

Social Security Advisory Board (SSAB)
Visit to New York
March 22-25, 2015

The New York Region oversees all Social Security Administration's operations in New York, New Jersey, Puerto Rico and the U.S. Virgin Islands. This encompasses an annual administrative budget of approximately \$400 million for more than 3900 employees in 113 field offices, four teleservice centers, four Social Security Card Centers, the Northeastern Program Service Center and the Regional Office administrative staff. Throughout the region, over seven million beneficiaries receive more than \$88 billion in Social Security and Supplemental Security Income benefits annually.

The Board members in attendance will be:

- § Henry Aaron – Board Chair, Bruce and Virginia MacLaury Senior Fellow at the Brookings Institution Economic Studies Program*
- § Lanhee Chen – David and Diane Steffy Research Fellow at the Hoover Institution, Director of Domestic Policy Studies and Lecturer in the Public Policy Program at Stanford University, and Lecturer in Law at Stanford Law School*
- § Alan Cohen - Senior Fellow at the Center for American Progress working on Social Security issues*
- § Barbara Kennelly - President of Barbara Kennelly Associates and a professor at Trinity University*
- § Dorcas Hardy - President of DRHardy & Associates and former Commissioner of Social Security*
- § Jagadeesh Gokhale - Project Director with the UPenn-Wharton Public Policy Initiative and previously, a senior fellow at the Cato Institute*

Staff will be:

- § Claire Green – Staff Director*
- § Jackie Chapin – Senior Policy Advisor*
- § Sterling Laudon – Policy Attorney*
- § Anita Kelly – Senior Advisor - Operations*

Sunday, March 22, 2015

TBD: Members and staff of SSAB arrive New York City
 Taxi to hotel

[Millennium Hilton](#)

55 Church Street, New York, New York, 10007

Phone: (212-693-2001)

FAX: (212-571-2316)

Monday, March 23, 2015

- 9:45am** **Transportation from hotel to Regional Office (RO)**
Met by Regional Commissioner Fred Maurin (cell: 212-729-4054)
Driven by Regional Communications Director John Shallman (cell: 917-680-8955) and Mitch Kraft
- 10:00am** **Official Welcome to RO and meeting with Regional Executives**
26 Federal Plaza, Room 4007
Fred Maurin, Regional Commissioner (RC)
Julio Infiesta, Acting Deputy Regional Commissioner (DRC)
Bryant Wilder, Acting Assistant Regional Commissioner – Management and Operations Support (ARC MOS)
Ray Egan, Acting Deputy Assistant Regional Commissioner – Management and Operations Support (DARC MOS)
Bernie Bowles, Executive Officer (XO)
Jeremiah Schofield, Acting Assistant Regional Commissioner – Processing Center Operations (ARC PCO)
Frank Barry, Deputy Acting Assistant Regional Commissioner – Processing Center Operations (ARC PCO)
John Shallman, Regional Communications Director
- 10:30am** **Meet with RO Leadership**
Room 4128
Fred Maurin, Regional Commissioner
Julio Infiesta, Acting Deputy Regional Commissioner
Bryant Wilder, Acting ARC MOS
Ray Egan, Acting DARC MOS
Bernie Bowles, Executive Officer
Jeremiah Schofield, Acting ARC PCO
Frank Barry, Deputy ARC PCO
Caren Unger, Chief, Operations Support Branch, Northeastern Program Service Center (NEPSC)
Rick Bailey, Area Director Manhattan, Bronx, Staten Island and lower Hudson Valley
Dean Frenkian, Area Director, New Jersey
Andrea Wilder, Area Director, Brooklyn, Queens and Long Island
John Shallman, Regional Communications Director
Dan Karp, Center Director, Automation
Victoria Shteyman, Deputy Center Director, Automation
Joe Cafaro, Acting Center Director, Disability
Melissa Bruckner, Deputy Center Director, Disability
Stephanie Francis, Center Director, Materiel Resources
Greg Narowski, Deputy Center Director, Materiel Resources

Mary Groot, Center Director, Programs Support
Tracey Saverino, Deputy Center Director, Programs Support
Diana Valdes, Center Director, Human Resources
Jonathan Addy, Deputy Center Director, Human Resources
Denise Hachicho, Teleservice Center (TSC) Operations Director
Althea Phipps, Civil Rights and Equal Opportunity (CREO) Director

11:15am Break

**11:25am Meeting with all RO non-management staff
Sixth Floor Conference Center, Rooms A&B.**
(See attached roster for attendees)

12:15pm Brown Bag lunch with AFGE Local 3369 and 1760 Officers
(Assorted sandwiches and beverages for \$15.00 per person)
Room 4007
Andrew Poulos, President, AFGE Local 3369
TBD, AFGE Local 1760

**1:00pm Meet with DDS Executives and Center for Disability Management Team
Room 4128**
David W. Ramsay, Director, NJ Division of Disability Determination Services
Gloria Toal, Deputy Commissioner, NY Office of Temporary and Disability Assistance
Joseph Cafaro, Director, NY Regional Center for Disability
Melissa Bruckner, Deputy Center Director, NY Regional Center for Disability

**1:45pm Meeting with Regional Chief Administrative Law Judge
Room 4128**
Monica LaPolt, Regional Chief ALJ (Acting)
Thomas Harper, Regional Management Officer

2:30pm Break

**2:45pm Meeting with Office of the Regional Counsel
Room 4128**
Steven P. Conte, Regional Chief Counsel
Som Ramrup, Deputy Regional Chief Counsel

**3:30pm Meeting with the Office of the Inspector General
Room 4128**
Edward J. Ryan, Special Agent In Charge
John Grasso, Assistant Special Agent In Charge

5:00pm **En route hotel**
Driven by John Shallman and Mitch Kraft

5:15pm **Arrive hotel**

Tuesday, March 24, 2015

9:00am **Depart Hotel en route Boro Hall DO**
Accompanied by Fred Maurin
Driven by John Shallman and Mitch Kraft

9:40am **Arrive Boro Hall DO**
195 Montague Street, 7th Floor, Brooklyn, New York 11201
Met by Andrea Wilder, Area Director and
Melvina Douse, District Director (888-810-7615)

10:40am: **Arrive Brooklyn Card Center**
6th Floor
Met by Andrea Wilder and
Valerie McNeil, Card Center Manager (866-964-2547)

11:30am **South Brooklyn Legal Services Meeting**
Reps from South Brooklyn Legal Services
Boro Hall/BSSCC training room
From So Brooklyn Legal: Ann Biddle and LaTanya White

12:30pm **Lunch**

1:40pm **En route MetLife Corporate Headquarters**
Driven by John Shallman and Mitch Kraft

2:00pm **Meet with MetLife Executives**
1095 Avenue of the Americas
New York, NY 10036
Met by: John Welling, M.Ed, CRC
Director, LTD Specialty Operations (860-895-4366)

4:00pm **En route hotel**
Driven by John Shallman and Mitch Kraft

4:45pm **Arrive hotel**

Wednesday, March 25, 2015

TBD: SSAB Departs NY City

List of Attendees for the Social Security Advisory Board Meeting with all RO non-management staff Sixth Floor Conference Center, Rooms A&B.

Regional Public Affairs (2)

Jane Zanca
Linda Lauria

Kenya Brown
Elizabeth Ortiz

Civil Rights and Equal Opportunity (3)

Reita Pierre Louis
Skarlent Rymer
Janet Whittaker

Center for Automation and Security (9)

Jessica Rivera
Luis Diaz
Katia Gomez
Bill Rossi
Man Fan Lam
Peter Lee
Michael Jameson
Narinda Kumar
Rolando Ruiz

Management and Operations Support (1)

Sonya Huggins

Center for Disability (8)

Jessie Gomes (has been on extended leave;
scheduled to be back this week)
Ana Javan
Ed Krottendorfer
Maria Lora (DPA)
Susan Palais (DPA)
Sylvia Peterson
Jannette Santiago (NY CDI Unit on Church
Street; can walk over for the meeting)
Eric Wolf

Center for Programs Support (9)

Andrew Young
Colleen Sheehan
Elizabeth Roback
Lisa Sobieski
Anania Rufino
Angela Caruso
Lauren Hsu
Kelly Francis
Linda Lopez-Vasquez

Center for Materiel Resources (9)

Mitchell Kraft
Joseph Lopez
Sharon Badri-Persaud
Nancy Millan
Shameen Kenan
Phillip Adase
Glen Masi
Marc Fiderer
Jenica Wu

Total= 50

Center for Human Resources (9)

Diana Reyes
Luz Roldos
Amarkys Brito
Eno Ikoli
Sophia Khani
Tanya Sani
Melinda Gilmore

**Social Security Advisory Board
Board Meeting & Fairfax DDS Trip Summary
February 23-24, 2014**

Meeting with Inspector General Patrick P. O’Carroll

SSA Inspector General Patrick O’Carroll was invited to the February 23 meeting to discuss recent audits and investigations that the OIG focused on in 2014, including the two high-profile fraud cases in New York and Puerto Rico. In addition, Mr. O’Carroll provided an update on Cooperative Disability Investigations (CDI) units and plans to establish more of these units in 2015.

New York & Puerto Rico. Both of these fraud cases were initiated in a similar fashion, i.e. through referrals from DDS employees who became suspicious of certain disability claims. After the referral, the OIG sent in undercover informants. In both cases, there was a “ringleader” who paid recruiters to go out and “teach” individuals how to illegally obtain benefits. This typically involved one or more doctors who were being paid to provide falsified medical evidence. In addition, “facilitators” – third party representatives who would guide claimants to the corrupt doctors – were involved.

To date, 75 individuals have been indicted and 39 sentenced in New York, including the ringleader who received a 20-year prison sentence. OIG is also seeking civil and monetary penalties from these individuals in an attempt to restore fraudulently obtained benefits to the trust funds. In Puerto Rico, the OIG found at least 100 egregious cases, and 3,000 cases required a “second look” based on suspicion of fraud. Mr. O’Carroll reported that, as a result of these major fraud cases, the OIG is investigating potential analytics and metrics that could help identify possible “red flags” before potential criminals receive benefits. In addition, the OIG has created new special fraud units in Puerto Rico, Kansas City, and San Francisco.

CDI units. Mr. O’Carroll reported that the OIG currently has 28 CDI units in 24 states. They are opening four more soon in DC, Charleston, St. Paul, and Birmingham. Mr. O’Carroll noted that fraud referrals from SSA are on average much more effective than referrals from the public through the OIG hotline.

Recent Audits. The OIG conducted two major audit reports recently. One of these reports examined ALJ allowance rates from 2007-2013, and found in a sample of over 200 judges that 44 of those judges had allowance rates over 85% and over 700 dispositions per year. The OIG estimates that these results translate into roughly 24,000 questionable allowances and roughly \$2 billion in questionable costs over the seven year period.

The second major audit report discussed at the meeting involved the recent obstacles facing SSA's Disability Case Processing System (DCPS) project. OIG found that SSA needs to establish a more formal, final plan before continuing and funding the DCPS rollout. Additionally, OIG suggested revisiting the utility of outside contractors as opposed to the current in-house approach. SSA has not followed OIG's recommendations, nor has it agreed to them. Because of this, Chairman of the House Subcommittee on Social Security Sam Johnson has granted the OIG authority to attend DCPS executive meetings going forward.

