDS decision making
- Variations in State administrative arrangements
- Changes in the hearing process
- Changes in Appeals Council actions
- Changes in Federal court actions

Although the data used in the charts were originally collected for the use of the Board itself, we believe it is important to share them widely with individuals who are engaged in the administration of the disability programs, policy makers, and the public. We recognize that far more data than are presented here are required to present a full picture of how the disability programs are operating. However, we believe the charts that are included in this document raise fundamental questions for which there are currently no clear answers. These questions are important not only for understanding the past, but for thinking about whether there is a need for policy or administrative changes in order to improve disability decision making for claimants in the future. The questions include:

1. *What have been the reasons for the wide variations in the number of applications for DI and SSI disability over the years?*
2. *What explains the variations in State agency and ALJ allowance rates?*
3. *Why is the allowance rate among States as variable as it is?*
4. *Why is there so much variance among the States in reasons reported for both allowing and denying claims?*
5. *What accounts for the significant decline over the years in the percentage of DDS awards that are based on medical listings and the significant increase in awards on the basis of vocational factors? What are the implications of this change?*
6. *With so much variance in decision making, how do you explain the consistently high level of State agency decisional accuracy found by SSA's Office of Quality Assurance?*
7. *Do differences in State administrative arrangements and practices affect the quality of decision making?*
8. *What are the implications for claimants and for the process of the increased numbers of claimants who are represented by attorneys?*

9. *How does the growing use of outside vocational experts at the ALJ level affect decision making? Does their use at the ALJ stage of the process represent a substantial difference from the process in the State agencies, where such experts are not used?*
10. *What are the reasons for the large number of State agency decisions that are reversed at the ALJ hearing level?*
11. *What has been the impact of various Federal court decisions?*
12. *Based on historical and international experience, is it reasonable to expect greater consistency in decision making than the statistics in these charts seem to show currently exists?*

These questions are particularly critical now that the DDSs, led by the prototype States, are beginning to move toward full implementation of the agency's 1996 process unification rulings. There is broad agreement that these rulings are leading to a much higher degree of subjectivity in decision making by DDS examiners than was the practice in the past. As yet it is unclear whether the rulings will reduce significantly the amount of disparity in decision making between the DDSs and ALJs that has existed for most of the life of the disability programs.

The high degree of variability in outcomes that has persisted for many years seems, on its face, to be inconsistent with a program that is intended to operate uniformly throughout the United States and is based on a Federal statutory definition of disability that has not changed for 30 years. As noted above, there are many factors (such as economic and demographic changes, court decisions, regional differences in income and health status, and actions by State governments) that are commonly put forward as explanations for differences among State agencies. Similarly, differences between the DDS and ALJ levels can be at least partially explained by the fact that at the ALJ level the claimant has an opportunity to meet with the adjudicator face-to-face, there is often additional evidence, and, with the lapse of time, the claimant's condition may have worsened. Also, ALJs decide cases on the basis of an on-the-record hearing that is conducted in accordance with the same procedures as are required by the Administrative Procedure Act, while DDSs process claims on a less formal basis.

The fact remains, however, that the agency currently has no effective mechanism in place to provide consistent and reliable information on the extent to which the variations may also represent a failure to apply program policies and procedures on a uniform basis throughout the country and throughout the disability system. Clarifying the issue of horizontal equity, i.e., whether similarly situated individuals are receiving similar treatment, is essential to evaluating the fairness and effectiveness of the administrative structure of the disability programs. It is also essential to evaluating the program from the standpoint of the contributors and taxpayers who pay the costs of the program. It is not justifiable for programs that are expected to cost nearly \$90 billion in fiscal year 2001 to lack such basic information. These concerns were reflected in the Board's 1998 report, *How SSA's Disability Program Can Be Improved*, which included as one of its recommendations that SSA contract for outside assistance in designing a new quality assurance system that would provide information to address the equity issue. SSA contracted for such assistance and we hope that the report of the contractor, which was recently completed, will assist the agency in making changes.<sup>8</sup>

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<sup>8</sup> More recently the Board also recommended that SSA engage an outside contractor to evaluate disability prototype. The agency decided to conduct its own evaluation, but engaged an outside contractor, in essence, to evaluate the agency's evaluation. See *Assessment of the Evaluation Plan for the Disability Process Redesign Prototype*, The Lewin Group, Inc., September 18, 2000.

We believe that SSA urgently needs a new quality management system that will routinely produce the information the agency needs to properly guide disability policy and procedures and to ensure accuracy and consistency in decision making. Such a system is essential to provide ongoing evaluation of agency initiatives such as process unification and prototype. The system should incorporate all stages of decision making and it should be capable of producing special studies that will identify specific problems and help the agency to devise appropriate solutions. The information provided should be made available to persons who are concerned with the disability programs both within and outside of the agency.

The disability rolls are projected to grow over the coming decades as baby boomers reach an age of increased likelihood of becoming disabled. These growing workloads will make it increasingly important for the agency to have clear and workable policy and administrative rules and guidelines. This will require a better understanding than now exists of the factors that influence the dynamics of the disability rolls.





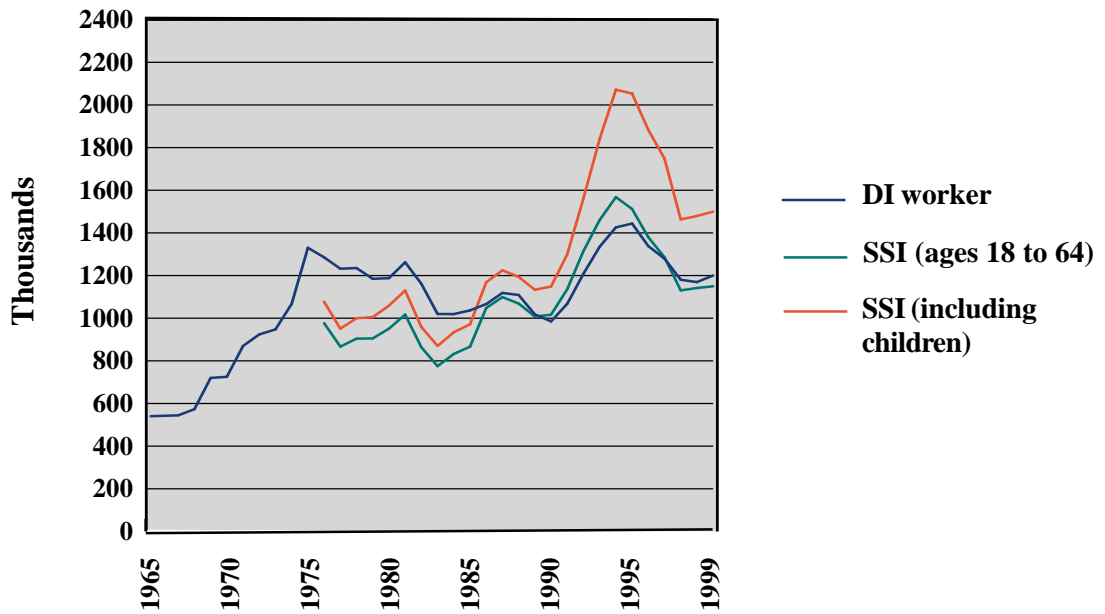
# **PART ONE**

## **Data Relating to Disability Program Operations**



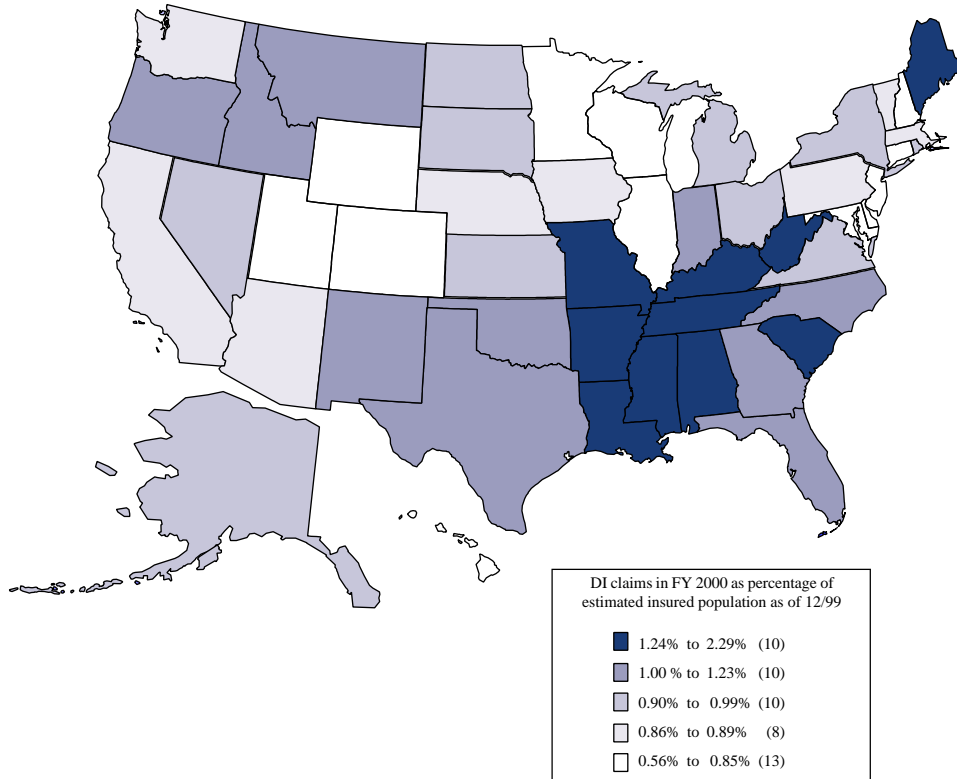
# **I. Applications**

**Chart 1. - DI and SSI Disability Applications**  
**Calendar Years 1965 - 1999**



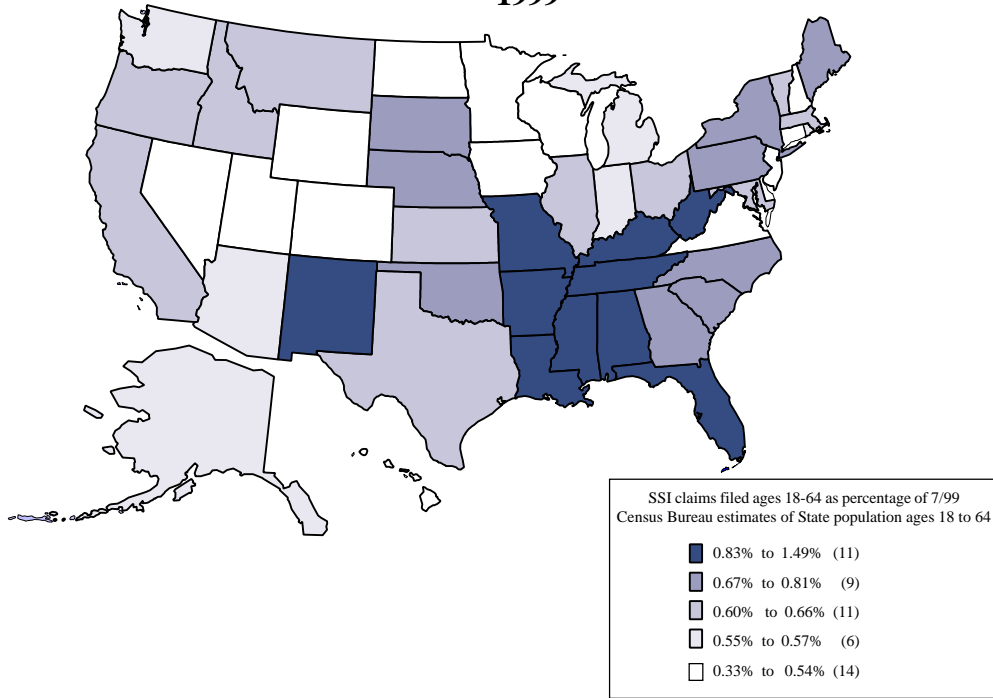
The number of applications for DI and SSI disability has varied greatly over the years, although the overall trend has been upward. After declining from a high in the early 1990s, applications have recently shown an increase. SSI applications increased in 1998 and 1999 and DI applications increased in 1999. This trend continued in the first part of 2000. Past studies have shown some relationship between applications and unemployment, particularly for DI. Observers of the program also cite other factors affecting applications, including, for example, increases in numbers of workers insured for Disability Insurance, efforts by State and local governments to shift welfare caseloads and spending to the Federal government, court decisions, changes in regulations, and adjudicative climate. Numbers for DI and SSI are not additive because some applicants apply for benefits under both programs.

**Chart 2. - DI Application Rates, By State  
2000**

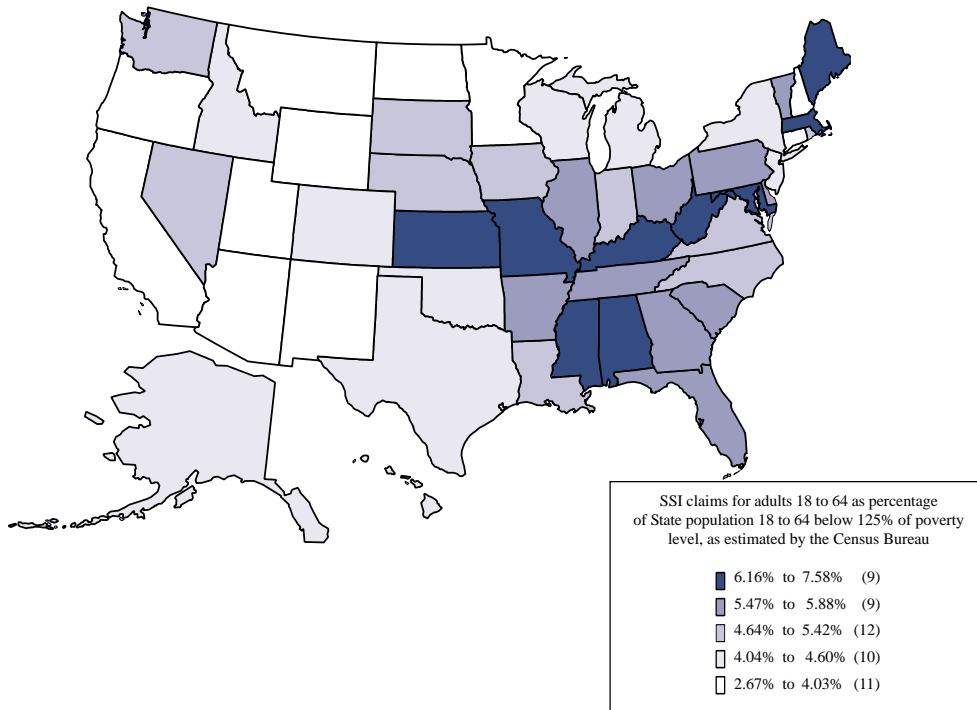


The highest DI application rates are generally in the Southeast.

**Chart 3. - SSI Adult Disability Application Rates, By State  
1999**

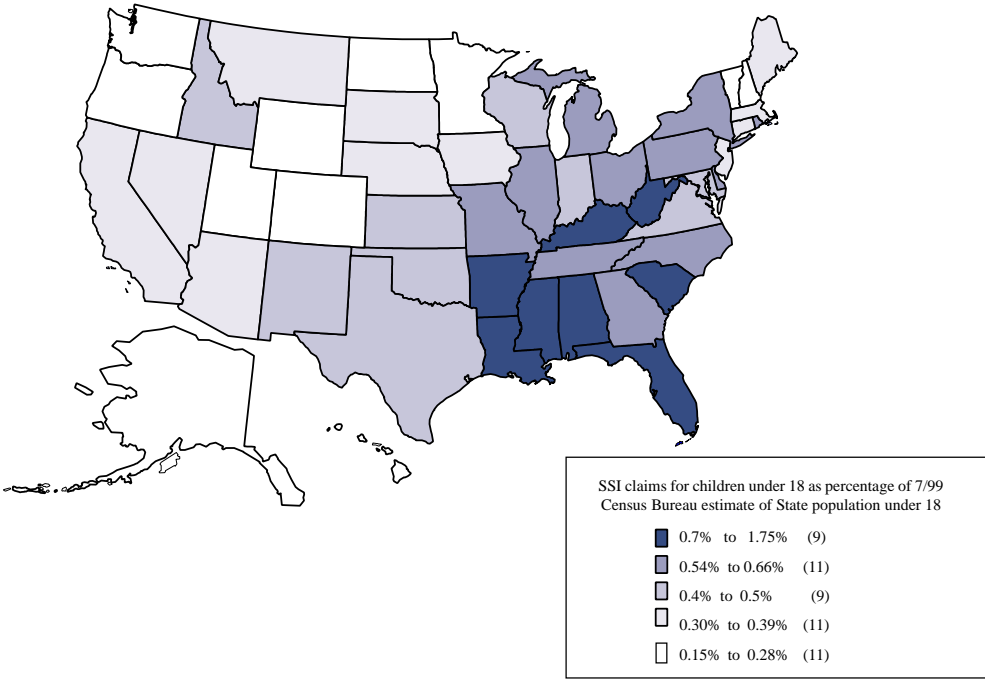


SSI adult application rates as percentage of the population show a similar pattern to DI application rates, but there are also differences such as higher rates in New York and California.

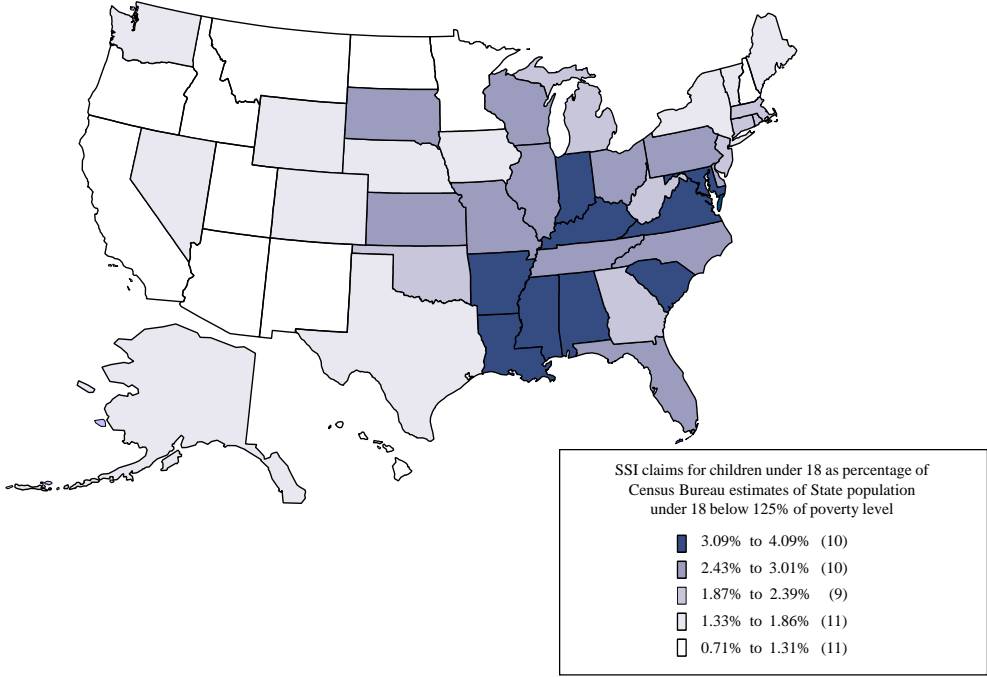


Viewed as a percentage of the population living in households with income below 125 percent of the poverty level in 1998, SSI adult application rates still cover a wide range, from 2.67 percent in North Dakota to 7.58 percent in Kentucky.

# Chart 4. - SSI Child Disability Application Rates, By State 1999



Disability application rates for SSI children as a percentage of the population are highest in the Southeast but are also high in States such as New York, Pennsylvania, Ohio, Michigan, and Illinois.



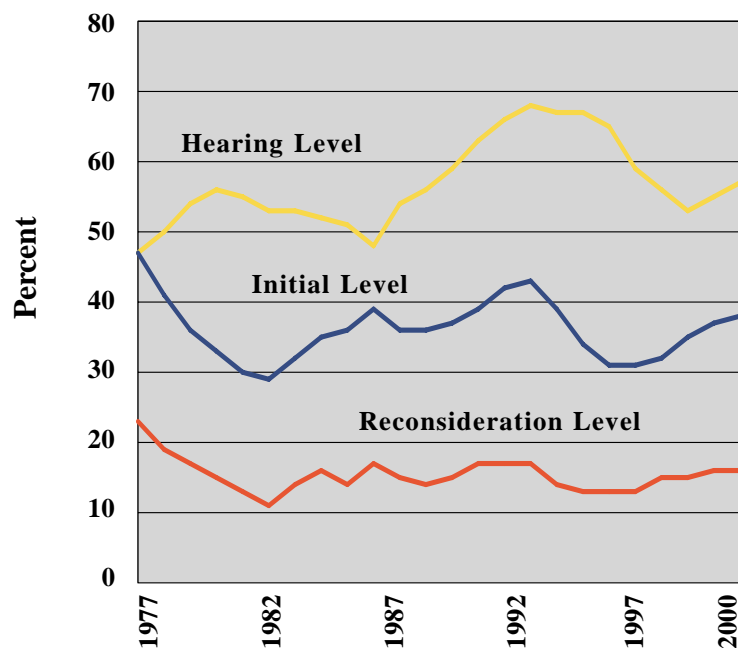
Expressed as a percentage of the population under 18 living in households with income below 125 percent of the poverty level in 1998, there is a wide range in SSI child disability application rates, from 0.71 percent in Hawaii to 4.09 percent in Maryland.





