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Dear Colleagues,

We are pleased to present this report to each of you for your review, thoughts, and suggested next steps. We recognize that not all states have the same issues or difficulties. We know that issues in differently sized states are complex. Regardless, this report confirms that many states are in crisis and why they are in crisis. Immediate action needs to be taken by the DDSs and SSA to mitigate most of these significant issues.

In most states the job of the disability examiner has become too difficult and stressful. The demands and expectations have increased significantly over the past years. The report highlights how this has occurred and the very real, devastating effects of these increased demands. Attrition rates are at levels that are causing significant workload challenges. Too much is being expected of disability examiners and other employees. The job just takes a lot longer for all the reasons stated in the report and yet we mostly still expect them to produce at levels they were producing at 5 years ago. Morale and stress are the worst most of us have ever seen, which continues to tax our attrition or causes people to take FMLA. People are leaving in alarming numbers for better pay, less stress, telework jobs, and far less scrutiny. We must act now to stop the hemorrhaging of employees in the DDSs.

For many states, existing and starting salaries are not keeping up with their area and are too low. Employees in some states are looking at places like Costco and Amazon that are paying more than what DDS are paying for administrative jobs and are leaving. Disability examiners can easily find jobs in their local markets that often pay significantly more than they are making as skilled and veteran examiners. In addition, the DDSs are spending valuable resources training 25% of their lost staff each year. People like instructors, doctors and mentors must be taken out of production roles and work in a training capacity. This says nothing of the millions of dollars that SSA is losing in retraining costs.

The amount of medical evidence per case for many states has doubled to quadrupled in the last 12 years. Although the Affordable Care Act is wonderful for a lot of Americans, it has significantly added documentation and evidence to many cases, which in turn takes significantly more time to read and analyze. This one factor alone in many states creates significantly slower processing times. The adjudicator simply does not have enough time to complete all their work, and yet it seems the job is made more intensive and complex each year. The duties of a DE need to be changed and production expectations need to be lowered. More administrative help needs to be given to adjudicators across the board so that we can relieve them of many of the secretarial or administrative functions that they must do. Let's use their skills more efficiently. A major

financial commitment will have to be expended by SSA to accomplish just this one remedy.

SSA has been promising for years to overhaul the medical-vocational guidelines, but now we are told we should not expect anything. Work histories are archaic and over burdensome. Many claimants have more jobs, more part-time work, or more participation in the gig-economy than they did in the past. In addition, many have no idea what they did 15 years ago. SSA is requiring greater levels of vocational documentation than ever. If a claimant cannot give clear answers as to the jobs performed, skills used, or clarity regarding dates, SSA expects adjudicators to contact third parties who will never have this level of information and are difficult to find. In addition, skills learned 15 years ago are rarely determining factors in current employment due to the rapid rate of change and technology, yet our entire guideline system rests on the idea that all work within the past 15 years has significant effects on an individual's current skill levels. Finally, the tools used to make vocational determinations, such as Occubrowse, are out-of-date. Many jobs do not exist as they are presented in the DOT which can cause significant delays for examiners when trying to document step 5 of the sequential evaluation. In short, vocational guidelines are intensive and time-consuming, out-of-date, and over burdensome.

As the report poignantly illustrates, case counts in adjudicators' assigned queues have become unmanageable in many states. States report that it will take over a year to dig out just from the current situation and that is only if adequately staffed and they are able to replenish losses due to increased attrition. States will not be able to dig out unless examiners who have high case counts are able to rid themselves of those cases. Where will they go? Who will do them? Case counts over 130 are rarely manageable, yet many states have that situation or far worse. If not solved, the developmental delays will continue to mount, aged cases will get even worse, and processing times and accuracy rates will continue to suffer. A solution needs to be found. The states that have thousands of cases not yet even assigned need a way to catch up. Nearly half the states reported that they got assistance this past fiscal year. What should that tell us?

Right now, and in the short-term, DCPS is slower than legacy systems on most tasks. When it takes three or four clicks to accomplish a task that used to take one, additional time is being spent on non-productive tasks. Figuring out "work arounds" is great, but more must be done now to make DCPS a smoother, more efficient case processing system. SSA must increase resources to solve DCPS-related problems. In addition, AUF is inefficient and burdensome compared to what we used in the past and it has very little flexibility but continues to be expanded. About 40% of states report that they have the medical consultant capacity to help other states, yet many are not interested due to not wanting to work in the AUF system. The states need a better resolution to the problematic way SSA has decided to design DCPS workload assistance.

Most states have not reported problems with HSPD-12 rules because they have not yet experienced the significance of recent changes. States that either recently experienced or are currently experiencing HSPD-12 changes report that hiring is now more difficult. To expect someone to not know if they really and truly have a job for up to two months is just ludicrous. We are regularly reminded that nothing can be done about HSPD-12 because it is out of SSA's hands. That is simply not the case. It is a Presidential directive which means it can be changed by a President. The rule that HSPD-12 decisions are final and not appealable is not part of any Presidential directive. Something needs to be done because the DDSs are experiencing enough high attrition, difficulty in retaining talent, and difficulty in recruitment as it is. To expect a potential

applicant to wait over a month for an answer as to whether they can work for a DDS is a significant hurdle. The Social Security Commissioner can bring this problem directly to the President.

We want to note that many of the problems on this report cannot be blamed on the pandemic. There is no doubt that the pandemic has exacerbated and created problems. For example, allowing claimants to refrain from attending exams for so long was certainly understandable but also put a lot of pressure on examiner caseloads. However, a great many of these issues have little to do with the pandemic. The pandemic did not increase medical, vocational, or RFC articulation requirements. The pandemic did not cause untenable workload expectations, increase MER counts, or rollout a new case-processing system. So, while we should all understand that pandemic-related issues have had significant consequences, it is important that we also understand that the crisis many DDSs find themselves in are not caused solely by the pandemic.

Although there are critical issues that need to be addressed, we want to also mention that there is currently an SSA Recruitment and Retention Workgroup that has been working very hard to solve some of the issues that have come to light in the DDS Administrator Survey. This workgroup is headed by Jeremy Palguta and Salvatore Caltibiano, two highly competent individuals that have been facilitating important discussions about DDS staffing issues and a myriad of other issues along with some major DDS and SSA people from every region. I have been encouraged that the committee has already found in their discovery phase, independently of our survey, many of the very same issues that are highlighted in our report. They are working diligently and in a spirit of genuine concern in making significant recommendations for change. We also want to point out that this workgroup is strongly supported by ODD.

Teamwork and collaboration among DDSs and SSA are the only way that we will make inroads towards resolving the most critical issues outlined in this report. Many states need assistance now. Working with our SSA partners has accomplished great things in the past and will do so in the future. Let us work together to solve these problems now. Our claimants deserve nothing less.



Arthur Boutiette  
Chair  
Workload Strategies Committee  
NCDDD

# Report on National Trends and Common Issues for DDS Agencies

## Introduction

The data suggests that many states are in crisis. In the last two years we have had a pandemic that has slowed our business processes, unparalleled attrition rates, the introduction of a new case processing system, and the elimination of legacy operating systems. In addition, due to the rising difficulty of the job and DDS salaries, it is very difficult for some states to attract talent. Many states are losing upwards of 20-25% or more of their examiners every year, and yet replacing that talent becomes more difficult each year. Not only is the job of an adjudicator becoming untenable, but some of the best are also leaving to find less stressful and more financially rewarding careers. These factors have and will continue to place negative pressure on production, innovation, and quality of DDS processes and decisions unless quick, meaningful solutions are put into place.

After collecting survey data, looking at nationwide DDS Statistics and seeing how they complement each other, we want to share what we feel are the most important findings from several of these sections. We also want to offer some explanations and recommendations based on survey results.

Attached is a capsulation of the findings of the survey. This report is broken down into the following sections:

Part 1: Survey and Performance Metrics Observations, Highlights, and Explanations

1. **Disability Examiner Job Difficulty**
2. **DDS Retention and Recruitment**
3. **Workloads**

Part 2: Proposed Solutions

Part 3: Reference Index

## Part 1: Survey and Performance Metrics Observations, Highlights, and Explanations

### **1. Disability Examiner Job Difficulty**

- 80% of respondents believe that the job of a disability examiner/adjudicator is more difficult today than it was 5 years ago. [6]
- 66% of respondents characterize the change (if any) in the morale of their DDS as worse. [6]
- 72% believe that staff within their DDS are experiencing more mental health issues now than they did two years ago. [6]
- According to survey respondents, the following are contributing factors to the significant change in anxiety, stress, or mental health of DDS employees:
  - 65% said the pay is not keeping up with other jobs available in the marketplace that have less responsibility or stress. [6]
  - 62% claimed an increase of responsibilities and duties of the adjudicator job [6]
  - 60% claimed DCPS [6]
  - 90% said the Pandemic [6]

- The two words the most people used to describe the use of DCPS are “Arduous” and “Intricate.”<sup>[6]</sup>
- 52% of respondents saw an increase in the rates of examiners taking extended leave or FMLA compared to two years ago.<sup>[6]</sup>
- 75% of respondents agreed that SSA is requiring more medical documentation to make decisions on Initial cases than they were 5 years ago.<sup>[6]</sup>
- 67% of respondents agreed that SSA is requiring more medical documentation to make decisions on Recon cases than they were 5 years ago.<sup>[6]</sup>
- 93% of respondents agreed that SSA is requiring more vocational documentation than they were 5 years ago.<sup>[6]</sup>
- According to OQR’s QA IN review results, the median national decisional accuracy for initial cases has gone down by 1.2% in the last 7 years. The national decisional accuracy has gone down by 1.6%.<sup>[7]</sup>
- There are 33 States with an average of 150 pending cases per examiner. Of those 33 states, 22 have over 180 and 14 have over 200 in FY21.<sup>[1]</sup> Categories of over 180 and over 200 in FY21 have increased by almost double the average from the prior four years.<sup>[1]</sup>
- Mean processing times have increased in every state from the average of FY17-20 to FY21. The average increase is 31.7 days.<sup>[4]</sup>

### Analysis and Explanation

Most administrators concluded that the job is more difficult than it was just a decade ago. Multiple factors have combined to make the job of disability examiner job more stressful and difficult. There are overall decreases in morale within DDSs, increased mental health concerns, and higher rates of FMLA. In addition to increased documentation requirements, a recent study that was conducted in one state showed that before the Affordable Care Act, or between 12 years ago and now, an examiner had to read 25% of the MER they now must read in a case. Said another way, if an examiner had 300 pages of MER a decade ago on a case, they may now have 1200 pages. Besides an appreciable increase in MER, there have been multiple added responsibilities to the examiner’s job. For example:

1. Increased medical and vocational documentation scrutiny
2. More manual processes in DCPS vs. AS400
3. COVID restrictions
4. Incomplete/inadequate applications from the Field Offices
5. Working in dual systems during DCPS transition
6. Increased documentation requirements from OQR
7. Transition from the reliable assistance request (AR) system to the, what so far is, less efficient AUF process.

