Office of the Inspector General
SOCIAL SECURITY ADMINISTRATION

Audit Report

The COVID-19 Pandemic's Effect on Disability Determination Services' Processing of Disability Claims

A-01-20-50963 June 2023

Office of the Inspector General
SOCIAL SECURITY ADMINISTRATION

MEMORANDUM

Date: June 22, 2023 **Refer to:** A-01-20-50963

To: Kilolo Kijakazi
Acting Commissioner

From: Gail S. Ennis
Inspector General

Subject: The COVID-19 Pandemic's Effect on Disability Determination Services' Processing of Disability Claims

The attached final report presents the results of the Office of Audit's review. The objective was to determine how the COVID-19 pandemic affected the disability determination services' processing of disability claims.

If you wish to discuss the final report, please contact Michelle L. Anderson, Assistant Inspector General for Audit.

Attachment

The COVID-19 Pandemic's Effect on Disability Determination Services' Processing of Disability Claims A-01-20-50963

June 2023 **Office of Audit Report Summary**

Objective

To determine how the COVID-19 pandemic affected the disability determination services' (DDS) processing of disability claims.

Background

A consultative examination (CE) is a physical or mental examination or test purchased from a medical source, at SSA's request and expense, to provide evidence for a claimant's disability or blindness claim. Generally, SSA will not request a CE until it has made every reasonable effort to obtain needed evidence from the claimant's medical sources.

On March 11, 2020, the World Health Organization declared COVID-19 a pandemic. On March 17, 2020, SSA closed its offices to the public and suspended or cancelled all in-person CEs. DDSs experienced periodic closures related to the pandemic. SSA also authorized DDSs to allow their employees to work from home to process disability claims.

On May 29, 2020, SSA informed the DDSs they could resume in-person CEs—prioritizing scheduling CEs for claims pending at either the initial or reconsideration level. SSA left it up to each DDS to manage how it reinstated CEs. In doing so, each DDS had to determine when to re-instate in-person CEs, considering the Centers for Disease Control and Prevention as well as state, local, tribal, and territorial government guidelines regarding non-essential medical appointments and social-distancing requirements.

Results

While SSA received fewer initial claims during the pandemic, it took the DDSs longer to process them than the year before. Before the pandemic, DDS' average processing time for an initial claim was 95.5 days. This increased to 139.4 days and 135.5 days, respectively, during the first and second years of the pandemic. Numerous factors contributed to this:

- **CEs** - The number of CEs performed during the pandemic decreased, as SSA suspended in-person CEs for a period of time. Once DDSs resumed in-person CEs, they still had issues scheduling CEs because for example, (1) not all CE providers returned to conducting CEs and (2) claimants refused to attend in-person CEs because of fear of exposure to COVID-19.

- **DDS Staffing and Training** – About 4,000 DDS employees resigned or retired during the pandemic, but DDSs hired 4,305 employees during this same time. However, it takes a newly hired disability examiner an average of 2 years to become proficient at processing most initial claim workloads.

- **Telework and Communication with Claimants** – During the pandemic, most DDS employees teleworked, so the DDSs needed to adjust to how they processed certain workloads. SSA provided the DDSs with basic cellular telephones to communicate with claimants, but claimants were wary of answering the calls as the telephones' caller identification did not show the incoming call was from a state agency.

- **Policies and Procedures** – During the pandemic, SSA updated policies and procedures on how the DDS should operate. The updates included combined instructions with the field office, which confused some DDS employees about what pertained specifically to DDS processes.

DDSs will continue various best practices they implemented during the pandemic, including scheduling tele-health CEs, when possible; telework; and holding video meetings. SSA is seeking additional funds for DDSs in its Fiscal Year 2024 budget request. The requested funding should allow DDSs to recruit and retain employees as well as process more claims. If DDSs can reduce processing times, claimants will receive their benefit payments sooner. This will ensure claimants can purchase such essentials as food, clothing, shelter, and medical care.

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ABBREVIATIONS

CE	Consultative Examination
C.F.R.	Code of Federal Regulations
DCPS	Disability Case Processing System
DDS	Disability Determination Services
DDSAL	DDS Administrators' Letters
EM	Emergency Message
FY	Fiscal Year
NADE	National Association of Disability Examiners
ODD	Office of Disability Determinations
OIG	Office of the Inspector General
OHO	Office of Hearing Operations
POMS	Program Operations Manual System
SSA	Social Security Administration
U.S.C.	United States Code
VOIP	Voice Over Internet Protocol

OBJECTIVE

Our objective was to determine how the COVID-19 pandemic[1] affected the disability determination services' (DDS) processing of disability claims.

BACKGROUND

The Social Security Administration (SSA) provides Disability Insurance and Supplemental Security Income payments to eligible individuals.[2] SSA uses a 5-Step sequential evaluation process to determine whether a claimant is disabled (see Appendix A).[3] Individuals are generally considered disabled under SSA's regulations if they cannot engage in substantial gainful activity[4] because of a medically determinable physical or mental impairment that can be expected to result in death or has lasted, or can be expected to last, for a continuous period of not less than 12 months.[5] Claimants are required to prove their disability by providing medical and other evidence; however, SSA is responsible for making every reasonable effort to help claimants get medical reports from their medical sources.[6]

Once a claimant files a disability application, an SSA field office determines whether the claimant meets the non-disability criteria, such as age and work credits. The field office generally forwards the claim to the DDS in the state with jurisdiction for a disability determination. DDSs are in each of the 50 states, the District of Columbia, and Puerto Rico.

On March 11, 2020, the World Health Organization declared a pandemic.[7] On March 17, 2020, SSA closed its offices to the public and suspended or cancelled all non-virtual consultative examinations (CE). State DDSs experienced periodic closures related to the pandemic.[8] SSA also authorized DDSs to allow their employees to work from home to process disability claims.

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[1] Throughout this report, we will refer to the COVID-19 pandemic as the pandemic.

[2] Disability Insurance provides monthly benefits to insured workers and their families if the worker becomes disabled. Supplemental Security Income is a means-tested program that provides a minimum level of income to financially needy individuals who are aged, blind, or disabled. 42 U.S.C. § 423 and 42 U.S.C. § 1381a.

[3] 20 C.F.R. §§ 404.1520(a)(4) and 416.920(a)(4).

[4] Substantial gainful activity is the performance of significant physical and/or mental activities in work for pay or profit or in work of a type generally performed for pay or profit. 20 C.F.R. §§ 404.1572 and 416.972; SSA, *POMS*, DI 10501.001 (January 5, 2007). In 2022, employees' countable earnings indicate substantial gainful activity and countable income of the self-employed is substantial if the amount averages more than $1,350 per month for non-blind individuals or $2,260 for blind individuals. SSA, *POMS*, DI 10501.015 (October 19, 2021).

[5] 42 U.S.C. §§ 423(d)(1)(A) and 1382c(a)(3)(A).

[6] 20 C.F.R. §§ 404.1512(b)(1) and 416.912(b)(1).

[7] World Health Organization, *WHO Director-General's opening remarks at the media briefing on COVID-19 – 11 March 2020*, p. 1, (March 2020).

[8] The DDS periodic closures varied based on stay-at-home orders for each state.

A CE is a physical or mental examination or test purchased from a medical source, at SSA's request and expense, to provide evidence for a claimant's disability or blindness claim.[9] Generally, SSA will not request a CE until it makes every reasonable effort to obtain needed evidence from the claimant's medical sources.[10] Situations that generally require a CE include:

- Sufficient evidence from the claimant's medical sources cannot be obtained.
- Evidence from an acceptable medical source is needed to establish a medically determinable impairment.
- Highly technical or specialized medical evidence is needed to evaluate the claimant's impairment(s).
- Additional evidence to establish the severity of the claimant's medical condition is needed.
- Case evidence contains a material conflict, inconsistency, or ambiguity and cannot be resolved by recontacting the claimant, their medical source(s), or other appropriate source(s).[11]

On July 29, 2021, the Social Security Advisory Board[12] held a roundtable during which it was stated DDSs learned from the pandemic that, although labor-intensive, it was important that the DDS re-contact the claimant or authorized representative to ensure all available medical evidence was included in the file to avoid a CE whenever possible.[13]

Our December 2021 report[14] indicated that, for initial disability claims, CEs were the largest decreased workload category when comparing the first year of COVID-19 period (April 2020 to March 2021) to the prior-year period (April 2019 to March 2020) as CEs decreased by 27.2 percent.

[9] SSA, *POMS*, DI 22510.001, A.1 (January 6, 2020).

[10] SSA, *POMS*, DI 22510.005, A (April 8, 2013).

[11] SSA, *POMS*, DI 22510.005, B.1 through B.5 (April 8, 2013).

[12] The Social Security Advisory Board is a bipartisan, independent Federal agency established in 1994 to advise the President, Congress, and Commissioner of Social Security on matters of policy and administration of the Old-Age, Survivors and Disability Insurance and Supplemental Security Income programs. For more information on DDSs, see Social Security Advisory Board report on *Social Security and State Disability Determination Services Agencies: A Partnership in Need of Attention* (April 2023).