## **II. Allowance Rates/Awards**

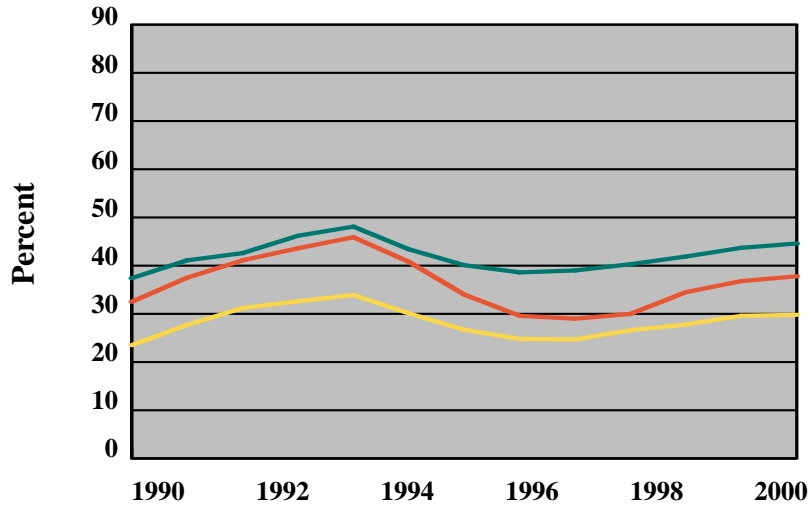
**Chart 5. - Allowance Rates at Each Level  
of Decision Making, DI and SSI Combined  
Fiscal Years 1977 - 2000**



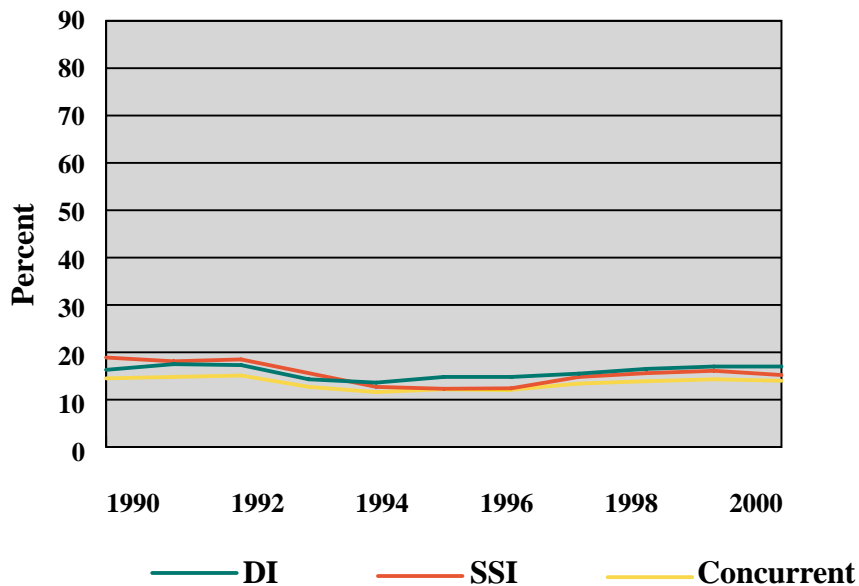
*Note: The hearings level allowance rate shown here is the percentage of dispositions, which includes dismissals.*

In the last two decades, the percentage of claims adjudicated at the ALJ level that are allowed has been considerably higher than the percentage allowed by the DDSs at the initial level. The allowance rates for both levels have shown large variations, sometimes moving in tandem, sometimes not.

**Chart 6. - State Agency Allowance Rates for Initial Claims**  
Fiscal Years 1990 - 2000

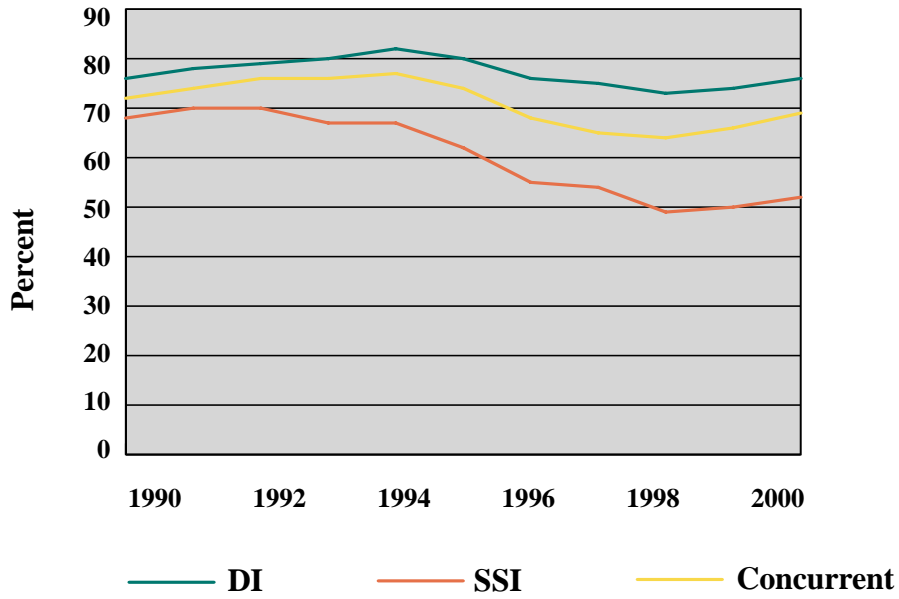


**Chart 7. - State Agency Allowance Rates for Reconsiderations**  
Fiscal Years 1990 - 2000



Since 1996, the percentage of applications allowed by State agencies at the initial level has grown for DI, SSI, and concurrent applications. Some in SSA and the State agencies attribute the growth in State agency allowance rates at least in part to the process unification rulings that SSA issued in the summer of 1996. Others attribute it to adjudicative climate.

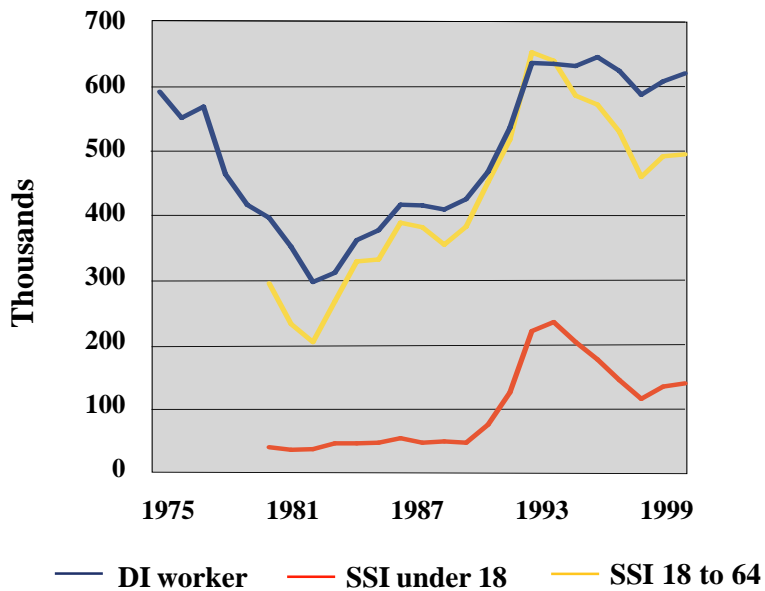
**Chart 8. - ALJ Hearing  
Decision Allowance Rates\***  
Fiscal Years 1990 - 2000



*\*Excludes dismissals.*

ALJ hearing decision allowance rates fell in the period 1995 to 1998, but began to climb again in 1999 and 2000. Note that allowance rates for SSI claimants are considerably lower than for DI.

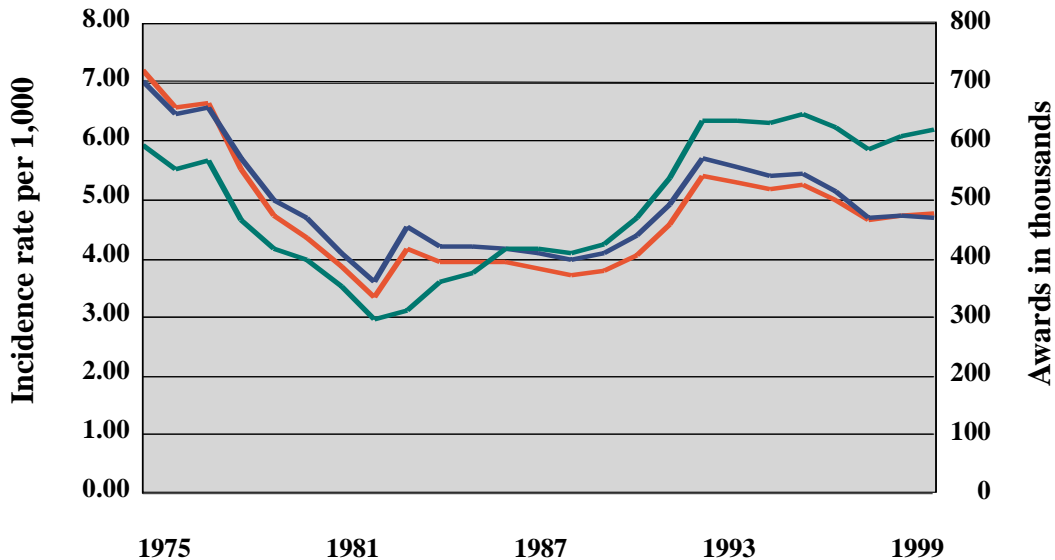
**Chart 9. - Disability Awards**  
**Calendar Years 1975 - 1999**



*Note: Age breakouts for SSI not available before 1980.*

The number of DI worker and SSI disability awards has increased greatly since 1982. DI worker awards declined slightly in 1996 and 1997, but resumed their climb in 1998. SSI awards for both adults and children also resumed their climb in 1998, after falling off sharply from highs in 1992 and 1993. Much of the rapid growth in SSI awards for children in the early 1990s was due to the Supreme Court's *Zebley* decision, which liberalized the criteria for determining disability for children.

**Chart 10. - DI Worker Awards and Incidence Rates**  
**Calendar Years 1975 - 1999**



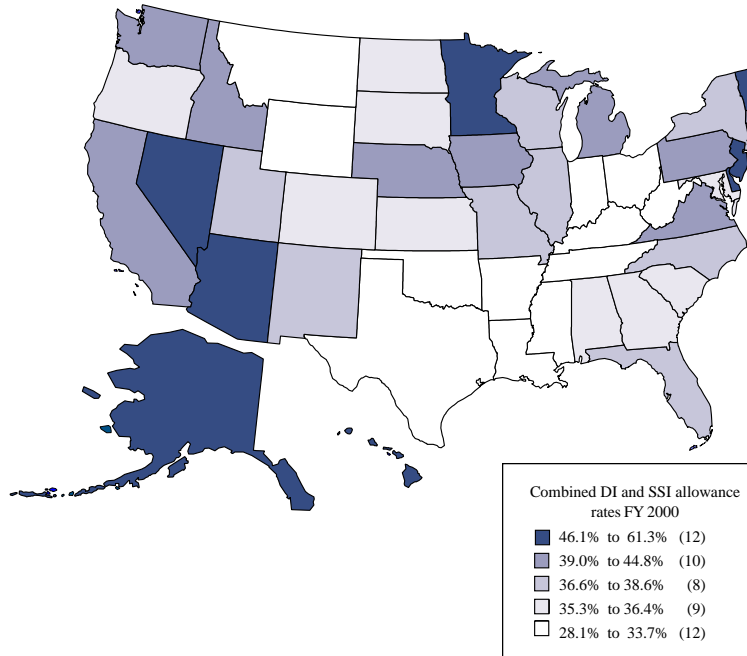
— DI worker awards  
 — Gross incidence rate  
 — Age-sex adjusted incidence rate

The DI gross incidence rate (the ratio of annual awards to the disability insured population) has varied in somewhat of a roller coaster fashion. It stood at 7.2 per thousand in 1975 and fell to a low of 3.3 per thousand in 1982. It rose again to 5.4 per thousand in 1992, fell to 4.6 in 1997, and began to rise again in 1998. The incidence rate has grown more slowly than the number of awards, reflecting the growth of the insured population.

The incidence rate is a common indicator of the status of the disability system. This chart shows both the gross incidence rate and the age-sex adjusted rate for DI benefits. The adjusted rate factors out the effects of the changes in the population in terms of both age and sex. It shows what the incidence rate would have been given the age and sex distribution of the insured population as of 1998.

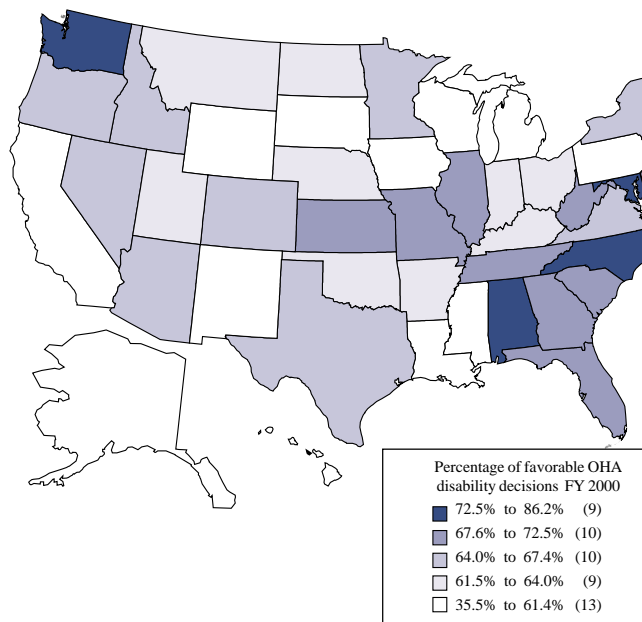
## Chart 11. - State Agency Initial Allowance Rates for DI and SSI, By State

Fiscal Year 2000



## Chart 12. - Percentage of ALJ Disability Decisions Favorable to Claimants, By State

Fiscal Year 2000



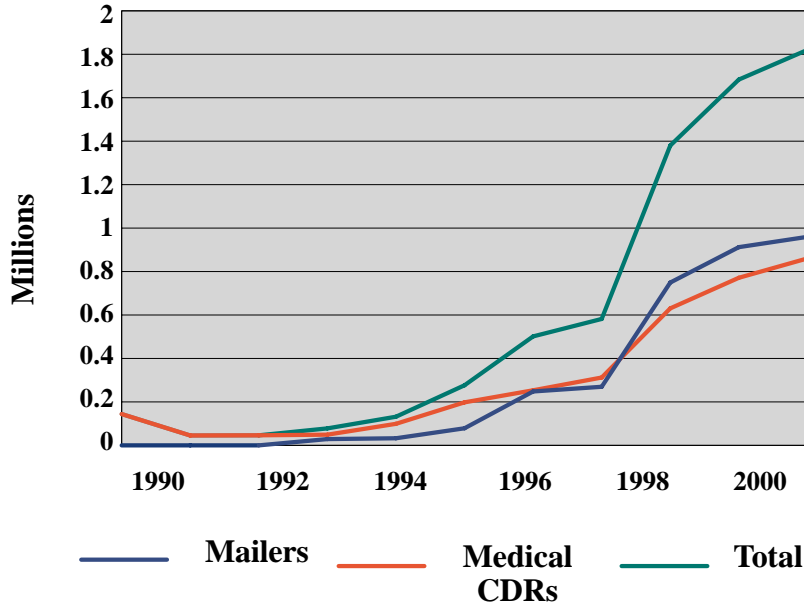
Compared to the distribution by State of initial allowances, the distribution of hearing decisions favorable to claimants is more scattered. There is no apparent correlation between low State agency initial allowance rates and high hearing allowance rates.





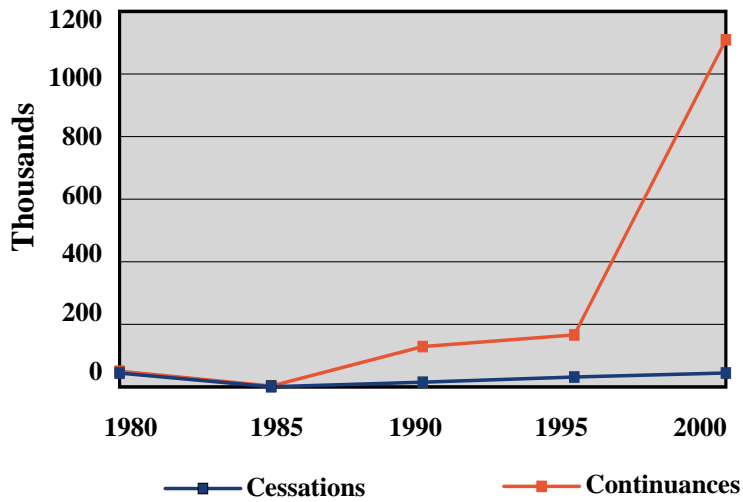
### **III. Continuing Disability Reviews**

**Chart 13. - Number of Continuing Disability Reviews (CDRs) Processed  
Fiscal Years 1990-2000**



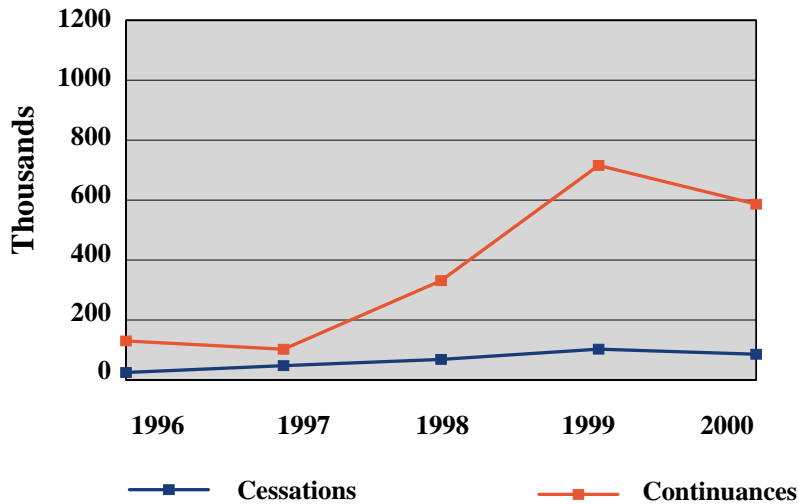
In 1996, Congress authorized \$4.3 billion in funding for continuing disability reviews (CDRs) for fiscal years 1996 through 2002. CDRs are conducted for beneficiaries of both DI and SSI. SSA uses statistical profiling to identify beneficiaries' probability of medical improvement. Those with higher probability are scheduled for medical CDRs. Field offices contact these beneficiaries and ask them to provide updated information on their condition and their treatment sources. The field offices then send the cases to a State agency for decision. Beneficiaries with a lower probability of medical improvement are sent mailers with questions designed to raise issues of medical improvement. Beneficiaries send their responses to the mailer to a data operations center where they are recorded. If the answers to a mailer indicate that medical improvement may have occurred, the beneficiary is scheduled for a full medical CDR.

**Chart 14. - CDR Decisions for DI Beneficiaries\***  
**Fiscal Years 1980-2000**



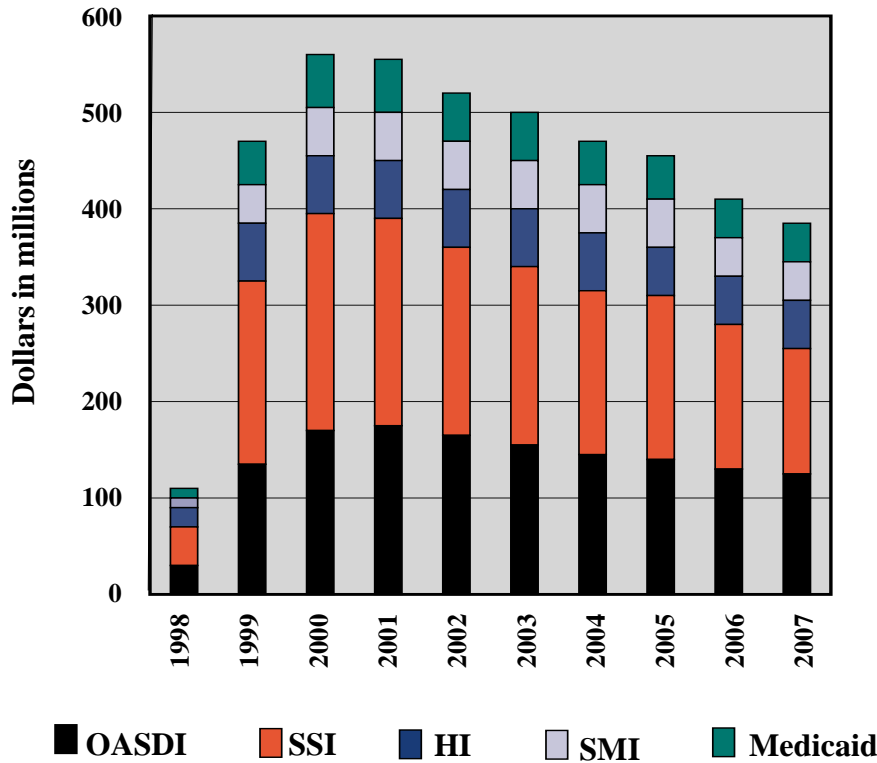
\* Includes disabled workers, disabled widows and widowers, and disabled children.

**Chart 15. - CDR Decisions for SSI Beneficiaries\***  
**Fiscal Years 1996-2000**



\* Numbers of CDRs do not include redeterminations of SSI children required by the change in the definition of disability for children enacted in 1996. SSA conducted CDRs for SSI beneficiaries only in limited circumstances prior to 1996.

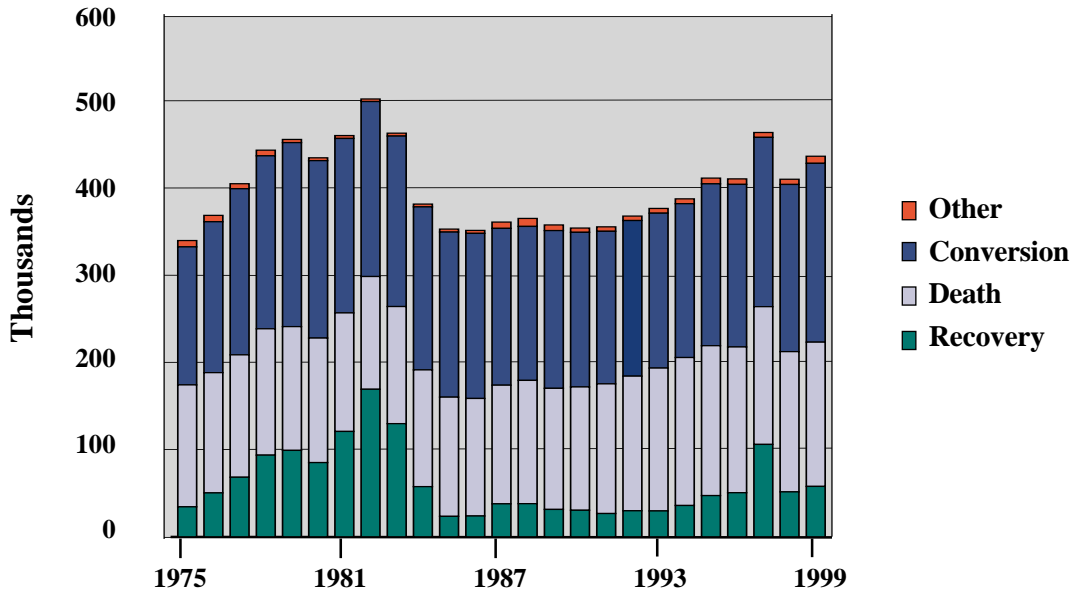
**Chart 16. - Estimated Federal Savings From CDR Cessations in Fiscal Year 1998, By Program**



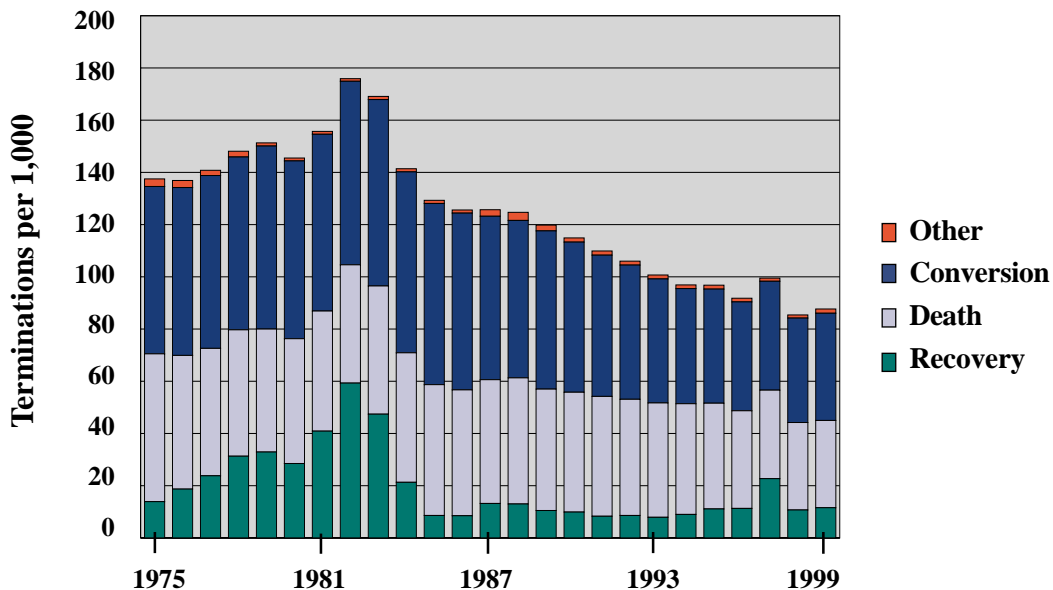
This chart shows the estimated reduction in benefit payments over a ten-year period resulting from initial CDR cessations in fiscal year 1998. The estimated reduction is based on a projected total of 70,300 ultimate cessations after all appeals. Although most CDRs do not result in cessation, SSA's CDR process has been yielding a favorable ratio of savings to costs. For fiscal year 1998, SSA's actuaries estimate the ratio of savings to administrative costs at \$12 to \$1. The actuaries expect the high savings-to-cost ratio to decline substantially in the future as the CDR backlog is depleted.

