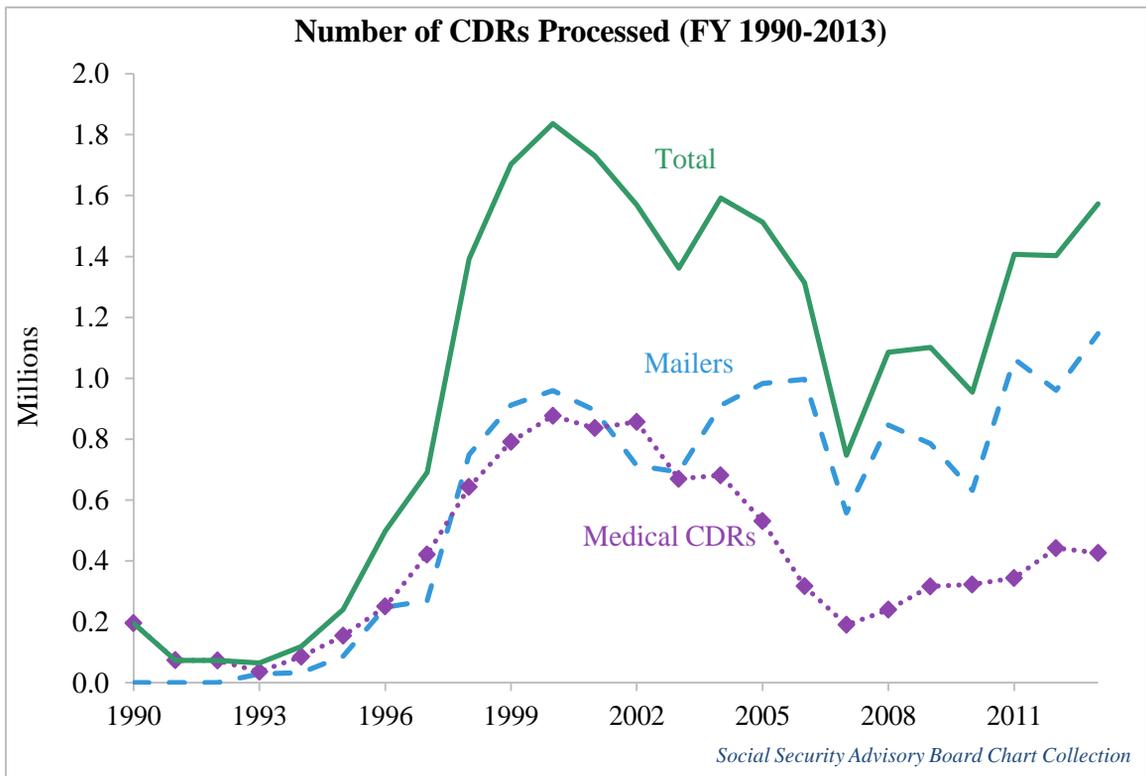


# Chapter 3: Continuing Disability Reviews (CDRs) on DI and SSI Beneficiaries

Social Security Advisory Board



# Chart 1: Processed CDRs

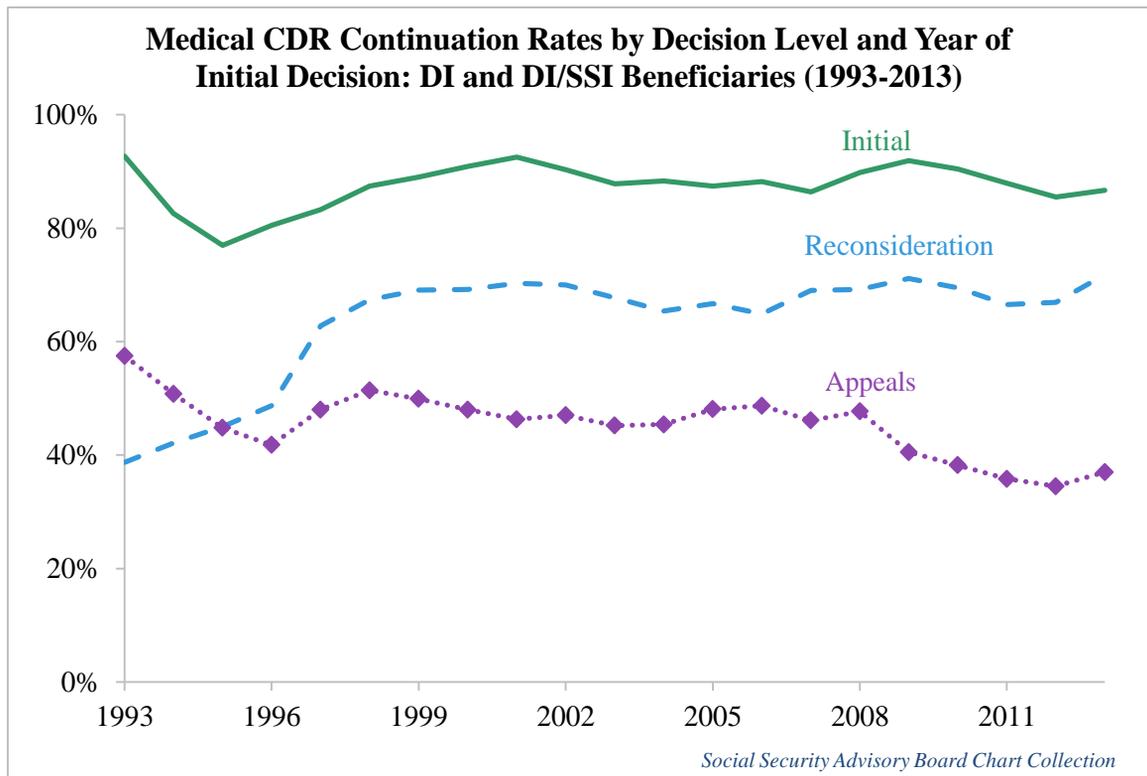


Continuing Disability Reviews (CDRs) are conducted for both DI and SSI beneficiaries on a periodic basis to determine if their disabling condition has improved and if they are still eligible for benefits. SSA uses statistical profiling to identify beneficiaries' probability of medical improvement; those with higher probability are scheduled for medical CDRs. Field offices contact these beneficiaries and ask them to provide updated information on their conditions and their treatment sources. The field offices then send the cases to a State agency for a 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 reviewed. If the answers to a mailer indicate that medical improvement may have occurred, the beneficiary is scheduled for a full medical CDR.

## Sources:

U.S. Social Security Administration, *Annual Report of Continuing Disability Reviews*, multiple years.