[13] Social Security Advisory Board, *Roundtable: Medical Evidence Collection – The Cornerstone of Social Security Disability Determination* (July 2021).

[14] SSA, OIG, *Comparing the Social Security Administration's Disability Determination Services' Workload Statistics During the COVID-19 Pandemic to Prior Years, A-01-21-51038* (December 2021).

METHODOLOGY

We summarized and compared DDS management information by state related to CEs for initial claims for the following periods:[15]

- Pre-COVID year—April 2019 to March 2020 (week ended April 5, 2019 to March 27, 2020), this is the year before the pandemic began;
- COVID year 1—April 2020 to March 2021 (week ended April 3, 2020 to March 26, 2021); and
- COVID year 2—April 2021 to March 2022 (week ended April 2, 2021 to March 25, 2022).

We sent surveys to the 52 DDSs and the president of the National Association of Disability Examiners (NADE)[16] to obtain their perspectives on the effect the pandemic had on case processing and best practices identified during the pandemic that will continue after the pandemic. We had a 100-percent response rate to the survey—all 52 DDSs plus NADE for a total of 53 responses. See Appendix B for our scope and methodology and Appendix C for a summary of the survey results, which includes a breakout by region.

RESULTS

DDSs received 2.3 million initial claims in the pre-COVID year, and they received approximately 2 million in COVID years 1 and 2. Even though SSA received fewer initial claims during the pandemic, it took the DDSs longer to process those claims. The average processing time in the pre-COVID year was 95.5 days, but increased to 139.4 days and 135.5 days, respectively, during COVID-19 years 1 and 2.[17] Numerous factors during the pandemic contributed to this increase.

- **CEs** – The number of CEs performed decreased as SSA suspended in-person CEs for a period of time during the pandemic. As a result, DDSs had to put claims on hold if they were unable to obtain the medical evidence needed to make a disability determination in another way (that is, recontact the claimants or the claimants' medical sources). Once in-person CEs resumed, DDSs encountered scheduling challenges as some CE providers retired and others chose to discontinue doing examinations. Additionally, some claimants refused to attend in-person CEs because of fears of exposure to COVID-19.

[15] The pre-COVID year and COVID year 1 periods are the same timeframes we used in our December 2021 report, *Comparing the Social Security Administration's Disability Determination Services' Workload Statistics During the COVID-19 Pandemic to Prior Years, A-01-21-51038.*

[16] NADE is recognized as the effective voice of professionals in the field of disability adjudication. It is comprised of examiners, administrators, physicians, support staff and others involved in the disability program. NADE is committed to continually achieving innovative methods for improving SSA's disability programs; enhancing the disability profession for its' members; and providing timely, effective, and quality public service. www.nade.org

[17] We could not obtain the average processing time for the timeframes we were tracking because DDS average processing time is only captured by Fiscal Year (FY), starting in October. Therefore, we obtained the average processing time for 6-month periods (October through March) for FYs 2020 to 2022.

- **DDS Staffing and Training** – About 4,000 employees resigned or retired during the pandemic, but the DDSs hired about 4,300 employees during the same period. However, it takes a newly hired disability examiner an average of 2 years to become fully proficient at processing most workloads.

- **Telework and Communication with Claimants –** At the beginning of the pandemic, SSA allowed DDS employees to take their computers home to work remotely. The DDSs adjusted to processing paper case folders with minimal staff in the office. Additionally, SSA provided teleworking DDS employees with basic (non-smartphone) cellular telephones to communicate with the public. Using these telephones had its challenges because, when DDS employees tried to call a claimant, the claimant's caller identification did not indicate the incoming call was from a state agency.[18] As a result, claimants were wary of answering these calls or providing information requested because they thought the call was a possible scam.

- **Policies and Procedures** – During the pandemic, SSA updated policies and procedures on how DDSs should operate. Some of these updates were modified multiple times, were lengthy and unclear, and contained both DDS and field office information. This confused some DDS employees who did not understand what pertained specifically to DDS processes.

DDSs informed us they will continue various best practices they implemented during the pandemic. These best practices include scheduling telehealth CEs, when possible; continuing telework; and continued use of the software to hold video meetings SSA deployed during the pandemic.

Consultative Examinations

On March 17, 2020, as a result of the pandemic, SSA cancelled and suspended all in-person CEs. During COVID years 1 and 2, the number of CEs for initial claims decreased when compared to the pre-COVID year, as CEs dropped by 27.2 percent in COVID year 1 and 22.8 percent in COVID year 2 when compared to the pre-COVID year.

[18] According to SSA, in March 2020, it provided the DDSs an option for custom caller identification; however, DDSs reported this feature would often display the DDSs call to a claimant as "Unknown" or "Potential Spam." As a result, several DDSs chose not to use custom caller identification.

Table 1 shows CEs for initial claims by region for COVID year 2, COVID year 1, and the pre-COVID year (see Appendix D for CEs by state).

Table 1: CEs – Initial Claims by Region

Region	Percent Change for Pre-COVID Year to COVID Year 2	April 2021 to March 2022 (COVID Year 2)	Percent Change from COVID Year 1 to COVID Year 2	April 2020 to March 2021 (COVID Year 1)	Percent Change for Pre-COVID Year to COVID Year 1	April 2019 to March 2020 (Pre-COVID Year)
Boston	-27.9%	19,854	11.2%	17,861	-35.1%	27,538
New York	-13.3%	86,867	20.7%	71,973	-28.2%	100,187
Philadelphia	-21.3%	65,951	5.1%	62,766	-25.1%	83,812
Atlanta	-23.7%	168,888	-3.1%	174,303	-21.3%	221,406
Chicago	-21.2%	115,768	8.6%	106,582	-27.5%	146,950
Dallas	-36.5%	74,635	-4.0%	77,782	-33.8%	117,479
Kansas City	-30.6%	24,393	9.7%	22,239	-36.7%	35,151
Denver	-4.6%	12,314	5.8%	11,636	-9.8%	12,906
San Francisco	-12.9%	79,672	21.2%	65,724	-28.1%	91,445
Seattle	-33.5%	14,447	4.3%	13,845	-36.3%	21,737
Total DDS	**-22.8%**	**662,789**	**6.1%**	**624,711**	**-27.2%**	**858,611**

For initial claims, CEs increased 6.1 percent between COVID years 1 and 2. CEs for initial claims decreased 22.8 percent between the pre-COVID year and COVID year 2. Of the 53 respondents, 48 (90.6 percent) believed the decrease in CEs affected disability claims processing.[19]

[19] Of the 53 respondents to our survey, 33 (62.3 percent) did not feel DDSs limited the number of CEs requested during the pandemic. However, 20 (37.7 percent) felt the DDSs limited the number of CEs requested, as some of these respondents believed the limits were a result of circumstances and not by choice.

Table 2 lists the reasons the 53 respondents cited for the decrease in CEs during the pandemic.

Table 2: Reasons for Decreases in Consultative Examinations During the Pandemic

Reasons for Decrease in CEs	Number of Respondents
Cancelled/suspended in-person CEs from March 17 to May 29, 2020.	53
CE providers were unwilling to see claimants.	49
Claimants were unwilling to attend in-person CEs for fear of catching COVID-19.	49
CEs were cancelled/suspended at the last minute because claimants or CE providers had symptoms of COVID-19 or public health guidance changed.	47
Claimants who were eligible for telehealth CEs did not to opt into them.	29
Centers for Disease Control and Prevention, state, tribal, local, or territorial guidelines, affected the ability to schedule CEs.	22
DDS examiners obtained medical evidence by recontacting the claimants and/or their representatives.[20]	7

When CEs could not be ordered, DDSs tried to obtain updated medical evidence by recontacting claimants and/or the claimants' treating medical sources. However, because many claimants were not seeking medical treatment during this time, some claims had to be put on hold until CEs resumed.

On May 29, 2020, SSA informed the DDSs they could resume in-person CEs. DDSs prioritized CEs for claims pending at either the initial or reconsideration level but left it up to each DDS to determine and manage how it reinstated CEs. In doing so, each DDS had to determine when to re-instate in-person CEs, considering the Center for Disease Control and Prevention, state, local, tribal, and territorial government guidelines regarding non-essential medical appointments and social-distancing requirements.[21]

When in-person CEs resumed in May 2020, most DDSs could not retain the services of all their CE providers to perform the examinations. As shown in Table 3, only one DDS claimed all its CE providers were willing to resume in-person CEs.

[20] Of the 53 respondents to our survey, 28 (52.8 percent) informed us their DDSs provided refresher training to disability examiners on following up with claimants' treating sources to obtain medical evidence, whereas 25 (47.2 percent) informed us they did not offer such training.

[21] When the DDSs resumed in-person CEs, of the 52 DDSs, 24 (46.2 percent) informed us a majority of their claimants were willing to attend; 26 (50 percent) informed us about half their claimants were willing to attend; and 2 (3.8 percent) informed us a majority of their claimants were not willing to attend.

