

Social Security Advisory Board

Summary of Disability Process Improvement Roundtables

October 2020



Introduction

The following summaries represent views raised by subject matter experts during five Board-hosted roundtables on initial and reconsideration level disability determinations. They capture possible improvements to the process for Congressional consideration (please see Appendix A). The summaries highlight salient issues that emerged during each discussion; they do not capture every participant exchange.

All five roundtables revealed three overarching themes related to improving the disability determination process: developing the claim file at the initial and reconsideration levels, the effects of process variation, and use of data and research to inform agency decision-making.

Developing the Claim File

Across roundtables, participants emphasized the importance of claim file development. The quality of disability determinations, particularly for claims with complex and comorbid impairments, appears to depend on the Disability Determination Services (DDSs') ability to obtain all available and relevant evidence promptly. Roundtable highlights included:

- March 2019: The discussion centered on the proper amount of time to spend collecting evidence, the benefit of early claimant contact, and access to and reliance on paid experts
- November 2019: Participants discussed ways to use hearings level management information technology to develop DDS claims and lessons learned from studies on using psychological testing and functional assessment tools. The conversation also included ideas for more robust initial evidence collection and access to needed expertise at all DDSs.
- January 2020: Participants shared a range of ideas to improve claim forms and looked at existing third-party assistance models that contribute to a complete claim file
- May 2020: Participants identified bottlenecks in SSA's current process for collecting and reviewing evidence

Process Variation

The roundtable discussions also focused on variation in SSA's determination process. Overall, the discussions emphasized that consistency may be difficult to achieve without rigorous research, improved information technology systems, and adequate guidance on the role of disability examiners and DDS

relationships with treating providers and outside organizations. Roundtable highlights included:

- March 2019: Subject matter experts outlined best practices for DDS interaction with community-based organizations and providers and explored differences among them
- November 2019: Participants discussed the Disability Case Processing System (DCPS), under development for use at the initial and reconsideration stages, and other tools to mitigate variation among DDSs. The discussion also covered how SSA's quality review process could better ensure consistent measures across the nation.
- January 2020: The discussion touched on federal funding of state DDSs, the DDS relationship with community-based health care, and how these factors impact SSA and DDS resource allocations, special workloads, and priorities
- May 2020: Participants highlighted existing variability in determinations and discussed the need for a study of process changes to reduce this variability

Data and Research

Lastly, data and research considerations emerged as a salient theme. In all five roundtables, participants noted the importance of involving subject matter experts to inform agency decision-making. Roundtable highlights included:

- March 2019: Participants recommended greater reliance on machine learning to speed claim processing
- November 2019: Participants discussed past research projects and proposals designed to improve the quality of decisions. They also discussed the need to use data analytics, identify policy misinterpretations, and enhance quality decision-making.
- January 2020: Participants suggested using behavioral research methods to assess user understanding when making changes to claim forms and the need to conduct end-user testing of claim forms
- May 2020: Participants noted the need for sustained support and funding to test large-scale process changes to improve the timeliness and quality of decisions. They highlighted the need for further testing of promising tools that SSA has already invested in that systematically inform disability determination decision-making, such as the Work Disability Functional Assessment Battery.

Roundtable 1: “Big Ideas” for Disability Determination Process Improvement

March 27, 2019

Invited Panel Members

- **Phoebe Ball**, Legislative Affairs Specialist, National Council on Disability
- **Stacy Cloyd**, Deputy Director of Government Affairs, National Organization of Social Security Claimants’ Representatives
- **Liz McLaren**, President, National Council of Disability Determination Directors
- **Peggy Murphy**, President, National Council of Social Security Management Associations
- **Andrew Sperling**, Director of Legislative and Policy Advocacy, National Alliance on Mental Illness

During the roundtable, each participant shared “big ideas” to improve the determination process at the Disability Determination Service (DDS) level for Social Security Disability Insurance (SSDI) and Supplemental Security Income (SSI) claims.

Initial Stage Evidence Collection

Roundtable participants discussed how long an initial disability claim should be “worked” by a disability examiner¹ to gather all medical evidence. Participants agreed a trade-off exists between speed (making determinations with initial evidence in a way that is consistent with SSA policy and regulation),² and comprehensiveness (holding claims if it is likely that changes in the alleged impairment will assist the disability examiner determination). Those advocating for comprehensiveness, or taking more time and expending more resources at the initial stage provided the following rationale:

1. It can take considerable time to collect necessary evidence from treating sources,³ especially for claimants who get their care from community clinics

¹ The disability examiner collects, prepares, and evaluates the medical and vocational aspects of the case. The examiner prepares the disability determination but does not have the authority to make the initial disability determination without the signature of a DDS psychological and/or medical consultant barring certain exceptions. SSA 2018b.

² SSA 2016.

³ A treating source is an acceptable medical source who has provided/provides the claimant with medical treatment or evaluation and with whom the claimant has/has had an ongoing treatment relationship. 20 CFR § [404.1527\(a\)\(2\)](#) 2017.

2. In the absence of relevant treating source evidence, the determination relies on consultative examinations (CEs),⁴ which may give too much weight to a single consultative examiner unfamiliar with the full effect of any alleged impairment(s)

However, discussion also noted that there are costs to delays in determination outcomes regardless of whether a claim is approved or denied. When discussing the role of representation in developing the initial claim file, a participant noted that files of those with representatives are not necessarily more complete.