Other projects briefly discussed at the meeting included:

- Immigration
- Fraud definition discrepancies between OIG and SSA
- National Computer Center
- MySSA – progress on reducing fraud

Meeting with former SSA Executives Arthur Spencer and Ken Nibali

Art Spencer and Ken Nibali, both former Associate Commissioners at SSA, were invited to the meeting to give a background on SSA's disability redesign efforts that began in the mid-1990s and led to the 10-state Prototype Model. Prototype Model was created in response to rapidly increasing workloads at SSA, and the plan was to eliminate the reconsideration step of disability adjudication and use the resources saved to conduct better initial evaluations. SSA expected this would lead to slightly higher allowance rates because there had previously been many errors in wrongful denials. The agency also wanted to obtain proper allowances faster for people who deserve them and expected claims to move to the appeals step faster by eliminating the time it took for a reconsideration. Additionally, the agency expected a lower allowance rate at the appeals level because the allowances would get filtered out sooner.

The Prototype Model also included the "single decision maker" (SDM). This change allowed examiners in certain states to make some decisions without consulting a doctor. Doctors were denying more cases than examiners were; SSA believed such cases were ultimately being allowed on appeal anyway. Analysis showed that quality was the same and SDM allowed more cases properly and did it earlier. SDM state allowance rates increased initially, but now are mostly in line with other states.

Mr. Nibali and Mr. Spencer then provided some of their own thoughts on where the disability decision-making process stands currently. For example:

- Mr. Nibali made the argument that DDSs and ALJs need to use same processes to make decisions nationwide, suggesting that DDSs were using more medical evidence than

ALJs were. He stated that the “less-than-full-range-of-sedentary” is a controversial standard that leads to awarding more benefits than appropriate.

- Mr. Spencer argued that the lack of uniformity across states is a problem. He stated that appeal rates and allowance rates vary across states, and that SSA should attempt to unify the process more. He pointed to tools that can force consistency, such as the electronic claims analysis tool (eCAT).
- On DCPS, Mr. Spencer believed that SSA should force states to follow one process instead of allowing for the continuance of unique state processes. Regulations might need to be changed, but funding could force states to comply.
- On the other hand, Mr. Nibali worried that consistency would lead to more allowances and create higher costs for the system. He believes there are more errors in denials. He stated that SSA should be paying people who deserve it, but that actuarial projections will work against SSA.
- Mr. Spencer argued that SSA should have tested the prototype everywhere and implemented it with proper resources. He stated that in the private sector, they always seem to spend more up front to get decision right and provide better documentation for review.

Meeting with ODAR Appeals Officer Teresa Pfender for a Background on the Disability Decision-Making Process

Administrative Review. Ms. Pfender began her presentation by providing a detailed overview of the four administrative review steps: Initial, Reconsideration, Hearing (ALJ), and Appeals Council. This included the methods people can use for applying for disability, as well as what specifically happens at each of the four steps. She emphasized that while each of the adjudicative levels might differ in many ways, each of the first 3 levels are similar in that the evidentiary standard is the “preponderance of the evidence” when making a determination or decision.

However, when the Appeals Council reviews an ALJ decision, it uses the substantial evidence standard. The AC considers the following:

- Are the actions, findings or conclusions of the ALJ supported by substantial evidence?
- Is there an error of law?
- Is there new and material evidence?
- Does there appear to be an abuse of discretion by the ALJ?
- Does this case involve a broad policy or procedural issue that may affect the general public interest?

Federal Courts. Ms. Pfender also explained that when individuals exhaust administrative appeal rights at SSA, they are allowed to pursue review of the Agency decision in the U.S. District Court where the individual lives. This Federal court may dismiss, affirm, remand or reverse the final decision of the Commissioner in whole or in part, or may take any combination of actions where more than one issue is considered on appeal.

The application of Federal district and circuit court decisions is more complicated than application of earlier review steps. Ms. Pfender explained that, until a Social Security Acquiescence Ruling (AR) is issued explaining how SSA will apply a circuit court holding that conflicts with agency interpretation of Social Security law or regulations, SSA decision-makers are bound by the agency's national policy, rather than the court's holding, in adjudicating other claims within that particular circuit. Additionally, if a district court decision conflicts with SSA interpretation of Social Security law or regulation, SSA adjudicators will continue to apply the agency's national policy when adjudicating other claims within the district court's jurisdiction, unless directed otherwise.

Meeting with Sam Bagenstos to discuss Children on Disability Transitioning to Adulthood

Sam Bagenstos, professor of Law at University of Michigan, was invited to discuss his recent article entitled, *The Disability Cliff*, which provides an overview and legislative history of the disability rights movement as well as the challenges that children with developmental disabilities face when they lose their federal entitlement to special education.

The Individuals with Disabilities Education Act (IDEA) is a Federal law that ensures certain services (such as special education) to children with intellectual or developmental disabilities (I/DD) throughout the U.S. However, individuals lose these services and supports completely as soon as they turn 22; this is the disability "cliff" to which Mr. Bagenstos refers. According to Bagenstos, the problem is that these individuals are not adequately prepared for employment in adulthood. In fact, in 2010, 80% of the people served by state intellectual/developmental-disability agencies received services in sheltered workshops or segregated non-work settings. This situation is because special education does not provide people with I/DD the abilities and skills needed for meaningful employment in the national economy.

Mr. Bagenstos also gave an overview on three key policy eras that laid the foundation for modern disability policy in the U.S.:

1. Post-WWI: Vocational Rehabilitation
2. The *Great Society*: Introduction of Medicare & Medicaid
3. The Rights Revolution: Rehabilitation Act of 1973

The problem identified by Mr. Bagenstos is that we have designed different systems in different times for different reasons. There is no real unification of education, supports, and services for those with disabilities. Another issue is that many of these programs are state-based, and since states have limited funding, they are forced to prioritize certain services and individuals over others.

Mr. Bagenstos also discussed his “dream” proposal, which he believes could adequately address these issues. This proposal would establish entitlement to supported employment for people with I/DD who are aging out of IDEA at 22. These employment services would ideally be given by the schools, the same entity that provided the IDEA services in the first place (i.e. no more “cliff”). Funding for these services could be billed to Medicaid, which often pays for the pre-vocational services that would be replaced under this proposal.

Board Business

The Board also met in executive session briefly during lunch and at the end of the day to discuss:

- Future Board meeting dates
 - April 24
 - May 29
 - June 23
- The March Board trip to New York
 - Details are still being worked out but the itinerary was discussed
- Technical Panel progress
 - Upcoming Meetings: There will be no April Tech Panel Meeting. The March Tech Panel Meeting will focus on immigration. There will be a two-day Tech Panel meeting in May.

Joel also provided an overview of the previous Technical Panel Meeting. The Panel discussed replacement rates at length. Some of the other main topics discussed were mortality, disability, and fertility. This panel is different from previous panels because an actuary is leading the discussion on mortality, rather than a demographer.

The group also had a long discussion about the disability program and trust fund; specifically, what was causing the increase in growth of the DI rolls in recent years. There are essentially two schools of thought on what is to blame: program incentives (Autor/Duggan) vs. demographic changes (SSA Actuaries/Trustees). After much deliberation, the panel seemed to conclude that program incentives *and* demographic changes both are contributing to the rise in allowance rates, but in different time periods.

February 24 Fairfax DDS Visit – Summary

On Tuesday, February 24, the Board visited the Fairfax Disability Determination Services (DDS) office, from 9:30 until 1:30. They were joined by DDS staffers Tara Lassiter, Megan Wade, and Tonya Jordan, as well as Leon Scales who is the DDS Director for the state of Virginia. Additionally, Howard Hughes and Jim Steiner were in attendance from SSA's Philadelphia Regional Office.

Disability Determination Process

After brief introductions, DDS representatives began with a discussion of the overall disability determination process. After a claimant fills out basic demographic information and files necessary medical documents with a Social Security field office, the application is then sent to a DDS to be processed. The primary responsibility of the DDS is to assess the medical evidence in the file and gather any additional evidence needed to make a determination (i.e. allowance or denial) on the disability claim.

DDS employees then gave a demonstration on Virginia's case processing system. One challenge that was noticed almost immediately was that employees were required to switch between multiple systems applications (e.g. web-based tools and COBOL applications) throughout the process. Also, field office systems differ from the DDS ones and not all FO information is available to the DDS, making the process even more cumbersome. DDS employees believed that, once completely rolled out, DCPS should address these issues.

Interaction with the Field and Other Stakeholders

DDS interaction with local field office staff and claimant representatives was also discussed. Anecdotally, both DDS employees and SSA regional employees believed that claims that are represented by a third party are not necessarily better documented than claims without representation. Specifically, they felt that paid representatives (like attorneys) do not always do all the work that they are paid to do.

Overall, DDS employees reported that there are much less face-to-face applicants today with the rise in internet applications. However, face-to-face and phone applications are sometimes easier to develop than internet claims since the interviewer can ask probing questions.

Cases involving electronic medical records (health information technology, or "HIT") are growing, and are processed much faster than those without. They also noted that obtaining medical records from health vendors can be very costly for the state agencies, and some are not very cooperative. Another source of cost to the state is paying for consultative examinations (CE).

Case Preparation and Adjudication Process

At the meeting, the Board was able to observe a live Quick Disability Determination (QDD) case. The QDD process uses a computer-based predictive model to screen initial applications to identify cases with key words that indicate that a favorable determination is highly likely and medical evidence is readily available. By identifying QDD claims early in the process, DDS employees are able to prioritize this workload and expedite case processing.

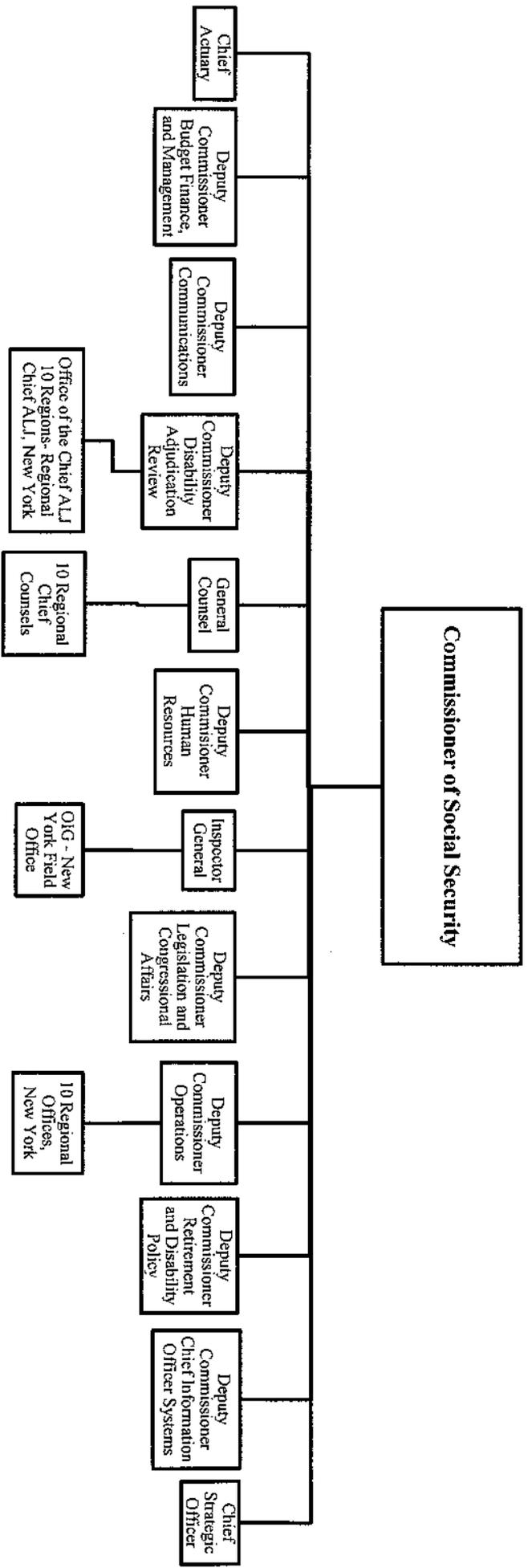
DDS examiners/analysts, like the one who demonstrated the QDD case, undergo extensive in-house training and that it takes about 2 years to become proficient. Most states require a bachelor's degree to be hired. One DDS manager emphasized that it takes a certain type of person to be able to do this job, and that many new hires leave before they are even fully trained because they are not cut out for the demands of the job. Because it takes so long to train examiners, the manager emphasized that hiring freezes can have a particularly large, negative impact on DDS productivity.