High case counts and production requirements have also contributed to examiner burnout. We believe one of the most significant reasons for increasing processing times, increased aged cases, and higher error rates is that many examiners in far too many states have too many cases in their individual queues. When examiners have cases exceeding 120 cases, those workloads become unmanageable. When a caseload becomes impossible to manage, delays and mistakes are inevitable, and of course the job will become more stressful.

## 2. DDS Retention and Recruitment

- The number of states with over 20% attrition went from 12 during the four-year average from FY 2017- FY 2020 to 26 in FY21, a more than double increase. [1]
- 90% of survey responses report having difficulty attracting and keeping new employees. [6]
- Only 45% of survey responses said they were adequately staffed with medical consultants. [6]
- 40% of agencies have the capacity for SAMCs to help other states. [6]
- In the past three years, 62% of respondents tried to increase salaries. 41% of agencies that tried to increase salaries have been unsuccessful. [6]
- Many states' starting salary for a DE is between \$30,000 and \$40,000 USD.
- 15 states do 64.3% of the clearances. [3] Less than half of the states do 83.5% of the clearances. [3] 12 of those 15 states that produce 64.3% of the nation's cases have critical problems with attrition, clearances, and individual examiner case counts. [3]
  - For example, one of the top 15 largest states was authorized over 300 hires last year and was only able to fill 90 positions. Less than 50% of those hires were Disability Examiners and during the same period, 95 Disability Examiners left the agency. This same state has over 40,000 cases in backlog.

### Analysis and Explanation

High attrition rates are now common in many DDSs, and resources must be utilized to help solve this problem. Attrition rates have led to a revolving door of cases moving in and out of backlog that must be reworked and revisited. In addition, the DDSs are losing millions of dollars to training costs.

Salary issues need immediate attention. DDSs in states with higher costs of living are often paid starting salaries that are not attractive or even plausible. In many states, salaries have not kept up with the market. Regardless, production requirements remain stringent despite high case counts and low salaries.

We have already established how the job of an examiner has gotten more difficult, and this certainly is a factor in high DE attrition rates. Additional examiner duties and the increased scrutiny on documentation has added significant adjudicator stress. Adjudicators are leaving to pursue different careers with more money and less stress or are taking FMLA far more frequently. As a result of attrition, cases must be routinely re-assigned to already overburdened examiners.

DDS staffing is unbalanced. It appears that a third of the states are properly staffed because (a) they have a disproportionate number of employees vs. clearances when compared with peers or (b) they have little or no attrition problems or recruitment problems due to the economies or job markets in those states or (c) examiners in these states have better than average processing times because several of those states have cases capped at 60-100 cases or have no need for caps because they are adequately staffed and have enough examiners to handle the cases they receive each year. If SSA wants similar results in other DDSs, then they must provide DDSs more resources, especially to the largest states with critical staffing issues.

### 3. Workloads

- Increases in attrition, pending case counts, and mean processing time have made previous performance unsustainable.<sup>[4]</sup>
- Work Weeks Pending has increased for 65.3% of survey respondents.<sup>[6]</sup>
- Mean processing times have increased in every state from the average of FY17-20 to FY21. The average increase is 31.7 days. <sup>[4]</sup> 71.4% of survey respondents report that the number of cases over 365 days old (excluding Hearings cases) has increased from November 2019 to November 2021 <sup>[6]</sup>
- There are 33 States with an average of 150 pending cases per examiner. Of those 33 states, 22 have over 180 and 14 have over 200 in FY21.<sup>[1]</sup> Categories of over 180 and over 200 in FY21 have increased at a rate of 1.8 times the average from the prior four years. <sup>[1]</sup>
- 78% of Survey respondents agreed that the increase in caseloads or backlogs is because of new rules related to pandemic restrictions.<sup>[6]</sup> 70% of respondents agreed that the increase in caseloads or backlogs is because of inability to work many cases during the shutdown.<sup>[6]</sup>
- According to survey respondents, on average it will take 14.3 months for a state to recover to a pre-pandemic workload. <sup>[6]</sup>
- Approximately half of DDSs claimed that they receive assistance from an EST or Federal Case Processing Unit. <sup>[6]</sup>
- Both the mean and the median values for closures per examiner have gone down. The mean number of cases closed in a FY has decreased by around 42 cases per examiner in FY21.<sup>[2]</sup> The four- year average was 537.8 cases closed per examiner and in FY21 it was only 495.2 cases. <sup>[2]</sup> The median has gone down by 50.1 cases and as the measurement of the middle of the states trends more heavily downward. <sup>[2]</sup>
- DDSs report that many roles have taken on extra duties connected to DCPS and the majority of their time has trended towards functionality of DCPS. IT, Reporting, Scheduling, Fiscal and Clerical/Gatekeeping positions were reassigned duties with the release of DCPS.<sup>[6]</sup> 54% of respondents agreed DCPS has made fiscal actions less efficient. <sup>[6]</sup>

#### Analysis and Explanation

Production expectations per examiner must decrease. Whether it is increased documentation demands, higher MER counts, slower case processing due to DCPS, or a combination of all these issues and others, the average disability examiner cannot produce what they did even five years ago. In addition, SSA should expect that the production issue will get worse if retention and recruitments issues do not improve immediately and drastically.

Significant staffing problems have led to high backlogs or high examiner case counts, increased processing times, and increased work weeks pending statistics. This is not an issue that will easily go away. Instead, DDSs must be allowed to dig out of the crisis created by staffing issues and the pandemic. SSA must realize that it will take many DDSs over a year to get back to pre-pandemic caseloads, but even this is unlikely if retention and recruitment efforts are not dealt with quickly.

Most respondents agree that DCPS hinders production. It has required more staff to manage and is not currently as flexible as legacy systems. It is also incomplete. Many tasks take longer in DCPS and have required the investment of significant DDS resources. This increased resource cost has compounded with pandemic-related issues and retention problems to cause downward pressure on DDS production. Without a faster development cycle and more resources, DCPS in its current state will continue to alter production and hinder post-pandemic recovery.

## Part 2: Proposed Solutions

1. SSA must lower expectations for how many cases the average DE can complete in a year.
2. The states that have examiners with cases counts above 130 need immediate relief. If no action is taken, the workloads for these states will be inefficient, processing times will continue to rise, and aged cases will continue to get older.
  - SSA will have to recognize the significance of the problems in these states and lower the expectations for those that are in crisis for at least one year so they can dig out.
  - SSA must figure out a way to help by either diverting CDR workloads or reducing expectations so cases to those examiners can be stopped until they find themselves with a manageable caseload.
3. Understaffed DDSs with non-competitive pay need immediate salary increases.
4. The states need to be given the opportunity to recover from hardships exacerbated by the pandemic. FTC and suspended workloads have impacted backlogs, and this should be considered when calculating goals and expectations
5. DCPS may prove to be a wonderful addition four or five years from now, but currently for most states nearly every aspect of DCPS takes longer.
  - The workarounds need to be eliminated sooner and not over the next several years.
  - SSA must increase resources and budgets to make DCPS and MicroStrategy seamless so DDSs can more efficiently process their workloads.
    - For example, SSA needs more training materials, how to videos, and other resources to teach DEs DCPS.
6. Associated User Functionality (AUF) is fraught with problems, yet SSA seems to be expanding its use. AUF splits workload statistics for disability examiners and makes it very difficult to prioritize a workload and manage cases and offers far less flexibility with overtime and working others states cases. Data on AUF cases is severely lacking. There is no way for a DDS to run quality statistics on cases worked through AUF.
  - A more efficient system similar to the "AR" system of the past must be created now and SSA should move away from AUF or find something more functional or provide the essential functions in AUF.
7. SSA Field Offices need to do a better job in preparing the case before it comes to the DDS. The 3368 commonly lacks critical information needed for development. As more claims have been taken online, the quality of information furnished to DDSs has diminished. Interviews have transitioned to become more of a DDS issue and more responsibility has been placed on the DE. Hopefully this area will improve as Field Office employees are returning to in person processes.
8. The onboarding rules and wait times for HSPD-12 approvals contribute to hiring difficulties.



- HSPD-12 is a presidential directive. The SSA Commissioner should work with Congress or the President to modify the directive so DDSs can more efficiently hire and onboard new employees.
9. Congress and the Office of Management and Budget need to come to the realization that significant changes regarding production expectations need to happen quickly or the DDS's will experience unparalleled backlogs. For example, one of the 14 most productive states has had a 50% loss in examiners in the past year and currently has nearly 80,000 cases in backlog. This backlog is equivalent to the total yearly production of 17 to 1<sup>st</sup> of the states with the lowest clearances in FY '21.

Attached are all the graphs and summarized answers to all the questions asked in the survey. Thank you for your participation.

### Part 3: Reference Index

These tables can be found as a separate document attachment.

These tables can be found as a separate document attachment.

[1] Table 1: Count of States In each Category Comparing FY21 and 4 Yr. Average - A chart showing the clearances per examiner in the last two comparative years, 2019 vs 2021.