Claimant Contact and Involvement

Participants pointed out that claimant contact⁵ could help to develop a more complete file earlier by uncovering all impairments for which evidence may be available and learning about providers the claimant sees who are unknown to the examiner. Earlier claimant contact in the disability determination process also allows examiners to explain the application process so that claimants can submit needed evidence.

Other participants noted that reconsideration, the first level of appeal in the disability determination process,⁶ resolves some evidence collection problems by allowing the submission of new evidence. They disputed the need for claimant contact in every case, citing the existence of claims with sufficient evidence and delays for face-to-face appointments at field offices.⁷

Access to Experts

Participants discussed DDS use of agency-approved doctors and other medical professionals to conduct CEs when they cannot determine disability based on the evidence available. Some participants criticized the reliance on CEs, raised questions about the quality of the examinations conducted, and advocated for

⁴ Consultative examinations are medical evaluations or tests purchased from a medical source, at SSA's request and expense. CEs are ordered by DDS offices when the claimant file does not have enough medical evidence. SSA 2013.

⁵ Claimant contact encompasses the way the field office and DDS staff reach out to applicants/claimants to schedule appointments, explain processes, and gather supplemental information from the claimant, such as recent medical appointments and test results.

⁶ SSA 2020b.

⁷ This roundtable occurred before the COVID-19 pandemic. Since March 2020, SSA replaced face-to-face appointments with phone calls, with the exception of dire need circumstances. There are currently few delays for these appointments with field office staff. SSA 2020a.

expanding acceptable medical sources⁸ in SSA regulation to include Licensed Clinical Social Workers and other professionals. Participants’ “big ideas” included:

- Simplify DDS claimant communication with text and email options
- Modernize documentation requirements to align with health information technology (HIT) and current health care delivery
- Use predictive modeling, natural language processing, and other technology at DDSs, and involve them in developing and implementing these technologies
- Increase targeted denial reviews
- Allow representatives access to the electronic claims file at the initial and reconsideration levels, similar to the existing practice at the hearings level
- Develop evidence using the Health Insurance Portability and Accountability Act as a guide by making more phone calls, paying more for records, having dedicated DDS medical records staff, and informing claimants if further evidence is needed
- Conduct CEs only once examiners obtain all available medical evidence
- Fully fund CEs to increase the quality of the examinations
- Ensure that the consultative examiner’s expertise aligns with the evidence needed
- Engage in more robust case development earlier by working closely with sources like county health and community mental health clinics
- Conduct initial interviews to gather evidence and explain the process
- Simplify SSI eligibility for children
- Eliminate initial claims appointments
- Simplify the SSI program by eliminating the living arrangement eligibility requirement, windfall offset, dedicated accounts, and in-kind support and maintenance
- Change the statutory definition of disability to reflect a contemporary understanding of how impairments affect function
- Decouple Medicaid and SSI eligibility
- Align work incentives and increase clarity for beneficiaries by providing benefits counseling, ensuring transition services, and phasing out sub-minimum wage employment

⁸ Acceptable Medical Sources are sources that produce objective evidence that can help establish a medically determinable impairment. These sources include licensed physicians, psychologists, optometrists, podiatrists, qualified speech-language pathologists, audiologists, Advanced Practice Registered Nurses, and Physicians Assistants. 20 CFR § 404.1502(a) 2017.

Roundtable 2: The Role of Evidence and Experts in the Disability Process

November 21, 2019

Invited Panel Members

- **Lisa Ekman**, Member, Working Group on Disability Insurance, Bipartisan Policy Center; Director of Government Relations, National Organization of Social Security Claimants' Representatives
- **Howard Goldman**, Liaison, Standing Committee of Experts to Assist Social Security on Disability Issues, Institute of Medicine; Professor of Psychiatry, University of Maryland School of Medicine
- **Philip Litteral**, Immediate Past President and Legislative Affairs Liaison, National Association of Disability Representatives
- **Judith Green McKenzie**, Member, Committee on Functional Assessment of Adults with Disabilities, National Academy of Sciences; Professor, Division Chief, and Residency Program Director, Division of Occupational Medicine, Department of Emergency Medicine, University of Perelman School of Medicine
- **L. Scott Muller**, Senior Economist, Office of Research, Evaluation, and Statistics, Social Security Administration (*retired*)
- **Gerald Ray**, Deputy Director, Office of Appellate Operations, Social Security Administration (*retired*)
- **Leon Scales**, Next President, National Council on Disability Determination Directors; Director, Virginia Disability Determination Services
- **Glenn Sklar**, Former Executive in the Policy and Hearings components, Social Security Administration (*retired*)
- **Melissa Spencer**, Assistant Associate Commissioner for Disability Policy, Social Security Administration (*retired*)
- **Sara Winn**, President, National Association of Disability Examiners; Disability Examiner, Louisiana Disability Determination Services

This roundtable brought together subject matter experts to discuss a series of academic, government, and policy proposals focused on the role of evidence and experts in the disability determination process. Key proposals and recommendations included a selection of those discussed at the March 2019 roundtable and other published proposals.

Data and Research

Gerald Ray and Glenn Sklar, both former SSA executives, outlined a process improvement effort they led at the hearings level and published in 2019 for the Committee for a Responsible Federal Budget.⁹ Ray and Sklar leveraged existing management information to improve hearings level processes. They explained how similar data analyses could be used at the DDS level to inform decision-making and improve performance. Participants pointed out variation in state DDS information technology systems and discussed the potential advantages and drawbacks of implementing the Disability Case Processing System (DCPS) across DDSs. They also highlighted the importance of ensuring that DCPS efficiently captures and retains data elements crucial to program operations and research (e.g. impairment code).