Recommendations

Throughout the meeting, DDS and SSA employees gave their own recommendations for how the disability decision-making process could be improved. These included:

- *Single Decision Maker (SDM) should be implemented nationwide in every state and DDS*
 - This can improve processing times, according to DDS and SSA employees.
- *DCPS rollout*
 - This was highly supported and recommended by both DDS and SSA employees as a way to streamline case processing and workloads.
- *DDSs need the ability to strategically plan and hire*
 - Hiring freezes and budget cuts prevent this from happening.
- *Workload balancing and goal/target planning should be done in real-time, instead of annually*
 - DDS/SSA budgets vary from year to year, making it difficult to plan.
 - Goals/targets are not streamlined and are not predictable, i.e. there is no way of knowing with certainty what the volume of applicants will be in a given year. Instead, targets should be set much more frequently and as things change (e.g. monthly, quarterly, semi-annually).

Social Security Organizational Chart





RO Executives

Organizational Chart : New York Region

DCO Regional Staff

March 2015



Bernie Bowles
Executive Officer



Fred Maurin
Regional Commissioner



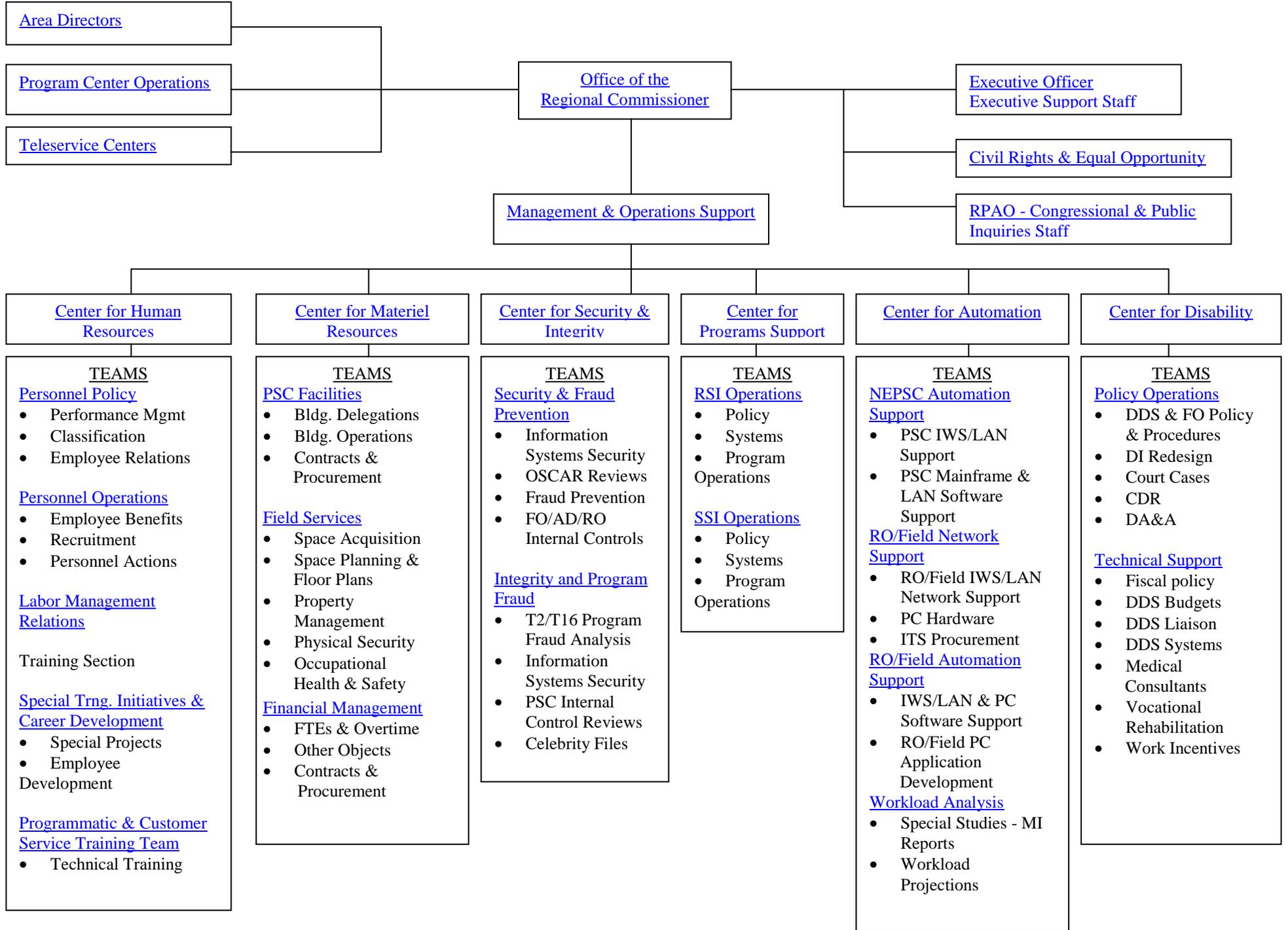
Julio Infiesta
Deputy Regional Commissioner (Acting)



John E. Shallman
Regional Communications Director

<p>Management and Operations Support</p>  <p>Bryant Wilder Assistant Regional Commissioner (Acting)</p>	<p>Management and Operations Support</p>  <p>Ray Egan Deputy Assistant Regional Commissioner (Acting)</p>	<p>Processing Center Operations</p>  <p>Jeremiah Schofield Assistant Regional Commissioner (Acting)</p>	<p>Processing Center Operations</p>  <p>Francis X. Barry Deputy Assistant Regional Commissioner</p>	<p>Center for Disability</p>  <p>Joseph Cafaro Director (Acting)</p>	<p>Center for Automation</p>  <p>Daniel Karp Director</p>	<p>Center for Human Resources</p>  <p>Diana Valdes Director</p>	<p>Center for Materiel Resources</p>  <p>Stephanie Francis Director</p>
<p>Operations Support</p>  <p>Caren Unger Branch Director</p>	<p>Center for Programs Support</p>  <p>Mary Groot Director</p>	<p>Manhattan, Bronx, Staten Island, Westchester, Rockland and Lower Hudson Valley</p>  <p>Richard E. Bailey Area Director</p>	<p>Brooklyn, Queens, Long Island</p>  <p>Andrea Wilder Area Director</p>	<p>Upstate New York, Central and Upper Hudson Valley</p>  <p>Paul Brown Area Director</p>	<p>Puerto Rico, Virgin Islands</p>  <p>Maria Z. Maldonado Area Director</p>	<p>New Jersey</p>  <p>Dean Frenkian Area Director</p>	

New York Region



Region II (New York, New Jersey, and Puerto Rico) DDS and Hearing Office Data

National and Region II DDS Workload Data FY 2015 (09/27/2014 through 02/27/2015)

Measurement	FY2015 Goal	Nation	New York Region
CDRs	790,000	364,361	40,474
Initial Claims	2,767,826	1,098,037	90,980
Initial Claims Net Accuracy	97%	97.5	98.2
Reconsiderations	738,991	297,315	6,226
Average Processing Time	109 days	114	109.7
Initial Allowance Rate		32.6%	

Region II Hearing Office Workload Data FY 2015 (09/27/2014 through 01/30/2015)

Measurement	Nation	Region II	New York	New Jersey	Puerto Rico
Average Processing Time	439	465	467	485	382
Receipts	255,867	24,518	17,569	4,919	2,030
Dispositions	213,843	16,522	11,629	3,700	1,193
Cases Pending	1,019,684	104,035	70,024	23,106	10,905
Allowance Rate (% of Dispositions)	40.4%	48.5%	46%	52.2%	64%

MEMORANDUM

To: Social Security Advisory Board
Subject: Background on Prototype States and the Reconsideration Pilot
Date: February 23, 2015

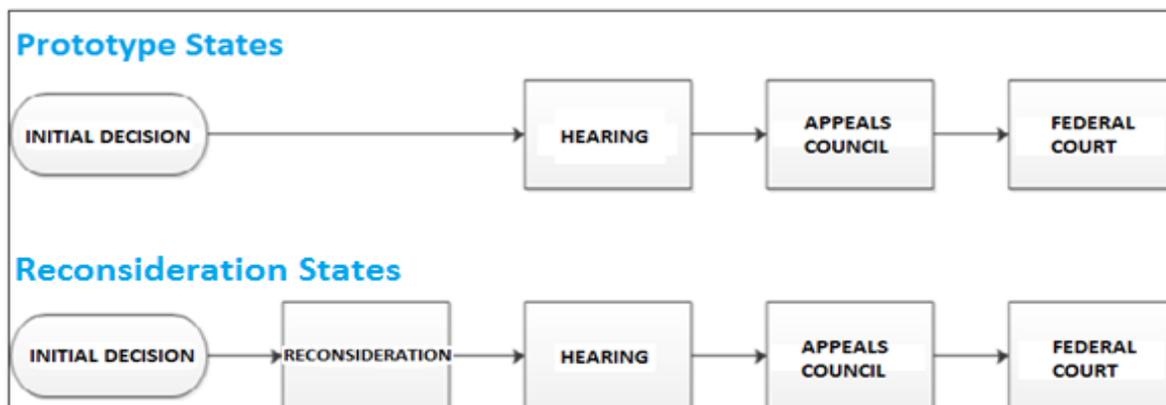
Introduction

The disability claims process at SSA includes four administrative steps. The initial application, the reconsideration step, the hearings level and the Appeals Council review. Beginning in 1999, SSA eliminated the reconsideration step in 10 states¹ with plans to put more resources towards a better initial determination. The reconsideration pilot was part of a larger experiment by the Social Security Administration (SSA) to improve the disability evaluation process. SSA intended to implement the disability redesign nationwide. After evaluating the prototype, SSA determined that eliminating reconsideration provided some benefits, but led to more appeals and higher costs. Due to the inconclusive results, SSA abandoned plans to adopt the disability redesign nationwide, but continues the prototype in the original 10 states.

SSA's disability appeal process: prototype vs. non-prototype

After receiving an application for disability benefits at the field office, SSA sends the case to a state Disability Determination Service (DDS) for a determination. If the initial disability application is denied, SSA rules provide for three levels of administrative review. The first level is reconsideration by the DDS; the second level is a hearing before an administrative law judge (ALJ); and the third level is a review by the Appeals Council. If the Appeals Council review is denied, the applicant may appeal to federal court. In the 10 prototype states, applicants skip the reconsideration phase and go directly to the hearings level.

Disability Appeals Process Comparison Between Prototype States and Other Sites



¹ Alabama, Alaska, California (LA North and LA West only), Colorado, New York, Louisiana, Michigan, Missouri, New Hampshire, and Pennsylvania

What is the prototype?