## **IV. Terminations**

**Chart 17. - Number of DI Terminations**  
Calendar Years 1975-1999



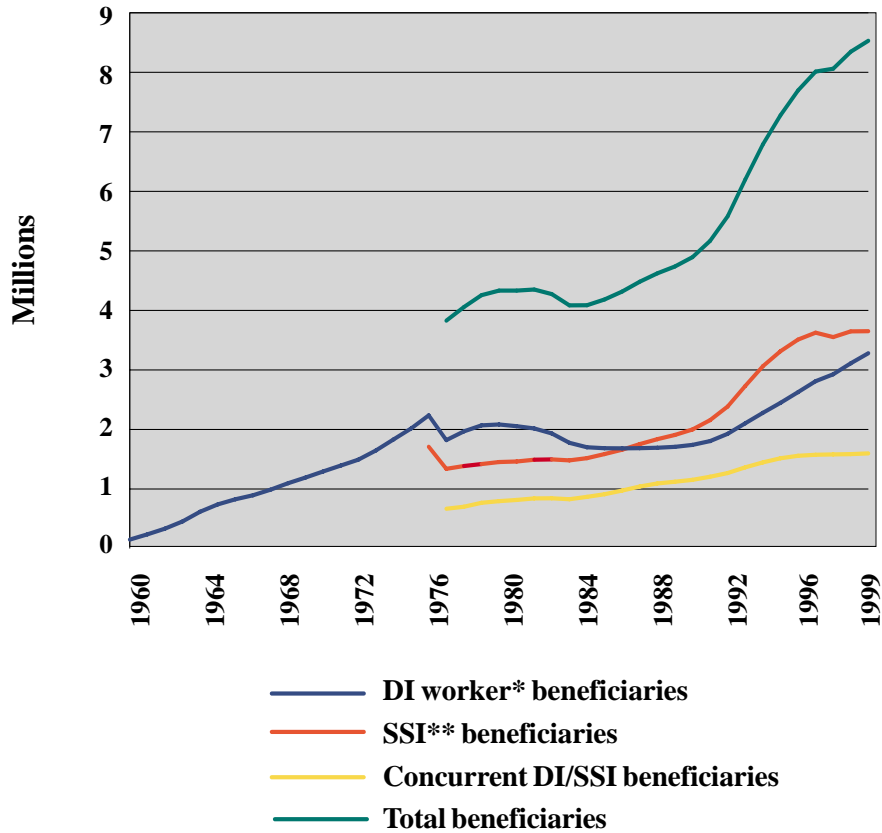
**Chart 18. - DI Termination Rate**  
Calendar Years 1975-1999



While the number of terminations of disabled worker benefits has generally increased since 1990, the termination rate (the number of terminations per 1,000 beneficiaries) has generally declined. Terminations due to death or conversion exceed those due to recovery from a disability except in 1982, when terminations for recovery exceeded those for death. (Conversion refers to transferring from a DI benefit to another type of benefit, generally to a retirement benefit at age 65.) These trends in terminations and termination rates reflect the overall growth in the number of DI beneficiaries as well as the increasing proportion of younger beneficiaries.

## **V. Beneficiaries**

**Chart 19. - DI, SSI and Concurrent  
Disability Beneficiaries  
Calendar Years 1960 - 1999**

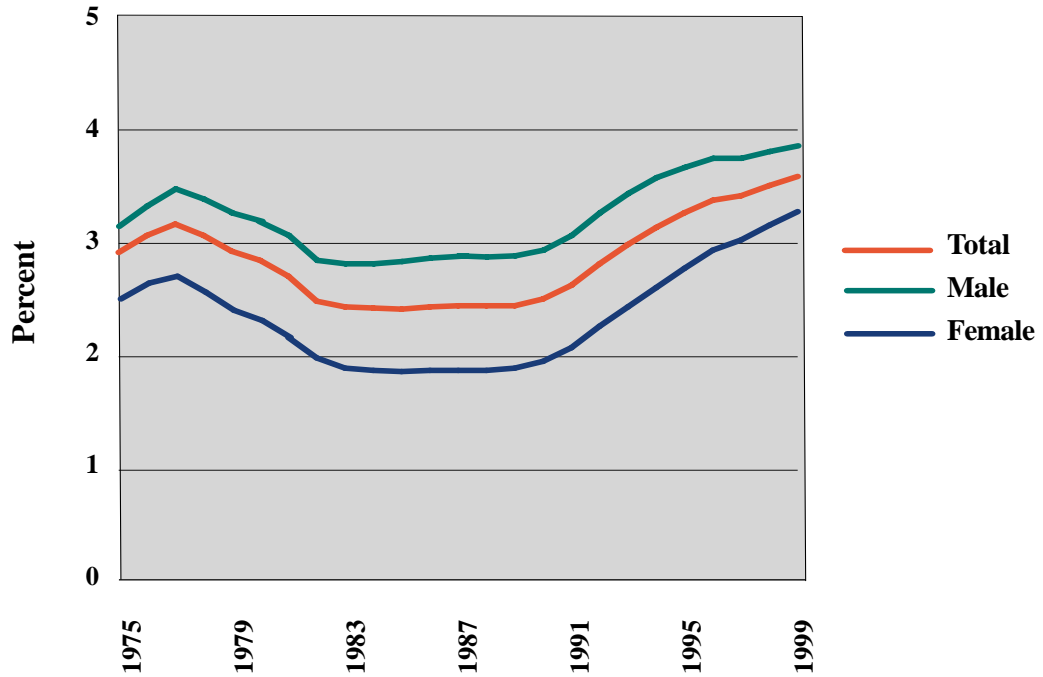


\* DI only  
 \*\* SSI only

The number of disability beneficiaries has continued to climb, and SSA’s actuaries project future increases as the average age of the population increases and the baby boomers reach an age of increased likelihood of applying for disability. The number of SSI disability beneficiaries has exceeded the number of DI worker beneficiaries since 1986. In December 1999, 1.6 million wives, husbands, and children of disabled workers received DI benefits in addition to the number of DI worker beneficiaries shown above.

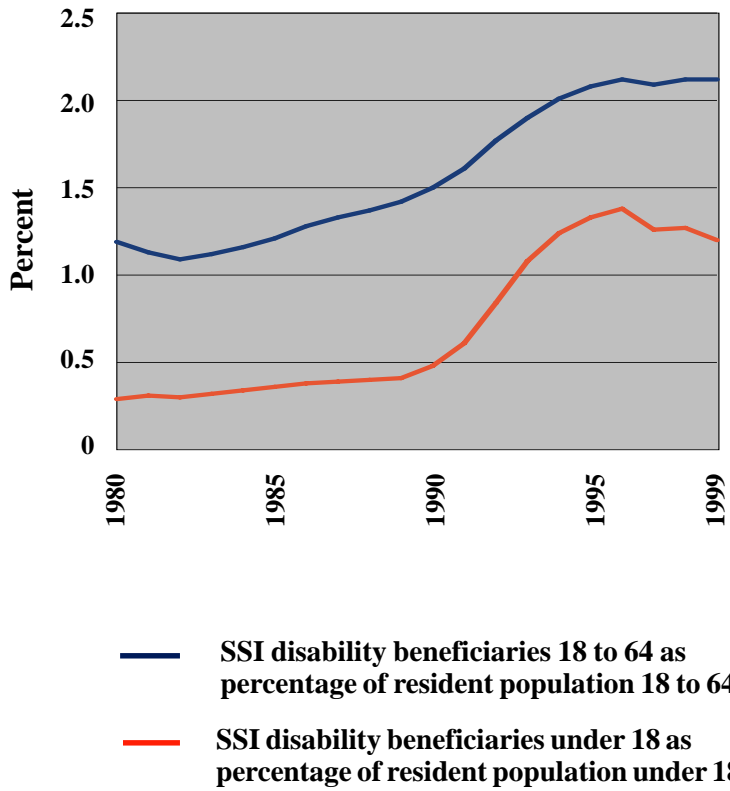


**Chart 20. - Disabled Worker Beneficiaries as  
Percent of Population Insured for Disability  
Calendar Years 1975-1999**



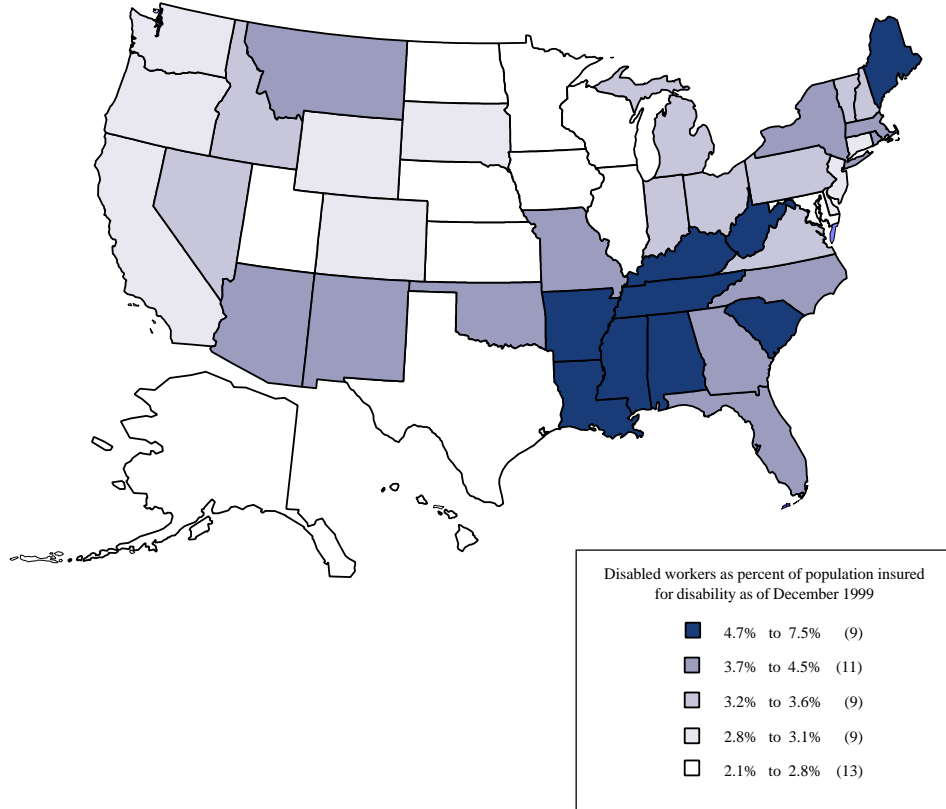
This chart shows the DI prevalence rate. Since 1988 there has been a steady increase in the percentage of the population insured for disability that is receiving disability benefits.

**Chart 21. - SSI Disability Beneficiaries as Percent of Population, By Age Group**  
**Calendar Years 1980-1999**



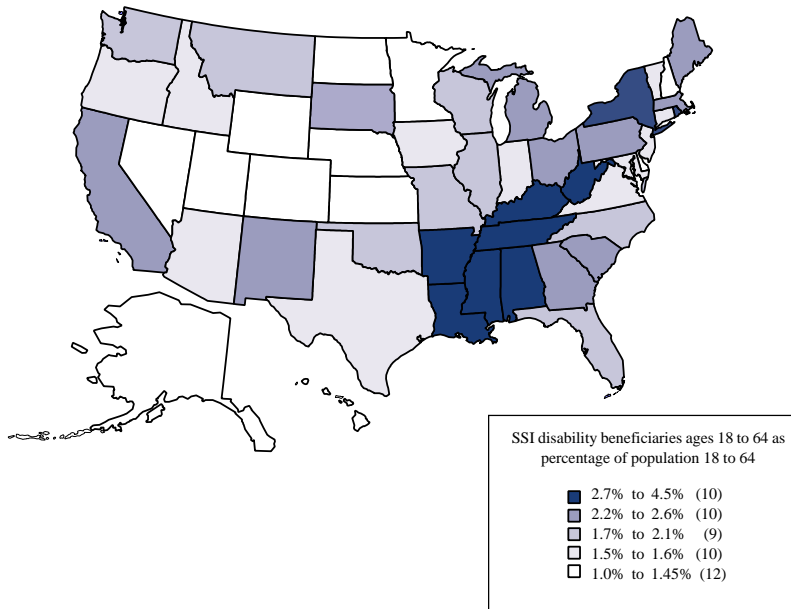
Since 1980, the percentage of the adult population receiving SSI disability benefits has nearly doubled, and the percentage of children receiving benefits has increased fourfold. For both groups, growth was most rapid in the early 1990s. For adults, the figure has changed little since 1995. The percentage of children receiving benefits has declined slightly since that time.

**Chart 22. - Disabled Workers as Percent of Population Insured for Disability, By State  
December 1999**

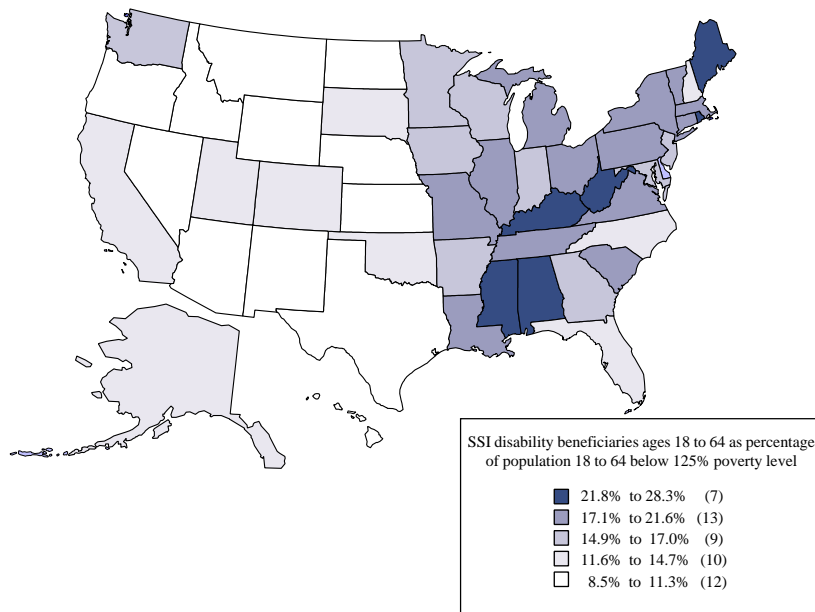


States with the darker colors have the higher percentage of population insured for disability who are receiving DI worker benefits. As can be seen, prevalence rates generally are highest in the Southeastern part of the U.S.

**Chart 23. - SSI Disabled Adults as Percent of Population 18 to 64, By State**

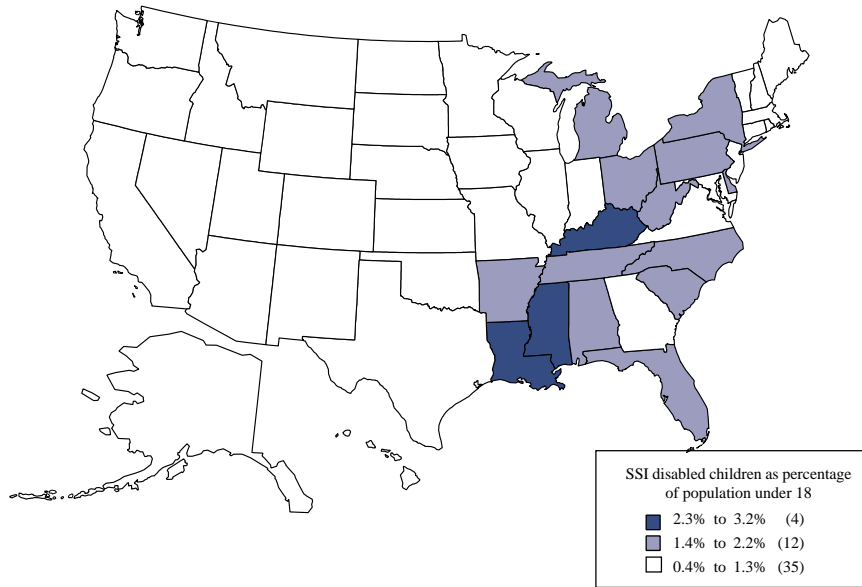


This chart shows SSI disabled adults ages 18 to 64 as of December 31, 1999, as a percentage of State population ages 18 to 64 as of July 1, 1999. As with DI, the SSI prevalence rate generally tends to be highest in the Southeastern part of the U.S.

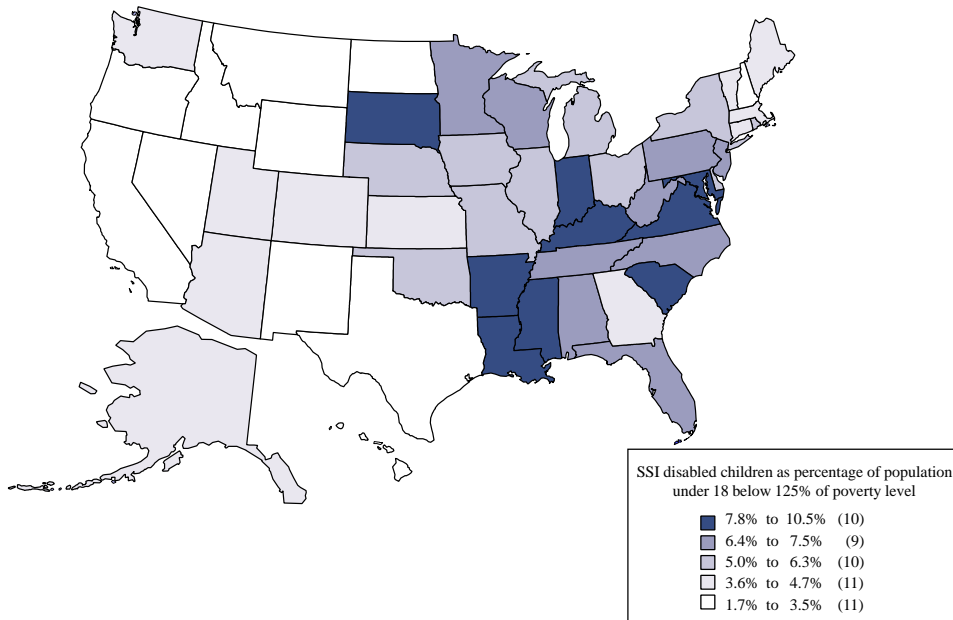


This chart shows SSI disabled adults ages 18 to 64 in December 1999 as a percentage of the State population in 1999 below 125 percent of the poverty level. Prevalence rates range from 8.5 percent in Montana to 28.3 percent in Kentucky. Rates are generally higher in the Eastern than in the Western part of the U.S.

**Chart 24. - SSI Disabled Children as Percent of Population Under 18, By State**



There is a wide variance among States in the percentage of the population under 18 receiving SSI disability benefits. In 35 States, 1.3 percent or less of the population under 18 receives SSI. In 4 States (Kentucky, Mississippi, Louisiana, and the District of Columbia), between 2.3 percent and 3.2 percent receive SSI. The map shows data for disabled children as of December 31, 1999 as a percentage of child population as of July 1, 1999.

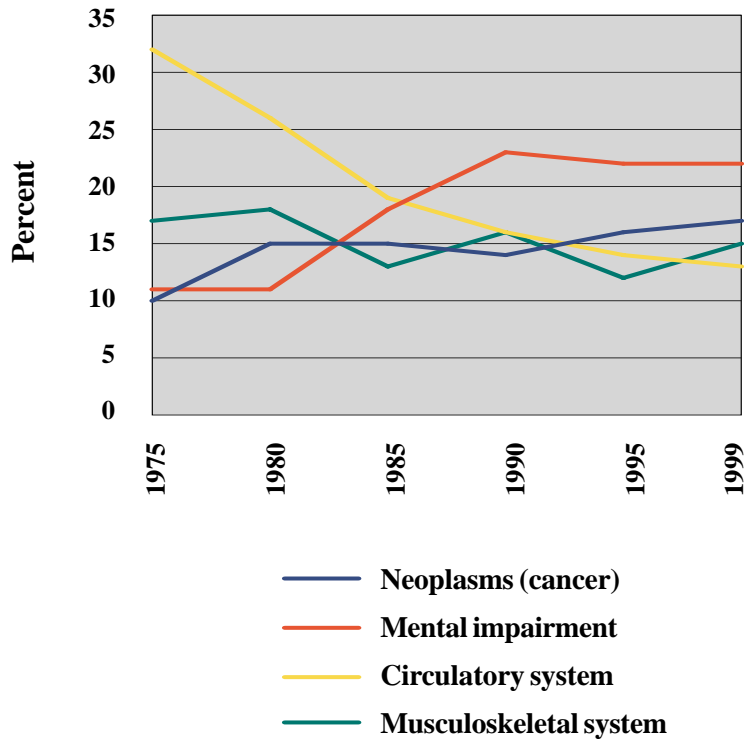


The variance among States is wide also when the prevalence of SSI children's benefits is expressed as a percentage of the population under 18 living in households with incomes below 125 percent of the poverty level. In 22 States, the number of SSI beneficiaries is 4.7 percent or less of that population, while in 10 States, the number of beneficiaries is 7.8 percent or more of that population.