Participants argued that external stakeholders and other agency components should be represented and contribute to conceptualizing and designing information technology systems like DCPS. Participants suggested that involving external researchers, policy experts, operational components, and advocates would help inform system design to ensure the capture of needed data and avoid overwriting existing data. These data collection efforts could support longitudinal intramural and extramural research projects and improve quality decision-making earlier in the process.

Development and Deployment of Systematic Decision Support Tools

The group discussed symptom validity testing¹⁰ of self-reported psychological impairment and the deployment of functional assessment tools to guide the evaluation of evidence in disability determinations. SSA sponsored two National Academy of Sciences (NASEM)¹¹ committees to write about these topics. Roundtable participants focused their discussion on those two papers.

Dr. Howard Goldman summarized the Committee on Psychological Testing, Including Validity Testing, for Social Security Administration Disability Determinations' paper, "Psychological Testing in the Service of Disability

⁹ Ray and Sklar 2019.

¹⁰ Symptom validity testing assesses respondents' effort during the test and the truthfulness of their responses. Institute of Medicine 2015, 3.

¹¹ The Institute of Medicine changed its name to the National Academy of Medicine in 2015 and joined with the National Academy of Sciences and the National Academy of Engineering to create what is now known as the National Academies of Sciences, Engineering, and Medicine (NASEM).

Determination.”¹² Goldman explained that this committee focused on psychological testing for claims where the primary evidence for the allegation of mental impairment is based on self-report alone and does not include longitudinal evidence about the impairment. Goldman explained that the committee does not recommend a free-standing psychological test. Goldman noted that psychological and mental impairments more frequently contain evidence derived from self-reports. Participants raised concerns about the subjective nature of self-reported information. Goldman explained that objective medical evidence includes the application of medical opinion to self-reported information. The group generally agreed that examiners should seek to objectively determine impairment, and its effect on work function, by ordering a mental status examination or other tests, consistent with SSA policy requirements.¹³

Next, Dr. Judith McKenzie provided background on the NASEM Committee on Functional Assessment for Adults with Disability’s paper.¹⁴ This work examines tools to assess function important to work for disability claimants and the use of existing tools. McKenzie presented on the need to improve the collection of longitudinal evidence, specifically for claimants with comorbid conditions, and ideas to improve doctor engagement with and understanding of the disability program.

Multiple participants acknowledged the need for clear and relevant functional information to inform the evaluation of the available medical evidence. McKenzie pointed out that SSA’s current physician forms, including those that capture functional information, are unclear and not intuitive with approaches to patient care and evaluation. McKenzie mentioned the questionnaires used by the Department of Veterans Affairs as an example of forms that target the information needed and frame it in a manner familiar to medical professionals who may not be versed in disability determination policy and procedure. Participants discussed SSA collaborating with medical providers. McKenzie supported providers capturing information about functioning through questionnaires but raised concerns about potential burnout among doctors who are not trained to do this.

McKenzie suggested engaging medical institutions by including Social Security disability program training and information in medical school curricula and

¹² Institute of Medicine 2015.

¹³ SSA 2014.

¹⁴ NASEM 2019.

continuing education. Participants agreed that SSA should examine ways to involve doctors when developing medical evidence questionnaires to ensure they capture relevant information for determination purposes.

In further discussion of file evidence, DDS examiners and managers reported generally positive experiences collecting available medical and psychological evidence through HIT. They also discussed challenges with obtaining the specific evidence needed due to the generalized nature of HIT records and geographic variation in the availability of CE expertise. They noted that these issues lead to varied evidence collection across DDSs.

Access to Expertise

The last proposal discussed at this roundtable was the Bipartisan Policy Center's 2015 Disability Insurance Working Group report,¹⁵ which highlighted the need for two pilot studies to:

1. Assure the availability of qualified medical experts nationwide through an SSA-funded national cadre that could be accessed by any DDS having difficulty locating needed expertise
2. Evaluate decision-making (quality, timeliness, etc.) when more robust evidence collection occurs earlier in the process

Participants agreed that studying the effect of timely receipt of relevant and complete evidence on program outcomes is vital to process improvement. The discussion focused on the lack of standardized approaches in conducting disability determinations among states. Participants discussed variation throughout the process, including examiner training, internal DDS quality reviews, and assigning staff to Professional Relations Officer positions. Nearly all participants agreed that the effect of those differences on decision outcomes among DDSs should be studied. However, participating researchers also noted that such a study would be costly and require careful design.

Additional improvement ideas raised at the roundtable included:

- Mandate claimant contact among DDSs before ordering a CE
- Modernize allowable claimant contact to include text messaging and email while accounting for security and vulnerable populations (opt-in options for text/email communications)
- Simplify forms to assist claimants in completing them appropriately

¹⁵ Bipartisan Policy Center 2015.

Roundtable 3: The Role of Performance Metrics and Data Analytics in the Quality Review Process

November 21, 2019

Invited Panel Members

- **Lisa Ekman**, National Organization of Social Security Claimants' Representatives
- **Philip Litteral**, National Association of Disability Representatives
- **L. Scott Muller**, Social Security Administration (*retired*)
- **Gerald Ray**, Social Security Administration (*retired*)
- **Leon Scales**, National Council on Disability Determination Directors
- **Melissa Spencer**, Social Security Administration (*retired*)
- **Sara Winn**, National Association of Disability Examiners

This discussion examined SSA's disability determination quality review process along with federal and state quality reviews. Participants also discussed several training issues¹⁶ ranging from artificial intelligence tools used to provide feedback to staff, to considerations for improving existing federal quality review processes.