Table 3: Percent of CE Providers Willing to Resume In-person CEs for DDSs

Percent Range of CE Providers	Number of DDSs	Percent
1% to 25%	4	7.7%
26% to 50%	13	25.0%
51% to 75%	20	38.5%
76% to 99%	14	26.9%
100%	1	1.9%
Total DDS	**52**	**100%**

During the pandemic SSA expanded the use of video telehealth technology twice: (1) on April 27, 2020 for psychiatric and psychological CEs that did not require testing and (2) on December 17, 2021, when SSA again expanded the use of video telehealth technology to allow limited use of telehealth for speech and language CEs.

Of the 53 respondents to our survey, 38 (71.7 percent) felt scheduling telehealth CEs during the pandemic was helpful; 14 (26.4 percent) had mixed feelings (helpful in some ways but not in others); and 1 (1.9 percent) did not find it helpful.[22] Thirty-two respondents also reported difficulties scheduling telehealth CEs. Concerns with scheduling telehealth CEs included:

- DDS employees had trouble obtaining claimants' consent as SSA required that employees read claimants a long script to obtain their consent;
- claimants did not have the appropriate technology to partake in telehealth CEs; and
- claimants did not trust the accuracy of a telehealth CE.

Of the 53 respondents, 13 (24.5 percent) believed psychiatric and psychological CEs not requiring testing as well as speech and language CEs were not the only types of CEs that could have been conducted by telehealth technology. SSA was exploring other ways to expand telehealth examination options. SSA created a work group that included physicians and SSA officials to identify impairments, including physical, that would be suitable for telehealth CEs.[23]

Some DDSs informed us that telehealth CEs are a best practice they would like to see continue after the pandemic has ended. One DDS informed us that, "Most video CEs went relatively well. We continue to offer this option to claimants. This benefits claimants with transportation issues." Another DDS claimed, "…telehealth [CEs]. . .have had an overall positive impact in our ability to meet the needs of claimants who may live in remote areas or have travel limitations….We are looking forward to expanding this option for other specialties."

[22] Of the 52 DDSs surveyed, 39 (75 percent) felt the quality of the telehealth CE reports were the same as the in-person CE reports; 7 (13.5 percent) had mixed feelings (better and worse) about the telehealth CE reports; 5 (9.6 percent) informed us the telehealth CE reports were better; and 1 (1.9 percent) felt the quality of the telehealth CE reports was worse.

[23] Government Accountability Office, *GAO Social Security Administration Remote Service Delivery Increased during COVID-19, but More Could Be Done to Assist Vulnerable Populations, GAO-23-104650,* p. 12 (2022).

In April 2023, SSA updated its procedures for telehealth CE policies that took effect after the pandemic was no longer considered a public health emergency on May 11, 2023.[24]

Disability Determination Services' Staffing and Training

According to the Acting Commissioner of SSA, the Agency is confronting historically high employee losses, especially at the DDSs.[25] According to SSA, the attrition rate for disability examiners increased to historic highs in FYs 2021 and 2022, peaking at almost 25 percent in FY 2022.[26] This is affecting how long claimants must wait for determinations on their initial disability claims.

From April 2020 to June 2022, 4,009 employees retired or resigned. During this time, the DDSs hired 4,305 employees. See Appendix E, Table E–1, for the number of DDS employees hired and retired/resigned by region and state. However, according to SSA, it takes about 2 years for an examiner to be fully proficient at processing all types of initial claims.[27]

Training a new disability examiner typically includes a 12-week period of classroom instruction with few or no disability claim assignments. After examiners complete the classroom training, they are assigned adult initial claims with mentorship and oversight. Over time, additional cases are slowly added to examiner workloads as the examiner gains experience and proficiency.

Most DDSs used a combination of virtual and in-person training for employees who were hired or promoted during the pandemic.[28] Virtual training was helpful during the pandemic as it maintained DDS employees' health and safety. Virtual training did have its downfalls as one DDS informed us their DDS "…lost staff because they failed to grasp critical aspects of case adjudication in a virtual training session."

SSA requested $15.5 billion for its FY 2024 budget—an increase of about $1.4 billion from the FY 2023 enacted level. Of the $15.5 billion, $2.9 billion will support payroll, hiring, workload processing costs, and other expenses for the DDSs, and this $2.9 billion is an increase of over $350 million from the FY 2023 enacted level.[29]

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[24] SSA, EM-23027 (April 2023).

[25] SSA, *Fiscal Year 2024 President's Budget*, p. 1 (March 2023).

[26] SSA, *Fiscal Year 2024 President's Budget*, p. 18 (March 2023).

[27] The average number of new employees hired at the DDSs were 83 employees with a high of 362 (California DDS) and a low of 5 (Vermont and Wyoming DDSs). The average number of DDS employees who retired/resigned were 77 employees with a high of 403 (Florida DDS) and a low of 3 (North Dakota and Wyoming DDSs).

[28] During the pandemic, training was conducted either by a combination of virtual and in-person, in-person only, or virtual only. Per the responses from our 52 DDS surveys relating to training, 42 (or 80.8 percent) did a combination of virtual and in-person; 8 (or 15.4 percent) did in-person only; and 2 (3.8 percent) did virtual only.

[29] SSA, *Fiscal Year 2024 President's Budget*, p. 8 (March 2023).

Telework and Communication with Claimants

In response to the pandemic, in March 2020, SSA allowed DDS employees to take their desktop computers home to telework. Soon after the pandemic began, SSA began deploying laptop computers to DDS staff to replace desktop computers. This effort provided a newer, more versatile, device to support DDS onsite and remote work environments. Additionally, SSA gave employees basic cellular telephones to communicate with claimants. Before the pandemic, only 15 (28.8 percent) of the 52 DDSs had employees who teleworked; 37 (71.2 percent) of the DDSs noted none of their employees teleworked. At the beginning of the pandemic, telework had the following issues:

- The desktop computers lacked the technology for DDS employees to communicate while they worked remotely. Once SSA rolled out laptops to the DDSs, communication among employees improved as the laptops contained the technology to hold video meetings.

- Processing paper claim folders[30] was difficult in the beginning of the pandemic as there were restrictions on the number of employees allowed into the offices, and most DDS employees were teleworking. However, the DDSs developed ways to allow the employees who were in the office to work paper claim folders. Additionally, over time, office limit restrictions were lifted, and, with the roll out of laptops for the DDSs, employees could more easily commute to the office with a laptop as opposed to a desktop.

- The basic cellular telephones SSA provided DDS employees did not contain caller identification; therefore, when DDS employees called claimants, the claimant had no way to identify the incoming call was from a DDS.[31] As a result, many claimants were wary the calls coming from the DDS were scams. Many DDSs suggested having voice over internet protocol (VOIP) would be a more beneficial communication tool instead of the SSA provided basic cellular telephones.[32] According to SSA, as of February 2023, there were discussions underway with the North Carolina DDS to develop a proof-of-concept VOIP implementation as an SSA network-used solution.

As of February 2023, some of these issues had been resolved or solutions were being pursued. The major advantages of having DDS employees telework during the pandemic included: (1) employee health and safety and (2) DDSs continuing to process disability claims. The biggest disadvantage to the DDS employees teleworking was the lack of face-to-face time among employees, especially when it came to new employees. As one DDS employee stated, "Limited oversight and limited social interaction (which proved somewhat detrimental for new employees feeling a part of a team and/or having a more inviting environment for support)."

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[30] Although the DDS is largely paperless, there are some claim types that cannot be processed electronically.

[31] According to SSA, the initial orders of the basic cellular telephones did not offer the option of custom caller identification, which SSA later offered. However, DDSs reported the custom caller identification would show up as an "Unknown" or "Potential Spam" call. The Agency stated the challenge of SSA/DDS calls being identified as Spam is complex because of the efforts to eliminate Spam calls, new technology, and call-protection features.

[32] According to SSA, a VOIP would offer improvements over cellular telephones (basic or smart); however, VOIP implementation is a complex process involving collaboration of SSA, DDS, and state stakeholders with each state potentially presenting unique factors. Therefore, such an undertaking was not feasible in response to the immediate need for continued business operations.

Despite some concerns with telework (described above), it is a best practice that some DDSs would like to continue after the pandemic has ended. DDSs have found the following additional advantages to teleworking: (1) boosted employee morale; (2) job satisfaction; (3) employee retention; (4) less employee time off for appointments or sickness; and (5) fewer distractions. One DDS employee stated, "Due to a lack of equipment, it took us months to become fully operational with Telework, but once we did, we have adjusted very well, and I would like to keep telework as an option for workers long after the Covid pandemic ends." Another DDS employee noted, "We have found that the ability to telework is keeping staff happy and productive. The state has allowed it, and we ensure staff are meeting their performance standards or telework may be revoked."