## **VI. Beneficiary Characteristics**

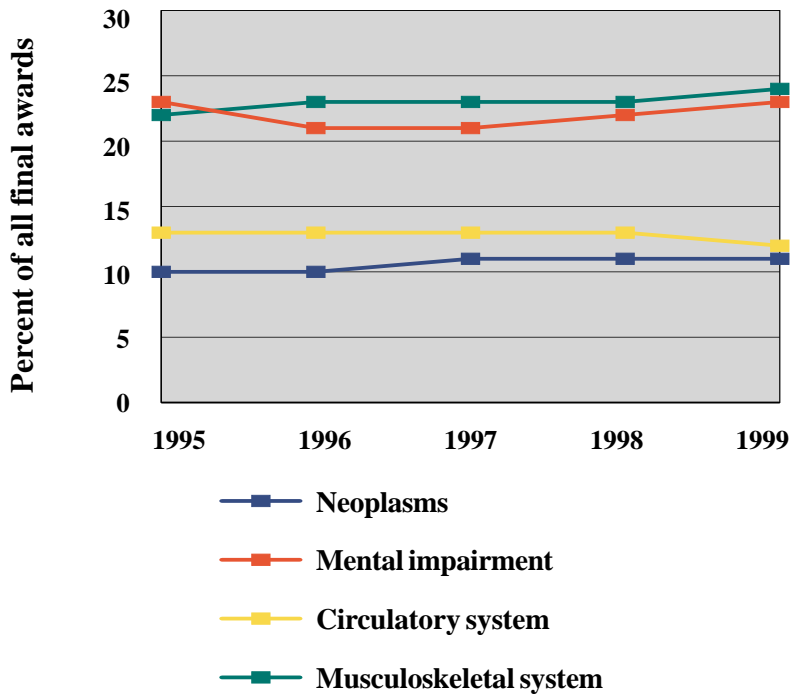
**Chart 25. - Trend in State Agency Awards for DI  
By Major Cause of Disability  
Calendar Years 1975-1999**



Mental impairment has become the largest single reason for State agency disability awards. Other major causes are neoplasms, impairments of the musculoskeletal system, and impairments of the circulatory system. The percent of cases awarded on the basis of impairments of the circulatory system, however, has declined substantially over the years.



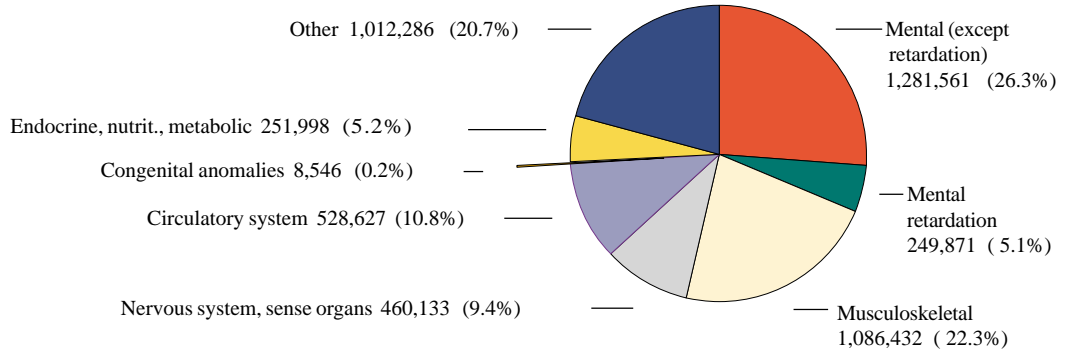
**Chart 26. - DI Worker Awards After All Appeals By Cause of Disability**  
**Calendar Years 1995-1999**



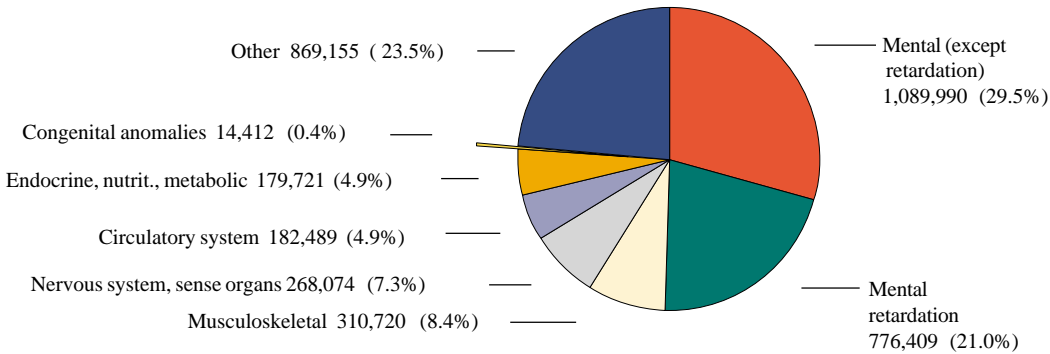
Unlike at the State agency level, the largest single reason for DI worker awards after all appeals is impairment of the musculoskeletal system. Beginning in 1996, this category overtook mental impairments as the largest category of final awards.

**Chart 27. - Beneficiaries By Type of Impairment**  
**December 1999**

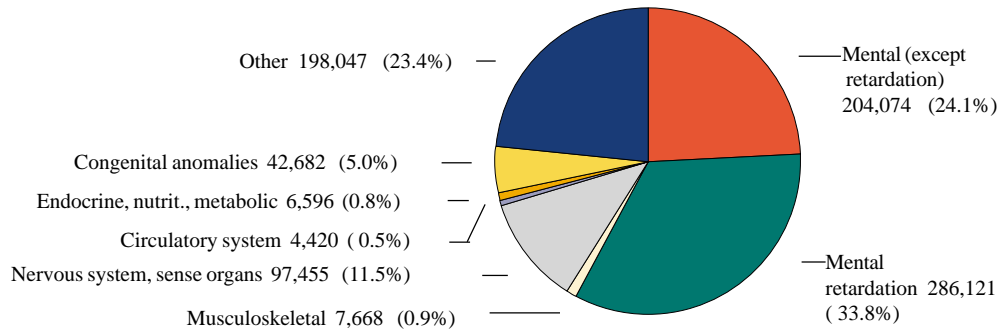
**DI Beneficiaries**



**SSI Beneficiaries 18 to 64**

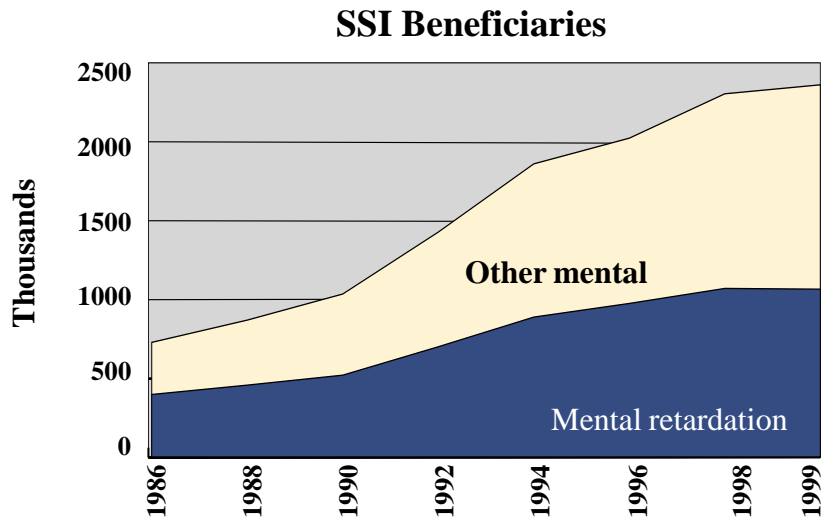
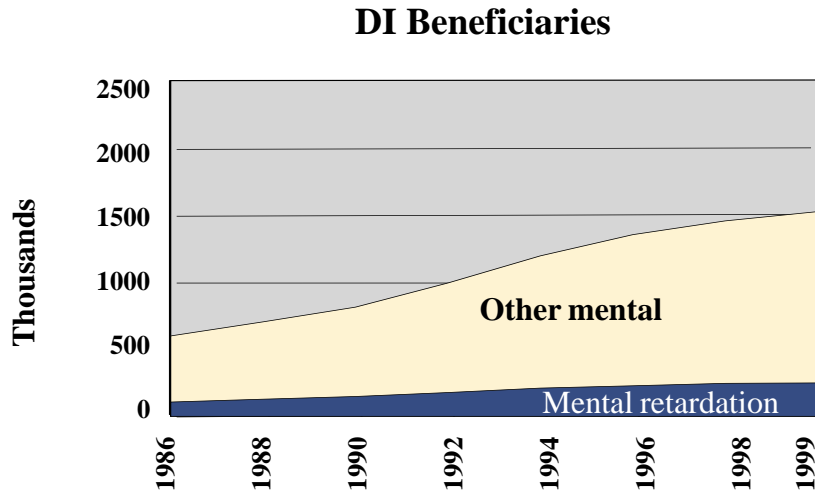


**SSI Beneficiaries Under 18**



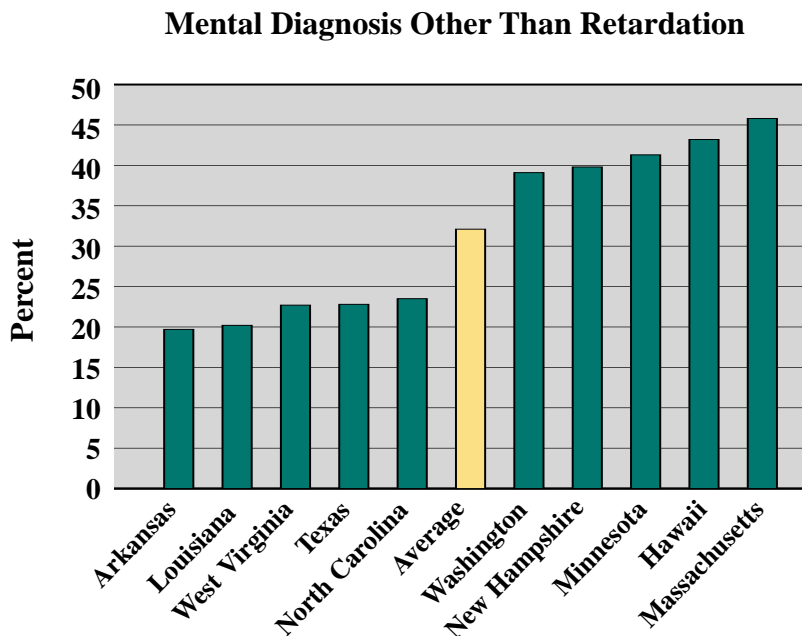
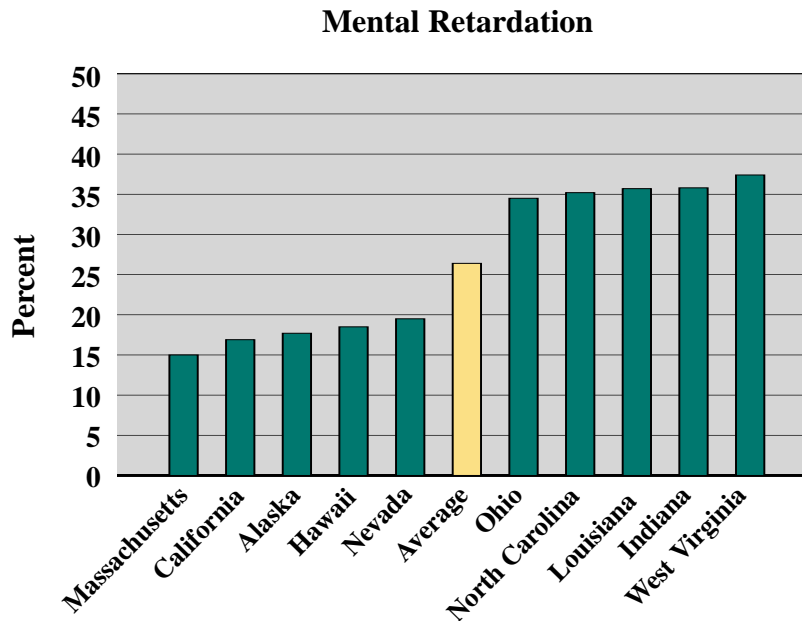
*Note: For purposes of comparison among groups of beneficiaries, the charts show causes of disability that account for at least 5 percent of one or more of the three groups of beneficiaries on the chart. The "other" category includes all other causes, which individually account for less than 5 percent of each of the three beneficiary groups, such as infectious and parasitic diseases, neoplasms, and several others. Although neoplasms represent a high percentage of the DI awards, the high mortality rate of individuals with neoplasms may explain why the percentage of beneficiaries with neoplasms is below 5 percent.*

**Chart 28. - Beneficiaries With Diagnosis of Mental Impairment**  
**Calendar Years 1986-1999**



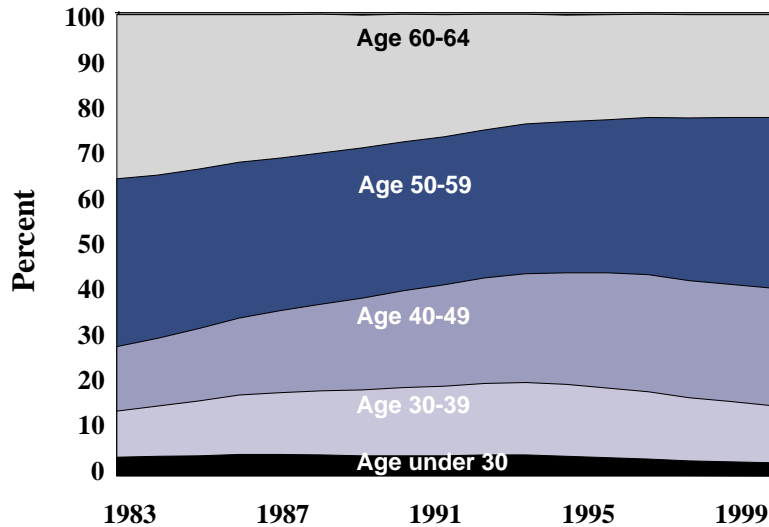
Since the mid-1980s, the number of beneficiaries with a diagnosis of mental impairment (either retardation or other) has grown significantly in both the DI and SSI programs. The growth in the SSI program has been particularly pronounced.

**Chart 29. - SSI Beneficiaries Under Age 65 With  
Diagnosis of Mental Impairment: Low Five States, High  
Five States, and National Average**  
December 1999



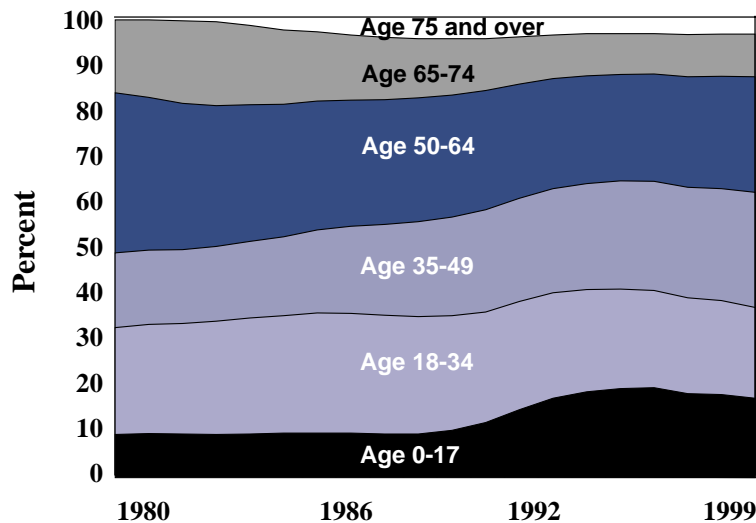
There are significant State-to-State differences in the diagnoses of SSI disabled beneficiaries. For example, the percentage of beneficiaries as of December 1999 with a diagnosis of mental retardation ranged from 15 percent in Massachusetts to 37 percent in West Virginia. The percentage of beneficiaries with a mental diagnosis other than retardation ranged from 20 percent in Arkansas to 46 percent in Massachusetts.

**Chart 30. - DI Age Groups as Percent of Total DI Beneficiaries**  
Calendar Years 1983-1999



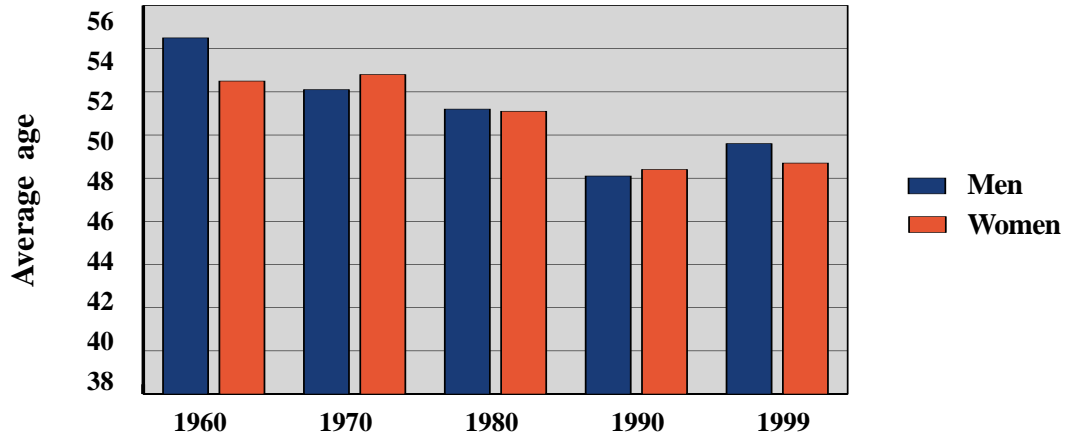
Between 1983 and 1999, the 40 to 49 age group of DI beneficiaries grew to 26 percent from 14 percent of the total, while the 60 to 64 age group fell to 22 percent from 36 percent of the total. At age 65, DI beneficiaries are converted to retirement benefits.

**Chart 31. - SSI Age Groups as Percent of Total SSI Disabled Beneficiaries**  
Calendar Years 1980-1999

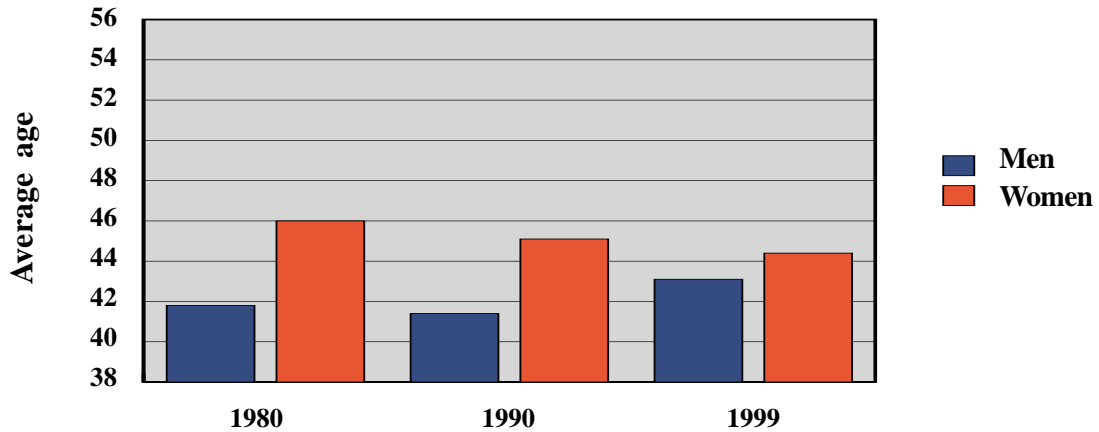


While the number of beneficiaries in every age group of SSI disability beneficiaries has grown, some age groups have grown more rapidly than others. Beneficiaries under age 18 were 9 percent of the total beneficiary population in 1980 and had grown to 17 percent of the population by 1999. Beneficiaries in the 35-to-49 age group were 16 percent of the beneficiary population in 1980 and had grown to 25 percent in 1999.

**Chart 32. - Average Age of Newly Awarded DI Beneficiaries**  
Calendar Years 1960-1999

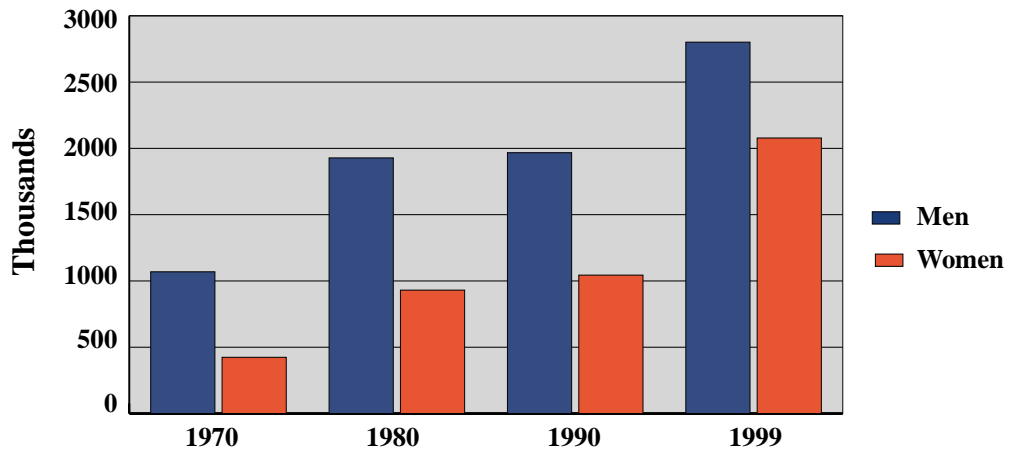


**Chart 33. - Average Age of Newly Awarded SSI Disabled Adult Beneficiaries**  
Calendar Years 1980-1999



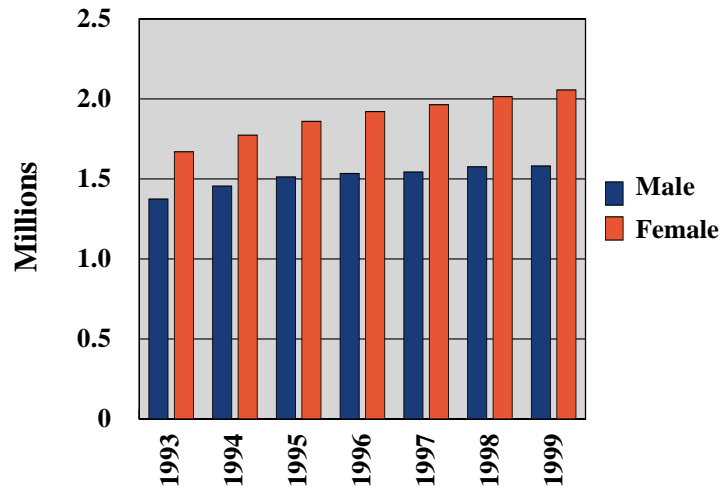
Until recently, there was a marked downward trend in the age of newly awarded DI beneficiaries. The average age of newly awarded SSI adult beneficiaries (under age 18 not included) has been consistently lower than that of new DI beneficiaries.