Data-Driven Approaches to Quality Review Processes

Gerald Ray began by summarizing data-driven changes to quality reviews at the hearings level and noted that SSA could apply these changes at the initial level.¹⁷ Ray explained how SSA developed machine learning tools, such as the Appeals Council Analysis Tool, to promote decisional compliance by judges and other staff with agency policy. These tools promote procedural consistency and capture data on user mistakes to identify where decisional errors occur in the process.

Ray also noted that SSA developed a training system, called "How MI (Management Information) Doing," which allows users to compare their decisional performance to others around the country, and helps to promote self-directed improvement. Most participants agreed that real-time performance feedback would enhance performance measurement and training at the DDSs, if it were available to DDS examiners and management. However, participants

¹⁶ In addition to training issues raised by participants, training related topics and issues from two OIG reports were outlined at the beginning of the discussion. OIG 2012a; OIG 2012b.

¹⁷ Ray and Sklar 2019.

noted that high DDS examiner turnover makes it difficult to ensure fully trained examiners and consistent policy compliance.

Participants raised additional questions and considerations about applying these changes to the initial level due to differences in how cases are reviewed. For example, participants noted that some cases can be allowed as soon as a fully favorable decision is reached and would not need to go through all the determination steps to assess the quality of a decision.

Reexamining Federal Quality Review Processes

The discussion focused on two quality reviews conducted by SSA's quality component: pre-effectuation reviews (PERs) and targeted denial reviews (TDRs). A participant explained that statute requires PERs on 50% of allowed cases. In contrast, TDRs are discretionary, and the number of reviews is based on available resources.¹⁸ Participants generally agreed that more robust denial reviews could incent disability examiners to review potential denials and allowances with balanced diligence. Given the small number of TDRs conducted, participants discussed how individual examiners rarely see the direct feedback from those reviews. The discussion covered how this is especially true for smaller states because SSA tends to oversample larger states to provide meaningful results. A participant also noted that most returns for TDRs come from claims based on musculoskeletal, mental impairment, or both.

Participants also discussed the request for program consultation (RPC) process, which is one method used to resolve deficiency disagreements between Disability Quality Branches (DQB) and state DDSs.^{19,20} The discussion touched on how the RPC process allows DDSs that disagree with a reversal of a determination to raise concerns and receive programmatic guidance.²¹

Participants noted two other significant benefits of this process:

1. DDS staff learn what the Office of Disability Policy (ODP) expects and how to improve their policy compliance
2. ODP gains insight into policies that may be unclear and lead to errors

¹⁸ Approximately 50,000 denial cases are reviewed each year. OIG 2012b, Appendix B-2.

¹⁹ OIG 2012b, 2.

²⁰ The Office of Disability Policy, the component responsible for creating and maintaining disability policy nationwide, oversees and captures related process data. OIG 2012b, 2.

²¹ SSA 2017.

Also, a participant expressed concern that in recent years, SSA's RPC process provides less positive feedback from DQBs on aspects of an examiner's determinations. Participants indicated that providing specific positive examples of disability examiner behavior in claims processing can improve decisional quality.

Roundtable 4: The Claimant Experience in Social Security's Disability Process

January 30, 2020

Invited Panel Members

- **Annie Almog**, Office of Electronic Services and Technology, Social Security Administration
- **April Bass**, Office of Disability Determinations, Social Security Administration
- **Yolanda Darby-Richardson**, Senior Attorney, Disability Support Services, Inc.
- **Rachel Emmons**, Government Relations and Public Affairs Specialist, Greystone Group LLC (*representing National Council of Social Security Management Associations*)
- **Renita Mackall**, Team Leader, Office of Electronic Services and Technology, Division of Programmatic Applications, Leads and Intake Team, Social Security Administration
- **Christopher Mazzulli**, President, Disability Support Services, Inc.; Elected Officer, National Association of Disability Representatives
- **Ashley Moore**, Associate Director, Care Management, Bread for the City; State Lead, SSI/SSDI Outreach Access and Recovery
- **Peggy Murphy**, President, National Council of Social Security Management Associations; Manager, Great Falls, Montana Field Office, Social Security Administration
- **Alan Polonsky**, President, National Organization of Social Security Claimants' Representatives; Partner, Polonsky & Polonsky
- **Susan Robertson**, Senior Staff Occupational Therapist and Mental Health Specialist in Occupational Therapy, National Institutes of Health Clinical Center
- **Leon Scales**, National Council on Disability Determination Directors
- **Henry Shoemaker**, Office of Disability Determinations, Social Security Administration
- **Kristi Sjoholm-Sierchio**, current beneficiary
- **Megan Stanley**, Director, Commission on Human Relations, City of Pittsburgh
- **Dinah Tysinger**, Office of Public Service and Operations Support, Social Security Administration

The Board hosted the January 2020 roundtable to seek feedback on ways to improve the online and paper application process and its related forms. The discussion opened with SSA officials demonstrating iClaim, the electronic disability application. Subject matter experts, including a current beneficiary, commented on challenges in the application process, posed questions, and suggested improvements to the structure and content of disability claim forms. Megan Stanley presented the results of the focus group research paper “Fresh Perspectives: Improving the Adult Disability and Function Reports through Behavioral Science and Claimant Feedback” on improving SSA’s claim forms.^{22,23} Participants also discussed third-party support models that assist vulnerable people in applying for disability benefits.