- [2021 YTD Workload Counts and Rates - Week 52 \(ssa.gov\)](#)
- [2021 Total Staff Count \(ssa.gov\)](#)

[2] Chart 1: Comparison of Clearance – Box and Whisker plot

- [2021 YTD Workload Counts and Rates - Week 52 \(ssa.gov\)](#)

[3] Table 2: Clearances for FY2021 by State Ranked by Largest Total Clearances

- [FY 2021 DDS Workload Cumulative Data Internal Report \(ssa.gov\)](#)

[4] Table 3: Changes in Examiner Workload Metrics

- [2021 Attrition \(ssa.gov\)](#)
- [2021 Full Year Pending Per Examiner Weekly Breakdown \(ssa.gov\)](#)
  - This is weekly data, so I took the average of the full years weekly pending.
- [2021 YTD Initial Average Processing Time - Week 52 \(ssa.gov\)](#)

[5] Table 4: Comparison of Closure, Receipts and Full Time Examiners in FY21 and average from FY17-FY20

- [2021 YTD Workload Counts and Rates - Week 52 \(ssa.gov\)](#)
- [2021 Total Staff Count \(ssa.gov\)](#)

[6] DDS Survey Summary and Analysis

- Document Attached

[7] Table 5: Decisional accuracy chart

- [DQB Reports - Home \(ssa.gov\)](#)

## Reference Index

**Table 1: Number of States In each Category Comparing FY21 and 4 Yr. Average**

\* Four year averages include FY2017 - FY2020

	FY21	4 Yr. Ave.	
<b>Attrition</b>			
Over 20%	26	12	2.2
Over 15%	31	22	1.4
Over 10%	40	39	1.0
<b>Pending Case Counts</b>			
Over 200	14	8	1.8
Over 180	22	12	1.8
Over 150	33	27	1.2
<b>Mean Processing time</b>			
Over 200	9	1	9.0
Over 150	38	5	7.6
Over 130	48	20	2.4

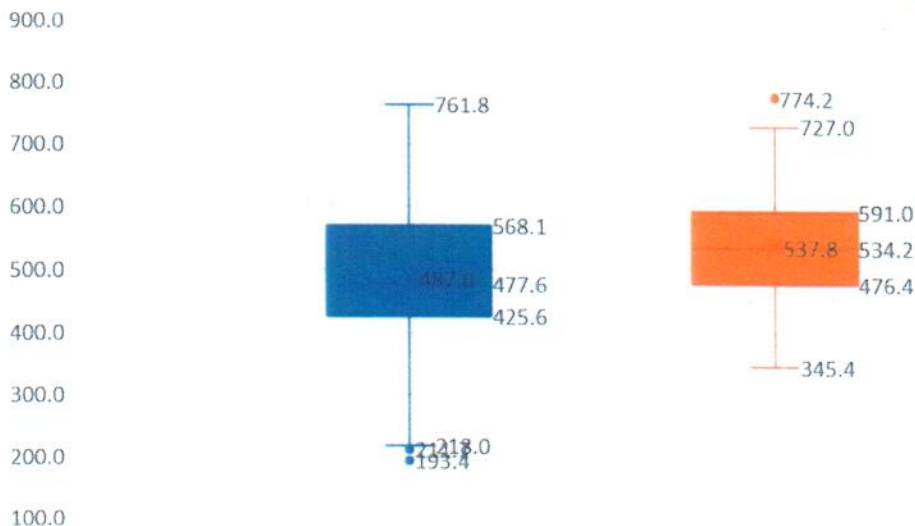
### Average Examiner Workload Metrics

Attrition			Pending Case Counts			Mean Processing time		
FY21	4 yr ave	Difference	FY21	4 yr ave	Difference	FY21	4 yr ave	Difference
22.1%	15.6%	6.4%	172.3	155.8	16.5	167.8	136.1	31.7

Chart 1: Box and Whisker plot – Average Clearances from FY21 and 4 yr. ave.

This box and whisker plot shows the average number of clearances by state. The blue is for FY2021 and the orange for FY2017 – FY2020 on Average. It is clear that the mean and media values for clearance by state have fallen below the low range for clearances prior to FY21.

Closures per Examiner FY 21 and FY17-20 Average



1

\*Note that receipts were also lower in FY21.

\*\*There were 5 states that had abnormally high cases closed per examiner and we reached out and replaced those values with accurate closures.

\*\*\*Data was backed into from closures and number of examiners listed in ODD. These numbers are inflated from EST and DPU assistance.

Table 2: Clearances for FY2021 by State Ranked by Largest Total Clearances

This table lists the initial and reconsideration and total case clearances. The percentage is of All DDS clearances by state. To the right shows the percentage of All DDS clearances completed by the group of states by rank. The top 25 states, by numbers of clearances, closes 83.5%

Rank	Location	ALL	Initial	Recon	% of All DDS
	Fed	117,107	80,118	34,316	3.6%
	All DDS	3,281,313	1,922,034	481,382	
1	CA	294,446	175,303	47,250	9.0%
2	FL	255,774	137,950	37,425	7.8%
3	TX	245,941	156,124	41,571	7.5%
4	NY	197,102	122,259	27,722	6.0%
5	PA	161,189	87,784	28,203	4.9%
6	OH	133,284	86,257	22,723	4.1%
7	NC	109,684	70,635	18,345	3.3%
8	MI	107,886	65,969	14,676	3.3%
9	IL	100,663	56,733	16,560	3.1%
10	GA	88,712	52,394	6,624	2.7%
11	VA	85,260	48,578	9,261	2.6%
12	IN	85,106	52,882	17,839	2.6%
13	AR	84,587	36,216	9,227	2.6%
14	MO	80,189	50,050	12,633	2.4%
15	OK	79,032	45,380	13,208	2.4%
16	TN	75,237	42,484	7,453	2.3%
17	AL	72,267	42,031	12,410	2.2%
18	KY	70,557	43,906	13,403	2.2%
19	LA	70,069	29,175	9,894	2.1%
20	NJ	67,520	44,076	10,019	2.1%
21	SC	61,139	38,441	8,218	1.9%
22	AZ	58,419	32,010	5,474	1.8%
23	MA	55,544	32,213	7,054	1.7%
24	MS	50,619	29,919	8,577	1.5%
25	WA	49,434	28,391	6,677	1.5%
26	WI	45,710	30,421	5,996	1.4%
27	MD	43,021	27,751	4,009	1.3%
28	MN	42,031	24,910	7,712	1.3%
29	CO	40,327	18,119	4,811	1.2%
30	OR	38,785	16,052	3,199	1.2%
31	CT	35,247	19,809	4,856	1.1%
32	IA	32,433	20,688	5,357	1.0%
33	WV	26,690	18,049	4,149	0.8%
34	NV	21,763	13,935	2,511	0.7%
35	ID	19,658	9,674	1,888	0.6%
36	NM	19,293	12,094	1,817	0.6%
37	UT	18,769	10,973	3,912	0.6%
38	DC	18,430	8,476	1,407	0.6%
39	PR	16,744	9,716	1,310	0.5%
40	KS	16,088	6,695	1,442	0.5%
41	ME	14,972	9,576	2,358	0.5%
42	NE	14,523	10,158	1,912	0.4%
43	RI	13,118	6,545	1,937	0.4%
44	NH	11,160	7,862	1,025	0.3%
45	HI	8,963	5,924	1,476	0.3%
46	MT	8,343	4,756	548	0.3%
47	SD	8,063	4,937	1,390	0.2%
48	DE	7,605	5,273	1,310	0.2%
49	VT	7,281	4,307	1,008	0.2%
50	WY	5,143	3,682	674	0.2%
51	ND	4,682	2,897	717	0.1%
52	AK	2,811	1,595	205	0.1%

Top 10	Top 15	Top 20	Top 25
51.6%	64.3%	75.1%	83.5%

9.0%	9.0%	9.0%	9.0%
7.8%	7.8%	7.8%	7.8%
7.5%	7.5%	7.5%	7.5%
6.0%	6.0%	6.0%	6.0%
4.9%	4.9%	4.9%	4.9%
4.1%	4.1%	4.1%	4.1%
3.3%	3.3%	3.3%	3.3%
3.3%	3.3%	3.3%	3.3%
3.1%	3.1%	3.1%	3.1%
2.7%	2.7%	2.7%	2.7%
	2.6%	2.6%	2.6%
	2.6%	2.6%	2.6%
	2.6%	2.6%	2.6%
	2.4%	2.4%	2.4%
	2.4%	2.4%	2.4%
		2.3%	2.3%
		2.2%	2.2%
		2.2%	2.2%
		2.1%	2.1%
		2.1%	2.1%
			1.9%
			1.8%
			1.7%
			1.5%
			1.5%

\* EST clearances are included in their respective DDS' clearance numbers

\* All clearance numbers are from SAOR - No adjustments.

Table 3: Changes in Examiner Workload Metrics

A comparison of the last full fiscal year(FY21) to the average of the previous four years(FY17, FY18, FY19, FY20). The difference between the two values shows positive values as the increase in value from the four year average to fiscal year 2021. Negative values are highlighted in red and show states that have a lower value in fiscal year 2021.