**Chart 34. - Number of DI Beneficiaries, By Sex**  
Calendar Years 1970-1999

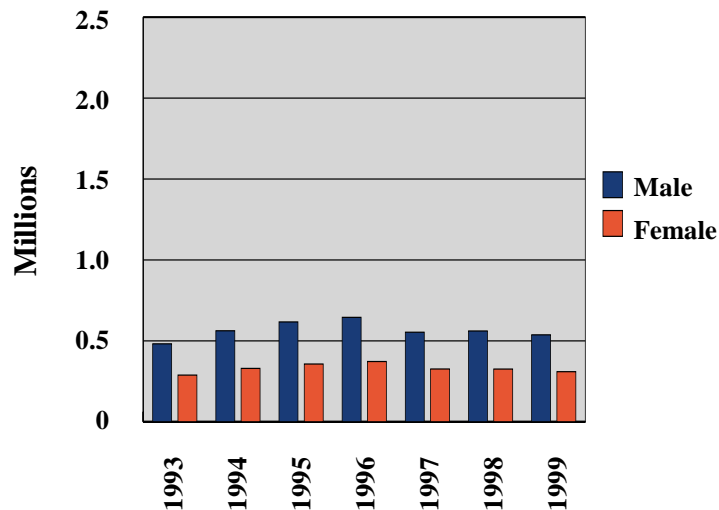


Women comprise an increasingly large proportion of DI beneficiaries. In 1970, they were 28 percent of the total beneficiaries (and 33 percent of the insured population). In 1999, they were 43 percent of the total beneficiaries (and 47 percent of the insured population).

**Chart 35. - SSI Disabled Beneficiaries  
Age 18 to 64, By Sex  
Calendar Years 1993-1999**



**Chart 36. - SSI Disabled Child  
Beneficiaries, By Sex  
Calendar Years 1993-1999**

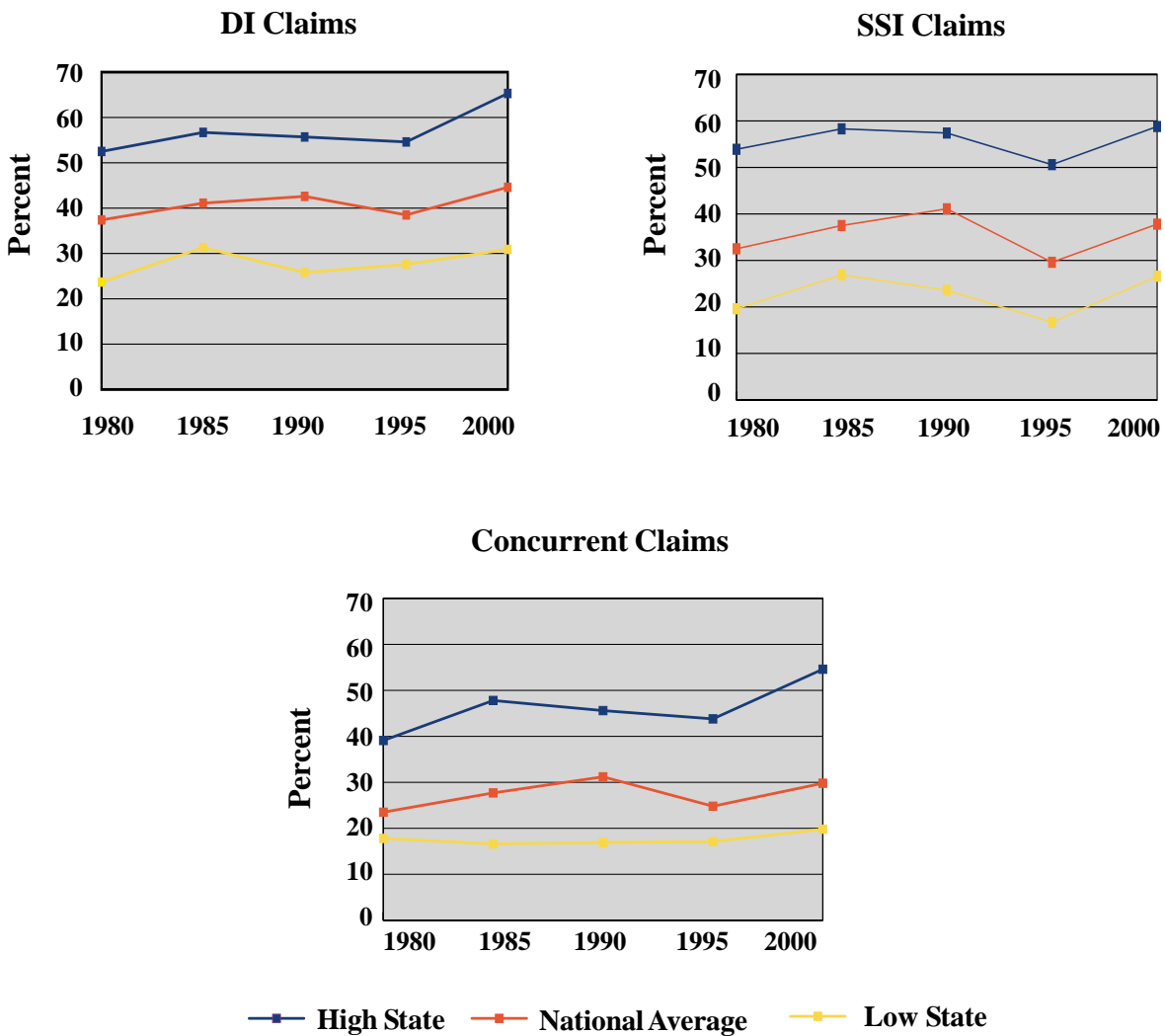


Females are a majority of SSI disabled adult beneficiaries. In the years shown, they have increased from 55 percent to 57 percent of the total. For child beneficiaries, on the other hand, males are in the majority, with 63 percent of the total in each of the years shown.



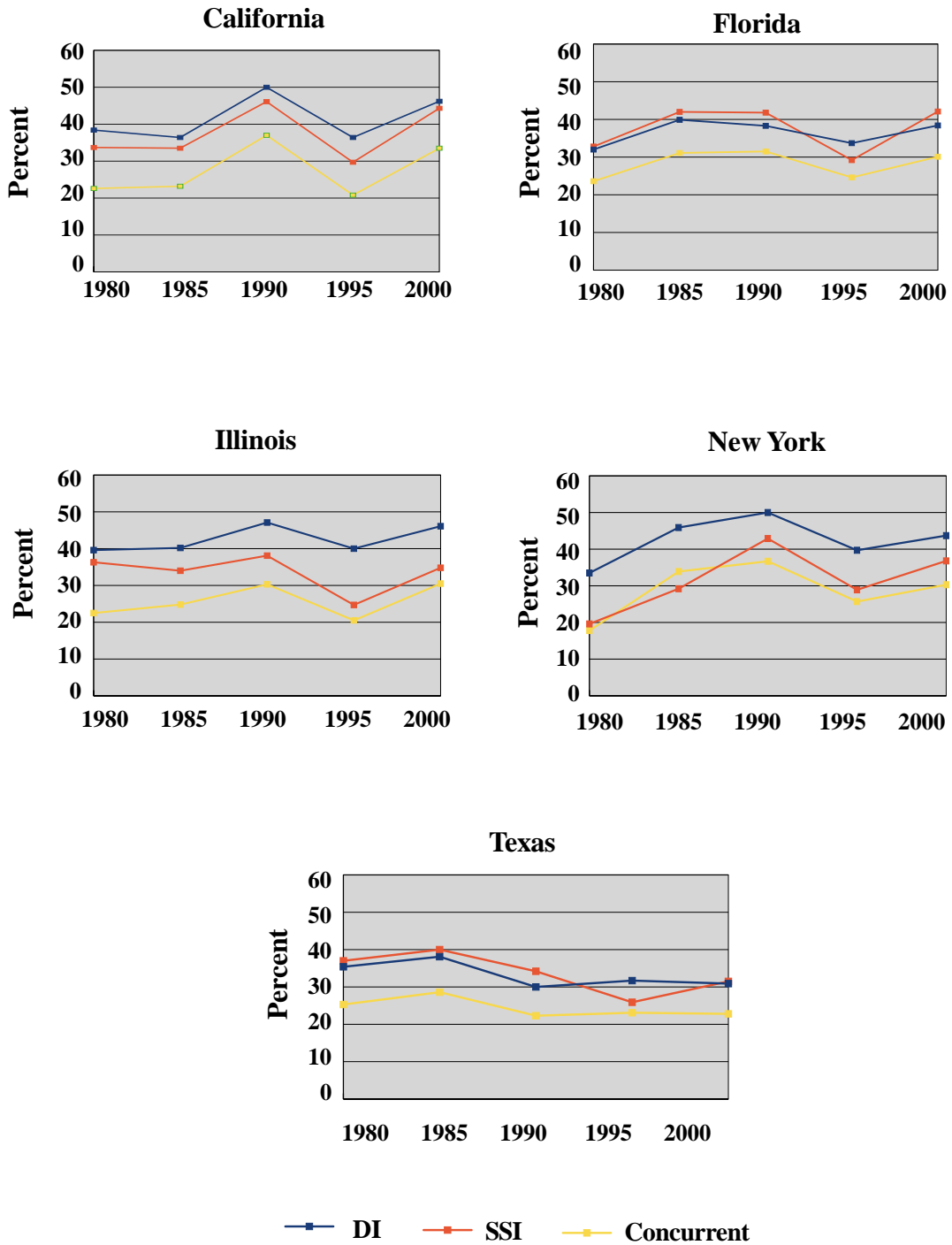
## **VII. Variations in State Agency Decision Making**

**Chart 37. - State Agency Initial Allowance Rates for DI, SSI, and Concurrent Claims  
Fiscal Years 1980-2000**



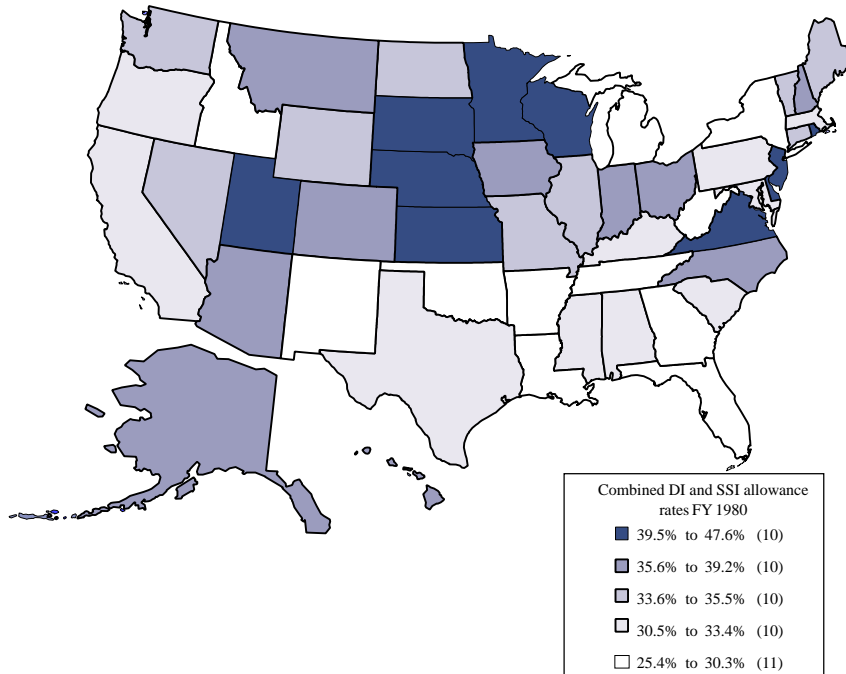
State agency allowance and denial rates vary widely from State to State as well as over time. For example, in 2000 the percentage of cases that was decided favorably for DI applicants ranged from a high of over 65 percent in New Hampshire to a low of 31 percent in Texas. For SSI disability claims in 2000, allowance rates ranged from 59 percent in New Hampshire to 27 percent in West Virginia. And for concurrent DI-SSI claims, allowance rates ranged from about 55 percent in New Hampshire to about 20 percent in West Virginia.

**Chart 38. - State Agency Initial Allowance Rates for DI, SSI, and Concurrent Claims, Five Largest States  
Fiscal Years 1980-2000**

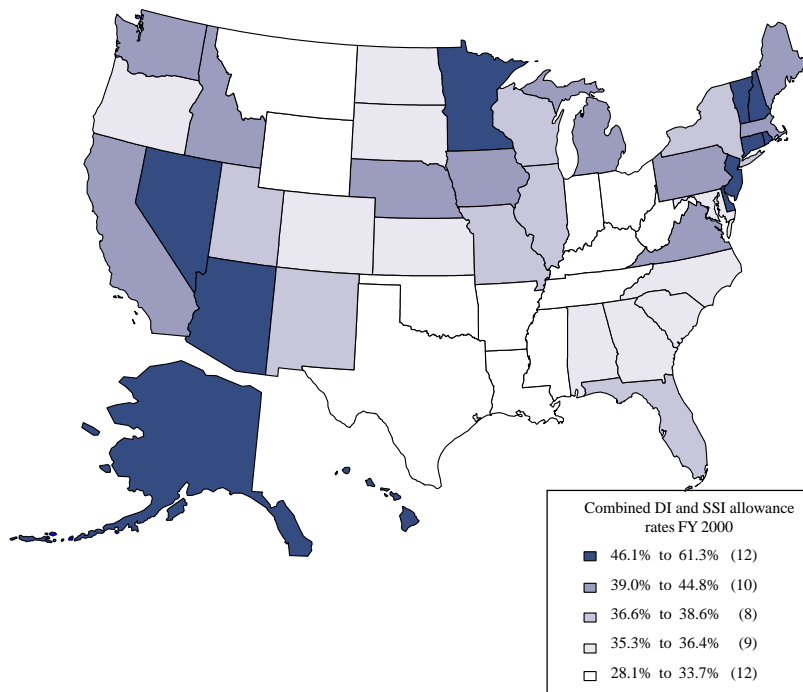


Together, the five most populous States accounted for 36 percent of initial claims processed by State agencies in fiscal year 2000.

**Chart 39. - State Agency Initial Allowance Rates  
for DI and SSI, By State  
Fiscal Year 1980**

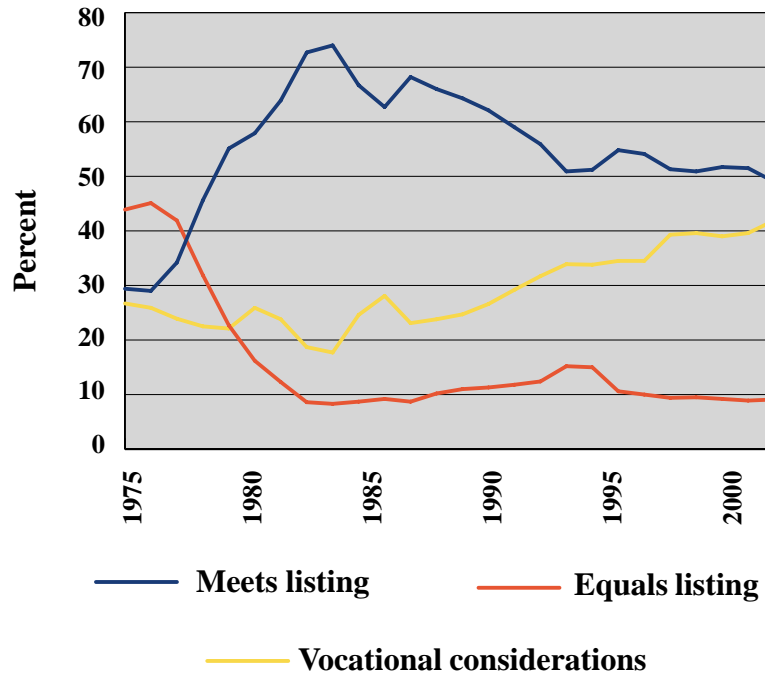


**Fiscal Year 2000**



DDS initial allowance rates have varied from State to State; the rates for individual States have also varied over time. For example, note that Idaho has gone from having one of the lowest rates in 1980 to having a relatively high one in 2000. Montana's rate has gone in the opposite direction.

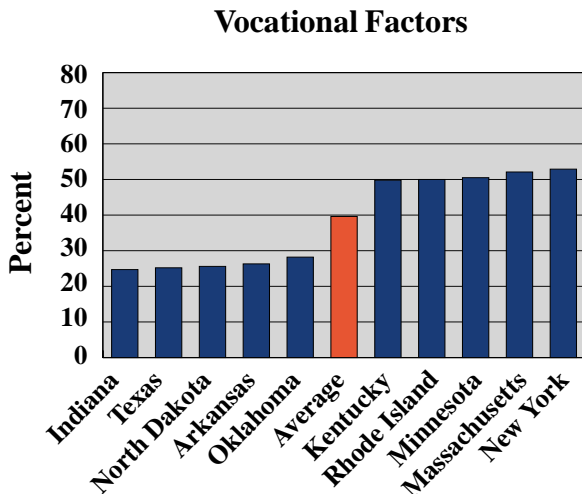
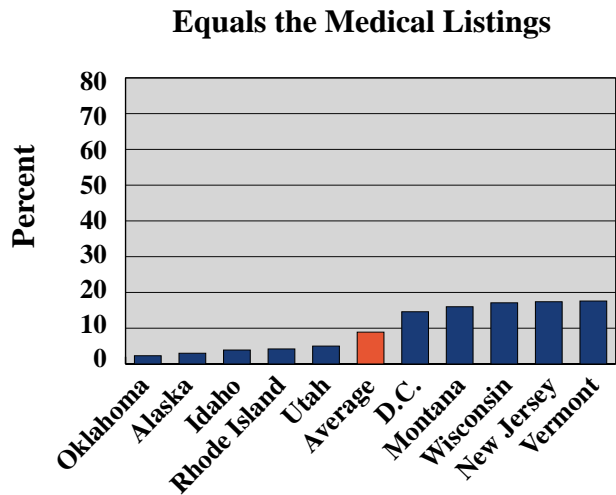
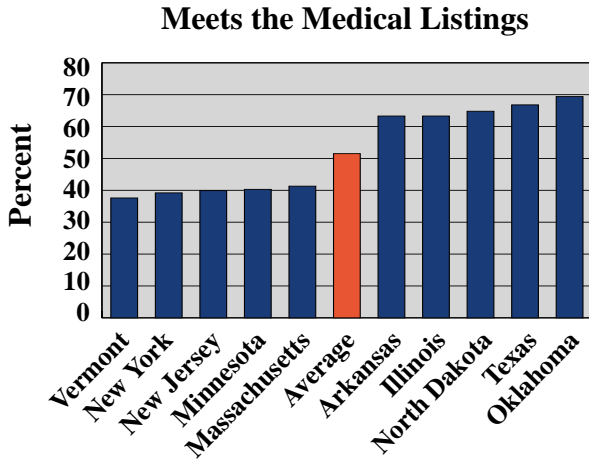
**Chart 40. - State Agency DI Awards  
By Basis for Decision  
Fiscal Years 1975-2000**



Since 1983, the percentage of DI cases awarded on the basis of meeting or equaling the medical listings has declined from 82 percent to 58 percent. The percentage based on vocational (or functional) evaluation has more than doubled, increasing from 18 percent of all awards in 1983 to 42 percent in 2000.

## Chart 41. - State Agency DI Awards By Basis for Decision, Low Five States, High Five States, and National Average\*

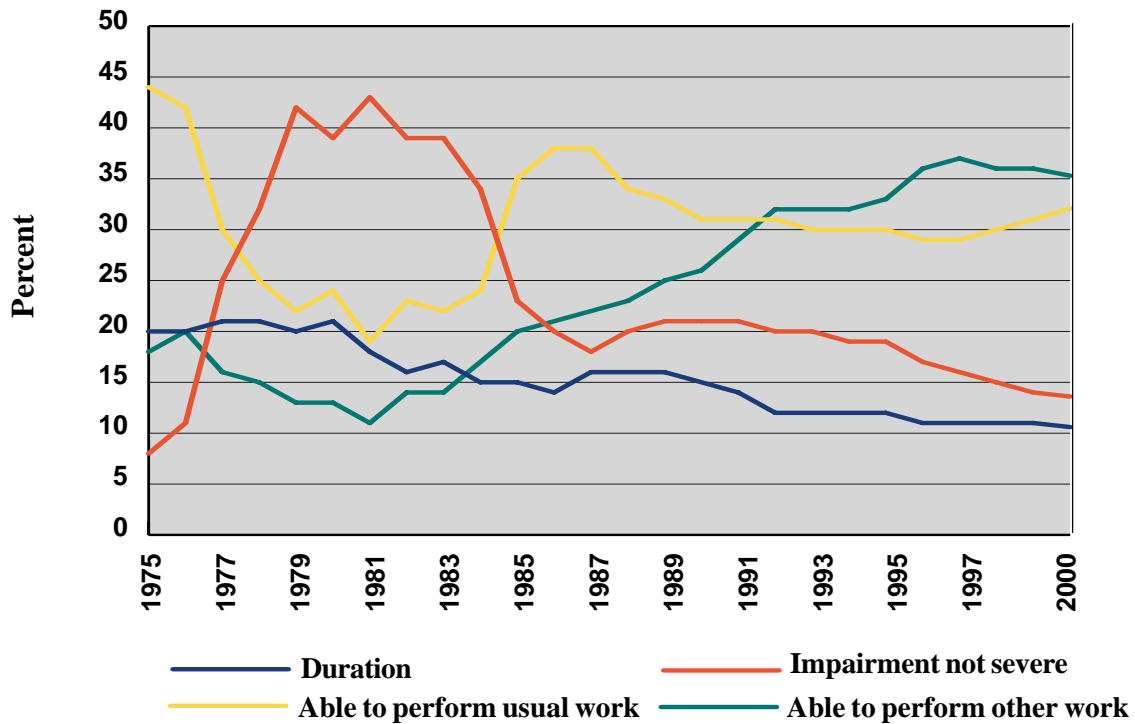
Fiscal Year 1999



These charts show the variance among State agencies in the basis for awarding benefits. For example, in fiscal year 1999, Texas and Oklahoma made 65 to 70 percent of their DI awards on the basis that the claimant met the medical listings, while Massachusetts awarded only about 40 percent of claims on this basis. Kentucky, Rhode Island, Minnesota, Massachusetts and New York made half or more of their decisions on the basis of vocational factors, while Indiana, Texas, North Dakota, Arkansas, and Oklahoma made only 25 to 30 percent of awards on this basis.

