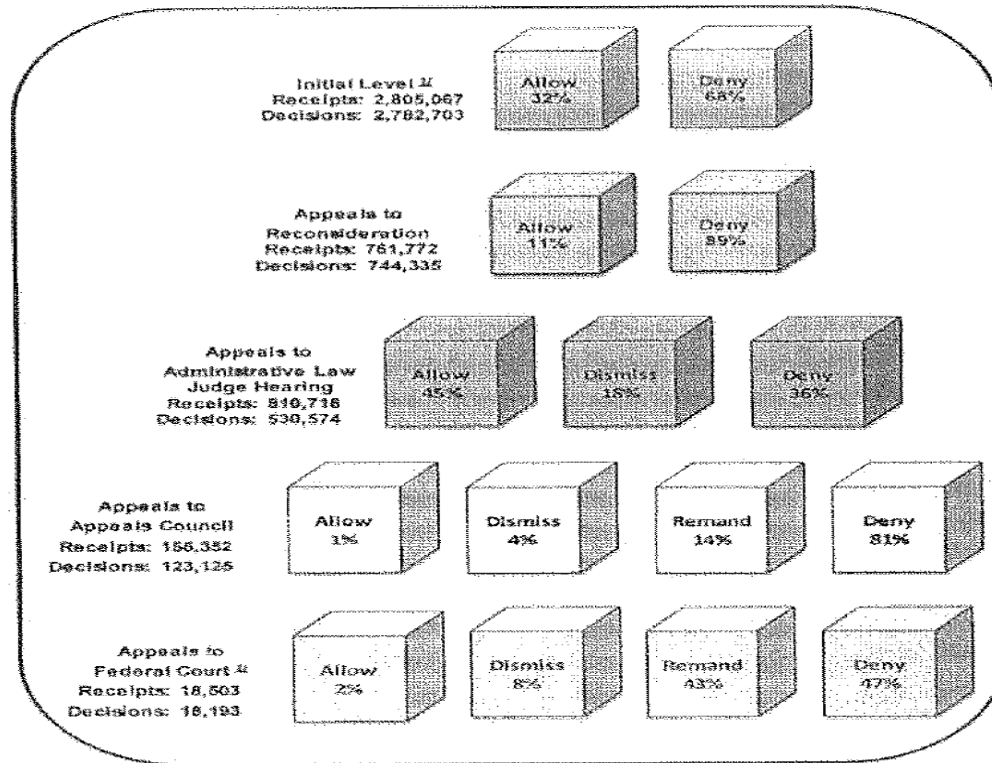

Eliminating Reconsideration in SSDI's Adjudication Process after 15 Years of Testing and Enhancing Initial Case Development

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Committee for a Responsible Federal
Budget

FY 2014 WORKLOAD DATA DISABILITY APPEALS

Table 3.27—FY 2014 Workload Data Disability Appeals*



2001 NPRM

1. SDM: . . . State agency adjudicators, called “disability examiners,” [can] decide whether input from a medical or psychological consultant is needed to make a disability determination. The medical or psychological consultant would not be responsible for the determination.
2. Conferencing: . . . will offer claimants an opportunity for an informal conference whenever it appears that the evidence does not support a fully favorable determination.
3. Eliminating Reconsideration: We are proposing to eliminate the reconsideration step of our administrative review process."

2001 NPRM

- "We found that these actions resulted in better determinations at the initial level, with more allowances of claims that should have been allowed. . . .By eliminating the reconsideration step, claimants who appealed reached the hearing level an average of 2 months sooner than claimants who went through the reconsideration step and therefore had an opportunity to receive their hearing decisions sooner. .

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- . . . Reviews of disability determinations from the FPM by SSA's Office of Quality Assessment indicated that the new process improved the accuracy of initial decisions to deny claims from 92.6 percent to 94.8 percent. If implemented nationally, this would translate to approximately 34,000 fewer disabled claimants being erroneously denied benefits and facing the prospect of a lengthy appeal. We believe that these positive results were due to a number of factors. For example, we know that removing the reconsideration step permitted the State agencies to redirect their resources so that the individuals who formerly worked on reconsideration claims could work on initial claims. This permitted increased contact with the claimants and improved documentation of the disability determinations.