On October 1, 1999, the prototype was implemented in the DDSs of 10 states representing approximately 25 percent of the national workload. New features intended to improve operations of the DDSs were introduced in prototype states:

1. a single decision-maker (SDM) position
 - to give disability examiners authority to determine eligibility without requiring physician input
2. claimant conference
 - to allow claimants facing a denial decision another opportunity to provide additional evidence
3. enhanced documentation and explanation (rationale)
 - to require more complete case development and explanation of the disability determination
4. removal of the reconsideration level
 - to eliminate this processing time and make those resources available for use at the initial level

SSA's review of the prototype found that fewer cases were wrongly denied, but processing time and the backlog increased. SSA's reviews of disability determinations indicated that the new process improved the accuracy of initial decisions to deny claims from 92.6 percent to 94.8 percent.² Removing the reconsideration step permitted DDSs 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. However, initial processing times increased 23 percent from FY 1999 to FY 2001. SSA attributed this to the addition of claimant conferences and enhanced documentation and explanation (rationale). In 1998, prior to the start of the prototype, the number of initial decisions that ended up at the hearings level was 1.4 percentage points higher in the prototype states than in the non-prototype states. By 2007, without reconsideration, the gap had increased to 7.5 percentage points.³ The increased number of hearings in prototype states led to higher allowance rates and a larger backlog of cases waiting to be heard.

Prototype Implementation

SSA initially planned to implement the prototype nationwide by 2001. Due to mixed results of the prototype, the agency abandoned this plan. SSA eliminated claimant conferences and expanded enhanced documentation nationwide. The prototype continues to operate in the same 10 states, but only the SDM and elimination of reconsideration now distinguish these states.

² <http://www.gpo.gov/fdsys/pkg/FR-2001-01-19/pdf/01-1442.pdf>

³ http://www.ssa.gov/legislation/testimony_042710.html

Status of Prototype Features			
Single Decision-maker	Claimant Conference	Enhanced Documentation	Elimination of Reconsideration
The SDM still exists in the prototype states and 10 other states where it was tested independently	Eliminated (2002)	Developed into the electronic Claims Analysis Tool (eCAT), now used nationwide (2009-2011)	The reconsideration step is still skipped in the 10 prototype states but not the rest of the country

Single decision-maker

In SSA’s disability programs, the SDM model authorizes disability examiners to make certain initial determinations without requiring a medical or psychological consultant’s (MC) signature. The SDM model allows disability examiners to decide when to involve MCs in complex claims. For some claims, such as mental impairment denials, policy requires a MC’s signature. SSA intended for the SDM model to allow adjudicating components to use disability examiner and MC resources more effectively and provide faster determinations.

In 1993, SSA proposed allowing disability examiners to make certain categories of disability determinations without a MC’s signature. In 1995, after receiving and addressing public comments on this proposal, SSA finalized the rules for the SDM model. From 1996 to 1999, SSA tested the SDM model at select sites and determined the model to be effective. Therefore, the agency started the SDM pilot at 10 DDS sites—referred to in this report as SDM prototype. Later in 1999, SSA expanded the pilot to an additional 10 DDS sites—referred to as SDM II. These 20 DDSs still operate the SDM pilot.⁴

An SSA OIG report⁵ found positive user feedback about the SDM model, decreased case processing times for initial disability claims, and no significant difference in decision quality. The report also estimated that the SDM model leads to a 0.61% higher allowance rate. Due to the higher allowance rate, SSA actuaries estimated significant savings to the Trust and General Funds with the gradual termination of the SDM pilot.

Eliminating Reconsideration

Other than having retained the SDM, the primary feature that distinguishes the prototype states is the elimination of reconsideration. Since SSA discontinued claimant conferences and expanded enhanced documentation through eCAT nationwide, there are no additional resources being placed into achieving a correct initial decision in prototype states. With reconsideration having

⁴ The Disability Examiner Authority (DEA) which allows disability examiners in all sites to make fully favorable allowance without the approval of a State agency medical or psychological consultation on quick disability determination (QDD) and compassionate allowance (CAL) cases – this authority has been extended to 11/13/2015. <https://federalregister.gov/a/2014-20535>

⁵ <http://oig.ssa.gov/audits-and-investigations/audit-reports/A-01-12-11218>

been eliminated, there is no longer another step between denial and a hearing before an ALJ. This led to more hearings and a higher allowance rate.

Eliminating reconsideration means fewer hand-offs of cases and fewer administrative steps. By itself, eliminating reconsideration immediately reduced the number of administrative steps and reduced the case processing time by the 70 days previously required to perform the reconsideration step. Given that allowance rates at the reconsideration level are low (less than 10 percent in 2011), many felt this step was a waste of resources. However, eliminating reconsideration led more claimants to appeal to the hearings level where allowance rates tend to be higher. Without a reconsideration step, these cases tended to be less-developed at the hearing level. Since implementation, the overall allowance rate in prototype states has been higher than in reconsideration states.

In 2010, SSA considered whether to reinstate reconsideration in Michigan as a possible first step to reintroducing reconsideration nationwide. Disability applicants in Michigan faced some of the longest waits for a hearing in the country, averaging 559 days from requesting a hearing to receiving a decision—or 762 days from the date of application. SSA argued that uniformity would give all Americans the same appeal rights, would provide a faster first-level appeal, would limit the number of hearings, and would produce better-documented cases for the hearings level. SSA committed to providing funding and the Michigan DDS began hiring new staff. However, Congress requested that the SSA Office of the Inspector General (OIG) examine the impact of this change.

The OIG reported that reconsideration would shorten waits for those who receive awards in reconsideration but lengthen waits for a hearing. The OIG estimated that reconsideration awards would take an average of 276 days from application, but hearing decision would end up taking 915 days. Before SSA was able to follow through with plans to reinstate reconsideration in Michigan, the House Ways and Means Committee held a hearing on the issue. Members pressed Commissioner Astrue and Inspector General O'Carroll about the plan. Nancy Shor, representing disability applicants, testified against reinstating reconsideration in Michigan or anywhere in the country.⁶ After members of the committee pressed Commissioner Astrue for more analysis and delay of the plan,⁷ SSA scrapped the plan instead.

Conclusion

Since SSA implemented the prototype, reconsideration and the SDM authority remain in limbo, leaving the nation without a consistent disability policy. SSA has analyzed their data and found:

- Eliminating reconsideration saved some money up front, but led to more appeals, less-developed cases at the hearing level, and a higher allowance rate.

⁶ http://waysandmeans.house.gov/media/pdf/111/2010apr27_shor_testimony.pdf

⁷ <https://levin.house.gov/letter-requesting-analysis-plan-reinstate-reconsideration-level-appeal>

- Using the SDM model streamlined the disability determination process without reducing accuracy. However, by correctly assessing a higher disability rate, the SDM model ended up costing more than expected.

While resources freed up by the elimination of reconsiderations at the state level were initially used to create a better initial determination process, the prototype states no longer receive additional funding – a fact that needs to be taken into consideration in evaluating the success or failure of the programs.

In order to evaluate the success or failure of the prototype, a decision needs to be made about what elements to measure and the relative weight of the measures in making an evaluation. SSA and OIG have used a variety of measures to evaluate the program:

1. Allowance rate
2. Accuracy/quality
3. Productivity
4. Processing time
5. Appeal rate
6. DE attrition rate
7. Program costs
8. Claimant satisfaction
9. Nationally consistent program

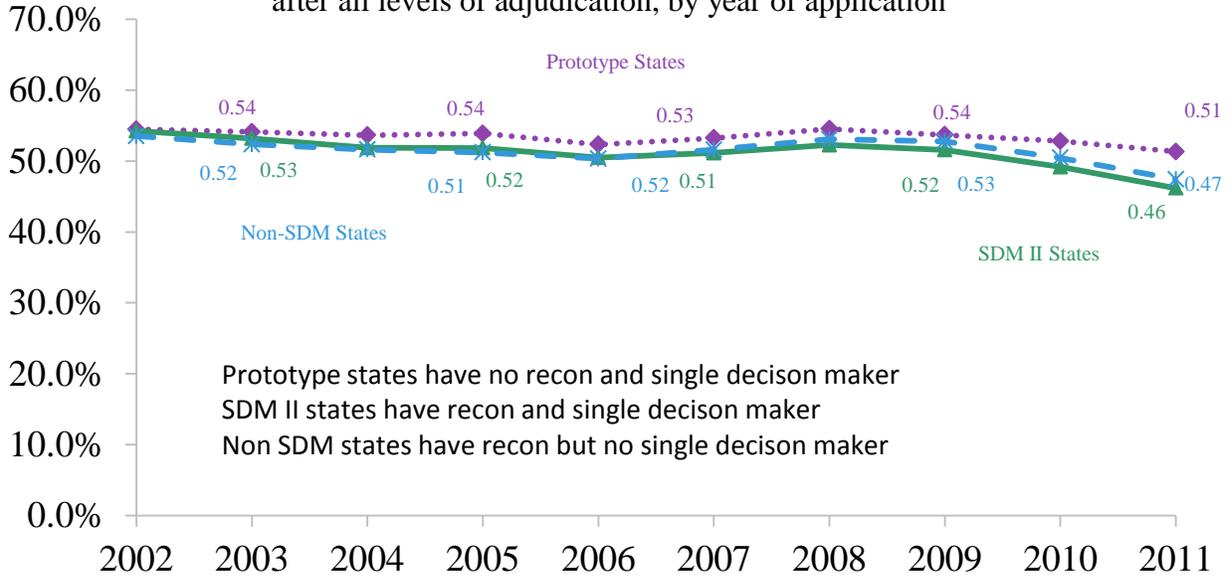
Any evaluation of the success in the program will need to prioritize the importance of these various measures.

(Continued on following pages)