\* Includes concurrent claims

**Chart 42. - DI State Agency Denials By Reason**  
**Fiscal Years 1975-2000**

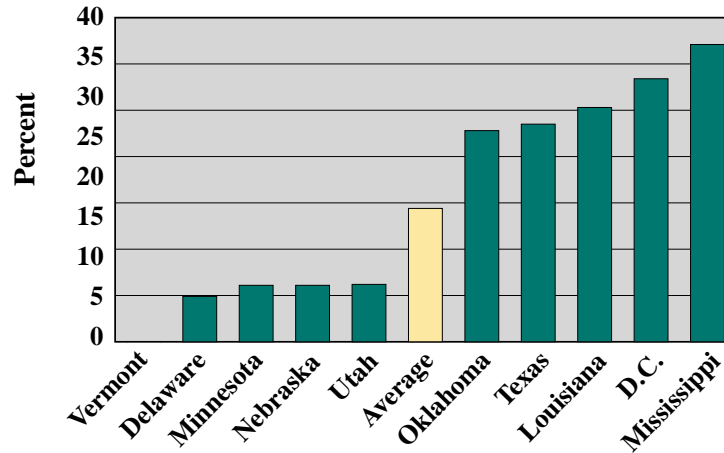


*Note: Initial State agency determinations for DI-only and concurrent claims.*

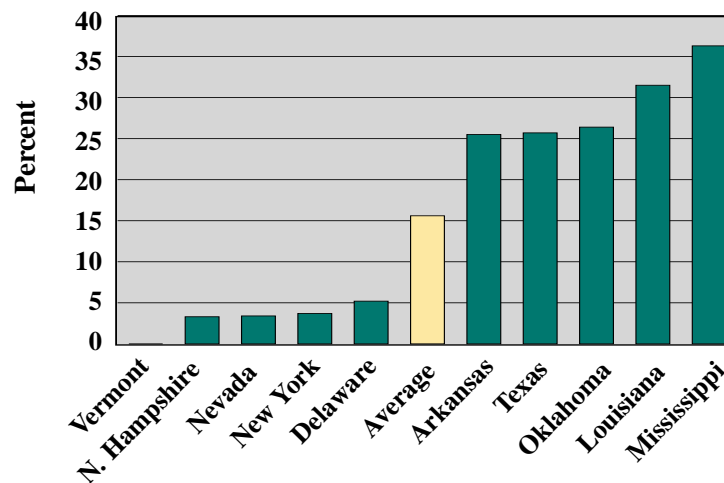
The reasons for denials by State agencies have varied widely over the years. Denials for non-severe impairments went from 8 percent of denials in 1975 to 43 percent in 1981 to 14 percent in 2000. Denials for ability to perform the claimant’s usual work went from 44 percent of denials in 1975 to 19 percent in 1981 to 32 percent in 2000. Denials for ability to perform other work – the most complex and judgmental denials – went from 18 percent of denials in 1975 to 11 percent in 1981 to 35 percent in 2000.

**Chart 43. - State Agency Denials Based on Non-Severe Impairment, Low Five States, High Five States, and National Average**  
Fiscal Year 1999

**DI and Concurrent Applicants**



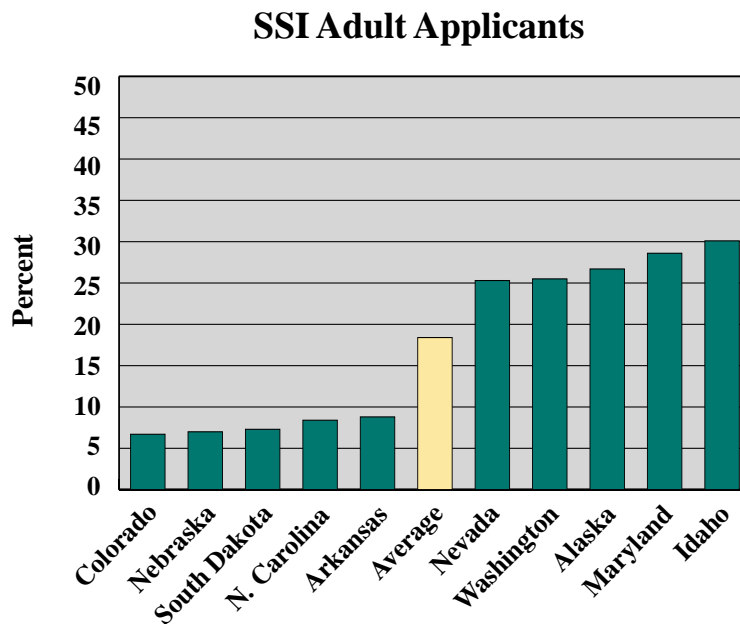
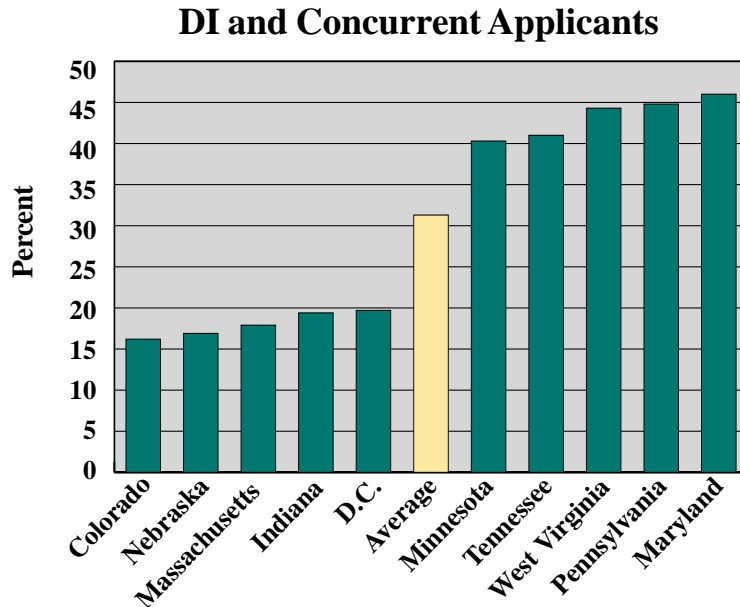
**SSI Adult Applicants**



One of the early steps in the sequential evaluation of disability is the determination of whether an impairment is severe. State agencies vary widely in the degree to which they deny claims because the impairment is not severe. For DI and concurrent (DI-SSI) applications, denials for this reason in fiscal year 1999 ranged from 0 percent of all denials in Vermont to 32 percent in Mississippi. For SSI adult applications, denials for this reason ranged from 0 percent in Vermont to 36 percent in Mississippi.

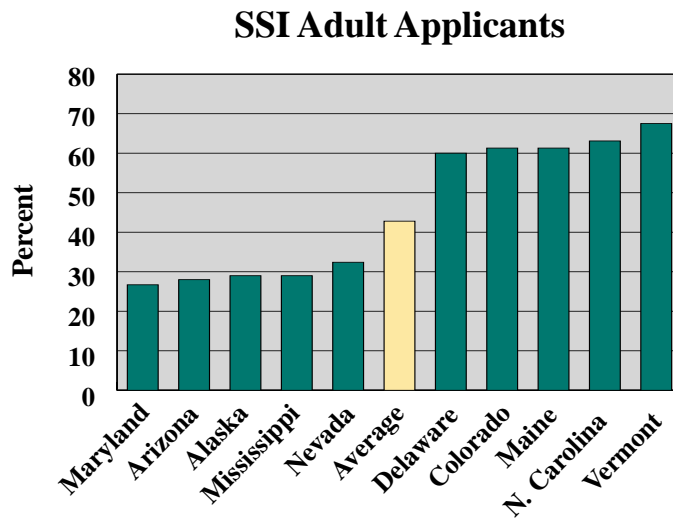
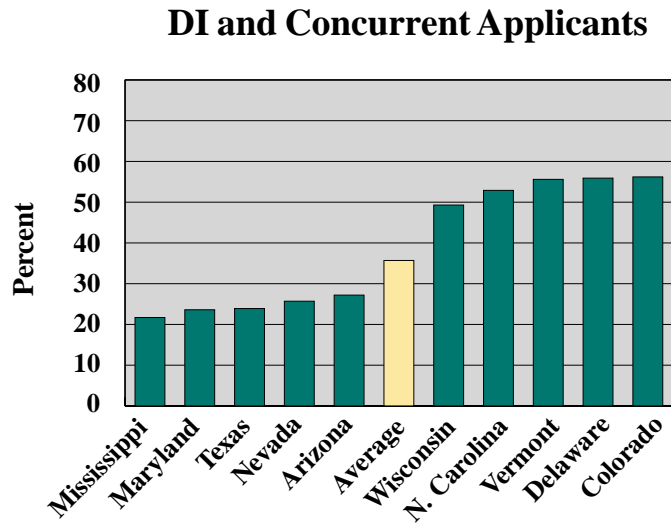


**Chart 44. - State Agency Denials Based on Ability to Perform Usual Work, Low Five States, High Five States, and National Average  
Fiscal Year 1999**



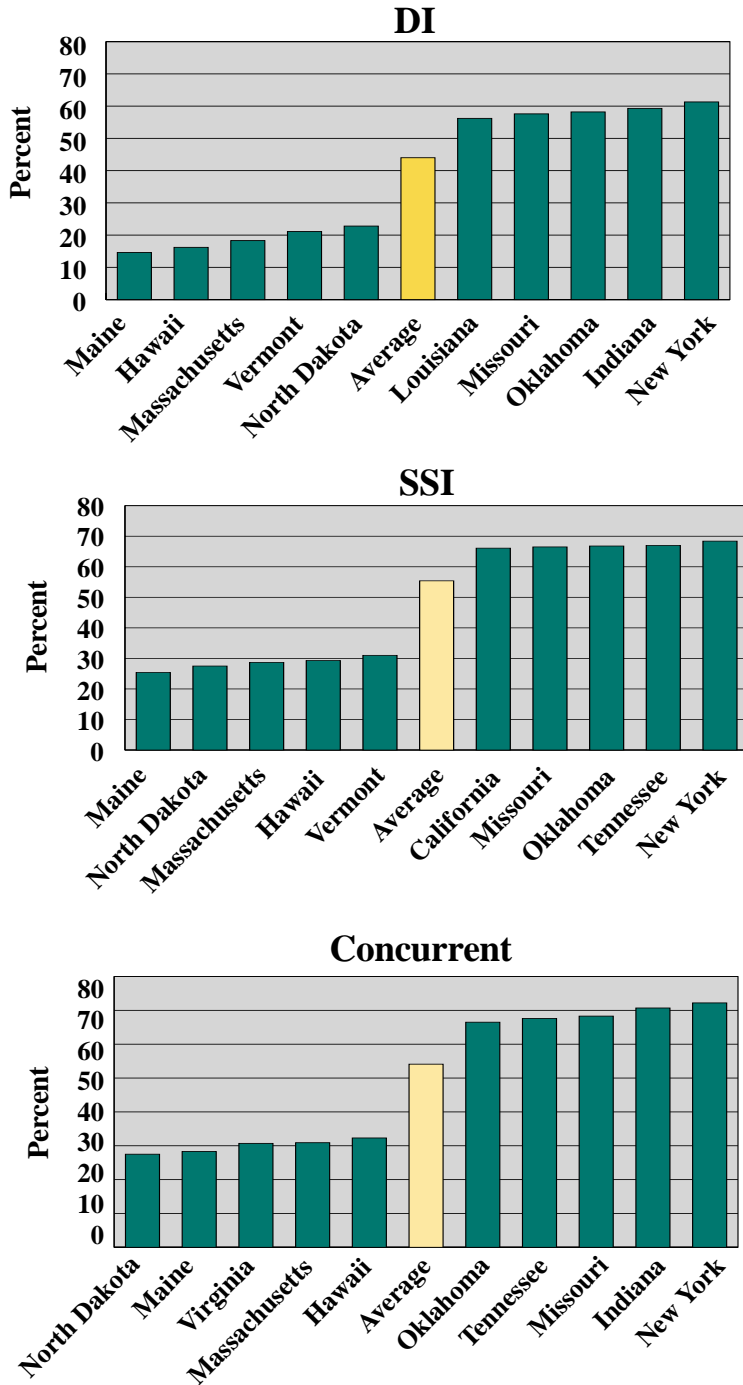
At a later step in the sequential evaluation of disability, the examiner determines if the claimant can perform his or her usual work. State agencies vary widely in the degree to which they deny claims for this reason. For DI and concurrent (DI-SSI) applications, denials for this reason in fiscal year 1999 ranged from 16 percent of all denials in Colorado to 46 percent in Maryland. For SSI adult applications, denials for this reason ranged from 7 percent in Colorado to 30 percent in Idaho.

**Chart 45. - State Agency Denials Based on Ability to Perform Other Work, Low Five States, High Five States, and National Average  
Fiscal Year 1999**



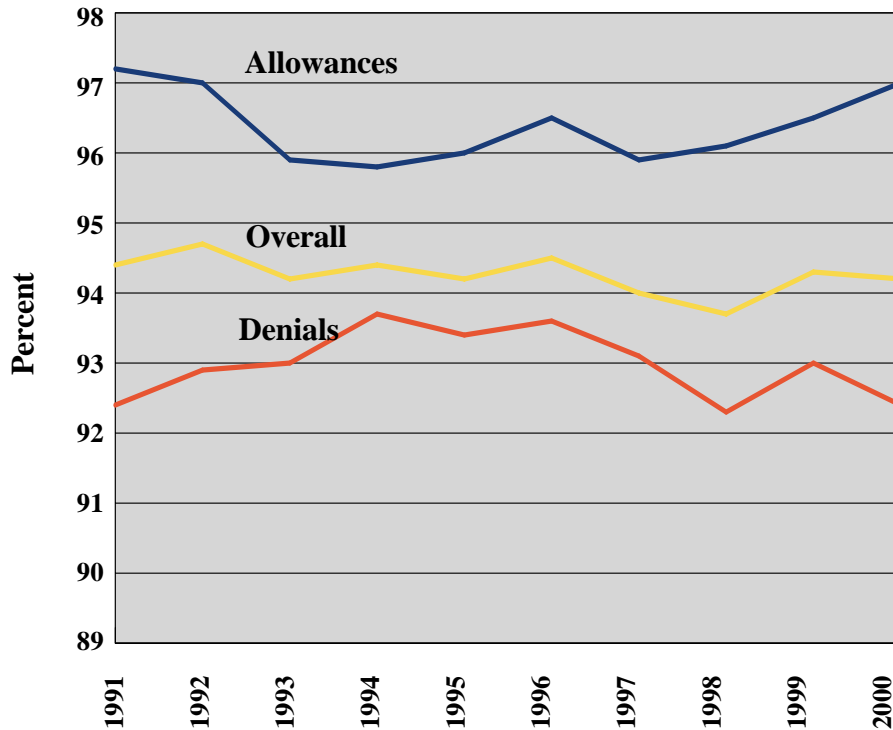
At the final step in the sequential evaluation, the examiner determines if the claimant can do work other than his or her usual past work. State agencies vary widely in the degree to which they deny claims for this reason. For DI and concurrent applications, denials for this reason in fiscal year 1999 ranged from 22 percent of all denials in Mississippi to 56 percent in Colorado. For SSI adult applications, denials for this reason ranged from 27 percent in Maryland to 68 percent in Vermont.

**Chart 46. - State Agency Use of Consultative Examinations,  
Low Five States, High Five States, and National Average  
Fiscal Year 1999**



To supplement medical evidence of record or when such evidence is not available, DDSs procure consultative examinations. In fiscal year 1999, the use of consultative examinations for initial DI claims ranged from 15 percent of claims processed in Maine to 61 percent in New York. The range for SSI initial claims in fiscal year 1999 went from 25 percent in Maine to 68 percent in New York. For concurrent claims, the range was from 28 percent in North Dakota to 72 percent in New York.

**Chart 47. - Quality Assurance Assessment of  
State Agency Decisional Accuracy\***  
Fiscal Years 1991 - 2000

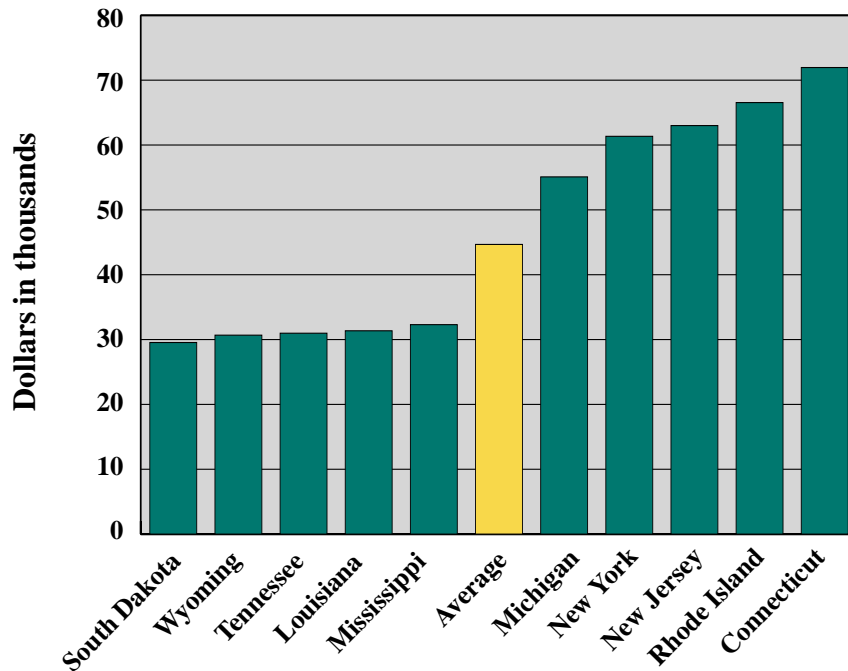


\* Initial decisions.

Despite all the variations in DDS decision making, SSA's Office of Quality Assurance has found a remarkably high level of DDS initial claims accuracy. Nationally, accuracy rates for allowances have not fallen below 95.8 percent since 1991, and accuracy rates for denials have not fallen below 92.3 percent. In fiscal year 2000, the overall performance accuracy of DDSs ranged from 90.1 percent in New Jersey to 97.8 percent in Vermont. An overall accuracy rate that falls below 90.6 percent for two consecutive quarters will trigger remedial action by SSA. A number of State agencies have had denial accuracy rates in the high 80s in recent years and, if they had not had high accuracy rates on allowances, would have fallen below the level which required Federal action.

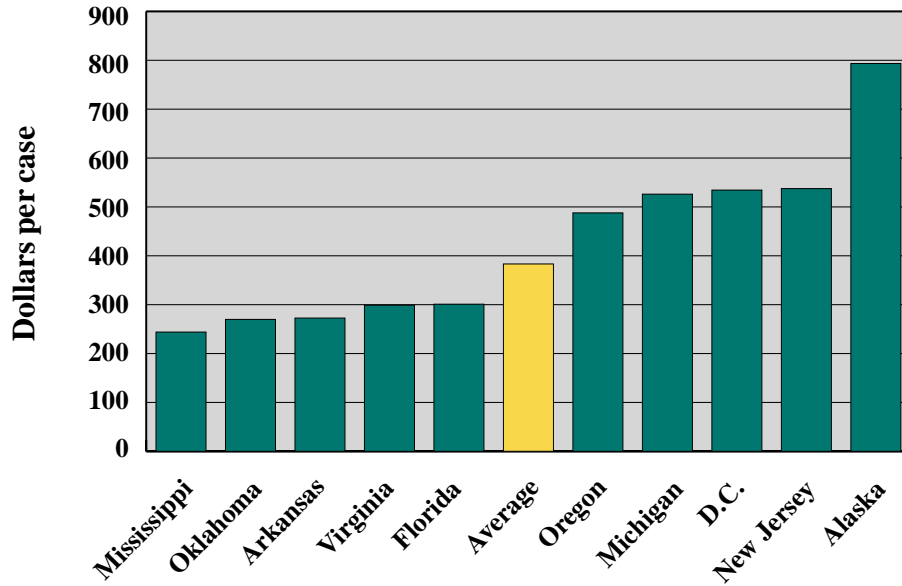
## **VIII. State Administrative Arrangements**

**Chart 48. - State Agency Average Examiner Compensation, Low Five States, High Five States, and National Average  
Fiscal Year 1999**



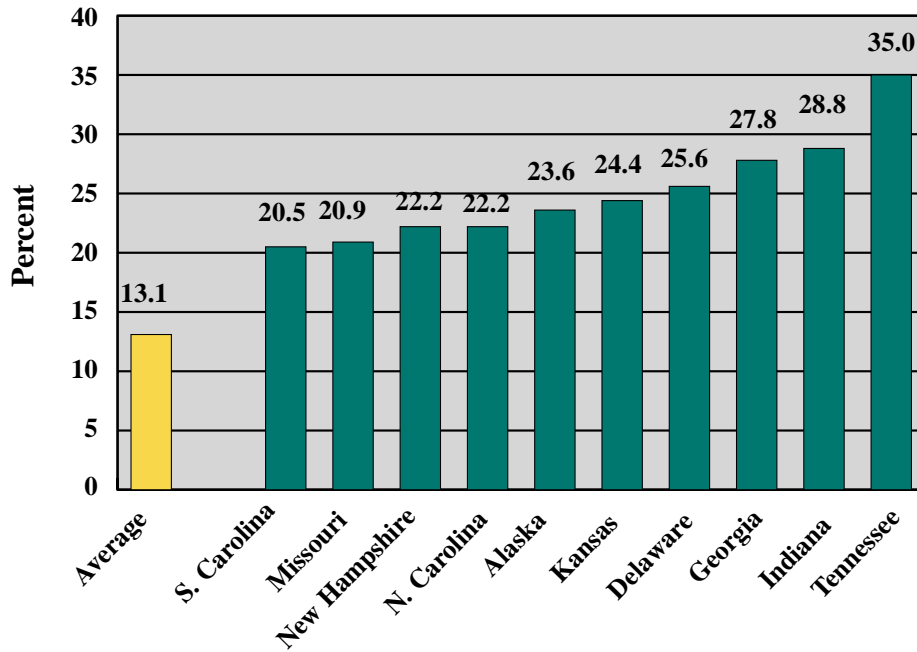
Average compensation for DDS examiners varies widely, from a low of about \$30,000 a year in South Dakota to a high of over \$70,000 a year in Connecticut. Average compensation includes all full time pay, full time overtime pay, part time pay, part time overtime pay, and total employee fringe benefits.

**Chart 49. - State Agency Cost Per Case,  
Low Five States, High Five States, and National Average  
Fiscal Year 2000**

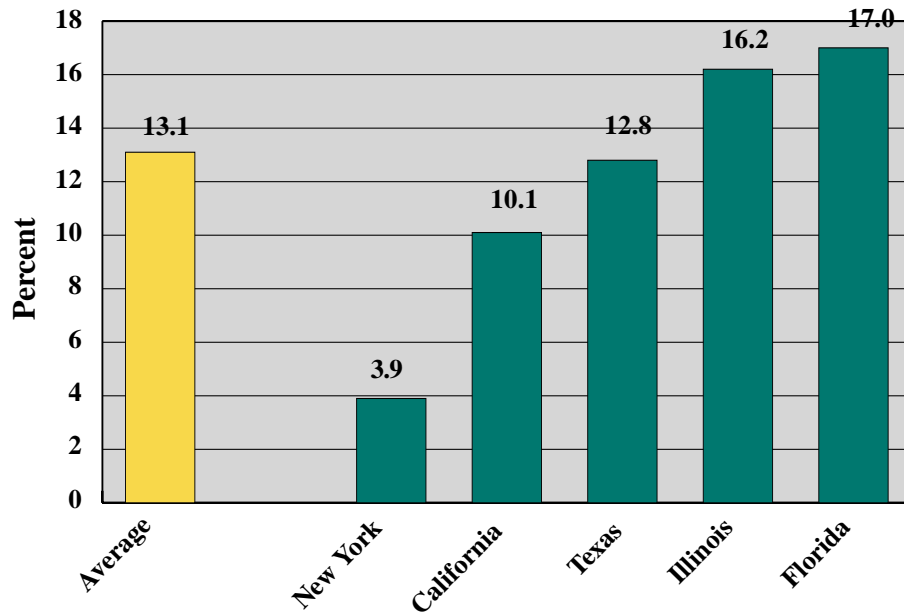


The national average cost of processing a case in a DDS in 2000 was \$383. Costs ranged from \$244 in Mississippi to \$793 in Alaska.