DDS Administrators' Letter No. 566, May 2001

- Because “preliminary data from the prototypes have raised questions about the program costs of national implementation [] final decision about rollout will be reserved until more complete data are available,” which was expected by the end of the year. . . . [S]ome of the people we are paying at the DDS level would not have appealed and been paid by OHA [now ODAR] under the old process.”

SSA Management Information and Evaluation Workgroup, Draft Disability Prototype Interim Report, June 25, 2011

- • “One of the goals of the Prototype is to allow claimants who should be allowed as early as possible in the process. The increased allowances in the DDSs under the Prototype are meeting that goal by processing as many allowances in one step as these States did in two steps under the old process. In addition, some claimants may be allowed under the process who might have been denied under the old but would never be allowed because of their not appealing to a higher level.

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- • Quality Review data indicate that allowances being made under the Prototype are appropriate. Prototype accuracy is better than the historical accuracy in Prototype sites.
- Customer survey data indicate that claimants are better satisfied with a process that offers a claimant conference and increased contact with the adjudicators who decide their claims.
- For those claimants who appeal for a hearing, it is clear that their cases reach OHA considerably faster under the new process.”

Statement of SSA, Inspector General Patrick P. O'Carroll, Jr., before House, Ways and Means Committee, Subcommittee on Income Security and Family Support and Subcommittee on Social Security, April 10, 2010

- “If SSA does not reinstate the reconsideration process in Michigan, and the funding that would be used for reconsideration is instead devoted to processing initial claims, the DDS could process 25,300 additional claims.” Similarly, “[i]f SSA does not reinstate the reconsideration process in Michigan, and the funding that would be used for reconsiderations is instead devoted to processing hearings, ODAR could process 17,600 additional hearings per year.”

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- By reinstating reconsideration, “some individuals who appeal will get an allowance decision sooner and some[] later. i.e. “if SSA reinstates [] reconsideration in Michigan, the claimant denied at the initial level could get an allowance decision in 276 days, which is 486 days sooner than if they had to appeal to ODAR without going through the reconsideration step.”
- However, if the claimant is denied at reconsideration and appeals to ODAR, “it would take 915 cumulative days for a decision, which is 153 days longer than the current processing time (762 days) for cases that go to ODAR without a reconsideration step.”

Further Recommendations to Bolster Initial Determination Record Development

- 1) developing and providing questionnaires which track SSA listing and RFC criteria including assessing the full range of vocationally relevant medical restrictions which vocational experts rely upon in assessing ability to make work adjustments as reflected in agency SSRs and relevant vocational source materials;
- 2) providing such forms to both treating and consulting physicians in the process and, where needed, explanation, to advance more supportable rationales for decisionmaking earlier in the process;



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- 3) employing vocational sources to provide “step-five” work assessments to guide decisions involving the issue of a claimant’s ability to adjust to other work based on age, education, past work experience and RFC (Step 5 of Sequential Evaluation Process);
- 4) greater identification of and assistance to mentally challenged and language-challenged claimants earlier in the process through the use of interpreters and adjudicative staff to avert impediments to record development attributable to those barriers;
 - 5) publication and effective enforcement of minimal quality standards for consultative examinations.

Vocational/Labor Market Work Adjustment Information Recommendations

- 1) Develop or obtain, with DOL, a valid, updated occupational taxonomy which includes residual functional capacity (RFC) and exertional and non-exertional impairment SSA medical criteria
- 2) Develop or obtain a data source to determine the incidence and location of such accurately classified occupations in order to inform decisionmaking under the statutory criteria which looks to whether claimants unable to perform their past relevant work can adjust to “work which exists in significant numbers either in the region where such individual lives or in several regions of the country.

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- 2) After completion of a proper occupational taxonomy, it must also develop or obtain a data source to determine the incidence and location of such accurately classified occupations in order to inform decisionmaking under the statutory criteria which looks to whether claimants unable to perform their past relevant work can adjust to “work which exists in significant numbers either in the region where such individual lives or in several regions of the country.