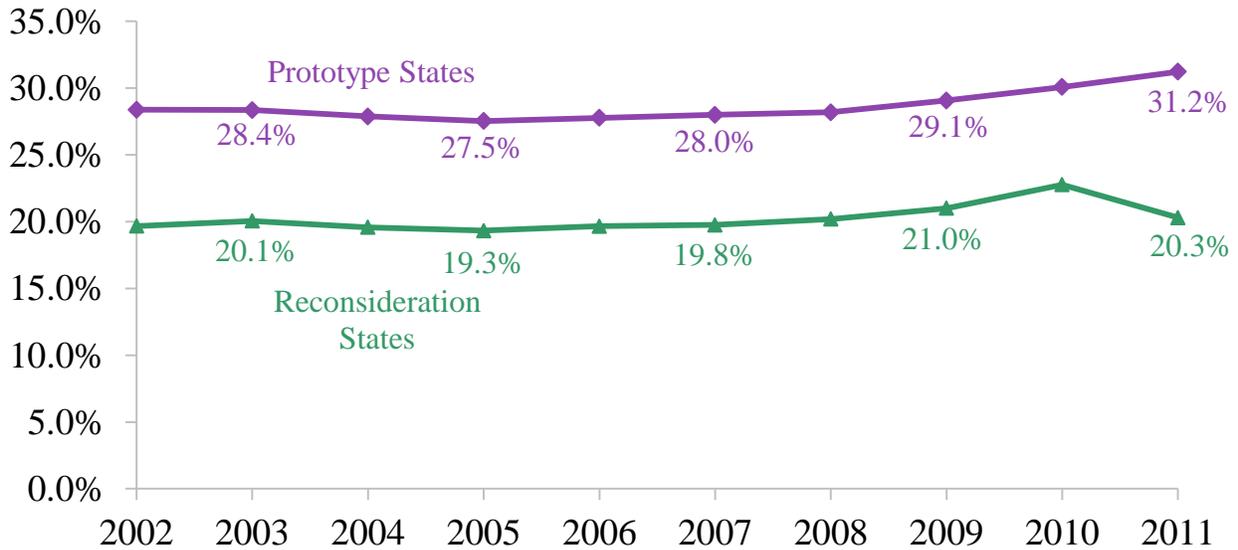
Prototype States Graphs⁸

Final Allowance Rates

after all levels of adjudication, by year of application

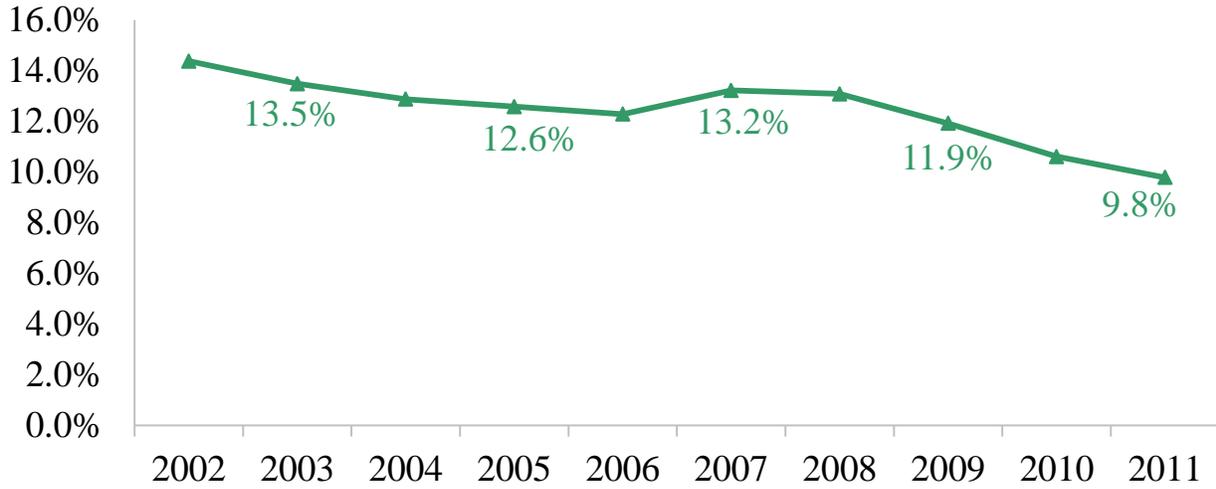


Percent of Initial Determinations that Go to Hearing



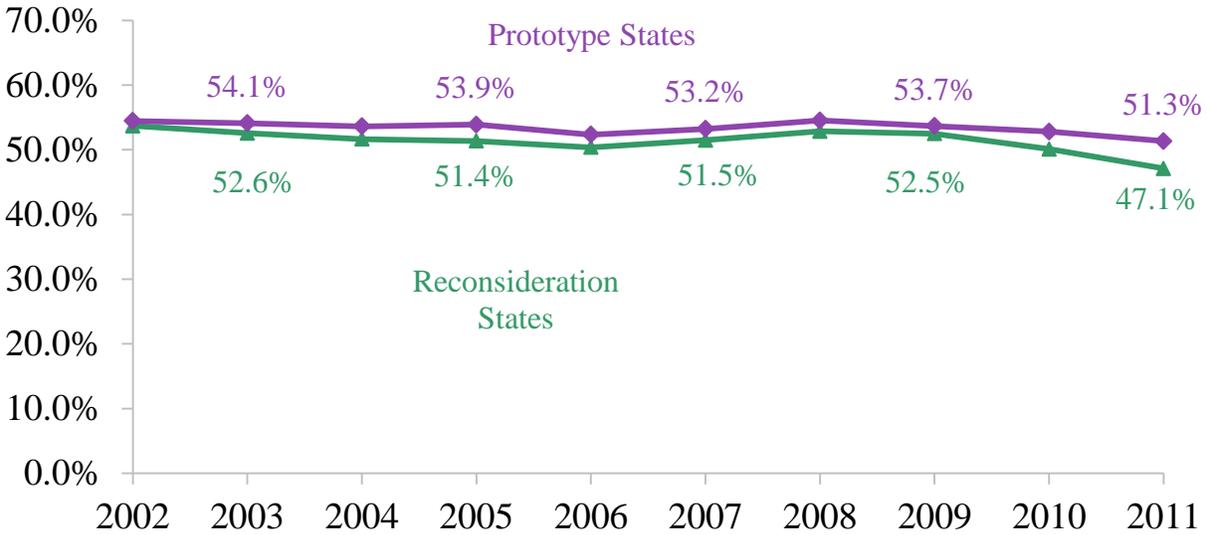
⁸ Graphs are based on SSAB preliminary calculations – data excludes California which operates the prototype in only the Los Angeles North and West DDSs.

Reconsideration Allowance Rate



Final Allowance Rate

after all levels of adjudication, by year of application



A Short History of Disability Redesign leading up to the Prototype

In 1994, SSA released a plan for an improved disability claim process in response to increased DDS caseloads and processing times, and concerns with high reversal rates. The plan included five primary objectives:

- the process is user-friendly for claimants and employees;
- an allowance decision, if applicable, is made as early in the process as possible;
- all disability decisions are made and effectuated quickly;
- the process is efficient; and
- employees find the work satisfying.

In the 1994 plan, SSA proposed an ambitious series of initiatives to improve timeliness, accuracy and customer service. SSA committed to 83 initiatives to be accomplished over 6 years. In 1996, the General Accounting Office (GAO) concluded that SSA’s plan was overly ambitious and complex. At that time, SSA had made little progress in meeting its goals, could not demonstrate positive results, and faced difficulty retaining the support of some stakeholders. In response to the urging of GAO and stakeholders, SSA issued a scaled-back disability process improvement plan in 1997. The revised plan contained eight key initiatives.

1997 Initiatives

Initiatives	Description
Near-term	
Single Decision Maker	New decisionmaker position that would give DDS examiner authority to determine eligibility without requiring physician input
Adjudication Officer	New decisionmaker position that would help facilitate the process when an initial decision was appealed
Full Process Model	Process change that would combine the two above positions with a new requirement to interview the claimant before a denial and would eliminate the reconsideration and Appeals Council steps
Process Unification	A series of ongoing initiatives that were intended to promote more consistent decisions across all levels of the process
Quality Assurance	New procedures to build in quality as decisions were made and to improve quality reviews after decisions were made
Long-term	
Disability Claims Manager	New decisionmaker position to combine the disability claims responsibilities of SSA field office personnel with DDS staff
Reengineered Disability (Computer) System	Initiative to develop a new computer software application to more fully automate the disability claims process
Simplified Decision Methodology	Research to devise a simpler method for evaluating and deciding who is disabled

After two years of testing the initiatives, SSA decided to combine the most promising features into a prototype, and evaluate the combination of features.

What happened to the other elements of the Full Process Model?

Claimant Conference

In the beginning of the prototype, claimants who received a denial were offered a claimant conference via telephone or face-to-face. In May 2001, 64 percent of claimants facing denial chose to participate in the claimant conference. This included 72 percent of DI applicants and 61 percent of SSI applicants. In a customer satisfaction survey of claimants, a majority of those who participated in the claimant conference rated their satisfaction with the application process as excellent, very good, or good. Predictably, those who were awarded disability benefits ranked performance higher than those who were denied benefits.⁹

In 2002, SSA decided to end the claimant conference feature of the prototype. SSA estimated that the conferences added 15 to 20 days of processing time and was not as effective as it had hoped in helping claimants understand claims issues.¹⁰ Anecdotal evidence suggested that claimant conferences were leading to higher employee attrition and six of 10 prototypes had above average attrition the year after the prototype was introduced. Claimant conferences were not introduced independently, so it unclear whether this aspect of the prototype is solely responsible.

Enhanced Documentation

After testing out enhanced documentation in the prototype, SSA developed eCAT to electronically manage these requirements. SSA implemented eCAT nationwide between 2009 and 2011 to gather the comprehensive claim decision rationale created at each adjudicative level. eCAT is a Web-based application designed to document the analysis made by a disability adjudicator and ensure all relevant SSA policies are considered during the disability adjudication process. eCAT produces a Disability Determination Explanation that documents the detailed analysis and rationale for either allowing or denying a claim.

According to an SSA OIG report, eCAT resulted in longer processing for determinations at the DDS level but shorter processing times at the ODAR level, promoted the consistent application of policy, had a positive effect on disability examiner training, and reinforced process unification principles; resulted in better documented determinations; and had a positive effect on ODAR work processes.

Initiatives abandoned prior to prototype

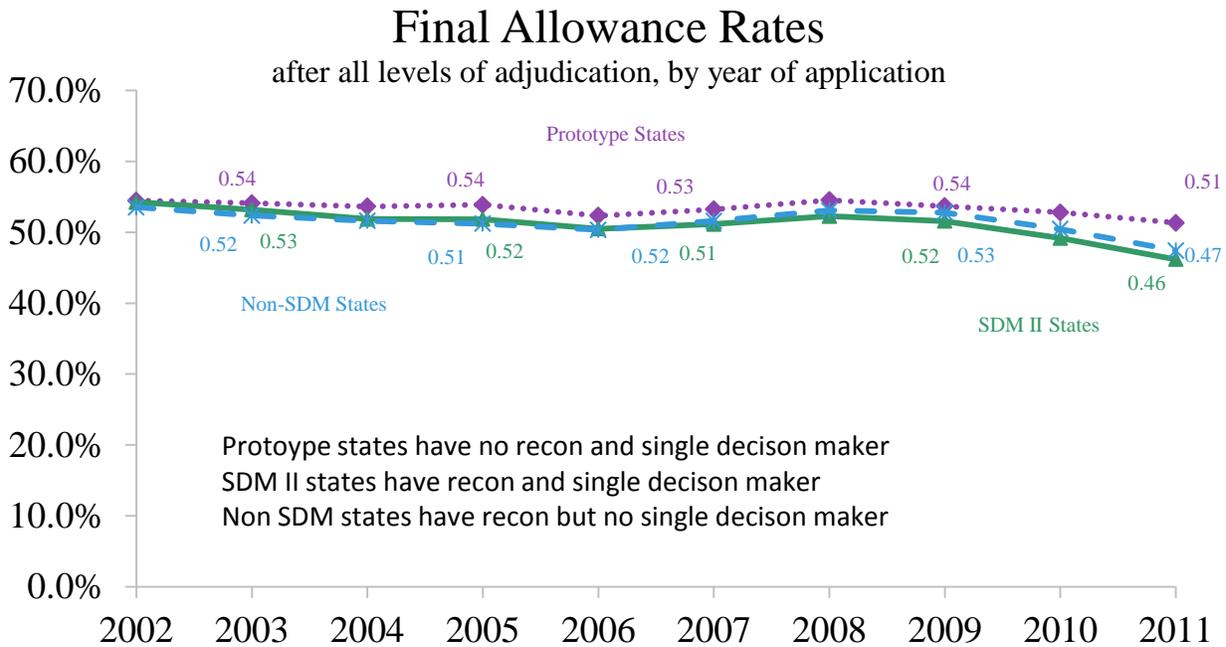
The adjudication officer: role was to help claimants understand the hearings process, obtain new evidence, request consultative exams, develop cases for the ALJs, and issue favorable decisions for clear-cut cases.