# Chart 2a: Medical CDR Continuation Rates for DI and DI/SSI Beneficiaries



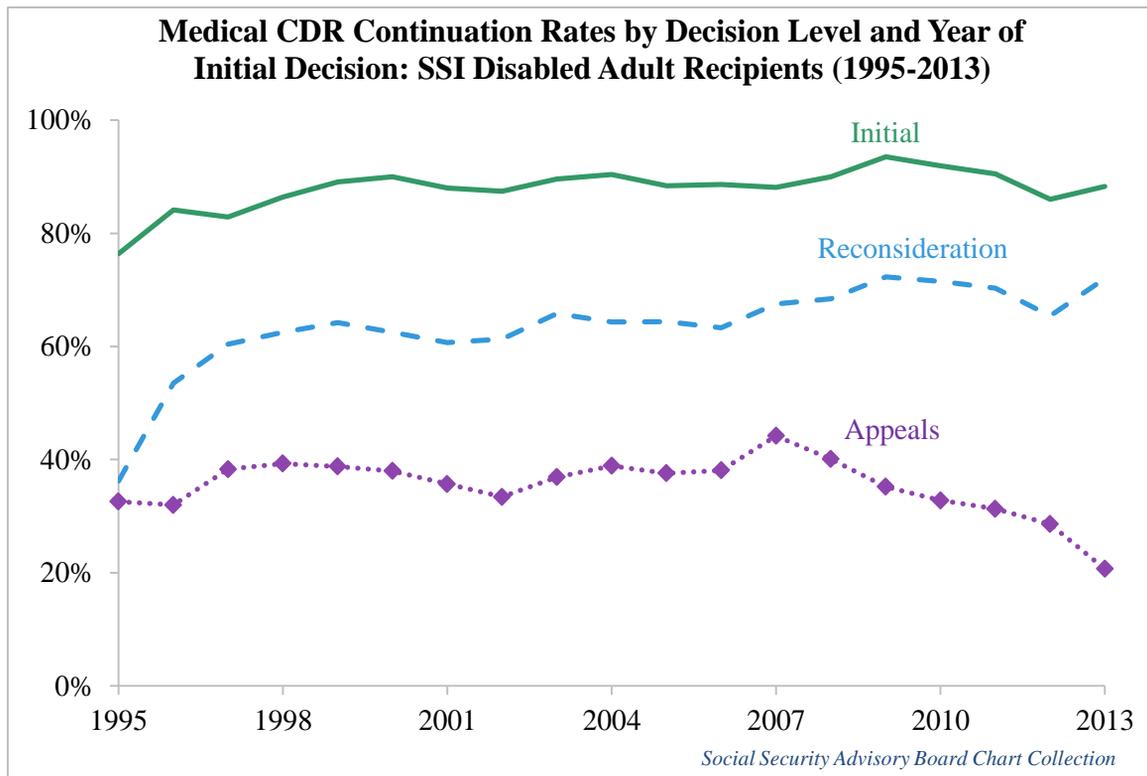
Continuation rates for medical CDRs vary somewhat by program, but the continuance rate at the initial level is high. Beneficiaries who receive an unfavorable decision at the initial level may request reconsideration. The decision at this level is made by a hearing officer at the State agency who may hold a face-to-face hearing with the beneficiary. Beneficiaries who receive an unfavorable decision from a hearing officer may request a hearing before an administrative law judge. The “Appeal” category on these charts includes both of those levels.

Charts 2a show continuation rates at each level of review with an initial decision in the year shown; e.g., the “Appeal” figure for 1995 shows continuation rates for cases with an initial decision in 1995, even if the appeal decision was rendered in a later year. Data on the charts reflect results as of September 2015 and are subject to change until all appeals are final. Concurrent DI-SSI beneficiaries are included in the DI chart.

**Sources:**

U.S. Social Security Administration, *Annual Report of Continuing Disability Reviews, Fiscal Year 2013*, October 2014. Title II data: Appendix B, Table B2. Title XVI data: Appendix B, Table B6.