Rank	State	Attrition			Pending Case Counts			Mean Processing time		
		FY21	4 yr. ave.	Difference	FY21	4 yr. ave.	Difference	FY21	4 yr. ave.	Difference
1	CA	9.7%	8.3%	1.4%	134.4	130.1	4.3	153.4	109.15	44.25
2	FL	35.4%	23.2%	12.2%	188.9	125.7	63.2	169.3	108.6	60.7
3	TX	24.2%	24.3%	0.0%	191.0	172.3	18.8	156.3	114.65	41.65
4	NY	14.0%	11.9%	2.2%	129.1	89.4	39.6	158.8	101.5	57.3
5	PA	11.8%	5.1%	6.7%	137.3	166.2	-28.9	140.9	122.925	17.975
6	OH	17.9%	14.7%	3.2%	112.1	135.5	-23.4	142.5	110.45	32.05
7	NC	24.3%	17.3%	7.1%	180.6	183.8	-3.2	163.9	138.2	25.7
8	MI	10.4%	7.8%	2.6%	139.2	127.0	12.2	182	140.65	41.35
9	IL	33.9%	15.6%	18.3%	199.0	180.6	18.4	200.5	124.25	76.25
10	GA	34.9%	17.2%	17.7%	259.1	229.7	29.4	199.8	146.625	53.175
11	VA	15.6%	12.1%	3.5%	154.8	136.3	18.5	159.7	126.925	32.775
12	IN	11.9%	10.8%	1.1%	170.5	156.3	14.1	154.2	107.275	46.925
13	AR	16.1%	7.5%	8.6%	156.8	124.9	31.9	149.6	128.625	20.975
14	MO	20.2%	9.1%	11.1%	101.6	84.9	16.8	150.7	111.725	38.975
15	OK	25.0%	13.8%	11.2%	147.8	132.1	15.6	159.7	123.425	36.275
16	TN	35.0%	18.3%	16.7%	292.9	224.9	68.0	231.5	144.775	86.725
17	AL	10.0%	10.7%	-0.7%	168.0	98.4	69.5	155.4	99.975	55.425
18	KY	21.2%	21.1%	0.1%	211.4	142.7	68.7	168.9	110.675	58.225
19	LA	55.3%	27.0%	28.3%	231.2	305.4	-74.2	161.4	131.975	29.425
20	NJ	7.3%	5.8%	1.6%	116.6	124.3	-7.7	149.5	113.75	35.75
21	SC	35.1%	15.3%	19.9%	253.9	170.1	83.8	174.7	130.85	43.85
22	AZ	11.0%	11.9%	-0.8%	200.1	159.0	41.1	148.2	109.05	39.15
23	MA	8.9%	8.3%	0.6%	163.4	147.0	16.4	158.3	123.475	34.825
24	MS	18.6%	10.8%	7.9%	142.6	108.9	33.8	147.4	98.85	48.55
25	WA	4.2%	8.3%	-4.1%	161.0	112.9	48.1	212.7	122.875	89.825
26	WI	21.2%	20.1%	1.1%	167.8	135.1	32.6	167.3	117	50.3
27	MD	28.5%	14.5%	14.0%	240.2	163.9	76.3	197.5	132.25	65.25
28	MN	26.7%	17.2%	9.5%	92.6	132.4	-39.9	135.8	117.6	18.2
29	CO	22.5%	14.0%	8.5%	155.3	149.6	5.7	172.1	142.45	29.65
30	OR	14.6%	19.0%	-4.4%	170.1	169.3	0.8	205.8	136.575	69.225
31	CT	7.2%	10.6%	-3.4%	171.2	191.6	-20.4	161.7	129.1	32.6
32	IA	11.5%	6.8%	4.7%	86.6	89.6	-3.0	136.1	110.4	25.7
33	WV	9.1%	10.3%	-1.2%	195.9	124.0	71.9	195.3	122.85	72.45
34	NV	39.0%	37.0%	2.0%	195.1	221.1	-26.0	205.8	156.125	49.675
35	ID	25.8%	13.0%	12.8%	183.0	106.4	76.5	183.8	97.125	86.675
36	NM	41.7%	25.6%	16.1%	210.6	206.8	3.8	220.9	148.35	72.55
37	UT	11.3%	15.2%	-3.9%	204.5	160.7	43.8	187.1	135.925	51.175
38	DC	0.0%	13.2%	-13.2%	226.6	299.6	-73.0	201.8	162.025	39.775
39	PR	0.0%	12.4%	-12.4%	95.3	159.1	-63.8	119.6	627.95	-508.35
40	KS	76.9%	41.0%	36.0%	372.8	171.0	201.8	173	122.5	50.5
41	ME	34.9%	17.0%	17.9%	166.6	157.6	8.9	132.3	118.075	14.225
42	NE	21.5%	7.4%	14.1%	114.1	111.0	3.1	166.8	131.025	35.775
43	RI	6.2%	3.3%	2.9%	92.7	124.6	-31.9	116.9	115	1.9
44	NH	3.9%	12.5%	-8.6%	218.8	151.4	67.4	185.6	120.95	64.65
45	HI	20.3%	9.7%	10.7%	111.2	154.5	-43.3	130.3	126.85	3.45
46	MT	62.7%	42.9%	19.8%	261.1	235.7	25.4	186.5	148.675	37.825
47	SD	5.3%	17.0%	-11.7%	136.0	161.4	-25.4	150.5	134.575	15.925
48	DE	71.4%	13.3%	58.1%	232.9	200.4	32.5	206.6	161.45	45.15
49	VT	10.8%	3.0%	7.8%	84.1	96.4	-12.2	125.1	123.425	1.675
50	WY	24.4%	27.1%	-2.7%	197.5	195.5	2.0	176.9	130.1	46.8
51	ND	22.7%	22.7%	0.1%	131.1	91.5	39.6	119.6	116.35	3.25
52	AK	15.8%	31.9%	-16.1%	101.4	171.3	-69.9	216.3	193.5	22.8

Table 4: Comparison of Closure, Receipts and Full Time Examiners in FY21 and average from FY17-FY20

In all sites/states there have been a reduction in closures and receipts. Both clearances and receipts have reduced at a similar rate or level, however it is notable that the number of examiners has also reduced. The average number of fewer examiners per state is 9 and 42 sites have fewer examiners in FY21 than the average over the four year period.

	Closures			Receipts			Full Time Examiners			
	FY2021	4 Yr. Ave.	% Change	FY2021	4 Yr. Ave.	% Change	FY2021	4 Yr. Ave.	Change	% Change
National	1,595,188	3,616,167	44.1%	1,685,101	3,658,365	46.1%	5,981	6,475	(494)	92%
CA	154,072	338,925	45.5%	155,511	338,623	45.9%	595	644	(49)	92%
FL	107,479	264,863	40.6%	92,816	272,491	34.1%	401	452	(51)	89%
TX	105,501	281,606	37.5%	104,450	280,620	37.2%	322	364	(42)	89%
NY	101,302	181,899	55.7%	100,900	186,256	54.2%	373	442	(69)	84%
PA	97,651	151,934	64.3%	87,593	152,423	57.5%	320	299	21	107%
MI	59,198	109,556	54.0%	60,012	109,894	54.6%	266	277	(11)	96%
OH	58,061	149,827	38.8%	57,996	148,816	39.0%	260	253	7	103%
IL	54,340	119,746	45.4%	45,487	123,018	37.0%	121	165	(44)	73%
AR	49,323	69,572	70.9%	59,429	67,437	88.1%	116	145	(29)	80%
NC	48,487	128,179	37.8%	65,553	129,843	50.5%	201	222	(21)	91%
IN	40,681	83,052	49.0%	41,799	85,012	49.2%	141	116	25	122%
MO	40,267	77,378	52.0%	39,944	78,833	50.7%	163	189	(26)	86%
OK	38,372	69,015	55.6%	34,374	69,722	49.3%	97	115	(18)	84%
AL	36,900	77,676	47.5%	32,408	79,330	40.9%	157	154	3	102%
MA	35,776	74,406	48.1%	44,066	72,593	60.7%	120	142	(22)	85%
KY	33,311	79,758	41.8%	33,138	81,002	40.9%	110	142	(32)	77%
NJ	29,981	77,893	38.5%	35,755	77,338	46.2%	165	169	(4)	98%
TN	29,223	85,541	34.2%	41,596	87,170	47.7%	105	134	(29)	78%
SC	27,994	63,305	44.2%	38,106	63,880	59.7%	80	112	(32)	71%
WA	26,569	73,497	36.1%	23,633	75,649	31.2%	131	145	(14)	90%
VA	26,212	74,858	35.0%	37,645	75,585	49.8%	164	147	17	112%
LA	25,800	57,460	44.9%	28,533	58,865	48.5%	60	67	(7)	89%
GA	25,082	99,814	25.1%	37,612	99,784	37.7%	156	171	(15)	91%
MS	24,305	64,944	37.4%	31,322	64,637	48.5%	106	115	(9)	93%
EA	24,294	30,419	79.9%	25,260	30,587	82.6%	135	60	75	225%
MN	23,430	45,608	51.4%	22,049	45,573	48.4%	80	73	7	110%
CT	21,800	36,343	60.0%	22,240	36,192	61.5%	63	60	3	105%
MD	17,149	54,774	31.3%	25,965	56,479	46.0%	67	101	(34)	67%
WI	16,888	54,973	30.7%	20,177	54,072	37.3%	100	111	(11)	90%
CO	15,267	29,046	52.6%	15,300	31,542	48.5%	69	63	6	110%
IA	14,529	34,397	42.2%	15,532	34,442	45.1%	75	78	(3)	97%
OR	13,991	38,160	36.7%	13,643	39,149	34.8%	62	66	(4)	94%
AZ	13,488	55,142	24.5%	19,698	57,506	34.3%	96	114	(18)	84%
PR	11,240	15,887	70.8%	10,296	16,431	62.7%	45	46	(1)	98%
RI	10,253	14,790	69.3%	11,332	14,296	79.3%	26	31	(5)	84%
WV	9,915	32,443	30.6%	14,773	32,560	45.4%	53	72	(19)	74%
UT	9,496	19,345	49.1%	9,539	19,527	48.9%	27	33	(6)	81%
NV	8,933	22,388	39.9%	9,186	23,122	39.7%	33	37	(4)	89%
EO	8,768	14,889	58.9%	8,662	15,092	57.4%	25	24	1	105%
ID	7,836	17,097	45.8%	8,050	17,393	46.3%	16	28	(12)	57%
ME	6,516	16,661	39.1%	9,955	16,779	59.3%	23	26	(3)	88%
NE	6,026	15,458	39.0%	8,465	15,871	53.3%	33	35	(2)	96%
DC	5,743	9,189	62.5%	5,157	9,604	53.7%	25	17	9	152%
NH	5,051	11,160	45.3%	5,784	11,361	50.9%	24	22	2	108%
VT	4,186	8,500	49.2%	4,559	8,526	53.5%	16	18	(2)	90%
SD	4,042	7,158	56.5%	3,737	7,274	51.4%	15	14	1	107%
HI	3,712	9,492	39.1%	3,300	9,320	35.4%	13	18	(5)	74%
EV	3,475	21,580	16.1%	2,168	20,359	10.6%	53	38	15	139%
NM	3,353	19,435	17.3%	4,726	21,139	22.4%	30	33	(3)	92%
MT	3,090	7,734	40.0%	2,813	7,881	35.7%	6	11	(5)	57%
KS	2,216	12,609	17.6%	5,140	13,152	39.1%	9	22	(13)	41%
ND	2,205	4,642	47.5%	2,843	4,461	63.7%	7	10	(3)	72%
WY	2,046	3,550	57.6%	2,036	3,857	52.8%	4	5	(1)	89%
DE	1,914	8,065	23.7%	2,956	8,924	33.1%	10	19	(9)	53%
AK	1,263	4,611	27.4%	920	4,637	19.8%	11	10	1	113%
EM	-	1,989	0.0%	-	1,582	0.0%	-	2	(2)	0%

## Decisional Accuracy Charts

### IN Decisional vs. Performance Accuracy by FY

Time Period	Natl Dec	Natl Perf*	Fed Dec	Fed Perf	Median Perf	Median Dec
10/14-8/15**	97.6	95.4	96.5	93.2	95.7	97.9
10/15-8/16**	97.8	95.8	97.3	94.4	95.5	97.7
10/16-9/17	97.3	94.8	97.4	94.5	95.1	97.5
10/17-9/18	97.5	94.7	96.8	93.9	95.0	97.7
10/18-9/19	97.3	94.3	96.3	91.2	94.6	97.6
10/19-9/20	96.4	93.6	94.8	91.4	94.3	97.1
10/20-9/21	96.7	93.5	95.3	91.6	94.0	97.0
9/21-11/21	96.0	93.2	93.7	90.6	94.5	96.7

\*This is weighted performance accuracy

\*\*Decisional accuracy reports in 2015 and 2016 did not include September. The closest to the full FY was October-August. Performance accuracy reports are present for 9/2015 and 9/2016, however September was excluded from this chart in 2015 and 2016 to match the dates for decisional accuracy reports.

### In Decision Accuracy by FY

Time Period	Natl Dec	Median Dec	Fed Dec
10/14-8/15**	97.6	97.9	96.5
10/15-8/16**	97.8	97.7	97.3
10/16-9/17	97.3	97.5	97.4
10/17-9/18	97.5	97.7	96.8
10/18-9/19	97.3	97.6	96.3
10/19-9/20	96.4	97.1	94.8
10/20-9/21	96.7	97.0	95.3
9/21-11/21	96.0	96.7	93.7

\*\*Decisional accuracy reports in 2015 and 2016 did not include September. The closest to the full FY was October-August. Performance accuracy reports are present for 9/2015 and 9/2016, however September was excluded from this chart in 2015 and 2016 to match the dates for decisional accuracy reports.