⁹ <http://oig.ssa.gov/sites/default/files/audit/full/html/A-07-00-10055.html>

¹⁰ http://www.ssa.gov/legislation/testimony_050202.html

The disability claims manager: role was to act as a DDS disability evaluator and a SSA claimant representative. By vesting these powers in one person, SSA was able to reduce the number of people involved in evaluating a single case and reduce processing time. Disability claims managers reported higher job satisfaction and allowance rates were about the same. However, SSA found that case-processing costs increased and more resources were needed to support a blended federal/state process. SSA discontinued the position in 2001.¹¹

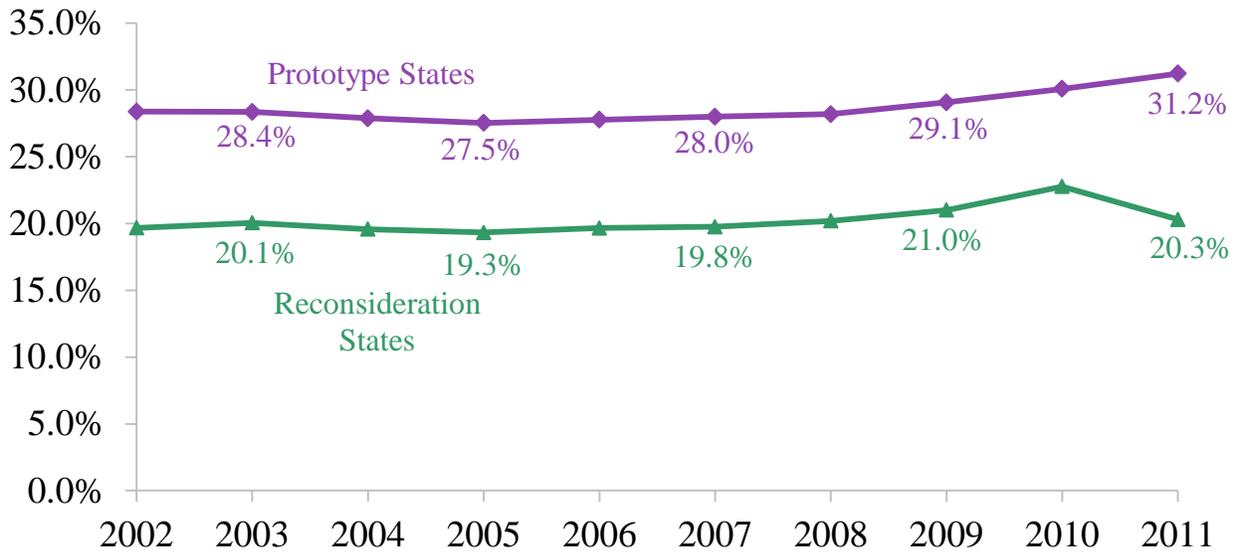
Prototype States Graphs¹²



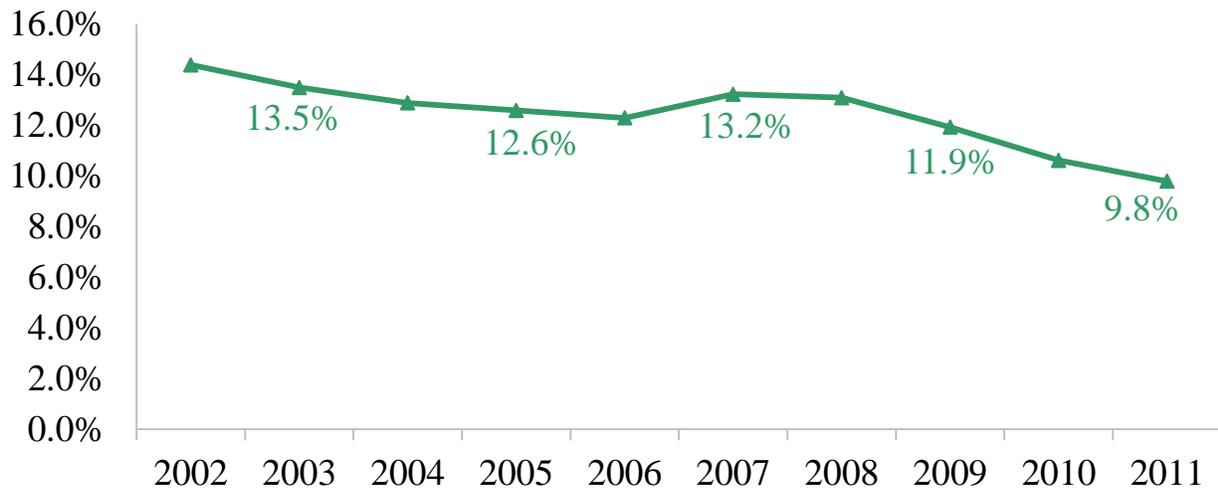
¹¹ <http://oig.ssa.gov/sites/default/files/audit/full/html/A-07-00-10055.html>

¹² Graphs are based on SSAB preliminary calculations – data excludes California which operates the prototype in only the Los Angeles North and West DDSs.

Percent of Intitial Determinations that Get to a Hearing

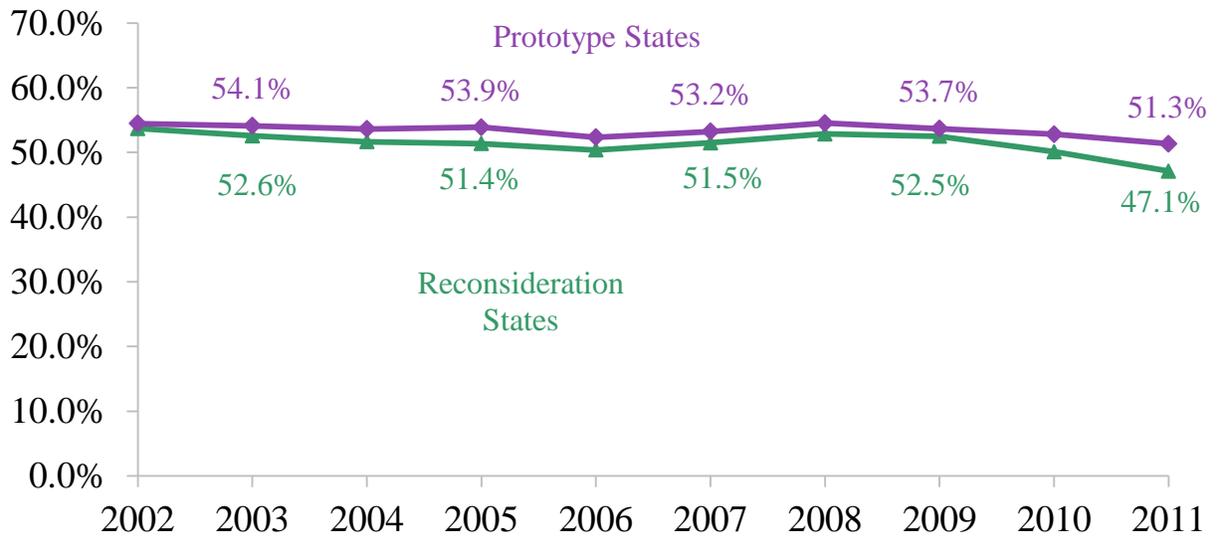


Reconsideration Allowances Rate



Final Allowance Rates

after all levels of adjudication, by year of application



MEMORANDUM

To: Social Security Advisory Board
Subject: MetLife Overview
Date:

The Board is visiting the MetLife Corporate Headquarters in New York City to discuss the company's disability evaluation process. MetLife is among the largest global providers of insurance, annuities, and employee benefit programs, with 90 million customers in over 60 countries.

Short-term and long-term plans

MetLife provides short-term and long-term disability insurance plans. Short-term plans cover up to six months or one year. Long-term plans cover beneficiaries for a period of years or until they reach retirement age—depending on the plan chosen. The most common lengths of long-term plans are two years, five years, and until-age-65. Short-term and long-term plans include benefit incentives for rehabilitation, dependent care, and workplace modifications. MetLife offers short and long-term plans through employers and short-term plans to individuals.¹ Some MetLife plans require claimants to apply for Social Security disability benefits which can be offset against MetLife benefits. MetLife employs Social Security specialists who will guide claimants through this process.

Defining disability

MetLife offers plans with various definitions of disability. Some plans define disability as being unable to perform the duties of the previous occupation, while others define disability as the inability to perform a job commensurate with education, training, and experience. Some plans require the beneficiary not be working, while others require that income remain below a certain threshold. Some plans require the beneficiary to participate in an occupational rehabilitation program in order to continue to receive benefits.²

Evaluating disability

MetLife customers can file for disability benefits online, over the phone, or by submitting a paper application. Employers usually have specific instructions on how to claim benefits for their provided insurance plan. After an individual submits a claim, MetLife may contact the individual to discuss the application, the medical condition, and evaluation procedures. MetLife may contact the individual's physician to discuss medical information, treatment plan, prognosis, and functional abilities.³ MetLife may also ask the claimant to participate in a medical examination

¹ <https://www.metlife.com/individual/employee-benefits/group-disability/index.html#basics>

² <https://www.metlife.com/individual/employee-benefits/group-disability/index.html#faq>

³ http://www.serviceatmetlife.com/demos/mybenefits_demo/hybrids/main_experience/EmployeeDemo/disability/employee/inquiry/ee_faqs.html

and contact the claimant's employer to discuss the claimant's physical abilities in relation to his or her job requirements. About 93% of MetLife's decisions to pay or deny a short-term disability claim are made within 10 business days of the claim report.⁴ An applicant who is denied benefits may appeal to a MetLife case management specialist. Public data about allowance and appeal rates is not available.

Sample questions

What is the relationship between MetLife long-term disability and Social Security disability?

What appeals procedures does MetLife use and how long does it take?

How many claimants appeal?

What percentage of claims are allowed or denied, initially and on appeal?

What return-to-work programs are available and how does MetLife determine eligibility for these programs?

⁴http://www.whymetlife.com/boi/downloads/MetLife_Core_buyup.pdf

January 2015 Agency Tracking Report

(34.6% through FY 2015, 5 Week Operating Month)

*FYTD Status	Performance Measures	Month of January 2015	FYTD 2015	**FY 2015 Target	Percent of Target	Charts and Sparklines by Month for Rolling 12 Months
AGENCY PRIORITY GOALS						
	<p>Online Services - Total Online Transactions Baseline: 70,768,624 as of FY 2014, Target = 10% Increase</p>	9,453,060	29,620,120	77,845,486	38.0%	
	<p>Video Hearings Held This is a portion of the Hearings - Hearings Held total. The Fiscal Year Target percentage is calculated in relationship to the Hearings Held.</p>	12,722	51,192	30%	26.69%	
		26.69%	27.36%			
	<p>my Social Security Accounts Established Baseline: 6,138,178 as of FY 2014, Target = 15% Increase</p>	718,742	2,319,049	7,058,905	32.9%	
	<p>SSI Improper Payments Combined Error Rate</p>	8.4%^ (^Rolling data April 13- Mar 14)	N/A	≤ 6.2%	N/A	Sparkline Not Applicable
	<p>FY 14^ Overpayment Accuracy = 93.3% ^Rolling 12-month data from April 2013 – March 2014</p>	6.7%^ (^Rolling data April 13- Mar 14)				
	<p>FY 14^ Underpayment Accuracy = 98.3% ^Rolling 12-month data from April 2013 – March 2014</p>	1.7%^ (^Rolling data April 13- Mar 14)				