Policies and Procedures

SSA issued policies and procedures to prioritize certain workloads during the pandemic. SSA issued Emergency Messages (EM) and DDS Administrators' Letters (DDSAL) to provide guidance during the pandemic. Some DDSs found the frequent updates confusing, and this may have affected the DDSs ability to process claims efficiently. According to the DDS, the guidance was often unclear and SSA could have better communicated changes made when new guidance was released. In May 2020, SSA issued an EM that provided a list of workloads, in priority order, for case processing during the pandemic:

1. initial claims and initial reconsideration claims identified as critical;
2. all other initial claims;
3. all other initial reconsiderations;
4. Office of Hearing Operations (OHO)[33] assistance requests (such as processing medical evidence of record requests, requests for psychological or psychiatric telehealth CEs that do not require testing in which OHO noted the claimant's voluntary consent to participate in the video CE);
5. all expedited reinstatement cases;[34] and
6. continuing disability review continuances and pre-hearing cases.

[33] OHO directs SSA's nation-wide hearing office organization staffed with administrative law judges and support staff.

[34] A previously entitled individual may become eligible for expedited reinstatement if their medical condition no longer allows them to perform substantial gainful activity within 60 months of their prior termination. Expedited reinstatement establishes a new period of disability with a new month of entitlement. Expedited reinstatement allows a claimant to receive up to 6 months of provisional cash benefits while SSA conducts a medical review to determine whether the claimant qualifies for reinstatement to benefits. SSA, *POMS*, DI 13050.001 A. (June 6, 2018).

The majority of the 53 respondents to our survey felt workloads were prioritized in the correct order:

- 47 (88.7 percent) agreed SSA set the DDS priority workloads in correct order. DDSs informed us that SSA set the DDS priority workloads this way because it is important to work claims that need an initial determination.

- 5 (9.4 percent) did not agree with how SSA set the DDS priority workloads. All believed the expedited reinstatement cases should have been a higher priority than OHO assistance requests.

- 1 (1.9 percent) did not have an opinion.

Best Practices

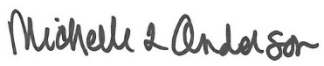
As a result of the pandemic, 39 (73.6 percent) of the 53 respondents identified some DDS best practices used during the pandemic that will be continued. In addition to telehealth CEs and telework best practices discussed earlier in the report, the DDSs will continue using the software to hold video meetings that SSA deployed in October 2020. One DDS informed us that, "Our use of [software for video meetings] has given us tools and flexibility to hold meetings and trainings with little advance notice required - a great way to get information out very quickly. In general staff become more skilled with the technology available to us and I believe we will continue to use these tools - especially if we continue to work a hybrid schedule that includes some teleworking." SSA should encourage all DDSs to share the best practices identified during the pandemic to improve disability operations nationwide.

CONCLUSIONS

It took DDSs longer to process claims during the pandemic because they had to adapt to many challenges. These challenges included a decrease in CEs, staff losses and training challenges for new employees, challenges initially with transitioning to telework and communicating with claimants using the basic cellular telephones provided by SSA, and multiple policy changes. SSA is seeking additional funding for DDSs in its FY 2024 budget request to address the large backlog of initial claims and additional claims expected in the future. The requested funding should allow DDSs to recruit and retain employees as well as process more claims. If DDSs can reduce processing times, claimants will receive their benefit payments sooner. This will ensure claimants can purchase such essentials as food, clothing, shelter, and medical care.

AGENCY COMMENTS

According to SSA, it worked closely with DDSs to respond to rapidly evolving conditions, ensure the safety of the public and employees, and modify operations to continue serving the public. SSA encourages DDSs to share and implement best practices identified during the pandemic to improve disability operations nationwide. See Appendix F.



Michelle L. Anderson
Assistant Inspector General for Audit

APPENDICES

Appendix A – THE AGENCY'S PROCESS FOR EVALUATING DISABILITY

The Social Security Administration (SSA) has a 5-Step sequential process for evaluating disability claims for adults. The process generally follows the definition of disability in the *Social Security Act* and regulations (Figure A–1).[1] Individuals are considered disabled under SSA's regulations if they cannot engage in substantial gainful activity[2] because of a medically determinable physical or mental impairment that can be expected to result in death or has lasted, or can be expected to last, for a continuous period of not less than 12 months.[3]

At Step 1, SSA considers whether the claimant is still performing substantial gainful activity. If the claimant is not performing substantial gainful activity, the claim is sent for a medical determination of disability. When the claim is initially developed, the adjudicator concurrently requests all the evidence needed for consideration at Steps 2 through 5 of the sequential evaluation process.[4]

At Step 2, SSA determines whether the claimant has a medically determinable impairment and whether it is severe.[5] If a claimant has a medically determinable severe impairment, the Agency proceeds to Step 3 of the evaluation process and considers the Listings of Impairments. If the severity of the impairment meets or medically equals a specific Listing, the individual is considered disabled.

If the individual's impairment does not meet or medically equal a Listing, the Agency moves to Steps 4 and 5. At Step 4, the Agency determines whether the claimant can perform past relevant work, considering their residual functional capacity[6] and the physical and mental demands of the work they did. If the claimant can perform past relevant work, the claim is denied. If the claimant cannot perform past relevant work, at Step 5, the Agency determines whether the claimant can perform any other work, considering their residual functional capacity,

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[1] SSA uses a different standard to evaluate disability for Supplemental Security Income claimants under age 18. 20 C.F.R. § 416.924.

[2] Substantial gainful activity is the performance of significant physical and/or mental activities in work for pay or profit or in work of a type generally performed for pay or profit. 20 C.F.R. §§ 404.1572 and 416.972. As of 2022, "countable earnings" of employees indicate substantial gainful activity and "countable income" of the self-employed is "substantial" if the amount averages more than $1,350 per month for non-blind individuals or $2,260 for blind individuals. SSA, *POMS*, DI 10501.015 (October 19, 2021).

[3] 42 U.S.C. §§ 423(d)(1)(A) and 1382c(a)(3)(A).

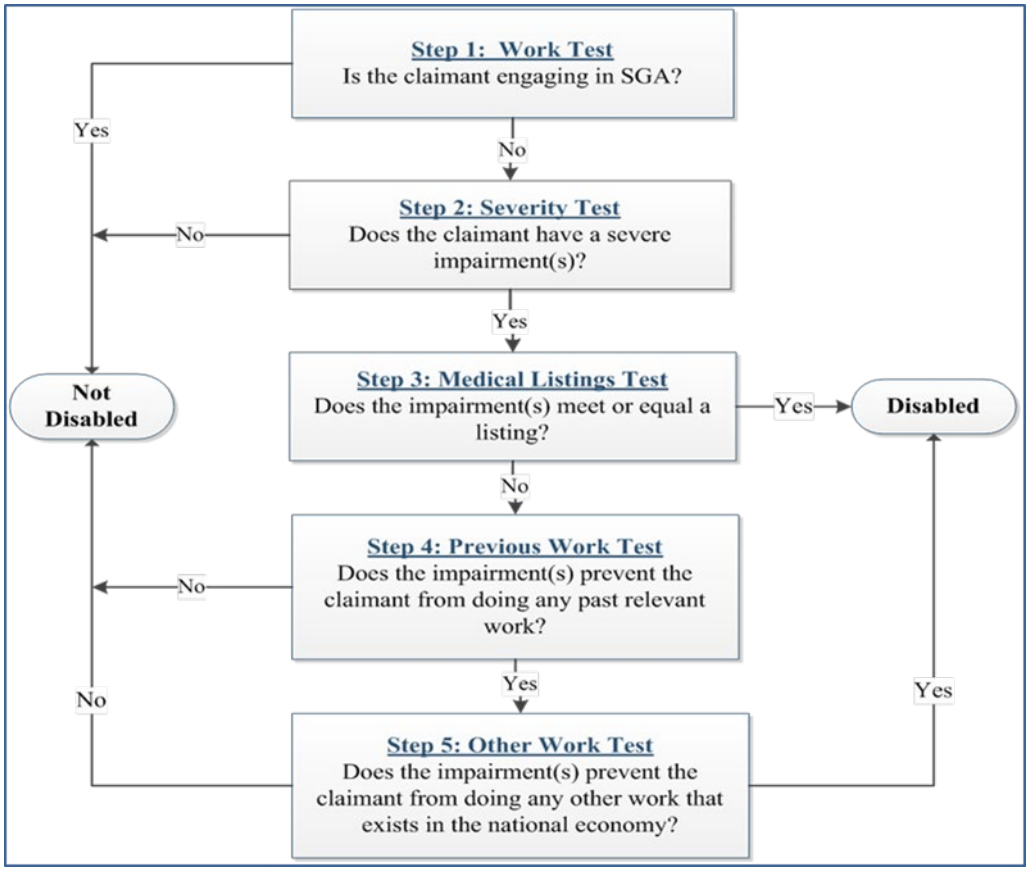
[4] If claimants disagree with the Agency's initial disability determination, they can appeal within 60 days of the date of notice of the determination. The four levels of review are (1) reconsideration by the disability determination services, (2) hearing by an administrative law judge, (3) review by the Appeals Council, and (4) review by the Federal courts. 20 C.F.R. §§ 404.900(a) and 416.1400(a), SSA, *POMS*, DI 12005.000 (January 15, 2020), DI 12010.000 (April 11, 2018), DI 12020.000 (September 20, 2011), and SI 04005.010 (September 9, 2011).