The discussion primarily focused on:

1. Claim form comprehension
2. Online disability application functionality
3. Third-party assistance models

Claim Form Comprehension

Participants discussed how unclear questions on the claim forms, specifically those related to comorbid conditions (particularly for mental health conditions) and context (i.e., how health and activity questions relate to disability/function), hampers DDS evidence collection. Participant discussion focused on suggestions to improve both the questions and instructions to improve applicant comprehension and capture relevant evidentiary information. Specific suggested improvements included:

- Review SSA forms with the help of behavioral scientists and adult education specialists to make them more user-friendly for claimants and efficient for SSA and DDS workers
- Distinguish symptoms from diagnoses when prompting applicants to describe conditions
- List non-physical items for Activities of Daily Living (ADL) tasks to better capture information about non-physical impairments (e.g. depression)
- Change the format of the “first date seen by a doctor” to month/year (MM/YYYY) by removing day (/DD/)

²² Stanley 2016.

²³ This mixed methods research includes seven recommendations and focuses on two forms: SSA 3368 (Adult Disability Report) and SSA 3373 (Adult Function Report) to measure understanding of the questions asked.

- Replace the tasks/hours performed in Form 3368 #6D using hours/day with a scale assessing how often each day applicants did these activities: Never, Rarely (less than 1 hour/day), Sometimes (less than half your workday), Often, (more than half your workday)
- Change the question in Form 3373, Section 6, from “What do you do from the time you wake up until you go to bed?” to “What do you do on a typical day?”
- Change questions on hobbies and interests to “How has this changed because of your health?”
- Separate instructions into smaller chunks by placing them at each section instead of only at the beginning of a form
- Add extra information and define terms, such as work-related terms (e.g. “full time” and “part-time”), and revise questions to provide context on how the issues relate to work and disability (e.g. workers compensation questions, public disability benefits)
- Remove or revise “irrelevant” questions to account for claimants’ circumstances (e.g. questions about owning pets for applicants who do not have pets, etc.)
- Provide alternative questions for individuals with no work history
- Regularly conduct cognitive testing, assessing user comprehension, on application questions, not only when making a change
- Ensure a representative population for testing changes (i.e. consider selection bias)

Participants generally agreed about the need to revise SSA claims forms and discussed potential repercussions of various suggested improvement ideas. For example, the discussion covered concerns about the long-term consequences of describing ADL performance since some conditions are episodic or degenerative.

Online Disability Application Functionality

Participants discussed ways to improve the online disability application and its processes. Specific suggested enhancements included:

- Dropdown menus to help solicit relevant information (i.e. a controlled list of conditions)
- Confirmation receipts after application completion to inform claimants of successful submissions
- Autofill capability for redundant information across forms

- A remarks section to provide additional information since applicants are unable to go back after clicking “review and accept”
- An online SSI application
- Individual status notifications for SSI and SSDI concurrent claims
- Attachment capability for medical evidence and Forms 827 (medical release) and 1696 (appointment of representative) to the online application
- A click-to-chat option for online application assistance
- Electronic signature option so applications are not held for a wet signature

Also, participants questioned whether a broader, more systemic problem underlying SSA’s application process exists, and suggested researching improvement ideas to address DDS evidence collection issues. Ideas included:

- Collecting and evaluating management information
- Conducting a study on the average number of hours it takes to complete an application for different channels with and without supports, focusing on bottlenecks in the application process and changes to improve them

Third-Party Assistance Models

Participants discussed how third-party assistance addresses a fragmented and sometimes burdensome application process. Participants noted that individuals and organizations assist applicants with limited computer literacy or computer access to create *my Social Security* accounts. Participants outlined how third parties assist claimants by helping with application navigation, answering questions, and acquiring and submitting needed documentation.

Other participants expressed concerns about the wide-scale adoption of third-party assistance approaches, specifically the possibility of “induced entry,” or encouraging people who could be medically eligible for SSDI to apply for benefits who might not otherwise. One participant questioned the relationship

between the SSI/SSDI Outreach, Access and Recovery (SOAR)²⁴ screening criteria, and its high approval rates.²⁵

Participants also described a potential role for third parties in helping assemble a complete record through outreach, claimant contact, and improving the quality of CEs. For example, third parties who accompany claimants to CEs, not only support the claimant who may be resistant to attending on their own, but also can provide relevant longitudinal information to the examiner who may not be as familiar with the claimant's history. Participants asserted that treating sources provide DDSs more timely and higher quality of evidence than the evidence gleaned through a CE, and a third-party attending the CE with the claimant may address this concern. Other suggested improvements included:

- Pilot elements from the SOAR²⁶, approach into “express training” for SSA teleservice representatives
- Partner with national, state, and local agencies to support SOAR model implementation
- Embed SOAR-funded positions in state and local agencies
- Increase staff dedicated to community outreach at both the DDSs and field offices (e.g. Professional Relations Officer or “community ambassador”)
- Study the implementation of elements from the SOAR model approach
- Allow representatives to access the claim file via their attorney ID number and allow them to view the medical evidence portion of the electronic folder at the initial and reconsideration stages^{27,28}

²⁴ SOAR is a non-profit third-party assistance organization model for SSI and SSDI, which is designed to assist likely eligible adults and children who are experiencing or at risk of experiencing homelessness and have a serious mental illness and/or medical impairment. The SOAR program is overseen by the Substance Abuse and Mental Health Services Administration (SAMHSA) and funding varies by state/locality. SAMHSA 2020b.