## RC Decisional vs. Performance Accuracy by FY

Time Period	Natl Dec	Natl Perf	Median Dec
10/16-9/17	96.1	93.6	96.1
10/17-9/18	95.9	92.8	96.5
10/18-9/19	96.0	92.5	95.3
10/19-9/20	93.5	90.8	95.0
10/20-9/21	95.2**	91.9	96.0**
10/21-2/22	94.7	92.0	96.0

## RC Decisional Accuracy by Quarter for FY 2021

	Natl Dec	Median Dec
7/21-9/21	95.2	96.0
4/21-6/21	95.6	96.3
1/21-3/21	95.2	96.2
9/20-12/20	94.9	95.6
Average	95.2	96.0

\*This is weighted performance accuracy

\*\*There is no RC decisional accuracy report on the DIBACC website for FY 2021. However, there are quarterly RC decisional accuracy reports. Thus, all 4 qtrs were recorded and averaged together, which means these values are approximate. The following table shows each qtr's values:

# Survey for DDS Analysis and Summary

State: 49 States Participated in the Survey

## Part 1: Agency Statistics

For the following table please provide metrics based on the metric from the fiscal month end of November 2019 and November 2021 in their respective columns.

Metrics	Survey – From Nov 2019 to Nov 2021			
	Increase	Decrease	Same	NA
Average Case Count	21	15	5	8
	42.9%	30.6%	10.2%	16.3%
Average Processing time	17	3	0	29
	34.7%	6.1%	0.0%	59.2%
-Initial	28	5	2	14
	57.1%	10.2%	4.1%	28.6%
-Recon	26	5	0	18
	53.1%	10.2%	0.0%	36.7%
-CDR	18	4	1	26
	36.7%	8.2%	2.0%	53.1%
-Hearing	14	7	1	27
	28.6%	14.3%	2.0%	55.1%
Work Weeks Pending	32	10	0	7
	65.3%	20.4%	0.0%	14.3%
No. of Cases over 365 days old (excluding Hearings cases)	35	5	3	6
	71.4%	10.2%	6.1%	12.2%
Average Age of Hearings Cases	14	3	2	30
	28.6%	6.1%	4.1%	61.2%
No. of Hearings Cases over 365 days old	26	2	8	13
	53.1%	4.1%	16.3%	26.5%
No. of Cases in Physical Doctor Queue	22	16	4	7
	44.9%	32.7%	8.2%	14.3%
No. of Cases in Mental Doctor Queue	19	18	5	7
	38.8%	36.7%	10.2%	14.3%
Attrition Rate- All Staff	33	8	3	5
	67.3%	16.3%	6.1%	10.2%
Attrition Rate- Adjudicators Only	32	8	4	5
	65.3%	16.3%	8.2%	10.2%

1. How many adjudicators (who process cases excluding hearings) are currently employed by your agency?

Mean – 138.8	Max – 709	Min – 8	Median – 101
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2. How many full time employees (including contract medical consultants) are currently employed by your agency?

Mean – 280.6	Max – 1255	Min – 24	Median – 189
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3. What percentage of the adjudicators in your agency have been employed for less than two years?

Mean – 34.3%	Max – 82%	Min – 4.2%	Median – 30.5%
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**Part II: Workload Management**

1. How many cases are assigned a week in each of the adjudicator levels that you have within your agency? Please explain and provide the adjudicative levels at your agency.

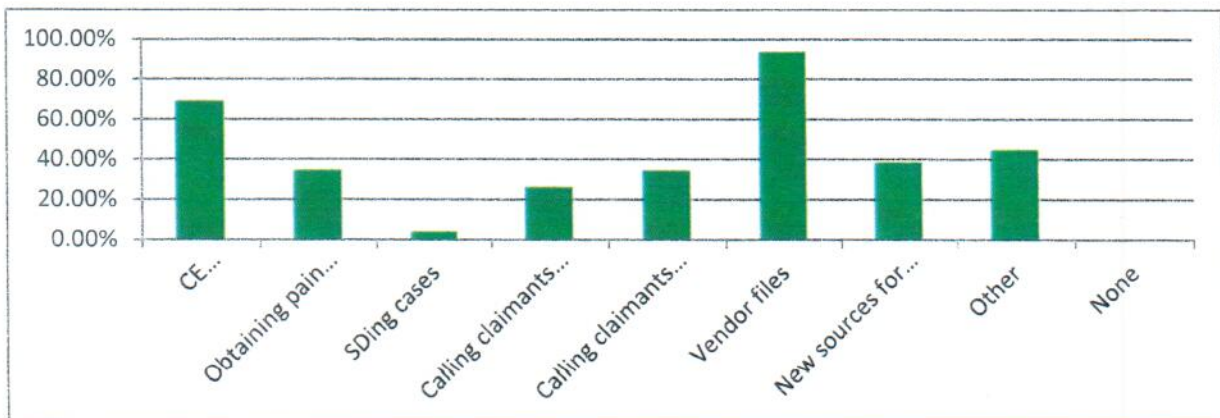
Adjudicator	No. Cases Assigned 2019 to 2021				Average No. of cases cleared 2019 to 2021			
	Increase	Decrease	Same	NA	Increase	Decrease	Same	NA
Adjudicator II	6	7	21	16	2	17	5	26
	12.00%	14.00%	42.00%	32.00%	4.00%	34.00%	10.00%	52.00%
Adjudicator III	5	12	18	15	2	17	4	27
	10.00%	24.00%	36.00%	30.00%	4.00%	34.00%	8.00%	54.00%
Adjudicator IV	4	7	8	31	3	10	1	36
	8.00%	14.00%	16.00%	62.00%	6.00%	20.00%	2.00%	72.00%
Adjudicator V	0	5	6	39	1	5	0	44
	0.00%	10.00%	12.00%	78.00%	2.00%	10.00%	0.00%	88.00%
Other	Answers varied by specialist and other responsibilities besides case assignments				Answers varied by specialist and other responsibilities besides case assignments			

The table lists the number of levels of adjudicators from each response. There were also 6 responses that referenced case caps for at least one level of adjudicator.

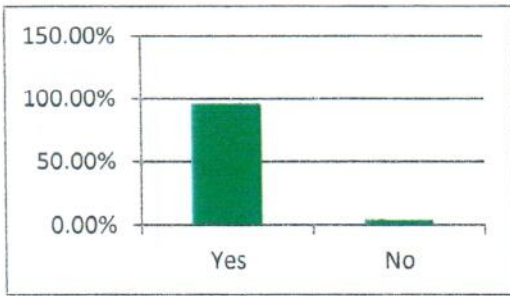
One	Two	Three	Four	Five	NA
1	8	17	11	3	10

2. Select all tasks below that Adjudicators receive administrative assistance:

Answer Choices	Responses	
CE acknowledgments calls	70.00%	35
Obtaining pain and function forms	34.00%	17
SDing cases	6.00%	3
Calling claimants to read Covid scripts	26.00%	13
Calling claimants to read telehealth scripts	34.00%	17
Vendor files	94.00%	47
New sources for information	40.00%	20
Other	46.00%	23
None	0.00%	0
	<b>Answered</b>	<b>50</b>



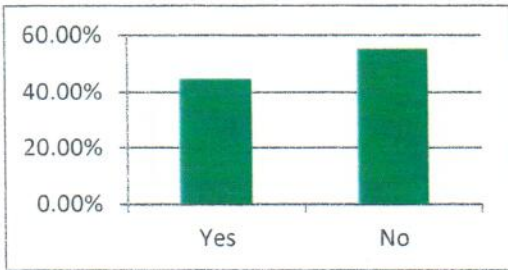
3. Do your adjudicators do their own vocational analyses?



Answer Choices	Responses	
Yes	95.92%	47
No	4.08%	2
<b>Answered</b>		<b>49</b>
<b>Skipped</b>		<b>1</b>

18 States responded that a Vocational analyst will offer advice based on case difficulty or adjudicative level. Most listed were available for advice.

4. Are you adequately staffed with medical consultants?



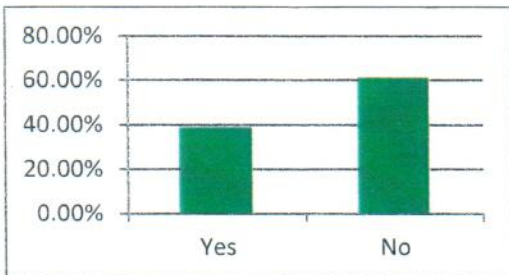
Answer Choices	Responses	
Yes	45.83%	22
No	54.17%	26
<b>Answered</b>		<b>48</b>
<b>Skipped</b>		<b>2</b>

5. What is the average amount of cases a full time SAMC (Contractor or Employee) completes in a week?

Min	Max	Mean	Median
9	170	73	65

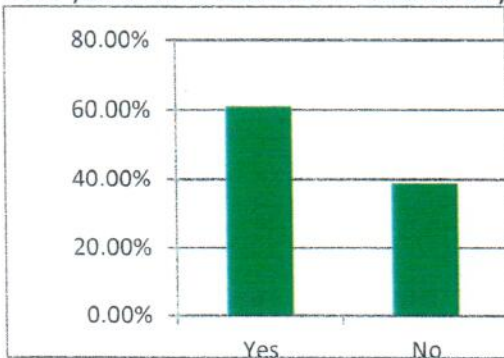
Many responses included that they have part-time/contracted MC/PC that are paid by the number of minutes spent on a case or payment based on the number of cases marked done.