## Chart 2b: Medical CDR Continuation Rates for SSI Disabled Adult Recipients



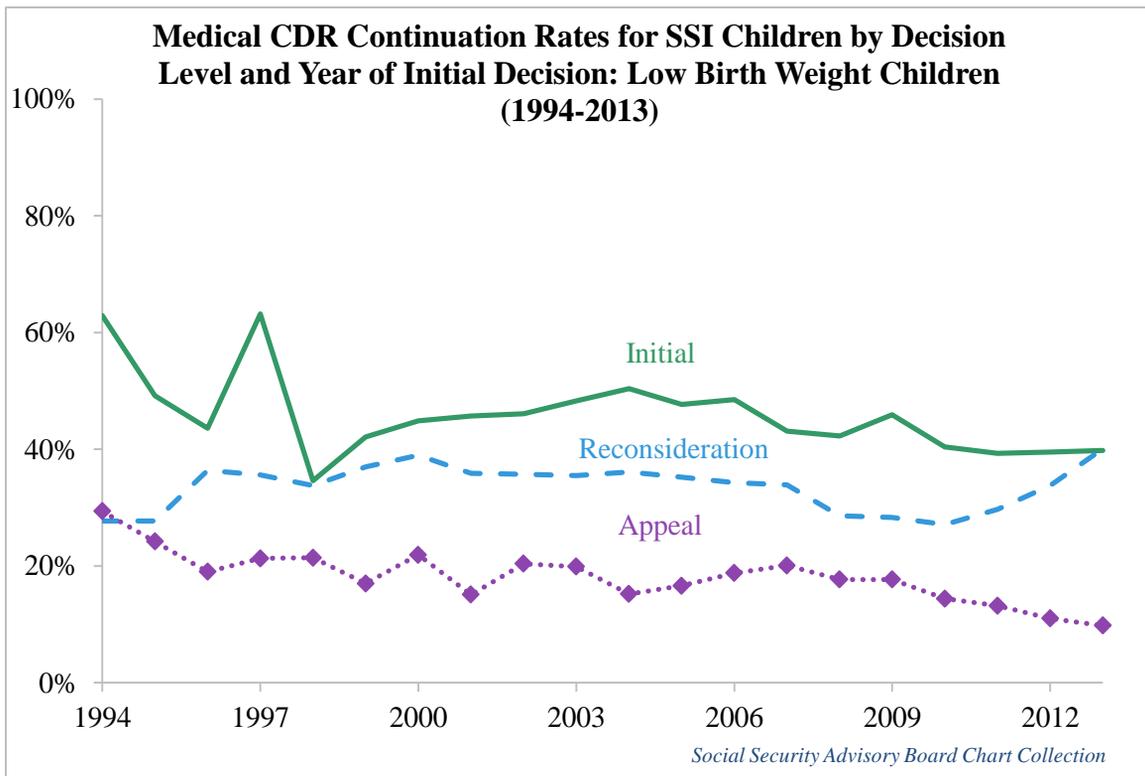
Continuation rates for medical CDRs vary somewhat by program, but the continuance rate at the initial level is high. Beneficiaries who receive an unfavorable decision at the initial level may request reconsideration. The decision at this level is made by a hearing officer at the State agency who may hold a face-to-face hearing with the beneficiary. Beneficiaries who receive an unfavorable decision from a hearing officer may request a hearing before an administrative law judge. The “Appeal” category on these charts includes both of those levels.

Charts 2b show continuation rates at each level of review with an initial decision in the year shown; e.g., the “Appeal” figure for 1995 shows continuation rates for cases with an initial decision in 1995, even if the appeal decision was rendered in a later year. Data on the charts reflect results as of September 2015 and are subject to change until all appeals are final. Concurrent DI-SSI beneficiaries are included in the DI chart. Chart 2b shows SSI-only adult beneficiaries.

### Sources:

U.S. Social Security Administration, *Annual Report of Continuing Disability Reviews, Fiscal Year 2013*, October 2014. Title II data: Appendix B, Table B2. Title XVI data: Appendix B, Table B6.

# Chart 3a: Medical CDR Continuation Rates for SSI Children: Low Birth Weight



SSA is legally mandated to conduct two special types of review for SSI child beneficiaries: 1) CDRs for SSI low-birth-weight children not later than 12 months after birth, and 2) CDRs using the adult eligibility criteria to re-determine the eligibility of all SSI child beneficiaries who reach age 18.