[5] 20 C.F.R. §§ 404.1521 and 416.921. An impairment or combination of impairments is not severe if it does not significantly limit an individual's physical or mental ability to do basic work activities, see 20 C.F.R. §§ 404.1522(a), and 416.922(a). Also see 20 C.F.R. §416.924(c).

[6] 20 C.F.R. §§ 404.1545(a)(1) and 416.945(a)(1). An individual's impairment(s), and any related symptoms, such as pain, may cause physical and mental limitations that affect what they can do in a work setting. The residual functional capacity is the most the individual can still do despite these limitations. SSA assesses the residual functional capacity based on all relevant evidence in the case record.

age, education, and past work experience. If the claimant cannot perform any other work, SSA considers them disabled.[7]

Figure A–1: SSA's 5-Step Sequential Evaluation for Determining Disability for Adults



[7] SSA has another sequential process for evaluating whether a disabled beneficiary's disability continues, which includes a step for considering the Listings. 20 C.F.R. §§ 404.1594(f) and 416.994(b)(5).

Appendix B – SCOPE AND METHODOLOGY

To accomplish our objective, we:

- Reviewed applicable sections of the *Social Security Act* and Social Security Administration's (SSA) regulations, rules, policies, and procedures.
- Reviewed SSA Emergency Messages and Disability Determination Services (DDS) Administrative Letters related to the DDS operations during the pandemic.
- Obtained DDS workload information related to consultative examinations (CE) by State for initial claims from SSA's Office of Disability Determinations' (ODD) Management Information dashboard.
- Calculated the timeframes we wanted to summarize (April to March), from the CE workload information by state we obtained from the ODD Management Information dashboard.[1] The timeframes we calculated to summarize were as follows:
    - Pre-COVID—April 2019 to March 2020; Fiscal Years (FY) 2019 week 27 (April 5, 2019) to 2020 week 26 (March 27, 2020).
    - COVID Year 1—April 2020 to March 2021; FYs 2020 week 27 (April 3, 2020) to FY 2021 week 26 (March 26, 2021).
    - COVID Year 2—April 2021 to March 2022; FYs 2021 week 27 (April 2, 2021) to 2022 week 26 (March 25, 2022).
- Surveyed all 52 DDSs and the president of the National Association of Disability Examiners (NADE)[2] to obtain their perspectives on the effect the pandemic had on case processing and best practices identified during the pandemic that will continue after the pandemic is over. Our surveys consisted of questions related to DDS operations during the pandemic period. The survey was broken down into three sections:
    1. **General questions** – policies and procedures and SSA oversight; DDS staffing and training; processing paper claims; and best practices.
    2. **Telework questions** – DDS employees' quality of work while teleworking; metrics used to monitor DDS employees' productivity while teleworking; any claims DDS employees could not process while teleworking; and advantages and disadvantages of having DDS employees teleworking.

[1] We could not obtain information from ODD's Management Information dashboard for April to March; therefore, we calculated our specific timeframes to summarize using the information we obtained.

[2] NADE is recognized as the effective voice of professionals in the field of disability adjudication, encompassing examiners, administrators, physicians, support staff and others involved in the disability program.

3. **CE questions** – what contributed to the decrease in CEs; what DDSs did to obtain medical evidence when CEs could not be ordered; whether the DDSs offered refresher training on following-up with claimants' treating sources to obtain medical evidence; and the use of telehealth CEs.

- Determined how many DDS employees were hired and retired/resigned from the beginning of the pandemic (April 2020) through June 2022.

- Determined the number of CEs by state for initial claims and sorted them to show the highest percent decline of disability claims with CEs when comparing the year before to the first year of the pandemic.

We tested the reliability of the ODD Management Information and found it to be reliable for our audit objective. To test the data, we obtained information from SSA subject-matter experts, reviewed documentation related to the ODD Management Information, and validated data against SSA's 831 disability file.

We assessed the significance of internal controls necessary to satisfy the audit objective. This included an assessment of the five internal control components, including control environment, risk assessment, control activities, information and communication, and monitoring. In addition, we reviewed the principles of internal controls associated with the audit objective. We identified the following two Components and three Principles as significant to the audit objective.

- Component 1: Control Environment
  - Principle 2: Exercise oversight responsibility
  - Principle 4: Demonstrate commitment to competence
- Component 2: Risk Assessment
  - Principle 9: Identify, analyze, and respond to change

We conducted our review between June 2022 and March 2023 in Boston, Massachusetts. The entities audited for this review were the SSA regional offices and Office of Disability Determinations under the Office of the Deputy Commissioner for Operations. We conducted this performance audit in accordance with generally accepted government auditing standards. Those standards require that we plan and perform the audit to obtain sufficient, appropriate evidence to provide a reasonable basis for findings and conclusions based on our audit objectives. We believe that the evidence obtained provides a reasonable basis for our findings and conclusions based on our audit objectives.

Appendix C – Disability Determination Services and National Association of Disability Examiners' Survey Results

On August 8, 2022, we sent a survey to all 52 disability determination services (DDS) to obtain DDS management's perspective on the effect the pandemic had on case processing and best practices identified during the pandemic that will continue after the pandemic. Our DDS survey comprised a combination of 33 yes/no, multiple choice, and open-ended questions. Additionally, we sent a survey to the president of the National Association of Disability Examiners (NADE). Our NADE survey consisted of 15 questions, which were similar to the questions in our DDS survey. Table C–1 to Table C–20, shows a summary of the results of our 52 DDS surveys by region, and also includes NADE's response where applicable for the yes/no and multiple-choice questions.

During the pandemic, the Social Security Administration (SSA) updated policies and procedures through Emergency Messages (EM) and DDS Administrators' Letters (DDSAL). In May 2020, SSA issued an EM the listed the order to process the priority workloads during the pandemic. Table C–1 shows the 53 responses as to whether the individuals agreed with the priority workloads SSA set when the pandemic began. When the EM was issued, 47 (88.7 percent) of the 53 individuals who responded to our survey informed us the workload priorities were listed in the proper order. Only 5 (9.4 percent) of the 53 respondents did not agree with how SSA initially prioritized the case processing workloads.[1]

Table C–1: Priority Workloads During the Pandemic

At the time priority workloads were set per the EM with the effective date of May 8, 2020, did you feel the case workloads were listed in order of importance for case processing?				
Region	**Yes**	**No**	**No Opinion**	**Total**
Boston	3	3	0	6
New York	3	0	0	3
Philadelphia	6	0	0	6
Atlanta	5	2	1	8
Chicago	6	0	0	6
Dallas	5	0	0	5
Kansas City	4	0	0	4
Denver	6	0	0	6
San Francisco	4	0	0	4
Seattle	4	0	0	4
NADE	1	0	0	1
Total	**47**	**5**	**1**	**53**
Total Percent	**88.7%**	**9.4%**	**1.9%**	**100.0%**

[1] The remaining respondent did not have an opinion on whether they agreed with the order of priority workloads SSA set for case processing.

As seen in Table C–2, 42 (80.8 percent) of the 52 DDSs informed us that training during the pandemic was a combination of virtual and in-person.

Table C–2: Training During the Pandemic

How did your DDS train employees who were hired (or promoted) during the pandemic?				
Region	**Virtual and In-person**	**In-person Only**	**Virtual Only**	**Total**
Boston	4	2	0	6
New York	3	0	0	3
Philadelphia	5	0	1	6
Atlanta	6	2	0	8
Chicago	4	1	1	6
Dallas	5	0	0	5
Kansas City	4	0	0	4
Denver	4	2	0	6
San Francisco	4	0	0	4
Seattle	3	1	0	4
Total	**42**	**8**	**2**	**52**
Total Percent	**80.8%**	**15.4%**	**3.8%**	**100.0%**

As seen in Table C–3, during the pandemic, 46 (86.8 percent) of the 53 respondents to our survey informed us it was more difficult to process paper claims during the pandemic than it was before the pandemic. Seven (13.2 percent) of the 53 respondents did not feel it was more difficult to process paper claims during the pandemic.

Table C–3: Processing Paper Claims During the Pandemic

Was it more difficult for your DDS to process paper claims during the COVID-19 pandemic than it was before the COVID-19 pandemic?			
Region	**Yes**	**No**	**Total**
Boston	6	0	6
New York	2	1	3
Philadelphia	6	0	6
Atlanta	6	2	8
Chicago	5	1	6
Dallas	4	1	5
Kansas City	4	0	4
Denver	5	1	6
San Francisco	4	0	4
Seattle	4	0	4
NADE	0	1	1
Total	**46**	**7**	**53**
Total Percent	**86.8%**	**13.2%**	**100.0%**

As seen in Table C–4, 38 (73.1 percent) of the 52 DDSs were satisfied or neutral with the updated policies and procedures SSA sent out in the form of EMs and DDSALs but 14 (26.9 percent) were not satisfied.