6. Does your agency have the capacity for SAMC to help other states?



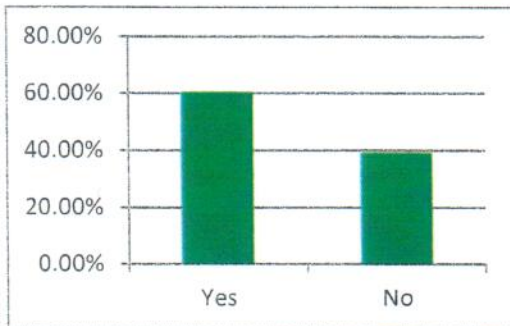
Answer Choices	Responses	
Yes	40.00%	20
No	60.00%	30
<b>Answered</b>		<b>50</b>
<b>Skipped</b>		<b>0</b>

7. Have you tried to increase the salaries of your staff in the past three years?



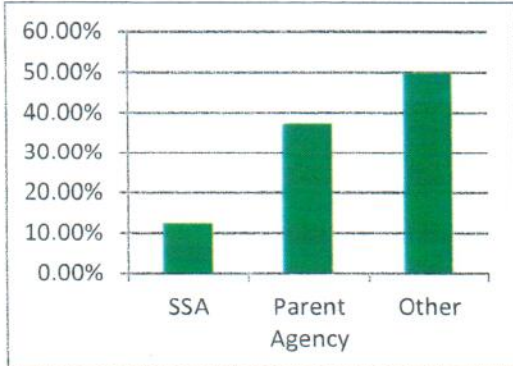
Answer Choices	Responses	
Yes	62.00%	31
No	38.00%	19
<b>Answered</b>		<b>50</b>
<b>Skipped</b>		<b>0</b>

8. Were you successful in increasing staff salaries?



Answer Choices	Responses	
Yes	58.82%	20
No	41.18%	14
<b>Answered</b>		<b>34</b>
<b>Skipped</b>		<b>16</b>

9. If you were not successful, who prevented salary increases?



Answer Choices	Responses	
SSA	11.76%	2
Parent Agency	41.18%	7
Other	47.06%	8
<b>Answered</b>		<b>17</b>
<b>Skipped</b>		<b>33</b>

10. What is the yearly starting salary for a NEW adjudicator in your DDS?

Min	Max	Mean	Median
\$ 30,000	\$ 75,506	\$ 44,476	\$ 43,000

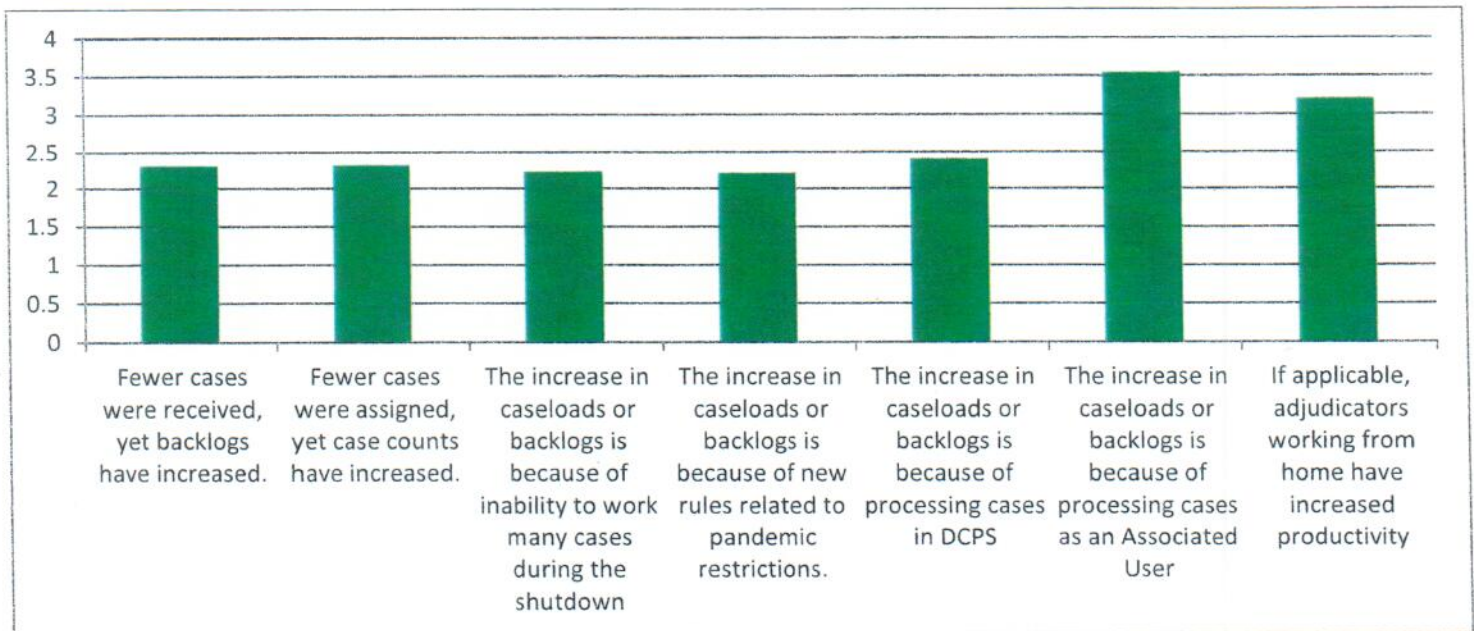
11. For the following statements, please select your level of agreement with regard to the workload over last two years comparatively to the past.

- A. Fewer cases were received, yet backlogs have increased.
- B. Fewer cases were assigned, yet case counts have increased.
- C. The increase in caseloads or backlogs is because of inability to work many cases during the shutdown
- D. The increase in caseloads or backlogs is because of new rules related to pandemic restrictions.
- E. The increase in caseloads or backlogs is because of processing cases in DCPS
- F. The increase in caseloads or backlogs is because of processing cases as an Associated User
- G. If applicable, adjudicators working from home have increased productivity

	Strongly Agree		Agree		Neither Agree or disagree		Disagree		Strongly Disagree		Total	Weighted Average
A	31.25%	15	31.25%	15	16.67%	8	16.67%	8	4.17%	2	48	2.31
B	26.53%	13	38.78%	19	14.29%	7	14.29%	7	6.12%	3	49	2.35
C	26.00%	13	44.00%	22	10.00%	5	18.00%	9	2.00%	1	50	2.26
D	18.00%	9	60.00%	30	8.00%	4	12.00%	6	2.00%	1	50	2.2
E	26.00%	13	34.00%	17	24.00%	12	8.00%	4	8.00%	4	50	2.38
F	4.26%	2	4.26%	2	46.81%	22	23.40%	11	21.28%	10	47	3.53
G	2.00%	1	10.00%	5	60.00%	30	22.00%	11	6.00%	3	50	3.2

**Answered 50**  
**Skipped 0**

The weighted average shows the level of agreement or disagreement. The value of 3 is neutral, if the average is below 3 the majority agreed with the statement and if the value is above 3 the majority disagreed with the statement.

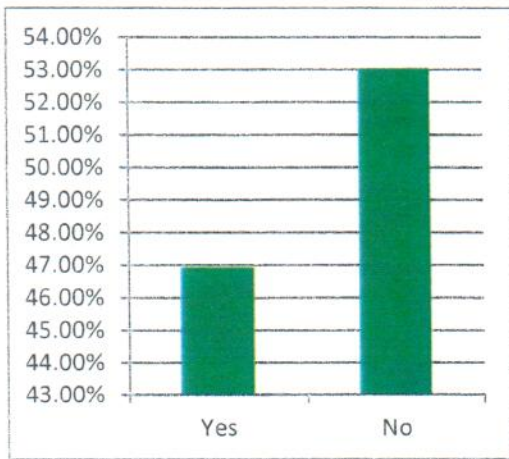


12. If your DDSs case counts have increased due to the pandemic, how many months do you think it will take to recover to a pre-pandemic workloads?

Min	Max	Mean	Median	NA
0	36	14.28	12	24

Many responses included the difficulty of staffing being a core reason for the backlog instead of the pandemic being the main cause. Other factors staffing resources, vendor resources, MC availability, DCPS functionality, and more.

13. Does your DDS receive assistance from an EST or Federal Case Processing Unit Currently?



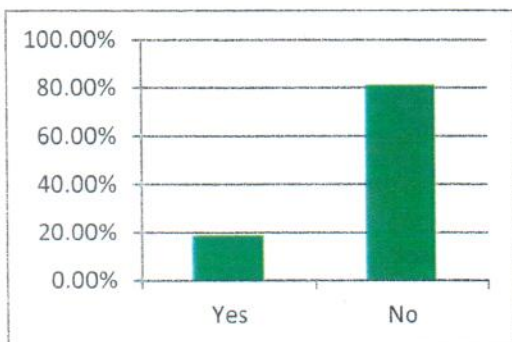
Answer Choices	Responses
Yes	48.00% 24
No	52.00% 26
<b>Answered</b>	<b>50</b>
<b>Skipped</b>	<b>0</b>

If Yes, is assistance due to lack of DCPS functionality, or due to staffing challenges.

Staffing	DCPS	MC/PC	COVID	NA
19	6	1	1	26

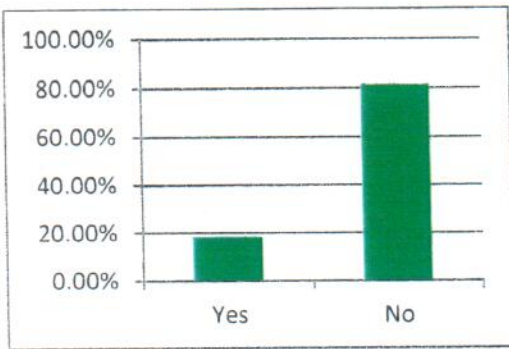
**Part III: DCPS**

1. Does your DDS assist other states with their caseloads?



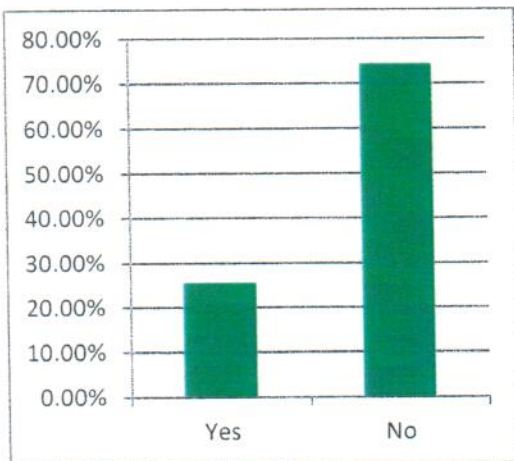
Answer Choices	Responses
Yes	18.37% 9
No	81.63% 40
<b>Answered</b>	<b>49</b>
<b>Skipped</b>	<b>1</b>

2. Has AUF reduced the level of assistance you can provide others?



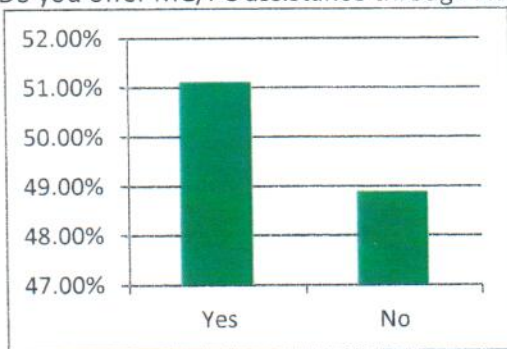
Answer Choices	Responses
Yes	18.42% 7
No	81.58% 31
	<b>Answered 38</b>
	<b>Skipped 12</b>