²⁵ SOAR outcomes are determined based on the number of disability application approvals, the number of days it took to receive decisions for initial applications, and the rate of allowances. SAMHSA 2020a.

²⁶ A participant mentioned that a key element of the SOAR approach is the development of a more complete record with the Medical Summary Report, which solicits condition specific and circumstantial information.

²⁷ This would be similar to the current practice at the hearing level using the Case Processing and Management System.

²⁸ 20 CFR § 404.1710 1980; SSA 2018a.

Participants also suggested regulatory improvement ideas to address decisional quality issues connected to CEs and computer literacy among applicants. Suggested ideas included:

- Consider reversing the 2017 treating source rule, which removed the special weight given to treating source physicians when evaluating medical evidence
- Add computer literacy to the Dictionary of Occupational Titles and Occupational Information System, when considering the medical-vocational “grid” rules used to determine disability

Roundtable 5: Testing and Evaluating Proposed Improvements to Initial and Reconsideration Level Disability Determinations

May 28, 2020

Invited Panel Members

- **David Autor**, Ford Professor of Economics, Massachusetts Institute of Technology
- **Chantel Boyens**, Principal Policy Associate, Urban Institute
- **Manasi Deshpande**, Assistant Professor of Economics, University of Chicago
- **Howard Goldman**, Institute of Medicine
- **Nicole Maestas**, Associate Professor of Health Care Policy, Department of Health Care Policy, Harvard Medical School
- **L. Scott Muller**, Social Security Administration (*retired*)
- **Harold Pollack**, Helen Ross Professor, Social of Social Service Administration, University of Chicago
- **Jack Smalligan**, Senior Policy Fellow, Urban Institute
- **Art Spencer**, Associate Commissioner for Disability Programs, Social Security Administration (*retired*)
- **Melissa Spencer**, Social Security Administration (*retired*)
- **David Stapleton**, Member, Treehouse Economics LLC

This virtual roundtable brought together researchers, clinicians, and former SSA executives to discuss considerations around testing and evaluating potential improvements to initial and reconsideration level disability determinations. Throughout the discussion, participants broadly addressed:

- The need for sustained support and funding for testing large-scale process changes to improve the timeliness and quality of decisions
- Bottlenecks in SSA's current process for collecting and reviewing evidence
- Variability in the determination process
- Tools to systematically inform disability determinations

Funding Large-Scale Process Changes

Jack Smalligan and Chantel Boyens presented joint work on Congressional budgetary strategies that would allow SSA to test potential process

improvements.²⁹ Smalligan and Boyens identified lessons learned from past efforts to test and implement process changes. In particular, they noted that changes in presidential administrations and agency leadership prevented past initiatives from continuing long enough to be properly evaluated. Smalligan and Boyens also noted that developing, implementing, and evaluating changes to the determination process takes significant time and requires a substantial upfront investment to ensure rigorous measurement of the effects of changes on program costs.

Smalligan and Boyens described three budgetary mechanisms Congress could enact to provide SSA with dedicated funding to test or implement changes at the relatively inexpensive reconsideration level of the disability determination process. The authors suggest Congress:

1. Grant SSA new mandatory funding and budget authority
2. Expand existing SSDI demonstration authority provided under Section 234 of the Social Security Act
3. Provide SSA specific funding within the Limitation on Administrative Expenses account exempt from the discretionary spending cap

A Transformational Approach to the SSDI Program

David Stapleton presented joint work that proposes creating a federally supported, state-run “Employment/Eligibility Service system” to replace the current process for entering the SSDI program.³⁰ Under this system, workers that exit the labor market due to illness or injury undergo a triage process to determine—using information about their condition, past work, and work-related goals—eligibility for DI benefits, including immediate or time-limited approvals with periodic reevaluation. Local return-to-work supports intended to help the recipient re-enter the workforce accompany time-limited monthly benefits. Stapleton stated that such a system could generate information for SSA about what work supports are effective, what barriers to gainful employment exist, and who should receive benefits quickly in the triage process. However, Stapleton noted that such a system would take significant time to develop and implement.

²⁹ Smalligan and Boyens 2019.

³⁰ Stapleton, Ben-Shalom, and Mann 2019.

Bottlenecks in Evidence Collection and Review

Following these presentations, participants discussed bottlenecks in SSA's current evidence collection and review processes that could benefit from further research and evaluation. Issues raised included:

- Testing the efficacy of telehealth for conducting CEs
- Facilitating the collection of all available evidence in the initial application
- Obtaining timely and quality evidence, particularly during the COVID-19 pandemic
- Increasing the use of functional information in the determination process
- Examining the effects of variation in application development on DDS decision quality
- Considering the siloed roles of the field office and DDS

Variability in the Determination Process

Roundtable participants also discussed whether and how SSA should study SSA's disability determinations. Participants identified and discussed several approaches to examine validity and reliability. Participants noted that existing literature has established variability in determinations among examiners at the initial level. A future study should explore testing process changes to reduce this variability. Participants generally agreed that if pursued, any validation study should clearly outline its goals at the outset.