Table C–4: DDS Satisfaction with Guidance from Policies and Procedures During the Pandemic

During the COVID-19 pandemic, how satisfied were you with the guidance SSA provided in DDSALs and EMs?						
Region	**Very Satisfied**	**Somewhat Satisfied**	**Neutral**	**Somewhat Dissatisfied**	**Very Dissatisfied**	**Total**
Boston	1	3	2	0	0	6
New York	1	1	0	1	0	3
Philadelphia	1	1	2	2	0	6
Atlanta	3	1	2	2	0	8
Chicago	1	2	1	2	0	6
Dallas	1	1	1	1	1	5
Kansas City	0	1	1	2	0	4
Denver	1	3	1	1	0	6
San Francisco	0	2	2	0	0	4
Seattle	0	1	1	2	0	4
Total	**9**	**16**	**13**	**13**	**1**	**52**
Total Percent	**17.3%**	**30.8%**	**25.0%**	**25.0%**	**1.9%**	**100.0%**

Table C–5 shows the DDS' satisfaction with the Regional Offices' oversight. During the pandemic, 48 (92.3 percent) of the 52 DDSs were satisfied or neutral with SSA Regional Offices' oversight during the pandemic, with only 4 (7.7 percent) DDSs not satisfied.

Table C–5: DDS Satisfaction with SSA Regional Offices' Oversight During the Pandemic

How satisfied were you with your SSA regional office's oversight of your DDS during the COVID-19 pandemic?					
Region	**Very Satisfied**	**Somewhat Satisfied**	**Neutral**	**Somewhat Dissatisfied**	**Total**
Boston	6	0	0	0	6
New York	2	0	0	1	3
Philadelphia	1	1	3	1	6
Atlanta	5	1	1	1	8
Chicago	3	2	1	0	6
Dallas	2	1	1	1	5
Kansas City	2	1	1	0	4
Denver	4	2	0	0	6
San Francisco	2	1	1	0	4
Seattle	3	1	0	0	4
Total	**30**	**10**	**8**	**4**	**52**
Total Percent	**57.7%**	**19.2%**	**15.4%**	**7.7%**	**100.0%**

As seen in Table C–6, 39 (73.6 percent) of the 53 respondents informed us that best practices implemented during the pandemic will continue after the pandemic ends.

Table C–6: Best Practices Implemented the Pandemic

Did your DDS implement any best practices during the COVID-19 pandemic that it will continue using after the COVID-19 pandemic ends?			
Region	**Yes**	**No**	**Total**
Boston	6	0	6
New York	2	1	3
Philadelphia	5	1	6
Atlanta	5	3	8
Chicago	5	1	6
Dallas	3	2	5
Kansas City	3	1	4
Denver	2	4	6
San Francisco	4	0	4
Seattle	3	1	4
NADE	1	0	1
Total	**39**	**14**	**53**
Total Percent	**73.6%**	**26.4%**	**100.0%**

In March 2020, as a result of the pandemic, SSA allowed DDS' to transfer SSA equipment to remote locations to allow DDS employees to telework. As seen in Table C–7, only 15 (28.8 percent) of the 52 DDSs informed us their DDS allowed some of its employees to telework before the pandemic.

Table C–7: Telework Before the Pandemic

Before the COVID-19 pandemic began, did any of your DDS employees telework?			
Region	**Yes**	**No**	**Total**
Boston	0	6	6
New York	0	3	3
Philadelphia	3	3	6
Atlanta	3	5	8
Chicago	0	6	6
Dallas	3	2	5
Kansas City	2	2	4
Denver	1	5	6
San Francisco	1	3	4
Seattle	2	2	4
Total	**15**	**37**	**52**
Total Percent	**28.8%**	**71.2%**	**100.0%**

Although SSA allowed the DDSs to telework during the pandemic, as seen in Table C–8 only 5 (9.6 percent) of the 52 DDSs informed us that all DDS employees teleworked during the pandemic, whereas 47 (90.4 percent) of the DDSs informed us that not all DDS employees at their office teleworked during the pandemic because their job duties could not be completed teleworking such as clerical employees.

Table C–8: Telework During the Pandemic

During the COVID-19 pandemic, did all DDS employees at your office telework?			
Region	**Yes**	**No**	**Total**
Boston	0	6	6
New York	0	3	3
Philadelphia	2	4	6
Atlanta	0	8	8
Chicago	1	5	6
Dallas	0	5	5
Kansas City	1	3	4
Denver	0	6	6
San Francisco	1	3	4
Seattle	0	4	4
Total	**5**	**47**	**52**
Total Percent	**9.6%**	**90.4%**	**100.0%**

As seen in Table C–9, 29 (55.8 percent) of the 52 DDSs informed us the quality of work from DDS employees who teleworked during the pandemic changed as opposed to 23 (44.2 percent) of the DDSs stated there was no change in the quality of work performed while DDS employees teleworked. Some DDSs informed us that the changes in the quality of work were for the better. Other DDSs felt the quality of work got worse.

Table C–9: Quality of Work Performed While Teleworking During the Pandemic

Do you feel there was a change in the quality of work your employees performed while teleworking during the COVID-19 pandemic?			
Region	**Yes**	**No**	**Total**
Boston	2	4	6
New York	3	0	3
Philadelphia	3	3	6
Atlanta	4	4	8
Chicago	6	0	6
Dallas	3	2	5
Kansas City	0	4	4
Denver	4	2	6
San Francisco	2	2	4
Seattle	2	2	4
Total	**29**	**23**	**52**
Total Percent	**55.8%**	**44.2%**	**100.0%**

Table C–10 shows that 50 (96.2 percent) of the 52 DDSs used management metrics to measure DDS employees' productivity while teleworking.

Table C–10: Metrics Used to Track Teleworkers' Productivity During the Pandemic

Did your DDS use management metrics to measure employees' productivity while teleworking?			
Region	**Yes**	**No**	**Total**
Boston	6	0	6
New York	3	0	3
Philadelphia	6	0	6
Atlanta	7	1	8
Chicago	6	0	6
Dallas	5	0	5
Kansas City	4	0	4
Denver	6	0	6
San Francisco	3	1	4
Seattle	4	0	4
Total	**50**	**2**	**52**
Total Percent	**96.2%**	**3.8%**	**100.0%**

As seen in Table C–11, 42 (80.8 percent) of the 52 DDSs informed us there were certain types of claims that could not be processed while DDS employees were teleworking. These included paper claims.

Table C–11: Claims Unable to Process While Teleworking During the Pandemic

Were there any specific types of claims your employees could not process while they were teleworking?			
Region	**Yes**	**No**	**Total**
Boston	4	2	6
New York	2	1	3
Philadelphia	5	1	6
Atlanta	7	1	8
Chicago	4	2	6
Dallas	5	0	5
Kansas City	4	0	4
Denver	4	2	6
San Francisco	3	1	4
Seattle	4	0	4
Total	**42**	**10**	**52**
Total Percent	**80.8%**	**19.2%**	**100.0%**

As seen in Table C–12, 48 (90.6 percent) of the 53 respondents believed disability claims processing was affected by the decrease in CEs.

Table C–12: Decrease in CEs During the Pandemic

Has the decrease in CEs during the COVID-19 pandemic affected your DDS' processing of disability claims?			
Region	**Yes**	**No**	**Total**
Boston	5	1	6
New York	3	0	3
Philadelphia	6	0	6
Atlanta	7	1	8
Chicago	6	0	6
Dallas	5	0	5
Kansas City	3	1	4
Denver	4	2	6
San Francisco	4	0	4
Seattle	4	0	4
NADE	1	0	1
Total	**48**	**5**	**53**
Total Percent	**90.6%**	**9.4%**	**100.0%**

Table C–13 shows that 28 (52.8 percent) of the 53 respondents provided refresher training to disability examiners on following up with claimants' treating sources to obtain medical evidence. The remaining 25 (47.2 percent) respondents' DDSs did not provide any refresher training.

Table C–13: Additional Refresher Training for DDS Examiners During the Pandemic

Did your DDS provide examiners additional refresher training on following up with treating sources to ensure all relevant evidence was received?			
Region	**Yes**	**No**	**Total**
Boston	5	1	6
New York	1	2	3
Philadelphia	1	5	6
Atlanta	3	5	8
Chicago	3	3	6
Dallas	3	2	5
Kansas City	2	2	4
Denver	3	3	6
San Francisco	3	1	4
Seattle	3	1	4
NADE	1	0	1
Total	**28**	**25**	**53**
Total Percent	**52.8%**	**47.2%**	**100.0%**

As seen in Table C–14, 33 (62.3 percent) of the 53 respondents did not feel DDSs limited the number of CEs requested during the pandemic. For the remaining 20 (37.7 percent) respondents, who felt their DDS limited the number of CEs during the pandemic, some believed CEs were limited because of the circumstances and not by choice.