**Chart 50. - State Agency Examiner Attrition Rates,  
National Average and High Ten States  
Fiscal Year 2000**



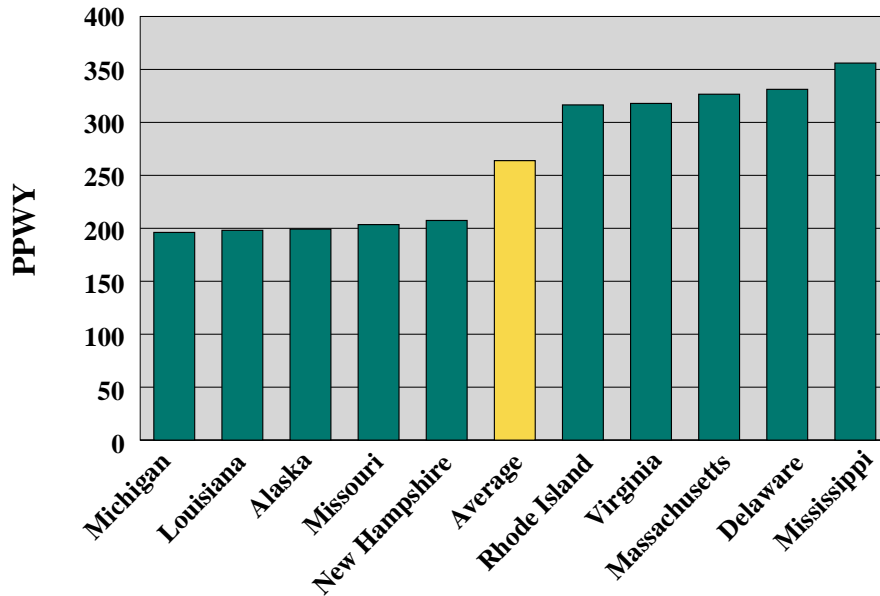
**Chart 51. - State Agency Examiner Attrition Rates,  
National Average and Five Largest States  
Fiscal Year 2000**



DDS examiner attrition rates in some States were very high in 2000. Ten States had attrition rates above 20 percent. Attrition rates in the five largest States were lower, with New York having an attrition rate of 3.9 percent and California a rate of 10.1 percent. It is believed by many who work in the DDSs that it takes at least two years before an examiner has sufficient experience to work without close supervision.



**Chart 52. - State Agency Productivity Per Work Year (PPWY),  
Low Five States, High Five States, and National Average  
Fiscal Year 2000**

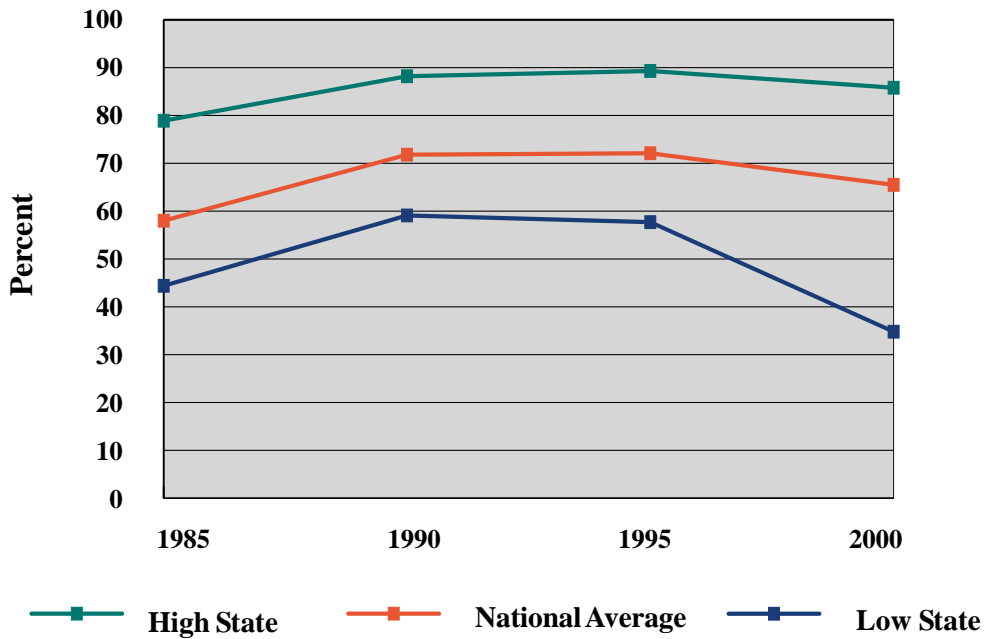


Productivity is calculated by dividing the number of decisions (initial, reconsideration, and continuing disability review) by the number of staff years. The number of decisions per staff year ranged from 196 in Michigan to 356 in Mississippi. All 5 of the States with the lowest productivity are engaged in the prototype of the redesigned disability process. This measure is controversial with the DDSs on grounds that it has a negative effect on State agency work processes (too much emphasis on productivity as opposed to quality) and is not an entirely fair measure of agency work effort.



## **IX. Variations in ALJ Hearings**

**Chart 53. - Percentage of ALJ  
Decisions Favorable to Claimants:  
Low State, High State, and National Average  
Fiscal Years 1985-2000**

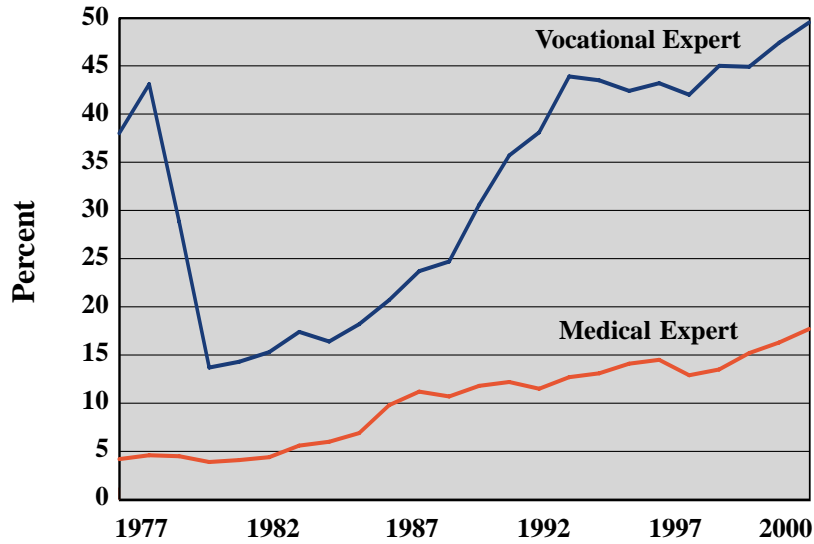


*Note: Includes decisions for all programs.*

There has been a wide range from State to State in the percentage of decisions favorable to claimants at the hearing level. For example, the percentage of favorable hearing decisions in 1985 ranged from 44 percent in the District of Columbia to 79 percent in Alaska. In 2000, the range went from 35 percent in the District of Columbia to 86 percent in Maine. (These data exclude dismissals.)

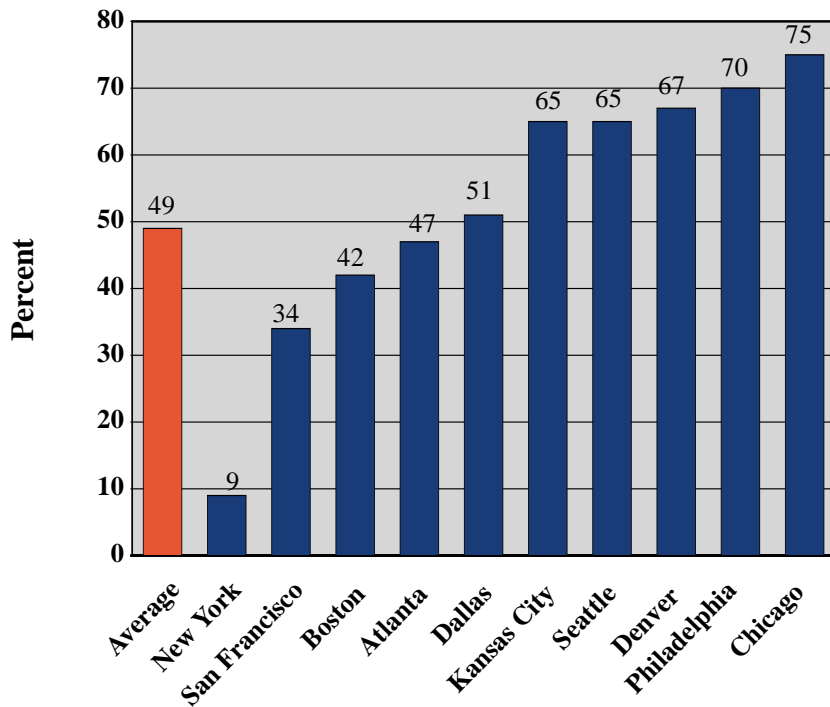
## Chart 54. - Medical and Vocational Expert Participation at ALJ Hearings

Fiscal Years 1977-2000



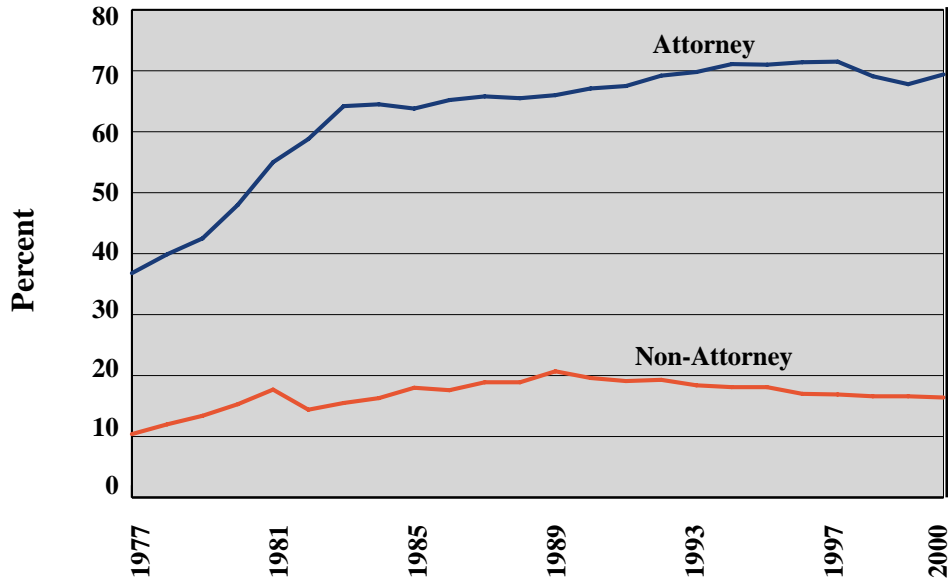
The use of vocational experts has increased greatly since 1980. (The adoption of the vocational regulation in 1979 was supposed to reduce their utilization.) Vocational experts are now used in about half of all ALJ hearings. Medical experts are also used with increasing frequency.

**Chart 55. - Hearings With Vocational Expert Participation, By Region**



The use of vocational experts varies widely among regions. Data from an ALJ peer review of cases in fiscal years 1997 and 1998 show that vocational experts were used in 9 percent of hearings in the New York region and in 75 percent in the Chicago region.

**Chart 56. - Attorney and Non-attorney  
Representatives at ALJ Hearings  
Fiscal Years 1977-2000**



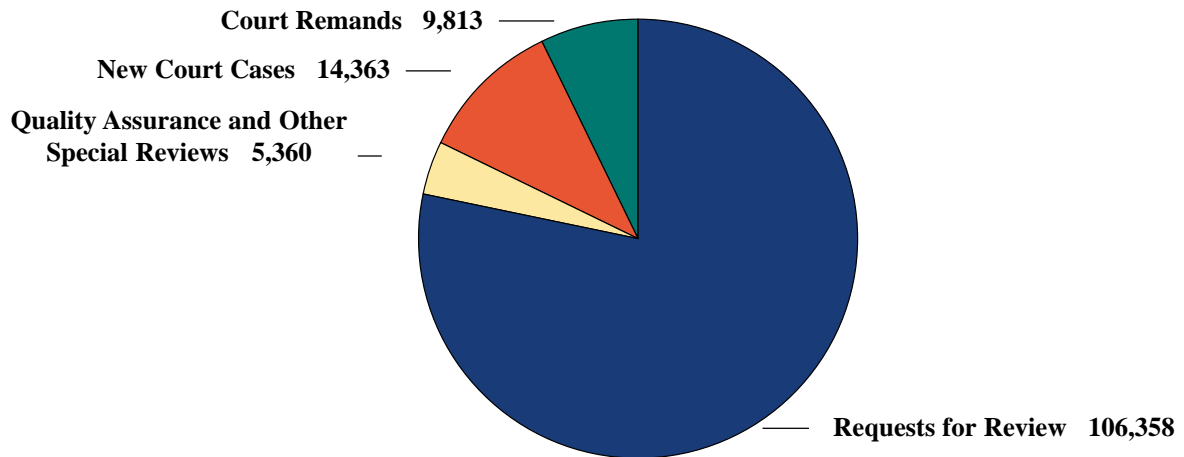
The percentage of DI and SSI claimants represented by attorneys at ALJ hearings has nearly doubled since 1977. The use of non-attorney representatives has also increased, but not to the same degree. The figures for attorney and non-attorney representatives are not additive, since some claimants may have both types of representatives. DI claimants are represented by attorneys significantly more frequently than SSI claimants.





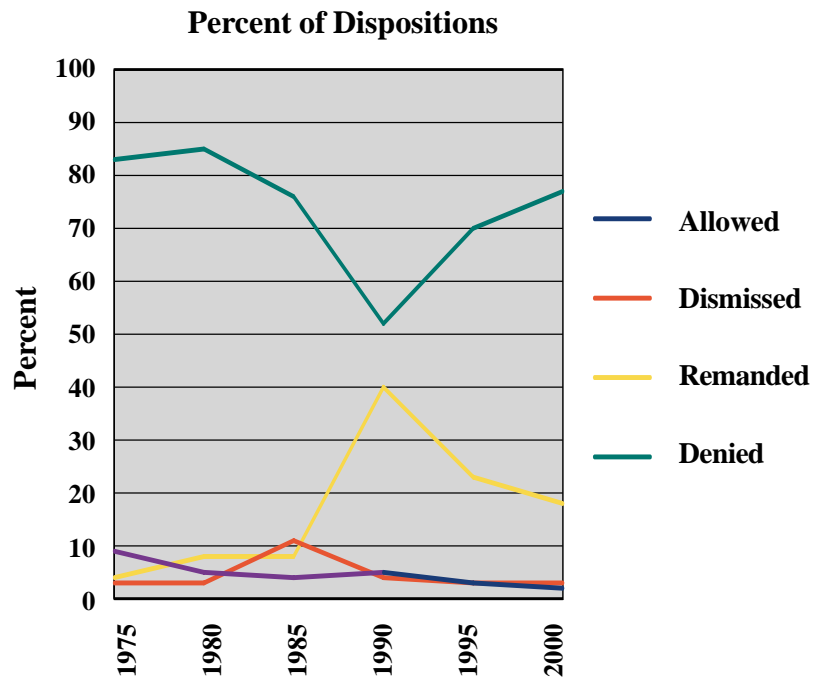
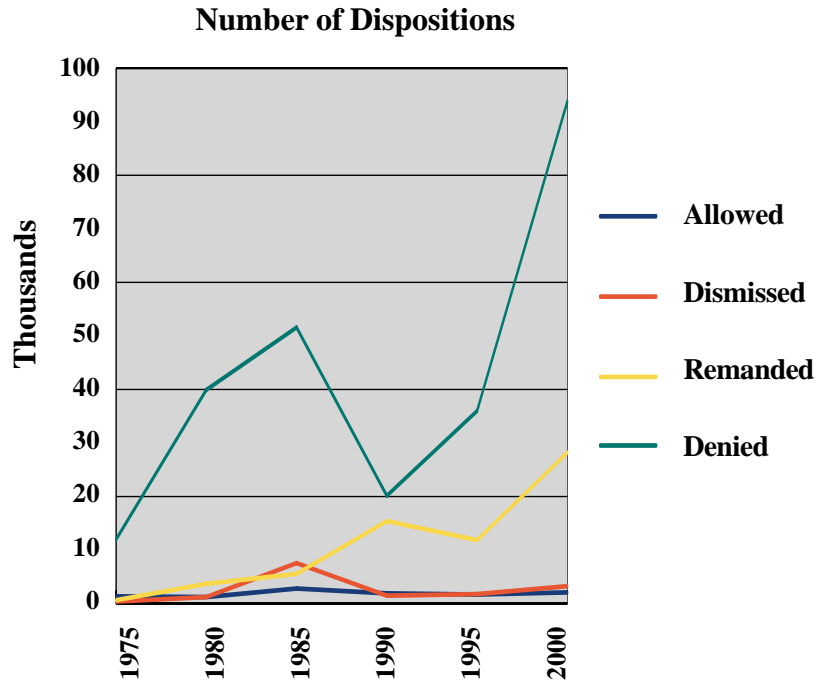
## **X. Appeals Council**

**Chart 57. - Appeals Council Workload  
Fiscal Year 2000**



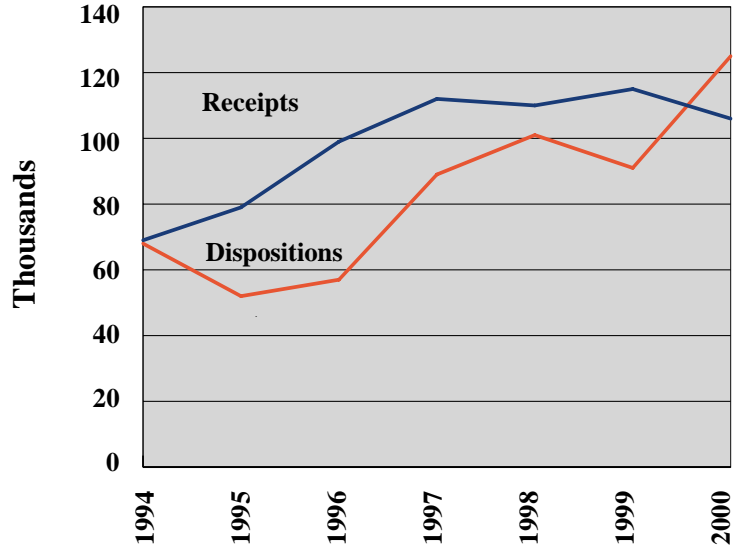
Requests by claimants for review of hearing decisions comprise the largest part of the Appeals Council's work. The Council also does quality assurance and other special reviews of hearings decisions, works on new court cases, and processes cases remanded by the courts.

**Chart 58. - Appeals Council  
Dispositions of Disability Claims  
Fiscal Years 1975-2000**

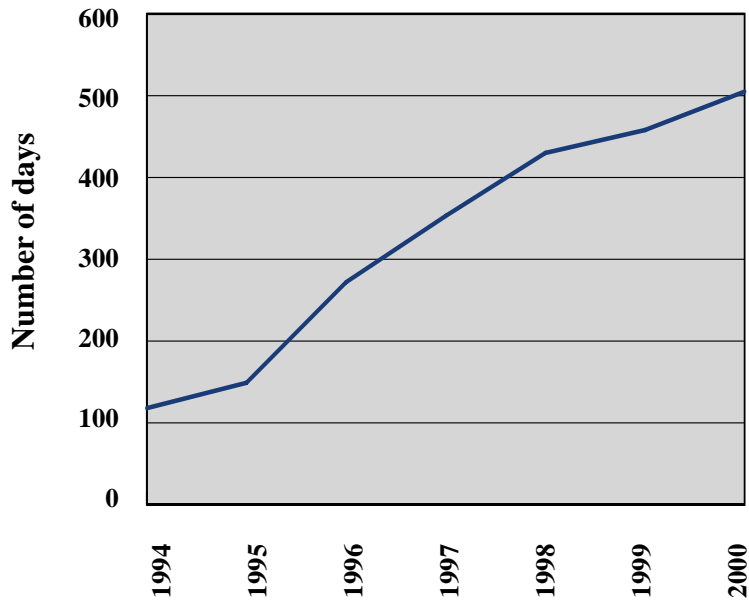


Over the years, most of the cases handled by the Appeals Council have either been denied or remanded back to the ALJ level. Few are allowed at the Appeals Council level. However, the number of cases being remanded back to the ALJs has grown considerably.

**Chart 59. - Appeals Council  
Requests for Review  
Fiscal Years 1994-2000**



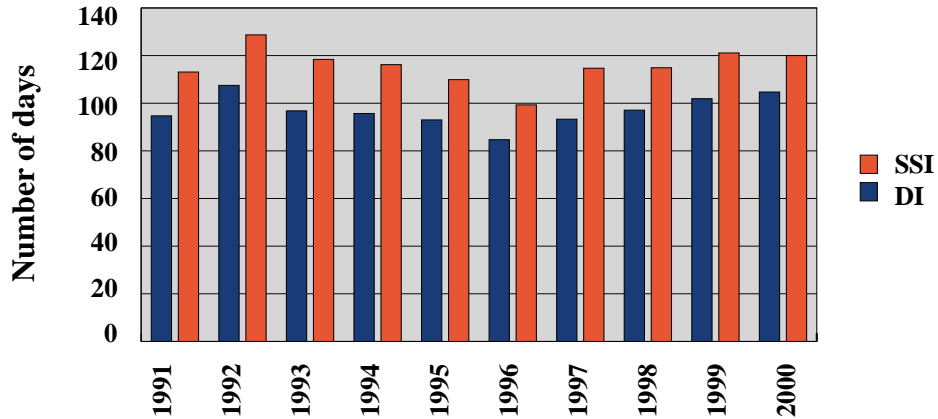
**Chart 60. - Average Processing Time for Appeals  
Council Requests for Review  
Fiscal Years 1994-2000**



Requests to the Appeals Council to review hearing-level decisions increased 54 percent between 1994 and 2000, and average processing time more than quadrupled. Between 1994 and 1999, new case receipts exceeded cases disposed of.