*FYTD Status	Performance Measures	Month of January 2015	FYTD 2015	**FY 2015 Target	Percent of Target	Charts and Sparklines by Month for Rolling 12 Months
ONLINE SERVICES						
	Claims Filed Online	373,084	1,273,654			
		57.6%	55.8%			
	Retirement - Online Claims	154,190	504,881			
	% Online to Total	57.0%	54.6%			
	Disability - Online Claims	129,482	449,559			
	% Online to Total	55.3%	53.6%			
	Spouses - Online Claims	11,636	37,606			
	% Online to Total	26.8%	24.7%			
	Medicare - Online Claims	77,776	281,608			
	% Online to Total	77.5%	76.9%			
	Customer Satisfaction with Our Online Services	83%	83%	80%	N/A	
		(Jul14-Sep14)	(through Sep 14)			
	Expand services under my Social Security with SS# Replacement Card Application	Complete development and begin testing of the online SS# Replacement Card Application				Milestone
PROGRAM INTEGRITY						
	OASDI Improper Payments Combined Error Rate	99.65% (for FY 2013)	N/A	≥ 99.6%	N/A	Sparkline Not Applicable
	FY 13 Overpayment Accuracy = 99.78%	99.78% (for FY 2013)				
	FY 13 Underpayment Accuracy = 99.87%	99.87% (for FY 2013)				
	SSI Non-Medical Redeterminations Completed [Counts Include Scheduled, Unscheduled and Targeted (Limited Issue) Redets]	242,222	890,859	2,255,000	40%	
	Full Medical CDRs Completed	78,214	277,412	790,000	35%	
	Periodic CDRs Completed	202,794	661,330	1,890,000	35%	
	Redesign Our Earnings System to Improve the Accuracy and Timeliness of Earnings Data Used to Calculate Benefits	Implement the Redesigned Functionality to Process Forms W-2 within the Annual Wage Reporting System by 9/30/2015				Milestone
	Enhance Our Security Features and Business Processes to Prevent and Detect Fraud Baseline: FY13	Increase my Social Security Potential Fraud Referrals through Public Facing Integrity Review System to the Office of Operations by 10%				Milestone

*FYTD Status	Performance Measures	Month of January 2015	FYTD 2015	**FY 2015 Target	Percent of Target	Charts and Sparklines by Month for Rolling 12 Months
FIELD OFFICE						
	Initial DIB Claims Receipts	415,957	1,526,727			
	Initial DIB Claims Completed	415,937	1,559,696			
	Initial DIB Claims Pending	1,022,188	1,022,188			
	Retirement, Survivors, and Medicare Claims Completed	532,013	1,737,805	5,247,000	33.1%	
	Social Security Numbers Completed	1,588,107	5,340,121	16,000,000	33.4%	
	Annual Earnings Items Completed	1,867,164	6,281,446	257,000,000	2.4%	
	Social Security Statements Issued Target = Total of Public Requested and SSA Initiated Statements	3,590,879	11,561,923	44,000,000	26%	
		(Dec 14)	(thru Dec 14)			
	Minimize Average Response Time to Deliver Medical Evidence to Dept. of Veterans Affairs (VA)	Deliver Medical Evidence within an Average of 5 Business Days				Milestone
DDS LEVEL						
	Initial DIB Claims Receipts	235,978	901,563	2,755,000	32.7%	
	Initial DIB Claims Completed	244,034	897,392	2,767,000	32.4%	
	Initial DIB Claims Pending	625,564	625,564	621,000		
	Average Processing Time for Initial Disability Claims (Days)	118	113	109		
	Initial Disability Cases Identified as a QDD/CAL	6.9%	6.8%			
		15,917	58,293			
	Initial Level Disability Cases with Health Information Technology Medical Evidence (HIT MER)	13,555	45,599	6%	85.0%	
	Initial DIB Net Allowance Accuracy (Rolling Quarter)	99%	99%			
		(thru Dec)	(thru Dec)			
	Initial DIB Net Denial Accuracy (Rolling Quarter)	97%	97%			
		(thru Dec)	(thru Dec)			
	Initial DIB Net Accuracy Rate (Combined Allowances and Denials - Rolling Quarter)	97%	97%	97%	N/A	
		(thru Dec)	(thru Dec)			
	Disability Determinations Production per Workyear (PPWY)	289	288	313		
	Disability Determinations Reconsiderations Receipts	63,561	247,753			

*FYTD Status	Performance Measures	Month of January 2015	FYTD 2015	**FY 2015 Target	Percent of Target	Charts and Sparklines by Month for Rolling 12 Months
	Disability Determinations Reconsiderations Completed	98,756	268,877	739,000	36.4%	
	Disability Determinations Reconsiderations Pending	171,494	171,494	143,000		
	Reconsiderations Processing Time	89.0	84.3			
HEARINGS						
	Receipts	68,952	256,804	805,000	31.9%	
	Completed	58,984	213,843	727,000	29.4%	
	Pending	1,020,697	1,020,697	1,056,000		
	ODAR Production per Workyear (PPWY) (Days)	99	96	104		
	Annual Growth of Backlog (Workyears)			TBD		Milestone
	Hearings Requests Pending over 270 Days	48%	48%			
		486,256	486,256			
	Annual Average Processing Time for Hearing Decisions (Days)	460	445	470		
	Hearings Held	47,667	187,074			
	Randomly Reviewed Cases Using an Inline Review Process (The % is the # of QA reviews completed/decisions.)	2.2%	2.6%			
APPEALS COUNCIL						
	Receipts	11,163	45,619			
	Completed	13,846	48,721			
	Pending	147,281	147,281			
	Case Production per Workyear (PPWY)	255	242			
	Review Appeals Council Requests Pending 365 Days or Older (The % and # are cases pending less than 365 days.)	83%	83%	80%		
		122,231	122,231			
	Average Processing Time for Appeals Council Requests for Review	400	389			

*FYTD Status	Performance Measures	Month of January 2015	FYTD 2015	**FY 2015 Target	Percent of Target	Charts and Sparklines by Month for Rolling 12 Months
800 NUMBER						
	Speed in Answering National 800 Number Calls (in Minutes:Seconds)	11:52	13:48	11:40		
	Busy Rate for National 800 Number Calls	13.0%	15.7%	8%		
	800 Number Calls Handled (Agent + Self-service as per OTS as of FY2014 - Previously 800 Number Transactions)	3,335,858	11,636,051	38,000,000	31%	
STAFFING						
	Teleworking Employees *Indicates the change in the number of employees who telework. **Indicates the total number of employees who teleworked this month. Sparkline available from January.	171	9,192	16,400	55%	
	New Hire - Veterans	29.79%	37.72%	25.00%	150.88%	
	New Hire - Disabled Veterans	6.38%	15.79%	17.50%	90.23%	
	Workforce Population - Targeted Disabilities	2.04%	2.04%	2%	102.0%	
	Improve Talent Management to Strengthen the Competence of Our Workforce	Increase the Talent Management Index Score to 60%				Milestone
	Maintain Status as One of the Top 10 Best Places to Work among the Large Agencies in the Federal Government	Achieve a Top 10 Ranking				Milestone
	Achieve Target Number of Human Capital Metrics to Ensure Progress toward Building a Model Workforce	Achieve 75% of the Human Capital Metrics				Milestone

*FYTD Status	Performance Measures	Month of January 2015	FYTD 2015	**FY 2015 Target	Percent of Target	Charts and Sparklines by Month for Rolling 12 Months
INFORMATION TECHNOLOGY SERVICES						
	Availability to Our Systems During Scheduled Times of Operation	99.98%	99.98%	99.5%	100.5%	
	Upgrade the Telecommunications Infrastructure	Refresh 50% of Our Network Connection Devices by September 30, 2015				Milestone
	Implement Innovative Systems Accessibility and Performance Capabilities	Reduce Open Systems Infrastructure Size from 1,500 Servers to 1,000 Servers by September 2015				Milestone
	Establish a Testing Lab to Promote Research and Development of Innovative Technology Solutions	Conduct Three New Research Projects in Emerging Technologies by September 30, 2015				Milestone
	Improve Cyber Security Performance	Meet the Performance Requirements of the Dept. of Homeland Security's Federal Network Security Compliance and Assurance Program and the Cyber Security Cross-Agency Priority Goals				Milestone
OTHER PERFORMANCE MEASURES						
	Achieve the Targeted Number of Disability Insurance and Supplemental Security Income Disability Beneficiaries with Tickets Assigned and in Use, who Work above a Certain Level	N/A	N/A	50,000	N/A	Sparkline Not Available
	Evaluate Our Physical Footprint	Reduce Our Physical Footprint from Our FY 2012 Level by 1.86 Million Usable Square Feet				Milestone
<p>* A blue box in the FYTD Status column indicates the measure is a Key Budgeted Workload Measure.</p> <p>** FY 2015 Performance Measures shown.</p>						

Poll "Board Meeting: July-December 2015"

<http://doodle.com/4e5htphsi859f5pk>

July 2015															
	Wed 1	Thu 2	Fri 3	Mon 6	Tue 7	Wed 8	Thu 9	Fri 10	Mon 13	Tue 14	Wed 15	Thu 16	Fri 17	Mon 20	Tue 21
Jagadeesh			OK	(OK)	(OK)			OK	(OK)	(OK)			OK	(OK)	(OK)
Bernie							OK	OK	OK					OK	OK
Count	0:0:2	0:0:2	1:0:1	0:1:1	0:1:1	0:0:2	1:0:1	2:0:0	1:1:0	0:1:1	0:0:2	0:0:2	1:0:1	1:1:0	1:1:0

	July 2015								August 2015						
	Wed 22	Thu 23	Fri 24	Mon 27	Tue 28	Wed 29	Thu 30	Fri 31	Mon 3	Tue 4	Wed 5	Thu 6	Fri 7	Mon 10	Tue 11
Jagadeesh			OK	(OK)	(OK)			OK	(OK)	(OK)			OK	(OK)	(OK)
Bernie	(OK)	(OK)	OK	(OK)	(OK)			OK	OK	OK			OK	(OK)	
Count	0:1:1	0:1:1	2:0:0	0:2:0	0:2:0	0:0:2	0:0:2	2:0:0	1:1:0	1:1:0	0:0:2	0:0:2	2:0:0	0:2:0	0:1:1

August 2015															September 2015
	Wed 12	Thu 13	Fri 14	Mon 17	Tue 18	Wed 19	Thu 20	Fri 21	Mon 24	Tue 25	Wed 26	Thu 27	Fri 28	Mon 31	Tue 1
Jagadeesh			OK	(OK)	(OK)			OK	(OK)	(OK)			OK	(OK)	(OK)
Bernie			OK	OK	(OK)			OK	OK	(OK)			OK	OK	
Count	0:0:2	0:0:2	2:0:0	1:1:0	0:2:0	0:0:2	0:0:2	2:0:0	1:1:0	0:2:0	0:0:2	0:0:2	2:0:0	1:1:0	0:1:1

September 2015															
	Wed 2	Thu 3	Fri 4	Mon 7	Tue 8	Wed 9	Thu 10	Fri 11	Mon 14	Tue 15	Wed 16	Thu 17	Fri 18	Mon 21	Tue 22
Jagadeesh			OK	(OK)	(OK)			OK	(OK)	(OK)			OK	(OK)	(OK)
Bernie			OK					OK	OK	(OK)			OK	OK	
Count	0:0:2	0:0:2	2:0:0	0:1:1	0:1:1	0:0:2	0:0:2	2:0:0	1:1:0	0:2:0	0:0:2	0:0:2	2:0:0	1:1:0	0:1:1

	September 2015						October 2015								
	Wed 23	Thu 24	Fri 25	Mon 28	Tue 29	Wed 30	Thu 1	Fri 2	Mon 5	Tue 6	Wed 7	Thu 8	Fri 9	Mon 12	Tue 13
Jagadeesh			OK	(OK)	(OK)			OK	(OK)	(OK)			OK	(OK)	(OK)
Bernie				OK				OK	OK	(OK)			OK	OK	(OK)
Count	0:0:2	0:0:2	1:0:1	1:1:0	0:1:1	0:0:2	0:0:2	2:0:0	1:1:0	0:2:0	0:0:2	0:0:2	2:0:0	1:1:0	0:2:0