Decision-Assistance Tools to Systematically Inform Decision-making

Participants discussed SSA testing the use of tools and technologies designed to systematically provide information to aid examiners in disability determination decision-making. Participants noted that SSA has already invested in some tools, including the Work Disability Functional Assessment Battery (WD-FAB),³¹ among others. Participants generally agreed that functional assessment tools and other technologies, such as machine learning, and natural language processing, are promising resources to assist the examiner in developing the record and identifying areas where more evidence is needed. Participants highlighted that these resources in and of themselves do not determine work disability and acknowledged their limitations. For example,

³¹ The WD-FAB is a self-reported functional assessment tool that uses item response theory and computer adaptive testing methods to generate measures of a respondent's ability across eight domains comprehensively covering physical function and mental health function. The tool was developed through an interagency agreement between SSA and the National Institutes of Health. NASEM 2019.

participants noted that the WD-FAB tool is not typically administered in a work setting and should accompany measures of work-place demands.³² While participants recognized that SSA funds small-scale testing of the WD-FAB in Continuing Disability Reviews,³³ they noted that the WD-FAB would benefit from larger-scale testing to improve understanding of the relationship between the instrument scores and score thresholds relative to claimant characteristics and the ability to work.

Participants noted the agency should establish rigorous evaluation processes at the outset of undertaking these initiatives. Also, a participant noted that SSA should leverage methods from other federal agencies, like differential privacy methods that add “noise” to datasets to protect personally identifiable information, to allow extramural researchers to use agency administrative data for analyses. Finally, participants emphasized the importance of data sharing among SSA components and other federal agencies.

³² Participants commented on how SSA has also invested in improving measures of work demands as part of its Occupational Information System project.

³³ Continuing Disability Reviews (CDRs) are redeterminations of eligibility for disability benefits after they are awarded initially. CDRs typically occur on a set cycle based on the likelihood of medical improvement. SSA 2015.

References

- Authority of a representative, 20 CFR § [404.1710\(a\)\(b\)](#), August 5, 1980.
- Bipartisan Policy Center. 2015. “[Improve the SSDI Program and Address the Impending Trust Fund Depletion](#),” *Disability Insurance Working Group, Bipartisan Policy Center*.
- Definitions for this subpart, 20 CFR § [404.1502\(a\)](#), March 27, 2017.
- Evaluating opinion evidence for claims filed before March 27, 2017, 20 CFR § [404.1527\(a\)\(2\)](#), March 27, 2017.
- Institute of Medicine. 2015. “[Psychological Testing in the Service of Disability Determination](#),” *Committee on Psychological Testing, Including Validity Testing, for Social Security Administration Disability Determinations*.
- National Academies of Sciences, Engineering, and Medicine. 2019. “[Functional Assessment for Adults with Disabilities](#),” *Committee on Functional Assessment for Adults with Disability*.
- Office of the Inspector General, Social Security Administration. 2012a. A-01-11-21160, “[Training at Offices that Make Disability Determinations](#),” (March).
- . 2012b. A-01-11-11119, “[Resolving Issues Identified During the Social Security Administration’s Quality Reviews of Disability Determinations](#),” (April).
- Ray, Gerald and Glenn Sklar. 2019. “[An Operational Approach to Eliminating Backlogs in the Social Security Disability Program](#),” *The McCrery-Pomeroy SSDI Solutions Initiative, Committee for a Responsible Federal Budget*, (June).
- Smalligan, Jack and Chantel Boyens. 2019. “[Improving the Social Security Disability Determination Process](#),” *Urban Institute*, (July 26).
- Social Security Administration, 2013. Program Operations Manual System, DI 22510.001, “[Introduction to Consultative Examinations \(CE\)](#),” (April 8).
- . 2014. Program Operations Manual System, DI 22510.021, “[Consultative Examination \(CE\) Report Content Guidelines - Mental Disorders](#),” (January 15).
- . 2015. Program Operations Manual System, DI 28001.001, “[What is a Continuing Disability Review \(CDR\)?](#)” (May 15).
- . 2016. Program Operations Manual System, DI 22501.002, “[Responsibilities for Case Development of Disability Claims](#),” (March 22).
- . 2017. Programs Operations Manual System, GN 04440.401, “[Resolving Deficiency Disagreements – Informal Resolution Request \(IRR\) and Request for Program Consultation \(RPC\)](#),” (February 13).

- . 2018a. Program Operations Manual System, DI 80830.010, “[Electronic Folder](#),” (April 3).
 - . 2018b. Program Operations Manual System, DI 24501.001, “[The Disability Determination Services Disability Examiner, Medical Consultant and Psychological Consultant Team, and the Role of the Medical Advisor](#),” (December 18).
 - . 2020a. “[Office Closings and Emergencies](#).” (Accessed September 18).
 - . 2020b. “[Understanding Supplemental Security Income Appeals Process – 2020 Edition](#),” (Accessed September 18).
- Stanley, Megan. 2016. “[Fresh Perspectives: Improving the Adult Disability and Function Reports through Behavioral Science and Claimant Feedback](#),” *Social Security Administration’s Disability Determination Process Small Grant Program*.
- Stapleton, David, Yonatan Ben-Shalom, and David R. Mann. 2019. “[Development of an Employment/Eligibility Services \(EES\) System](#),” *The McCrery-Pomeroy SSDI Solutions Initiative, Committee for a Responsible Federal Budget* (March).
- Substance Abuse and Mental Health Services Administration (SAMHSA).
- 2020a. “[SOAR Outcomes and Impact](#).” *SSI/SSDI Outreach, Access, and Recovery (SOAR)* (Accessed September 18).
 - . 2020b. “[What is SOAR?](#)” *SSI/SSDI Outreach, Access, and Recovery (SOAR)* (Accessed September 15).

Appendix A. Congressional Request Letter

The Board received a bipartisan request from The Honorable John Larson, Chair and The Honorable Tom Reed, Ranking Member of the House Ways and Means Social Security Subcommittee. The letter requested that the Board examine SSA's decision to reinstate reconsideration in the prototype states and recommend possible disability determination process improvements at the initial and reconsideration stages. The letter follows on the next page.