Table C–14: DDS Limited the Number of CEs Requested During the Pandemic

Do you feel your DDS limited the number of CEs (that is, telehealth and in-person) requested during the COVID-19 pandemic and sought alternate ways to obtain medical evidence?			
Region	**Yes**	**No**	**Total**
Boston	2	4	6
New York	2	1	3
Philadelphia	2	4	6
Atlanta	4	4	8
Chicago	1	5	6
Dallas	3	2	5
Kansas City	2	2	4
Denver	2	4	6
San Francisco	0	4	4
Seattle	2	2	4
NADE	0	1	1
Total	**20**	**33**	**53**
Total Percent	**37.7%**	**62.3%**	**100.0%**

As seen in Table C–15, of the 53 respondents, 38 (71.7 percent) found scheduling telehealth CEs during the pandemic was helpful; 14 (26.4 percent) felt mixed (helpful and not helpful); and 1 (1.9 percent) did not find it helpful.

Table C–15: Scheduling Telehealth CEs During the Pandemic

How helpful was it to be able to schedule telehealth CEs during the COVID-19 pandemic?				
Region	**Helpful**	**Mixed (Helpful and Not Helpful)**	**Not Helpful**	**Total**
Boston	5	1	0	6
New York	2	1	0	3
Philadelphia	2	3	1	6
Atlanta	7	1	0	8
Chicago	5	1	0	6
Dallas	4	1	0	5
Kansas City	4	0	0	4
Denver	4	2	0	6
San Francisco	3	1	0	4
Seattle	2	2	0	4
NADE	0	1	0	1
Total	**38**	**14**	**1**	**53**
Total Percent	**71.7%**	**26.4%**	**1.9%**	**100.0%**

As seen in Table C–16, 40 (75.5 percent) of the 53 respondents did not believe types of CEs, other than those SSA allowed, could be conducted by telehealth; however, 13 (24.5 percent) of the respondents felt other types of CEs could be conducted using telehealth.

Table C–16: Other Types of CEs that Could be Conducted by Telehealth

Other than psychiatric and psychological CEs that do not require testing, and speech and language CEs, are there other types of CEs that you believe could be conducted by telehealth?			
Region	**Yes**	**No**	**Total**
Boston	0	6	6
New York	1	2	3
Philadelphia	3	3	6
Atlanta	1	7	8
Chicago	2	4	6
Dallas	2	3	5
Kansas City	1	3	4
Denver	0	6	6
San Francisco	1	3	4
Seattle	1	3	4
NADE	1	0	1
Total	**13**	**40**	**53**
Total Percent	**24.5%**	**75.5%**	**100.0%**

Although it was helpful for DDSs to obtain certain CEs through telehealth appointments, as seen in Table C–17, 32 (60.4 percent) of the 53 respondents had difficulties scheduling the telehealth CE appointments. Difficulties with scheduling telehealth CEs included claimants not having the required technology to participate in telehealth CEs and/or the claimants being intimidated by the lengthy consent script claimants had to consent to.

Table C–17: Difficulty Scheduling Telehealth CEs

Has your DDS experienced difficulties scheduling telehealth CEs for claimants who were eligible for a telehealth CE?			
Region	**Yes**	**No**	**Total**
Boston	3	3	6
New York	2	1	3
Philadelphia	2	4	6
Atlanta	4	4	8
Chicago	5	1	6
Dallas	3	2	5
Kansas City	1	3	4
Denver	4	2	6
San Francisco	3	1	4
Seattle	4	0	4
NADE	1	0	1
Total	**32**	**21**	**53**
Total Percent	**60.4%**	**39.6%**	**100.0%**

Table C–18 shows 39 (75 percent) of the 52 DDSs felt the quality of the telehealth CE reports was the same compared to in-person CE reports, and 5 (9.6 percent) felt the telehealth CE reports were better. However, seven (13.5 percent) believed the telehealth CE reports were mixed—better and worse—than in-person CE reports.

Table C–18: Quality and Usefulness of Telehealth CE Reports

What has been the overall quality and usefulness of telehealth CE reports, compared to in-person CE reports?					
Region	**Better**	**Mixed (Better and Worse)**	**Same**	**Worse**	**Total**
Boston	0	2	4	0	6
New York	0	1	2	0	3
Philadelphia	0	0	6	0	6
Atlanta	2	0	6	0	8
Chicago	1	0	5	0	6
Dallas	0	0	5	0	5
Kansas City	1	2	1	0	4
Denver	1	1	3	1	6
San Francisco	0	0	4	0	4
Seattle	0	1	3	0	4
Total	**5**	**7**	**39**	**1**	**52**
Total Percent	**9.6%**	**13.5%**	**75.0%**	**1.9%**	**100.0%**

Table C–19 relates to the state DDS' resumption of in-person CEs. On May 29, 2020, SSA issued policy on resuming in-person CEs and mandated that each DDS determine when to reinstate in-person CEs based on their state's Centers for Disease Control and Prevention, state, tribal, local, and territorial government guidelines regarding non-essential medical appointments and social distancing requirements. When in-person CEs resumed, 26 (50 percent) of the 52 DDSs informed us claimants had mixed emotions about attending in-person; 24 (46.2 percent) informed us a majority of their claimants was willing to attend in-person CEs; and only 2 (3.8 percent) informed us a majority of their claimants was not willing to attend in-person CEs when they resumed.

Table C–19: Resumption of In-Person CEs

When in-person CEs were resumed in your state, were claimants willing to attend?				
Region	**Yes, majority of claimants were willing to attend**	**Mixed, about half were willing to attend and half were not**	**No, majority of claimants were not willing to attend**	**Total**
Boston	1	5	0	6
New York	1	2	0	3
Philadelphia	2	3	1	6
Atlanta	6	2	0	8
Chicago	2	4	0	6
Dallas	2	3	0	5
Kansas City	3	1	0	4
Denver	4	2	0	6
San Francisco	1	2	1	4
Seattle	2	2	0	4
Total	**24**	**26**	**2**	**52**
Total Percent	**46.2%**	**50.0%**	**3.8%**	**100.0%**

As seen in Table C–20, only one state DDS had all its CE providers willing to resume in-person CEs when DDSs started resuming in-person CEs. Some DDSs informed us that CE providers stopped conducting CEs because providers either retired, were too busy with their own patients, or felt the CEs could be provided by telehealth and did not want to offer in-person CEs. One DDS informed us that, "Our CE panel is of advanced age. COVID-19 scared many of them into permanent retirement." Another DDS informed us that, "We lost some of our CE providers because they were too busy with their own private patients due to the shutdown." A final DDS informed us that, "…many providers got comfortable with this option [telehealth CEs] and no longer desire to perform in-person exams which limits the pool of providers that can perform psychological testing."

Table C–20: Percentage of CE Providers Willing to Resume In-person CEs

When in-person CEs first resumed in your State, what percentage of your CE providers were willing to resume in-person CEs?						
Region	**1% to 25%**	**26% to 50%**	**51% to 75%**	**76% to 99%**	**100%**	**Total**
Boston	3	1	2	0	0	6
New York	0	0	1	2	0	3
Philadelphia	0	2	2	1	1	6
Atlanta	1	1	2	4	0	8
Chicago	0	2	2	2	0	6
Dallas	0	3	2	0	0	5
Kansas City	0	2	1	1	0	4
Denver	0	0	3	3	0	6
San Francisco	0	2	2	0	0	4
Seattle	0	0	3	1	0	4
Total	**4**	**13**	**20**	**14**	**1**	**52**
Total Percent	**7.7%**	**25.0%**	**38.5%**	**26.9%**	**1.9%**	**100.0%**

Disability Case Processing System

Although we did not specifically ask about the Disability Case Processing System (DCPS), some DDSs expressed concerns with SSA's decision to continue with its expansion during the pandemic.[2] One DDS informed us that, "The implementation of DCPS during the onset of COVID was unhelpful and stressful to staff." Another DDS informed us that, "Forcing the transition from our Legacy Case Processing System to DCPS during the pandemic caused additional unnecessary stress and burn out for our employees. Adjusting to new business process procedures and dealing with increased staff absences was difficult enough, but the additional burden of having to transition to a new Case Processing System during this time was a factor in people leaving. These additional staff losses in turn, added to the backlog of work." SSA did not consider suspending the continued implementation of DCPS during the pandemic because of the many benefits of the system.

[2] The DCPS is a secure application capable of providing the flexibility and high performance the DDSs and Federal sites need to process disability claims timely and efficiently. Per SSA, some of the benefits of the DCPS include: (1) ease of sharing disability processing workload across disability processing sites and (2) case analysis tools to support disability examiners in making consistent decisions based on SSA disability policy.

Appendix D – Disability Determination Services' Consultative Examinations by State

Table D–1 represents, by state, the consultative examination (CE) count for initial claims.[1] The Social Security Administration (SSA) uses the Disability Operational Data Store as its management information source, which only counts one CE per case; therefore, the CE count represents the number of cases with at least one CE.

As seen in Table D–1, Kansas had the largest percent decline, which was 62.2 percent, in the number of initial claims with a CE when comparing the pre-COVID year to COVID year 1. The number of initial claims with a CE increased by 6.1 percent in COVID year 2 compared to COVID year 1; but CEs decreased by 23 percent when compared to the pre-COVID year.