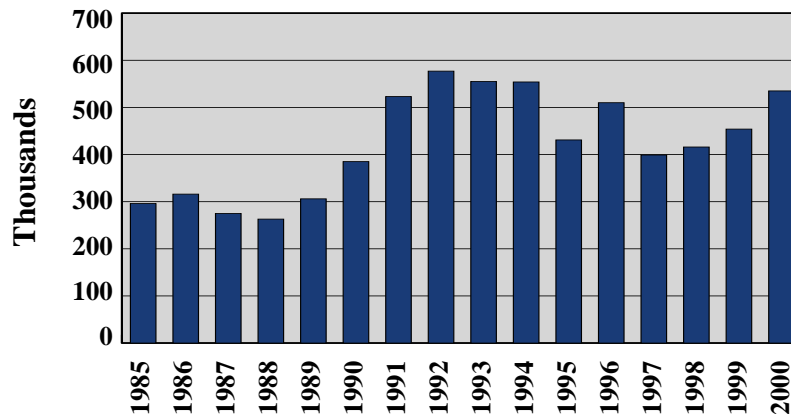
## **XI. State Agency and Hearing Office Processing Times**

**Chart 61. - Average State Agency Initial Claim Processing Time\***  
Fiscal Years 1991-2000



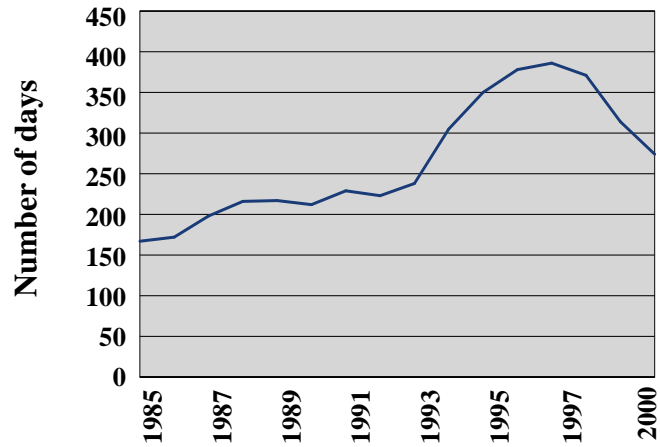
\* Processing time is the time (in days) from the date of the application to the date the award or denial notice is generated. Includes field office and processing center as well as State agency time.

**Chart 62. - DI and SSI Applications Pending in State Agencies at End of Fiscal Year 1985-2000**

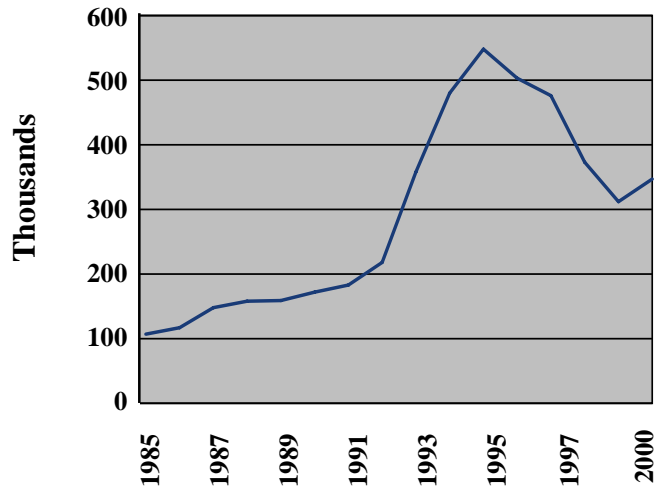


The State agency workload soared between 1989 and 1992, largely due to the recession, the Supreme Court's *Zebly* decision that liberalized the definition of eligibility for children, and changes in SSA's regulations for determining whether an individual has a mental impairment. The result was an increase in DDS processing times and the number of applications pending in the DDSs at the end of the year. Although these numbers declined in the mid-1990s, they have begun to climb again. Processing times have been consistently longer for SSI cases than for DI. This is often attributed to the greater difficulty the States have of getting the medical evidence needed to make the disability determination in the case of SSI applicants, many of whom have little or no medical history.

**Chart 63. - Average Hearing Office Processing Time  
Fiscal Years 1985-2000**



**Chart 64. - Cases Pending in Hearing Offices  
at End of Fiscal Year  
1985-2000**



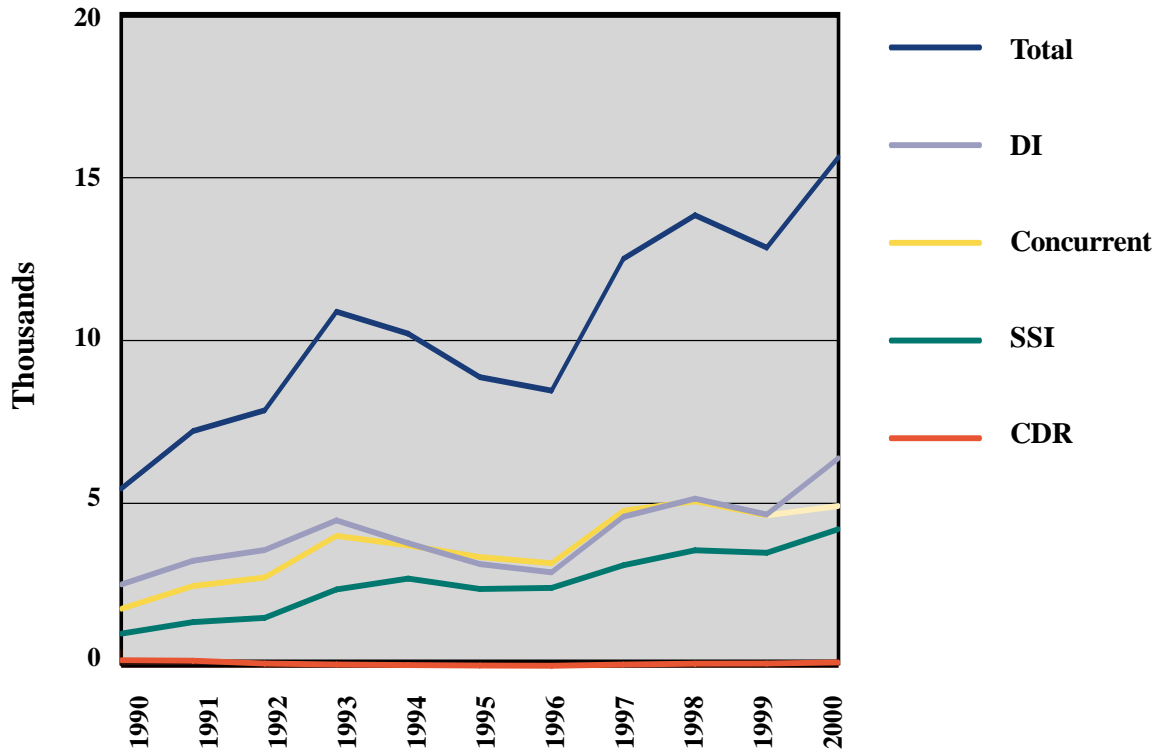
Average hearing office processing time for Social Security and SSI cases (nearly all of which are disability cases) soared in the mid-1990s, peaking at 386 days in 1997. Processing time declined to 274 days in 2000, reflecting the fact that the large backlog of cases that built up through 1995 is gradually being reduced. However, the number of cases pending in hearing offices has recently begun to climb again. SSA has projected that the Hearings Process Improvement initiative will reduce processing time to 193 days in 2002.





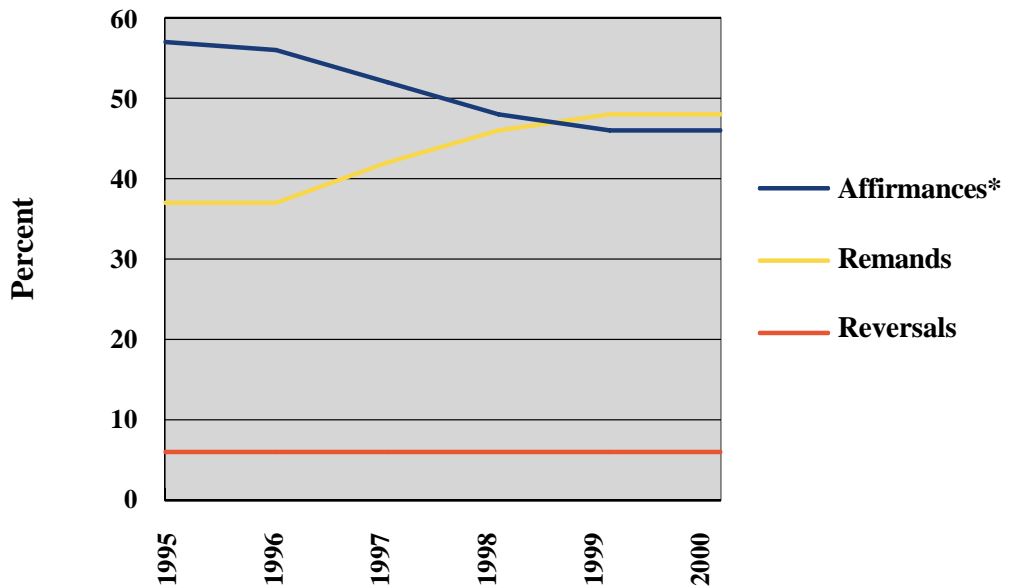
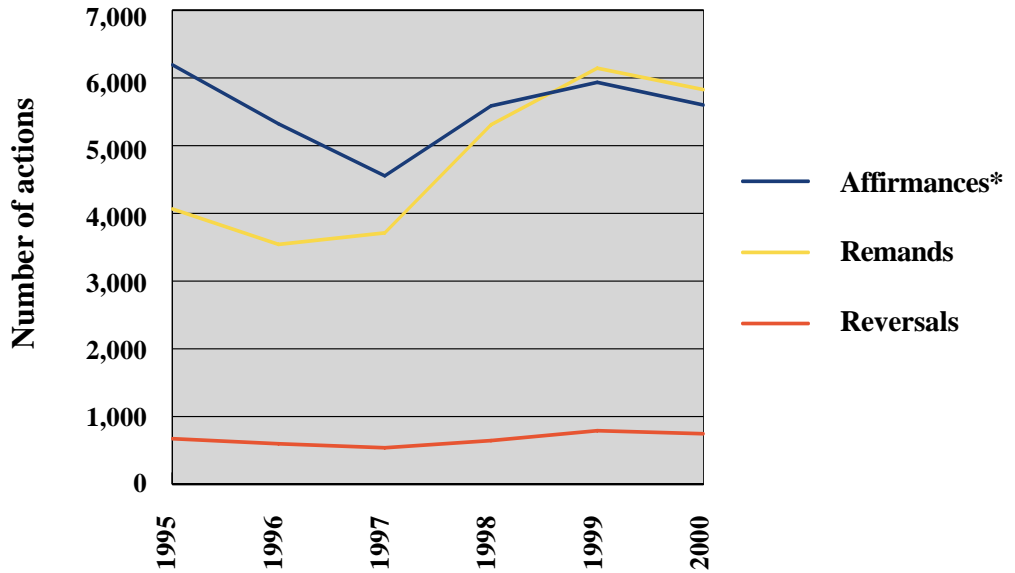
## **XII. Federal Courts**

**Chart 65. - New Disability Cases Filed  
in Federal Court  
Fiscal Years 1990-2000**



The number of new disability cases filed in Federal courts nearly tripled between 1990 and 2000.

**Chart 66. - Actions By Federal Courts**  
**Fiscal Years 1995-2000**

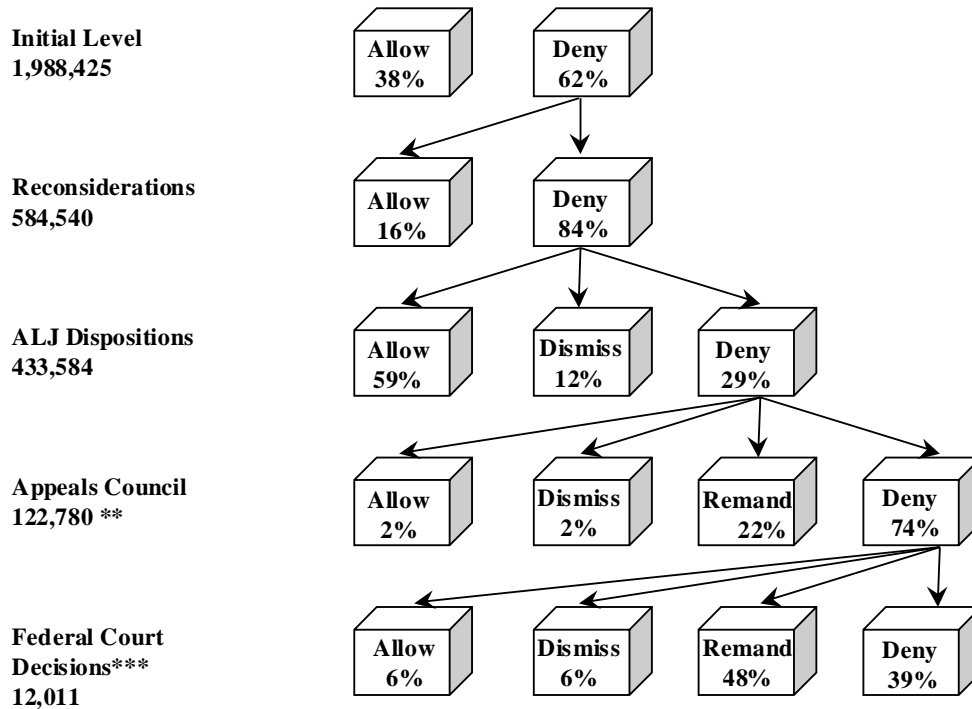


\* Includes dismissals

Since 1995, the Federal courts have reversed relatively few agency decisions that have been appealed to that level. The reversal rate was about 6 percent over the entire period. However, between 1996 and 2000, the number of cases remanded back to the agency grew by nearly 2,300, as the remand rate grew from 37 percent to 48 percent. Historically, about 60 percent of remands have become allowances.

## Chart 67. - DI and SSI Disability Determinations and Appeals\*

Fiscal Year 2000



### Total Allowances

	Number	Percent
<b>Total</b>	<b>1,106,344</b>	<b>100.0</b>
<b>Initial Applications</b>	<b>759,191</b>	<b>68.6</b>
<b>Reconsiderations</b>	<b>90,805</b>	<b>8.2</b>
<b>ALJs</b>	<b>253,615</b>	<b>22.9</b>
<b>Appeals Council **</b>	<b>1,999</b>	<b>0.2</b>
<b>Federal Court ***</b>	<b>734</b>	<b>0.1</b>

\* Data relate to workloads processed (but not necessarily received) in fiscal year 2000, i.e., the cases processed at each adjudicative level may include cases received at 1 or more of the lower adjudicative levels prior to fiscal year 2000. Not all denials are appealed to the next level of review.

\*\* Includes ALJ decisions not appealed further by the claimant but reviewed by the Appeals Council on "own motion" authority.

\*\*\* Remands to ALJs by the Appeals Council and Courts result in allowances in about 60 percent of the cases.

### **XIII. DATA SOURCES**

- Chart 1: DI: [www.ssa.gov/OACT/STATS/table6c7.html](http://www.ssa.gov/OACT/STATS/table6c7.html)  
SSI: 2000 SSI Annual Statistical Report, Table 38.
- Chart 2: District Office Workload Report (DOWR) State summaries for FY 2000; insured population total from 1999 Annual Statistical Supplement, distributed by State based on 1996 worker residence, by SSA, Office of Research, Evaluation, and Statistics. (Note: DOWR category includes applications for disabled workers, children, widows and widowers, end-stage renal disease, and Medicare-qualified government employees.)
- Chart 3: Table prepared by SSA, Office of Research, Evaluation, and Statistics, Division of SSI Analysis from the SSI 10 percent sample file; Census population estimates for July, 1999 from [www.census.gov/population/estimates/state/st-99-09.txt](http://www.census.gov/population/estimates/state/st-99-09.txt); Current Population Survey, Annual Demographic Survey, March supplement, Table 25, weighted count.
- Chart 4: Table prepared by SSA, Office of Research, Evaluation, and Statistics, Division of SSI Analysis from the SSI 10 percent sample file; Census population estimates for July, 1999 from [www.census.gov/population/estimates/state/st-99-09.txt](http://www.census.gov/population/estimates/state/st-99-09.txt); Current Population Survey, Annual Demographic Survey, March supplement, Table 25, weighted count.
- Chart 5: SSA, Office of Disability, State Agency Operations Report and Office of Hearings and Appeals, Hearing Office Tracking System and OHA Case Control System.
- Chart 6: SSA, Office of Disability, State Agency Operations Report.
- Chart 7: SSA, Office of Disability, State Agency Operations Report.
- Chart 8: SSA, Office of Hearings and Appeals, Hearing Office Tracking System and OHA Case Control System. Rates are based on total decisions and exclude dismissals.
- Chart 9: DI: [www.ssa.gov/OACT/STATS/table6c7.html](http://www.ssa.gov/OACT/STATS/table6c7.html)  
SSI: 2000 SSI Annual Report, Table IV.B2.
- Chart 10: SSA Actuarial Study No. 114, Table 4.
- Chart 11: SSA, Office of Disability, State Agency Operations Report.
- Chart 12: SSA, Office of Hearings and Appeals Case Control System. (Note: Favorable rate is based on total disability decisions and excludes dismissals.)
- Chart 13: SSA, Office of Disability, CDR Control File and State Agency Operations Report database.
- Chart 14: SSA, Office of Disability, CDR Control File, State Agency Operations Report database, and Master Beneficiary Record.

- Chart 15: SSA, Office of Disability CDR Control File, State Agency Operations Report database, and Supplemental Security Record.
- Chart 16: SSA, Annual Report of Continuing Disability Reviews, Fiscal Year 1998, Appendix B.
- Chart 17: SSA, Actuarial Study No. 114, Table 5, updated for 1999 by the Office of the Chief Actuary.
- Chart 18: SSA, Actuarial Study No. 114, Table 5, updated for 1999 by the Office of the Chief Actuary.
- Chart 19: SSA, Office of Research, Evaluation and Statistics; SSA, 1980 Annual Statistical Supplement, Table 95 (years prior to 1970).
- Chart 20: [www.ssa.gov/OACT/STATS/table4c2DI.html](http://www.ssa.gov/OACT/STATS/table4c2DI.html); [www.ssa.gov/OACT/STATS/Dibenies.html](http://www.ssa.gov/OACT/STATS/Dibenies.html); [www.ssa.gov/OACT/STATS/table4c1.html](http://www.ssa.gov/OACT/STATS/table4c1.html); SSA, Annual Statistical Supplement, Table 44 (1980), Table 31(1982). (Note: All figures are as of December 31 of the year shown.)
- Chart 21: SSA, 2000 SSI Annual Report, Table IV.B6; Statistical Abstract of the United States, Table 14; [www.census.gov/population/estimates/nation/intfile2-1.txt](http://www.census.gov/population/estimates/nation/intfile2-1.txt).
- Chart 22: SSA, 2000 Annual Statistical Supplement, Table 5.J.12; insured population total from 1999 Annual Statistical Supplement, distributed by State based on 1996 worker residence.
- Chart 23: SSA, 2000 Annual Statistical Supplement, Table 7.B8; SSI Annual Statistical Report 1999, Table 32; Census population estimates for July, 1999 from [www.census.gov/population/estimates/state/st-99-09.txt](http://www.census.gov/population/estimates/state/st-99-09.txt); Current Population Survey, Annual Demographic Survey, March supplement, Table 25, weighted count.
- Chart 24: SSA, 2000 Annual Statistical Supplement, Table 7.B8; Census population estimates for July, 1999 from [www.census.gov/population/estimates/state/st-99-09.txt](http://www.census.gov/population/estimates/state/st-99-09.txt); Current Population Survey Annual Demographic Survey, March supplement, Table 25, weighted count.
- Chart 25: SSA, Office of Disability, 831 File.
- Chart 26: SSA, Annual Statistical Supplement, Table 6.C3.
- Chart 27: SSA, 2000 Annual Statistical Supplement, Table 5.D5; SSA, 2000 SSI Annual Statistical Report, Table 29.
- Chart 28: SSA, Annual Statistical Supplements, Tables 5.D5, 7.F1 and 9.F1.
- Chart 29: SSA, 2000 SSI Annual Statistical Report, Table 31.
- Chart 30: SSA, Annual Statistical Supplements, Table 5.A1, Table 70 (1985), Table 67 (1984).
- Chart 31: 2000 SSI Report, Table IV.B6.
- Chart 32: SSA, Office of Research, Evaluation, and Statistics, 831 file.

- Chart 33: SSA, Office of the Chief Actuary, from the 10 percent sample files.
- Chart 34: SSA, 2000 Annual Statistical Supplement, Table 5.D3.
- Chart 35: SSA, Annual Statistical Supplements, Table 7.E3.
- Chart 36: SSA, Annual Statistical Supplements, Table 7.E3.
- Chart 37: SSA, Office of Disability, State Agency Operations Report.
- Chart 38: SSA, Office of Disability, State Agency Operations Report.
- Chart 39: SSA, Office of Disability, State Agency Operations Report.
- Chart 40: SSA, Office of Disability, 831 File.
- Chart 41: SSA, Office of Disability, 831 File.
- Chart 42: SSA, Office of Disability, 831 File.
- Chart 43: SSA, Office of Disability, 831 File.
- Chart 44: SSA, Office of Disability, 831 File.
- Chart 45: SSA, Office of Disability, 831 File.
- Chart 46: SSA, Office of Disability, State Agency Operations Report.
- Chart 47: SSA, Office of Quality Assurance; 1995 SSA Accountability Report, p. III-31.
- Chart 48: SSA, Office of Disability, Cost-Effectiveness Measurement System.
- Chart 49: SSA, Office of Disability, Cost-Effectiveness Measurement System.
- Chart 50: SSA, Office of Disability, Cost-Effectiveness Measurement System.
- Chart 51: SSA, Office of Disability, Cost-Effectiveness Measurement System.
- Chart 52: SSA, Office of Disability, Cost-Effectiveness Measurement System.
- Chart 53: SSA, Office of Hearings and Appeals Case Control System.
- Chart 54: SSA, Office of Hearings and Appeals Case Control System.
- Chart 55: SSA, Office of Hearings and Appeals, Report on Vocational Expert Witnesses, May 2000.
- Chart 56: SSA, Office of Hearings and Appeals Case Control System.

- Chart 57: SSA, Appeals Council Process Improvement Action Plan, March 2000, p.2.
- Chart 58: SSA, Office of Hearings and Appeals Case Control System.
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- Chart 60: SSA, Appeals Council Process Improvement Action Plan, March 2000, p. 2.
- Chart 61: SSA, Office of Information Management.
- Chart 62: SSA, Office of Information Management.
- Chart 63: SSA, Office of Hearings and Appeals, Key Workload Indicators Reports.
- Chart 64: SSA, Office of Hearings and Appeals, Key Workload Indicators Reports.
- Chart 65: SSA, Social Security Litigation Monthly Report.
- Chart 66: SSA, Office of General Counsel Docket System.
- Chart 67: SSA. For initial and reconsideration levels, State Agency Operations Report, Federal DDS data, and CDR File. For hearing level, OHA Hearing Office Tracking System and OHA Case Control System. For Appeals Council Level, AC Case Control System. For Federal courts, OGC Docket System.