	October 2015													November 2015	
	Wed 14	Thu 15	Fri 16	Mon 19	Tue 20	Wed 21	Thu 22	Fri 23	Mon 26	Tue 27	Wed 28	Thu 29	Fri 30	Mon 2	Tue 3
Jagadeesh			OK	(OK)	(OK)			OK	(OK)	(OK)			OK	(OK)	(OK)
Bernie			OK	OK	(OK)			OK	OK	(OK)			OK	OK	
Count	0:0:2	0:0:2	2:0:0	1:1:0	0:2:0	0:0:2	0:0:2	2:0:0	1:1:0	0:2:0	0:0:2	0:0:2	2:0:0	1:1:0	0:1:1

November 2015															
	Wed 4	Thu 5	Fri 6	Mon 9	Tue 10	Wed 11	Thu 12	Fri 13	Mon 16	Tue 17	Wed 18	Thu 19	Fri 20	Mon 23	Tue 24
Jagadeesh			OK	(OK)	(OK)			OK	(OK)	(OK)			OK		
Bernie			OK	OK	(OK)			OK	OK	(OK)			OK	OK	
Count	0:0:2	0:0:2	2:0:0	1:1:0	0:2:0	0:0:2	0:0:2	2:0:0	1:1:0	0:2:0	0:0:2	0:0:2	2:0:0	1:0:1	0:0:2

	November 2015				December 2015										
	Wed 25	Thu 26	Fri 27	Mon 30	Tue 1	Wed 2	Thu 3	Fri 4	Mon 7	Tue 8	Wed 9	Thu 10	Fri 11	Mon 14	Tue 15
Jagadeesh			OK					OK					OK	(OK)	(OK)
Bernie			OK	OK				OK	OK				OK	OK	(OK)
Count	0:0:2	0:0:2	2:0:0	1:0:1	0:0:2	0:0:2	0:0:2	2:0:0	1:0:1	0:0:2	0:0:2	0:0:2	2:0:0	1:1:0	0:2:0

December 2015												
	Wed 16	Thu 17	Fri 18	Mon 21	Tue 22	Wed 23	Thu 24	Fri 25	Mon 28	Tue 29	Wed 30	Thu 31
Jagadeesh			OK	(OK)	(OK)			OK	(OK)	(OK)		
Bernie			OK	OK						OK		
Count	0:0:2	0:0:2	2:0:0	1:1:0	0:1:1	0:0:2	0:0:2	1:0:1	0:1:1	1:1:0	0:0:2	0:0:2

Comments

<http://doodle.com/4e5htphsi859f5pk>

Sample Board Member
Thursday, February 26, 2015
9:16:14 PM GMT+00:00

YES = Green background, no parentheses, this is the preferred date for a meeting.
NO = Pink background, this means absolutely cannot come to meeting
(YES) = Yellow background, this means that I might be able to make this work.

MAKE SURE TO HIT SAVE AT THE END OF THE POLL

SSA ACRONYMS

Acronym	Definition
ALJ	Administrative Law Judge
AALJ	Association of Administrative Law Judges (ALJ labor union)
AC	Appeals Council (last step of administrative review process)
AFGE	American Federation of Government Employees (SSA's major labor union)
AWI	Average wage index
AWIC	Area Work Incentive Coordinator (provides support to a specific geographical area of field offices)
CALJ	Chief Administrative Law Judge (responsible for the overall management of the ALJ process and workload.)
CDB	Childhood Disability Beneficiary (SSDI beneficiary)
CDI	Continuing Disability Investigation (Investigations into alleged cases of fraud; conducted by the Inspector General.)
CDR	Continuing Disability Review
CE	Consultative examination (purchased medical examination)
CPI	Consumer price index
CPI-E	Experimental consumer price index for the elderly
CPI-W	Consumer Price Index for Urban Wage Earners and Clerical Workers
CPMS	Case Processing and Management System (electronic case adjudication system used in the administrative hearing process)
DCBFM	Deputy Commissioner for Budget, Finance, and Management
DCCOMM	Deputy Commissioner for Communications
DCDAR	Deputy Commissioner for Disability Adjudication and Review (adm reviews and hearings; components include: FedROs, ALJs, DRB)
DCDISP	Deputy Commissioner for Disability and Income Security Programs (retirement and survivors, disability, and Supplemental Security Income programs)
DCHR	Deputy Commissioner for Human Resources
DCLCA	Deputy Commissioner for Legislative and Congressional Affairs
DCO	Deputy Commissioner for Operations (field offices, regional offices, program service centers, disability determination services, teleservice centers)
DCP	Deputy Commissioner for Policy
DCS	Deputy Commissioner for Systems
DDS	Disability Determination Services (state agencies that adjudicate disability claims on behalf of SSA. Arrangement is by regulation.)
DE	Disability examiner
DI	Disability insurance
DOT	Dictionary of Occupational Titles

DQB	Disability Quality Branch (conducts quality reviews of DDS disability claims)
DRB	Decision Review Board (conducts review of ALJ decisions, will ultimately replace the Appeals Council)
DSI	Disability Service Initiative (new administrative adjudication process)
DWB	Disabled Widow Beneficiary (SSDI beneficiary)
eCAT	Electronic Claims Analysis Tool (used by the DDSs to develop and adjudicate claims)
EDCS	Electronic Disability Claim System (used by the field offices to process electronic disability claims)
eDib	Electronic disability process (SSA's electronic case processing system)
EME	Electronic Medical Evidence
EPE	Extended period of eligibility (36-month period wherein disability benefits may be reinstated following cessation of benefits due to work activity)
ERE	Electronic Records Express (part of eDib, includes medical and nonmedical electronic records)
FDDS	Federal Disability Determination Services (located in Baltimore, component under Deputy Commissioner for Operations)
Fed RO	Federal Reviewing Official (created under the Disability Services Initiative to replace the DDS reconsideration step; 2 nd step in administrative review process)
FO	Field Office (1300 local Social Security offices)
FSTAP	Future Systems Technology Advisory Panel
FTE	"Full time equivalent" used for staffing calculations
HALLEX	Hearings Office, Appeals, and Litigation Law manual is the process guide used in ODAR.
HO	Hearing Office (140 local administrative hearing offices)
HOCALJ	Hearing Office Chief Administrative Law Judge (manages ALJs and is responsible for the overall management of a hearing office.)
HOD	Hearing Office Director (manages non-ALJ personnel in the hearing office)
IRM	Information Resources Management
LAE	Limitation on Administrative Expenses. In effect, SSA's appropriation for administrative costs.
MIE	Medical Improvement Expected (1-year diary to review continuing disability; entails a complete medical review.)
MINE	Medical Improvement Not Expected (7-year diary to review continuing disability. Usually conducted via questionnaire.)
MIP	Medical Improvement Possible (3-5 year diary to review continuing disability; entails a complete medical review.)
MIRS	Medical Improvement Review Standard (rules used in conducting

	continuing disability reviews)
MMA	Medicare Modernization Act
MVES	Medical-Vocational Expert System (part of DSI; network of medical and vocational experts that provides advice on disability claims. Experts review cases using the eDib system.)
NCDDD	National Council of Disability Determination Directors (professional organization of the state DDS directors.)
NCM	Nurse case manager
NCSSMA	National Council of Social Security Management Associations (professional organization of SSA field managers.)
NTEU	National Treasury Employees Union (labor union representing the attorneys in the disability adjudication review office)
OACT	Office of the Actuary
OASDI	Old-Age Survivors and Disability Insurance
OASI	Old-Age and Survivors Insurance
OCIO	Office of the Chief Information Officer
OCSO	Office of the Chief Strategic Officer
ODAR	Office of Disability Adjudication and Review
ODD	Office of Disability Determinations (component in DCO, responsible for DDS budget and workload)
ODISP	Office of Disability and Income Security Programs
ODP	Office of Disability Programs (component in ODISP, responsible for disability program policy)
OESP	Office of Employment Support Programs (component in ODISP, responsible for work incentive policies, Ticket to Work, and VR reimbursement)
OISP	Office of Income Security Programs (component in ODISP, responsible for retirement, survivors, and SSI program policy.)
OGC	Office of the General Counsel
OIG	Office of the Inspector General
OMVE	Office of Medical and Vocational Expertise (component of ODISP)
OPDR	Office of Program Development and Research (component in ODISP, responsible for disability demonstrations and evaluations)
OQP	Office of Quality Performance (headed by the Chief Quality Officer)
ORC	Office of the Regional Commissioner (10 regions, component of DCO, manages regional FOs, DDSs, PSCs, TSCs)
ORES	Office of Research, Evaluation, and Statistics (component of DCP)
PASS	Plan for Achieving Self Support (SSI work incentive tool)
PD	Presumptive Disability (SSI adjudication tool to expedite allowances in certain cases)
PII	Personal Identification Information
POMS	Programs Operations Manual System (program guidance compendium used by field office, DDS, and PSC adjudicators.)

PPO	Program Policy Online (improved electronic version of POMS)
PPWY	Productivity per Work Year (calculated by dividing the workload by the number of work years. 2080 hours = 1 work year.)
PRO	Professional Relations Officer – DDS employee who works on finding medical experts, getting medical sources to understand what evidence is needed and to utilize fax or other electronic submission.
PSC	Program Service Center (component of DCO, responsible for nonmedical adjudication of retirement, survivors, and disability cases)
QA	Quality Assurance (2 types of pre-effectuation review performed by the Disability Quality Branches; “QA” sample-70 allowances and 70 denials per quarter per DDS and 50% “PER” sample review of Title II allowances adjudicated by DDS.) SSI PER implemented in phased approach in FY 2006.
QDD	Quick Disability Determinations (created by DSI; identifies specific cases that are likely allowances and expedites the determination process.)
QPMS	Quality Performance Management System is being tested in the Kansas City Region ODAR. It is intended to “provide an integrated view of performance across the five quality dimensions (accuracy, cost, timeliness, productivity, and service. “ QPMS is yet to be developed for DDSs, FOs, or PSCs.
RC	Regional Commissioner (reports to Deputy Commissioner for Operations)
RCALJ	Regional Chief Administrative Law Judge (reports to the Chief Administrative Law Judge in ODAR)
RO	Regional Office (provides administrative and program support to FOs, DDSs, and PSCs under the line authority of the Regional Commissioner.)
RPC	Request for Program Consultation (process for resolving differing interpretations of program policy. Used by the DDSs and the Office of Quality Performance. The request is handled by the disability policy staff in ODISP.)
SGA	Substantial Gainful Activity (usually measured by a fixed earnings level per month. FY 2010 SGA level is \$1000 per month for non-blind individuals, and \$1640 for blind individuals.)
SRF	Source Reference File is used by the field offices to identify the exact name and address of health care providers. Using this extract of the DDS vendor file improves the accuracy of the information that is propagated into the electronic file.
SSDI	Social Security Disability Insurance (Title II)
SSI	Supplemental Security Income (Title XVI)
TERI	Terminal Illness case, receives expedited handling in the FO and DDS

TSC	Teleservice Center (also known as the “800 Number”)
TTW	Or Ticket . The Ticket To Work and Work Incentives Improvement Program
TWP	Trial Work Period (9 months in which a beneficiary can try working; benefits are not stopped during these months regardless of earnings.)
VE	Vocational Expert (experts who testify at administrative hearings)
VR	Vocational Rehabilitation (usually refers to state agencies who provide services)