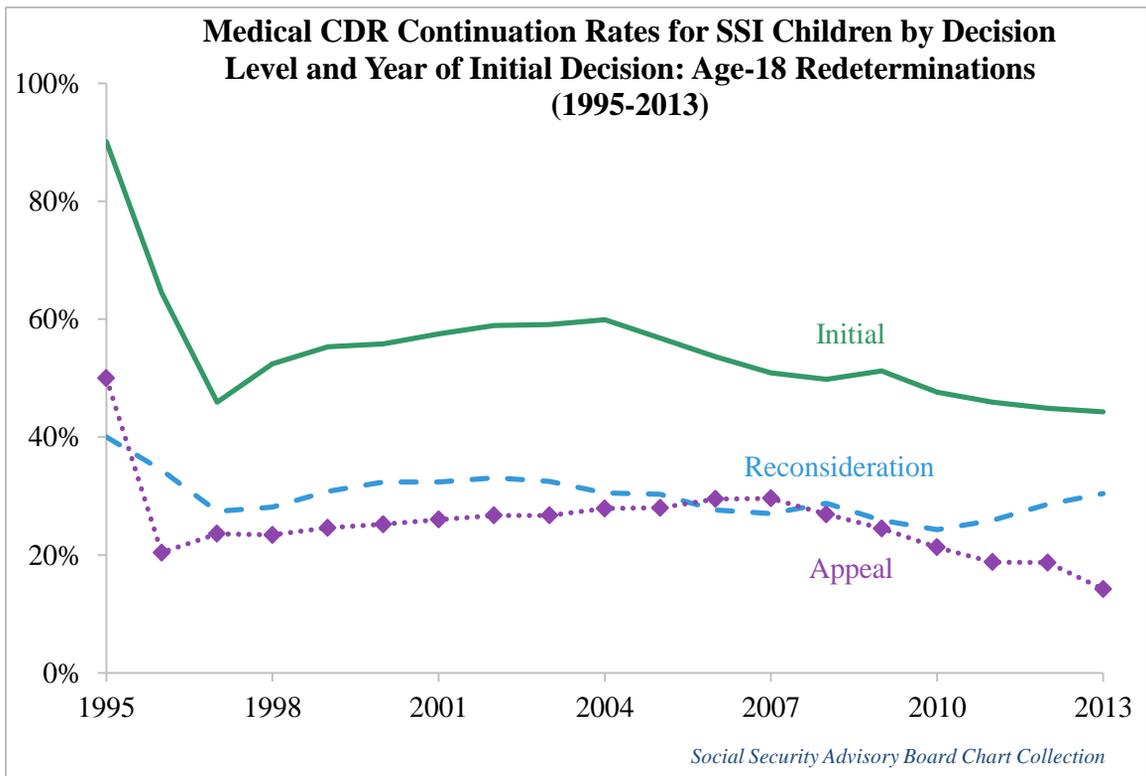
SSI child beneficiaries have the same appeals rights as adult beneficiaries. The charts show continuation rates at each level of review, with the initial decision in the year shown; e.g., the “Appeal” figure for 1995 shows continuation rates at that level for cases with an initial decision in 1995, even if the appeal decision was rendered in a later year. The ultimate numbers of continuations are subject to change until all appeals are final.

Since about 1998, continuation rates at all levels have remained relatively constant. Earlier spikes may reflect changes to policy regarding the eligibility for SSI children, policy clarifications, and training on impairments affecting children.

### Sources:

U.S. Social Security Administration, *Annual Report of Continuing Disability Reviews, Fiscal Year 2013*, October 2015. Appendix A, Table B5.

# Chart 3b: Medical CDR Continuation Rates for SSI Children: Age-18 Redeterminations



SSA is legally mandated to conduct two special types of review for SSI child beneficiaries: 1) CDRs for SSI low-birth-weight children not later than 12 months after birth, and 2) CDRs using the adult eligibility criteria to re-determine the eligibility of all SSI child beneficiaries who reach age 18.