KEVIN BRADY, TEXAS,
CHAIRMAN

SAM JOHNSON, TEXAS
DEVIN NUNES, CALIFORNIA
DAVID G. REICHERT, WASHINGTON
PETER J. ROSKAM, ILLINOIS
VERN BUCHANAN, FLORIDA
ADRIAN SMITH, NEBRASKA
LYNN JENKINS, KANSAS
ERIK PAULSEN, MINNESOTA
KENNY MARCHANT, TEXAS
DIANE BLACK, TENNESSEE
TOM REED, NEW YORK
MIKE KELLY, PENNSYLVANIA
JIM RENACCI, OHIO
KRISTI NOEM, SOUTH DAKOTA
GEORGE HOLDING, NORTH CAROLINA
JASON SMITH, MISSOURI
TOM RICE, SOUTH CAROLINA
DAVID SCHWEIKERT, ARIZONA
JACKIE WALORSKI, INDIANA
CARLOS CURBELO, FLORIDA
MIKE BISHOP, MICHIGAN
DARIN LAHOOD, ILLINOIS
BRAD R. WENSTRUP, OHIO

GARY JI ANDRES,
STAFF DIRECTOR

Congress of the United States

U.S. House of Representatives

COMMITTEE ON WAYS AND MEANS

1102 LONGWORTH HOUSE OFFICE BUILDING
(202) 225-3625

Washington, DC 20515-6348

<http://waysandmeans.house.gov>

RICHARD E. NEAL, MASSACHUSETTS, RANKING MEMBER
SANDER M. LEVIN, MICHIGAN
JOHN LEWIS, GEORGIA
LLOYD DOGGETT, TEXAS
MIKE THOMPSON, CALIFORNIA
JOHN B. LARSON, CONNECTICUT
EARL BLUMENAUER, OREGON
RON KIND, WISCONSIN
BILL PASCRELL, JR., NEW JERSEY
JOSEPH CROWLEY, NEW YORK
DANNY K. DAVIS, ILLINOIS
LINDA SANCHEZ, CALIFORNIA
BRIAN HIGGINS, NEW YORK
TERRI SEWELL, ALABAMA
SUZAN DELBENE, WASHINGTON
JUDY CHU, CALIFORNIA

BRANDON CASEY,
MINORITY CHIEF OF STAFF

October 22, 2018

Kim Hildred
Chair
Social Security Advisory Board
400 Virginia Ave SW
Suite 625
Washington, DC 20024

Dear Ms. Hildred,

We are writing to request the Social Security Advisory Board (SSAB) review the recent decision by the Social Security Administration (SSA) to reinstate reconsideration and make recommendations to the Committee on how the disability adjudication process can be improved to make the right decision earlier in the process when possible and avoid the need for unnecessary appeals to Administrative Law Judges (ALJs).

We are concerned the SSA has decided to move forward with reinstating reconsideration in ten states. The July 25, 2018 hearing by the Social Security Subcommittee highlighted Member concerns with the value of reconsideration, and since then Representatives and Senators from affected states have directly expressed their concerns to the SSA. While Americans rightly expect and deserve a national process, there is no sense in doing so if the process is flawed. There is little evidence to show that reconsideration is a meaningful step in the disability appeals process. Additionally, while reinstating reconsideration will allow some people to be awarded benefits sooner, the vast majority of people ultimately approved for benefits will just have longer wait times. The average wait for a hearing with an ALJ is already nearly 600 days. While this wait time is beginning to decrease, adding another 100 days by reinstating reconsideration in its current form is simply wrong. It is clear the time has come to fully assess the efficacy of reconsideration and make improvements. And while the SSA has tested out various changes, there is not yet a clear answer to what changes are needed.

The SSAB is uniquely positioned to make recommendations about reconsideration or alternatives to this step, given its role and bipartisan membership. In developing its recommendations, we strongly encourage the Board to gather input from stakeholders, advocates, and other experts on the adjudicative process, including the Administrative Conference of the United States. We ask that your recommendations clearly indicate what requires statutory changes and what the SSA could do with existing authority. Finally, we ask

that the recommendations focus on getting the right decision made at the earliest time possible, rather than on the underlying statutory or regulatory eligibility criteria.

We look forward to working with you and receiving your recommendations. Should you have any further questions, please contact Amy Shuart, the Social Security Subcommittee Staff Director, at (202) 225-9263, and Kathryn Olson, Democratic Staff Director, at 202-225-4021.

Sincerely,



Sam Johnson
Chairman
Subcommittee on Social Security



John B. Larson
Ranking Member
Subcommittee on Social Security

cc: Henry J. Aaron, Board Member
Nancy J. Altman, Board Member
Jagadeesh Gokhale, Board Member
Bob Joondeph, Board Member

Acknowledgements

Jenn Rigger, Senior Advisor; Emma Tatem, Lead Policy Analyst; and Mayana Bonapart Policy Analyst, contributed to the planning and facilitation of the roundtables and authored these summaries under the direction of Diane Brandt, Research Director, and Claire Green, Staff Director. Lorena Hernandez Barcena, Policy Analyst, also made substantial contributions.

Mission

The Board's mission is to provide the President, Congress, and the Commissioner of Social Security advice and guidance with respect to matters of policy administration of the Social Security and Supplemental Security Income programs.



Social Security Advisory Board
400 Virginia Ave SW, Suite 625
Washington, DC 20024

 @ssabgov www.ssab.gov