3. Do you adjudicate cases through AUF?



Answer Choices	Responses
Yes	25.00% 11
No	75.00% 33
	<b>Answered 44</b>
	<b>Skipped 6</b>

4. Do you offer MC/PC assistance through AUF?



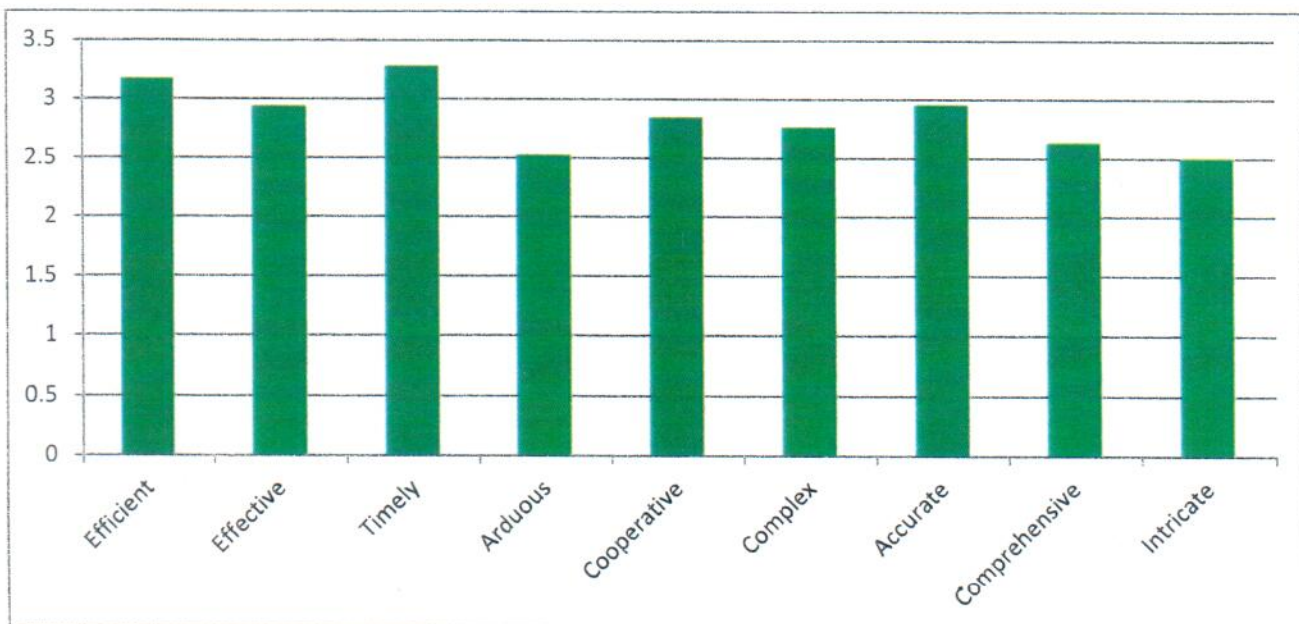
Answer Choices	Responses
Yes	52.17% 24
No	47.83% 22
	<b>Answered 46</b>
	<b>Skipped 4</b>

5. For the following statements, please select a level of agreement with regard to the use of DCPS.

	Strongly Agree	Agree	Neither Agree or disagree	Disagree	Strongly Disagree
Efficient	6.25%	22.92%	22.92%	41.67%	6.25%
Effective	6.25%	22.92%	43.75%	22.92%	4.17%
Timely	6.25%	14.58%	35.42%	33.33%	10.42%
Arduous	14.58%	41.67%	20.83%	18.75%	4.17%
Cooperative	4.17%	22.92%	58.33%	12.50%	2.08%
Complex	6.25%	35.42%	35.42%	18.75%	4.17%
Accurate	4.17%	20.83%	58.33%	8.33%	8.33%
Comprehensive	10.42%	29.17%	47.92%	10.42%	2.08%
Intricate	10.42%	39.58%	37.50%	10.42%	2.08%

Looking at the weighted average tells us that a value of 3 is neutral. Above 3 is a stronger disagreement and below three is a stronger agreement. Here we see that the description that the most responses agreed with is "Intricate."

	Strongly Agree	Agree	Neither Agree or disagree	Disagree	Strongly Disagree	Total	Weighted Average	
Efficient	3	11	11	20	3	48	3.19	
Effective	3	11	21	11	2	48	2.96	
Timely	3	7	17	16	5	48	3.27	
Arduous	7	20	10	9	2	48	2.56	
Cooperative	2	11	28	6	1	48	2.85	
Complex	3	17	17	9	2	48	2.79	
Accurate	2	10	28	4	4	48	2.96	
Comprehensive	5	14	23	5	1	48	2.65	
Intricate	5	19	18	5	1	48	2.54	
	<b>Answered</b>						<b>48</b>	
	<b>Skipped</b>						<b>2</b>	

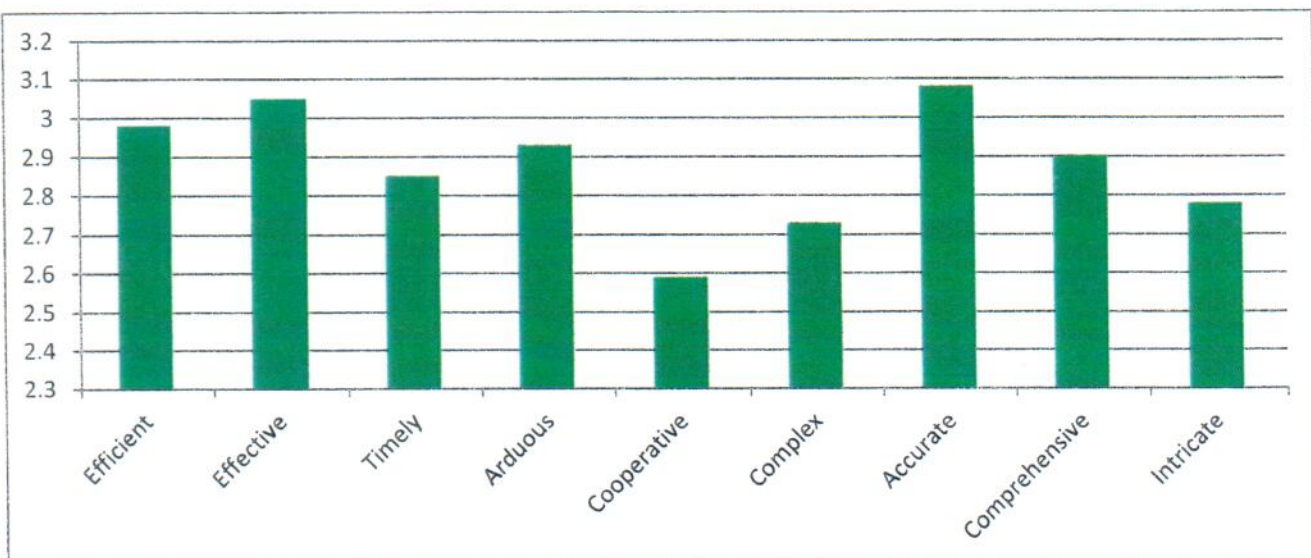


6. For the following statements, please select a level of agreement with regard to the use of AUF.

	Strongly Agree	Agree	Neither Agree or disagree	Disagree	Strongly Disagree
Efficient	2.44%	29.27%	43.90%	17.07%	7.32%
Effective	2.44%	21.95%	48.78%	19.51%	7.32%
Timely	7.32%	24.39%	48.78%	14.63%	4.88%
Arduous	9.76%	14.63%	51.22%	21.95%	2.44%
Cooperative	5.00%	37.50%	50.00%	5.00%	2.50%
Complex	7.32%	24.39%	58.54%	9.76%	0.00%
Accurate	2.44%	9.76%	70.73%	12.20%	4.88%
Comprehensive	4.88%	7.32%	80.49%	4.88%	2.44%
Intricate	9.76%	9.76%	75.61%	4.88%	0.00%

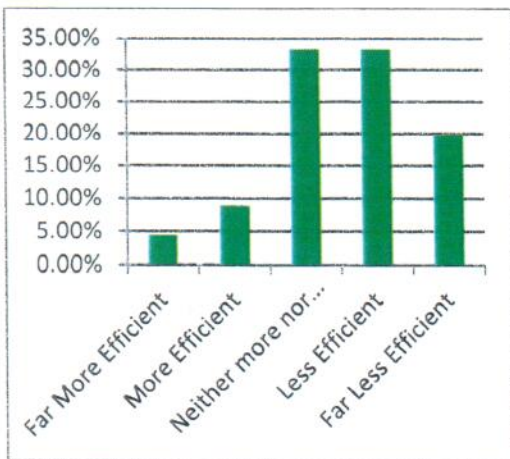
Looking at the weighted average tells us that a value of 3 is neutral. Above 3 is a stronger disagreement and below three is a stronger agreement. Here we see that the description that the most responses agreed with is "Cooperative."

	Strongly Agree	Agree	Neither Agree or disagree	Disagree	Strongly Disagree	Total	Weighted Average
Efficient	1	12	18	7	3	41	2.98
Effective	1	9	20	8	3	41	3.07
Timely	3	10	20	6	2	41	2.85
Arduous	4	6	21	9	1	41	2.93
Cooperative	2	15	20	2	1	40	2.63
Complex	3	10	24	4	0	41	2.71
Accurate	1	4	29	5	2	41	3.07
Comprehensive	2	3	33	2	1	41	2.93
Intricate	4	4	31	2	0	41	2.76
						<b>Answered</b>	<b>41</b>
						<b>Skipped</b>	<b>9</b>





7. Has DCPS made fiscal actions



Answer Choices	Responses
Far More Efficient	4.35% 2
More Efficient	8.70% 4
Neither more nor less efficient	32.61% 15
Less Efficient	34.78% 16
Far Less Efficient	19.57% 9
<b>Answered</b>	<b>46</b>
<b>Skipped</b>	<b>4</b>

8. After DCPS rollout was complete, and outside of the usual staff that would have supported your legacy system, have you dedicated additional staff or created new positions in your agency due to DCPS functionality?