Table D–1: CEs by State - Sorted by Largest Percent Decline of Initial Claims with CEs When Comparing the Year Before, to the First Year of, COVID-19

State	Percent Change for the Pre-COVID Year to COVID Year 2	April 2021 to March 2022 (COVID Year 2)	Percent Change from COVID Year 1 to COVID Year 2	April 2020 to March 2021 (COVID Year 1)	Percent Change for Pre-COVID Year to COVID Year 1	April 2019 to March 2020 (Pre-COVID Year)
Kansas	-54.6%	1,263	20.1%	1,052	-62.2%	2,781
Alaska	-66.0%	247	-24.0%	325	-55.3%	727
Massachusetts	-51.1%	5,081	4.8%	4,846	-53.3%	10,382
Maryland	-54.5%	6,661	-10.8%	7,469	-49.0%	14,634
District of Columbia	-13.2%	1,987	69.7%	1,171	-48.8%	2,288
New Mexico	-14.6%	4,997	52.4%	3,279	-44.0%	5,851
New Hampshire	-29.8%	2,073	25.0%	1,658	-43.9%	2,953
Arkansas	-52.9%	6,872	-20.1%	8,597	-41.1%	14,596
Washington	-33.9%	8,328	7.2%	7,766	-38.3%	12,592
Missouri	-32.5%	13,816	6.4%	12,987	-36.5%	20,463
Texas	-45.9%	35,751	-16.9%	43,010	-35.0%	66,120
Maine	-14.3%	2,946	29.6%	2,273	-33.9%	3,437
Georgia	-20.5%	21,170	19.8%	17,666	-33.6%	26,622
Alabama	-25.2%	16,534	12.5%	14,702	-33.5%	22,098
Idaho	-34.3%	1,959	-2.5%	2,009	-32.6%	2,982
Nebraska	-28.3%	3,446	5.5%	3,265	-32.0%	4,805
Oregon	-28.0%	3,913	4.5%	3,745	-31.1%	5,436
New York	-16.1%	63,372	21.2%	52,273	-30.8%	75,574
Iowa	-17.4%	5,868	18.9%	4,935	-30.5%	7,102
Michigan	-28.0%	20,331	2.5%	19,839	-29.8%	28,247
Louisiana	-16.9%	11,754	18.3%	9,939	-29.8%	14,149
North Dakota	-12.9%	602	23.9%	486	-29.7%	691
California	-10.5%	63,818	25.8%	50,745	-28.8%	71,289
Wisconsin	-28.6%	9,284	0.0%	9,281	-28.6%	13,002
Illinois	-35.8%	20,974	-10.5%	23,432	-28.3%	32,689

[1] For the CE counts in Table D–1, we did not include the extended service teams of Arkansas, Mississippi, Oklahoma, and Virginia.

State	Percent Change for the Pre-COVID Year to COVID Year 2	April 2021 to March 2022 (COVID Year 2)	Percent Change from COVID Year 1 to COVID Year 2	April 2020 to March 2021 (COVID Year 1)	Percent Change for Pre-COVID Year to COVID Year 1	April 2019 to March 2020 (Pre-COVID Year)
Arizona	-25.0%	10,609	4.6%	10,139	-28.3%	14,138
Minnesota	-32.4%	6,383	-6.0%	6,794	-28.1%	9,446
Montana	-7.8%	1,034	26.1%	820	-26.9%	1,121
Ohio	-9.2%	32,942	24.1%	26,551	-26.8%	36,283
Oklahoma	-19.3%	13,493	7.6%	12,540	-25.0%	16,722
North Carolina	-16.4%	25,822	10.4%	23,392	-24.3%	30,889
Indiana	-5.2%	25,854	25.0%	20,685	-24.2%	27,283
Kentucky	-7.5%	20,522	21.2%	16,931	-23.7%	22,184
New Jersey	9.8%	18,371	41.9%	12,944	-22.6%	16,733
West Virginia	-2.3%	8,968	23.6%	7,254	-21.0%	9,177
Pennsylvania	-22.9%	34,454	-3.5%	35,712	-20.1%	44,705
Virginia	15.3%	12,327	44.1%	8,552	-20.0%	10,690
Nevada	-13.7%	4,009	7.7%	3,724	-19.8%	4,645
Hawaii	-10.0%	1,236	10.8%	1,116	-18.7%	1,373
Mississippi	-31.4%	12,495	-16.1%	14,888	-18.2%	18,202
Rhode Island	-34.7%	1,610	-20.8%	2,033	-17.5%	2,464
Vermont	-6.6%	1,803	12.2%	1,607	-16.8%	1,931
Florida	-29.8%	47,137	-15.8%	55,968	-16.6%	67,115
Connecticut	-0.5%	6,341	16.5%	5,444	-14.6%	6,371
Puerto Rico	-35.0%	5,124	-24.2%	6,756	-14.3%	7,880
Delaware	-10.1%	1,319	2.8%	1,283	-12.5%	1,467
Tennessee	-16.6%	16,923	-5.5%	17,908	-11.7%	20,285
Wyoming	56.1%	1,444	73.6%	832	-10.1%	925
Utah	-5.4%	3,673	3.9%	3,534	-8.9%	3,881
South Carolina	-40.9%	8,285	-35.5%	12,848	-8.3%	14,011
Colorado	-21.4%	4,326	-17.2%	5,222	-5.2%	5,506
South Dakota	57.9%	1,235	66.4%	742	-5.1%	782
Total	**-23.0%**	**660,786**	**6.1%**	**622,969**	**-27.4%**	**857,719**

Appendix E – Disability Determination Services Employees Hired and Retired/Resigned by Region/State

As seen in Table E–1, the state disability determination services (DDS) hired 4,305 employees but lost 4,009 employees from the beginning of the COVID-19 pandemic (April 2020) through June 2022. The DDSs in the San Francisco Region hired 202 more employees than it lost, whereas the DDSs in the Atlanta Region lost 133 more employees than it hired.

Table E–1: DDS Employees Hired and Retired/Resigned During the Pandemic

Region/State	Number of DDS Employees Hired	Number of DDS Employees Retired/ Resigned	Variance
Boston	**119**	**120**	**-1**
Connecticut	26	18	8
Maine	45	35	10
Massachusetts	25	46	-21
New Hampshire	6	5	1
Rhode Island	12	9	3
Vermont	5	7	-2
New York	**345**	**272**	**73**
New Jersey	169	64	105
New York	139	194	-55
Puerto Rico	37	14	23
Philadelphia	**389**	**355**	**34**
Delaware	12	9	3
District of Columbia	12	7	5
Maryland	30	64	-34
Pennsylvania	130	75	55
Virginia	170	154	16
West Virginia	35	46	-11
Atlanta	**1,129**	**1,262**	**-133**
Alabama	41	84	-43
Florida	308	403	-95
Georgia	147	168	-21
Kentucky	142	113	29
Mississippi	48	50	-2
North Carolina	263	217	46
South Carolina	55	94	-39
Tennessee	125	133	-8
Chicago	**630**	**526**	**104**
Illinois	117	147	-30
Indiana	72	57	15
Michigan	122	92	30

Region/State	Number of DDS Employees Hired	Number of DDS Employees Retired/ Resigned	Variance
Minnesota	82	62	20
Ohio	179	89	90
Wisconsin	58	79	-21
Dallas	**629**	**711**	**-82**
Arkansas	264	170	94
Louisiana	99	112	-13
New Mexico	43	19	24
Oklahoma	76	88	-12
Texas	147	322	-175
Kansas City	**237**	**191**	**46**
Iowa	66	31	35
Kansas	43	21	22
Missouri	102	111	-9
Nebraska	26	28	-2
Denver	**122**	**102**	**20**
Colorado	56	41	15
Montana	12	26	-14
North Dakota	8	3	5
South Dakota	11	7	4
Utah	30	22	8
Wyoming	5	3	2
San Francisco	**562**	**360**	**202**
Arizona	89	44	45
California	362	227	135
Hawaii	10	10	0
Nevada	101	79	22
Seattle	**143**	**110**	**33**
Alaska	9	11	-2
Idaho	22	21	1
Oregon	61	44	17
Washington	51	34	17
Total All DDSs	**4,305**	**4,009**	**296**

Appendix F– AGENCY COMMENTS

SOCIAL SECURITY

MEMORANDUM

Date: June 16, 2023 Refer To: TQA-1

To: Gail S. Ennis
Inspector General

From: Scott Frey
Chief of Staff

Subject: Office of the Inspector General Draft Report "The COVID-19 Pandemic's Effect on Disability Determination Services' Processing of Disability Claims" (A-01-20-50963)—INFORMATION

Thank you for the opportunity to review the draft report. During the COVID-19 pandemic, we worked closely with the Disability Determination Services (DDS) to respond to rapidly evolving conditions, ensure the safety of the public and employees, and modify operations to continue serving the public. We encourage DDSs to share and implement best practices identified during the pandemic to improve disability operations nationwide.

Please let me know if I can be of further assistance. You may direct staff inquiries to Trae Sommer at (410) 965-9102.

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