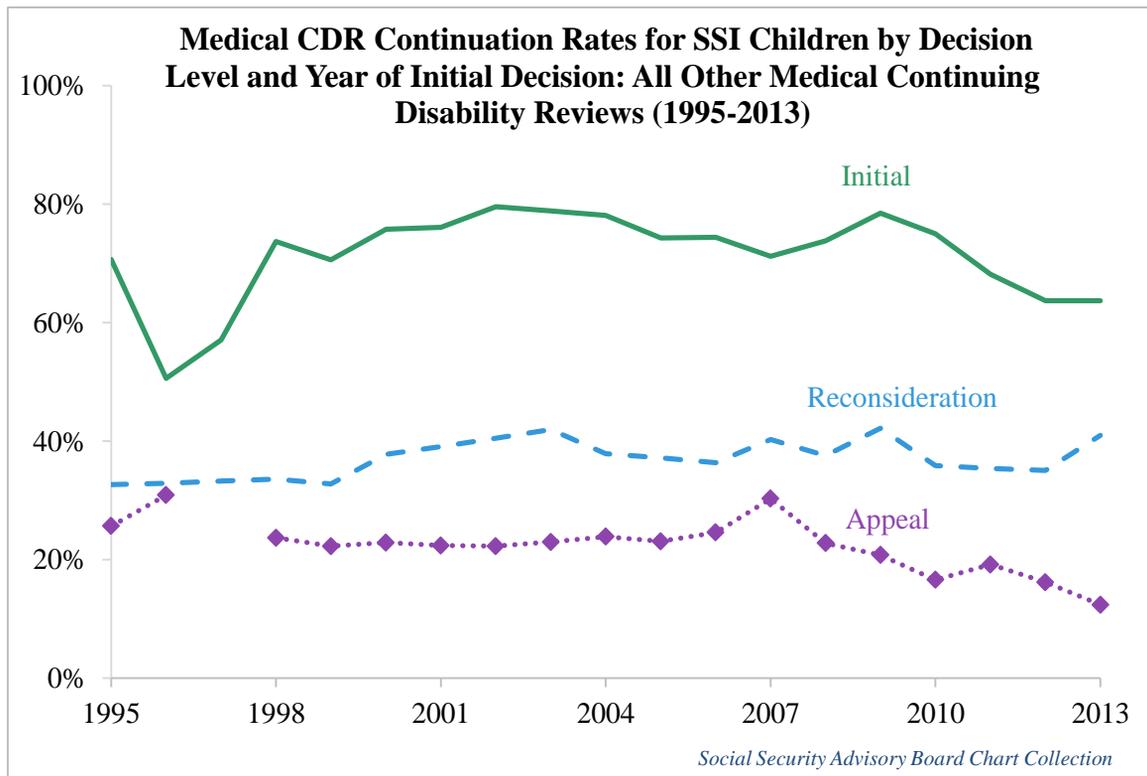
SSI child beneficiaries have the same appeals rights as adult beneficiaries. The charts show continuation rates at each level of review, with the initial decision in the year shown; e.g., the “Appeal” figure for 1995 shows continuation rates at that level for cases with an initial decision in 1995, even if the appeal decision was rendered in a later year. The ultimate numbers of continuations are subject to change until all appeals are final.

Since about 1998, continuation rates at all levels have remained relatively constant. Earlier spikes may reflect changes to policy regarding the eligibility for SSI children, policy clarifications, and training on impairments affecting children.

**Sources:**

U.S. Social Security Administration, *Annual Report of Continuing Disability Reviews, Fiscal Year 2013*, October 2015. Appendix A, Table B5.

# Chart 3b: Medical CDR Continuation Rates for SSI Children: All Other Medical Continuing Disability Reviews



SSA is legally mandated to conduct two special types of review for SSI child beneficiaries: 1) CDRs for SSI low-birth-weight children not later than 12 months after birth, and 2) CDRs using the adult eligibility criteria to re-determine the eligibility of all SSI child beneficiaries who reach age 18.

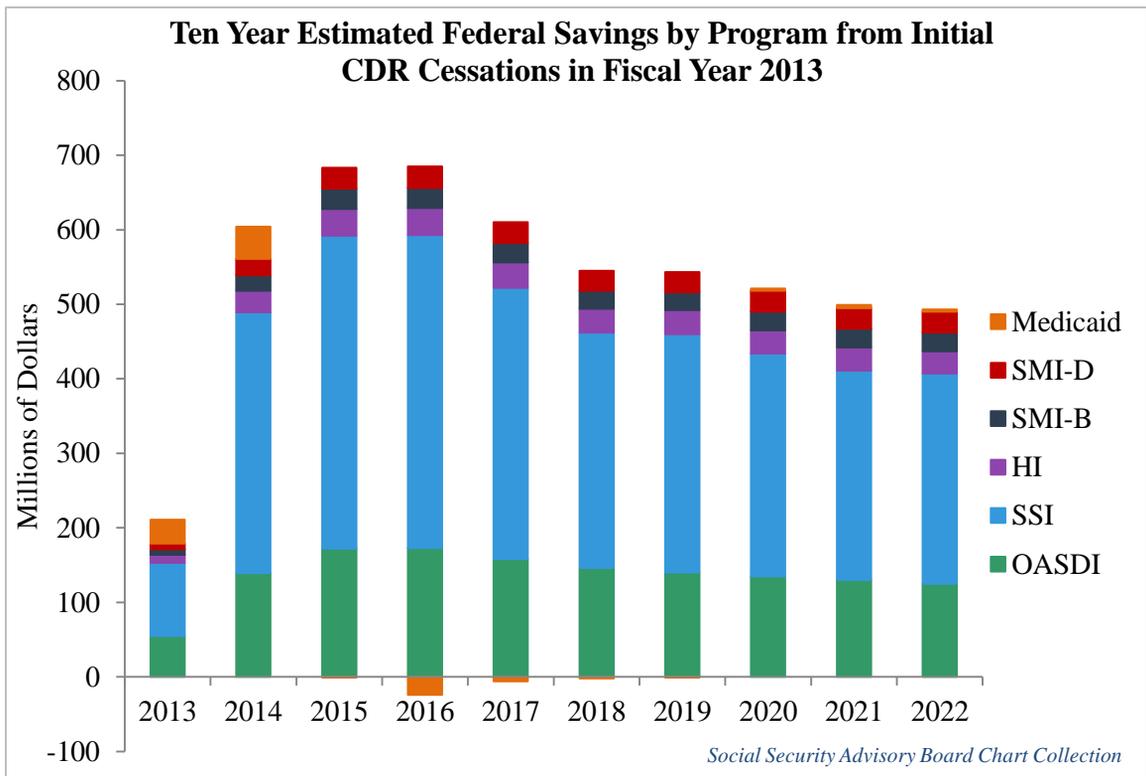
SSI child beneficiaries have the same appeals rights as adult beneficiaries. The charts show continuation rates at each level of review, with the initial decision in the year shown; e.g., the “Appeal” figure for 1995 shows continuation rates at that level for cases with an initial decision in 1995, even if the appeal decision was rendered in a later year. The ultimate numbers of continuations are subject to change until all appeals are final.

Since about 1998, continuation rates at all levels have remained relatively constant. Earlier spikes may reflect changes to policy regarding the eligibility for SSI children, policy clarifications, and training on impairments affecting children.

**Sources:**

U.S. Social Security Administration, *Annual Report of Continuing Disability Reviews, Fiscal Year 2013*, October 2015. Appendix A, Table B5.

# Chart 4:



This chart shows the estimated reduction in benefit payments over a ten-year period resulting from CDR cessations in fiscal year 2013. The estimated reduction is based on a projected total of 78,524 ultimate cessations after all appeals. Of the ultimate cessations, 64,646 are estimated to be from SSI CDRs and 13,878 from DI CDRs.

Although most CDRs do not result in cessation, SSA’s medical CDR process has been yielding a favorable ratio of savings-to-costs. For the period 1996 through 2011, the savings-to-cost ratio averaged \$10 to \$1. The estimated the ratio of savings-to-administrative costs was 14.6 to 1 in FY 2012 and \$15 to \$1 in FY 2013. According to the FY 2013 CDR report, the higher saving- to-costs ratio for FY2013 is attributable to a variety of factors, including changes in the specific mix of CDR cases conducted, revised economic assumptions, refinements in the models used to estimate the CDR benefit savings, and variation in the cost of conducting these reviews. This is calculated by dividing the estimated present value of total lifetime benefits saved with respect to CDR cessations, \$7.1 billion, by the \$477 million spent on periodic CDRs in fiscal year 2013. SSA expects year-to-year fluctuations in the savings-to-cost ratio due to changes in the distribution of CDRs processed by program and the percentage of cases in which there is a high likelihood of medical improvement.

**Sources:**

U.S. Social Security Administration, *Annual Report of Continuing Disability Reviews, Fiscal Year 2013*, October 2015. Appendix C, Table C2.