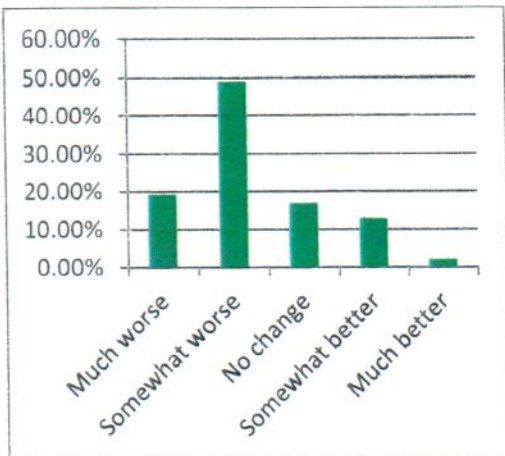
Position or Function	# of Additional Staff	# of New Positions
Medical Queue gatekeeper	States -3 Staff -3	States -3 Staff -4
IQA gatekeeper	States -3 Staff -3	States -2 Staff -3
Maintenance of DCPS issues	States -9 Staff -11	States -4 Staff -8
Fiscal Staff	States -5 Staff -9	States -7 Staff -20
Training staff for DCPS enhancements	States -7 Staff -14	States -2 Staff -2
Reporting and data management	States -10 Staff -10	States -6 Staff -7
Other functions	States -4 Staff -9	States -3 Staff -8
No Change, no additional staff needed	States - 27	

Please list additional positions that you have added due to DCPS, if any.

Many responses included the delay of rolling out DCPS and the need to reevaluate business processes when considering adding new staff. Responses also stated that many roles have taken on extra duties connected to DCPS and the majority of their time has trended towards functionality of DCPS. IT, Reporting, Scheduling, Fiscal and Clerical/Gatekeeping positions were reassigned duties with the release of DCPS.

**Part IV: Morale and Mental Health**

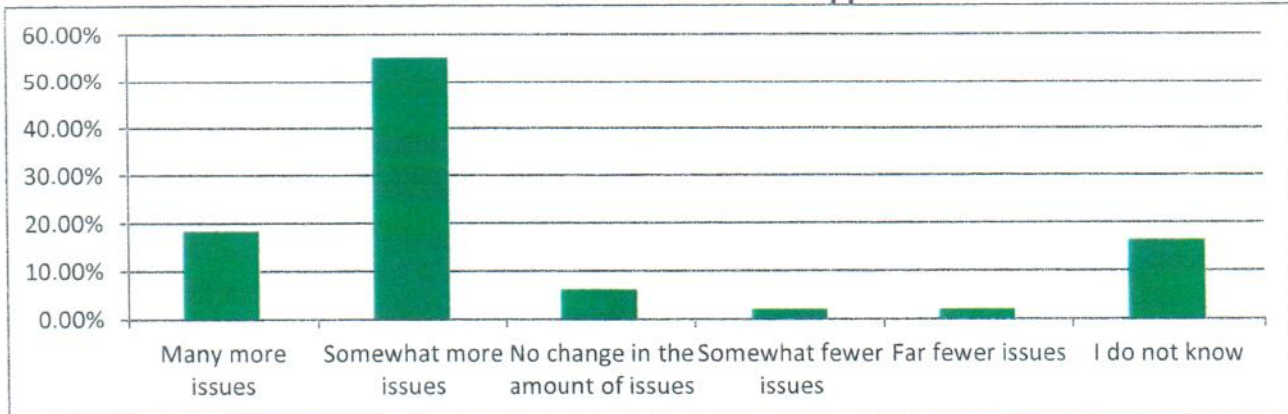
1. Over the past two years, how would you characterize the change (if any) in the morale of your DDS?



Answer Choices	Responses
Much worse	18.75% 9
Somewhat worse	47.92% 23
No change	16.67% 8
Somewhat better	14.58% 7
Much better	2.08% 1
<b>Answered</b>	<b>48</b>
<b>Skipped</b>	<b>2</b>

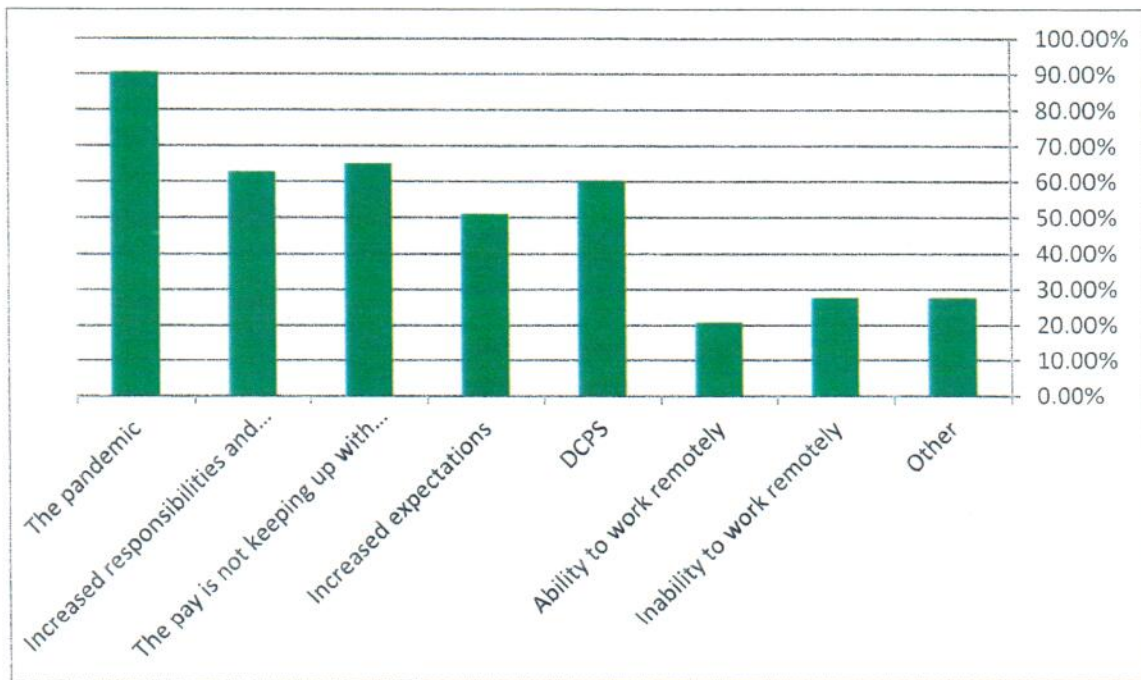
2. Do you believe that staff within your DDS are experiencing more mental health issues now than they did two years ago?

Answer Choices	Responses
Many more issues	18.00% 9
Somewhat more issues	54.00% 27
No change in the amount of issues	8.00% 4
Somewhat fewer issues	2.00% 1
Far fewer issues	2.00% 1
I do not know	16.00% 8
<b>Answered</b>	<b>50</b>
<b>Skipped</b>	<b>0</b>



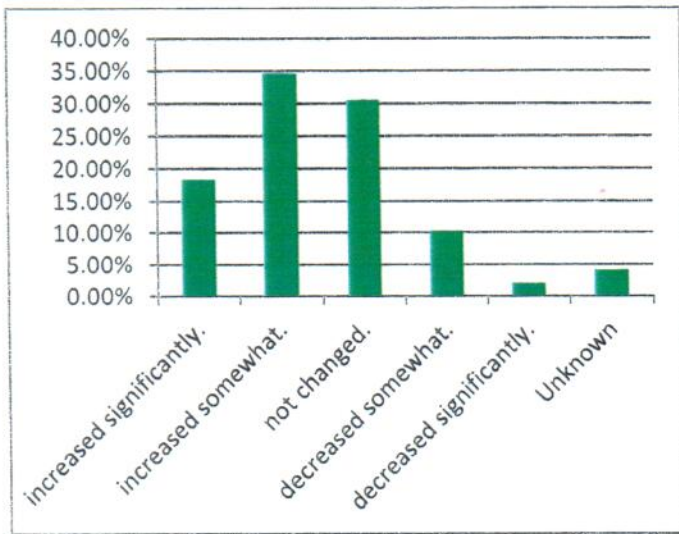
3. If there is a significant change in anxiety, stress, or mental health in your DDS, do you believe it is attributed to:  
(select all that apply)

Answer Choices	Responses	
The pandemic	90.70%	39
Increased responsibilities and duties of the adjudicator job	62.79%	27
The pay is not keeping up with other jobs available in the marketplace that have less responsibility or stress	65.12%	28
Increased expectations	51.16%	22
DCPS	60.47%	26
Ability to work remotely	20.93%	9
Inability to work remotely	27.91%	12
Other	27.91%	12
	<b>Answered</b>	<b>43</b>
	<b>Skipped</b>	<b>7</b>



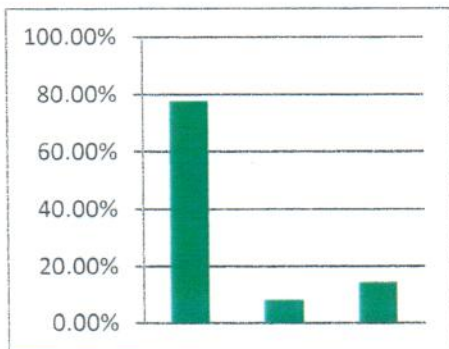
4. Compared to two years ago, has there been a change in the rates of examiners taking extended leave or FMLA?

Number of examiners taking FMLA/Extended leave has..



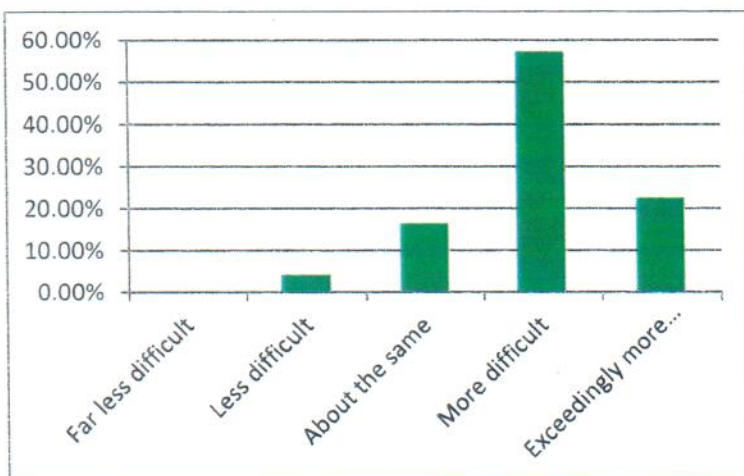
Answer Choices	Responses
increased significantly.	18.00% 9
increased somewhat.	34.00% 17
not changed.	30.00% 15
decreased somewhat.	12.00% 6
decreased significantly.	2.00% 1
Unknown	4.00% 2
<b>Answered</b>	<b>50</b>
<b>Skipped</b>	<b>0</b>

5. If an adjudicator asks to take a long leave of absence or goes on FMLA, what do you do with their cases?



Answer Choices	Responses
A. Distribute cases to other examiners	78.00% 39
B. Keep the cases in the adjudicator's caseload, but ask others to manage the caseload until the examiner's return	8.00% 4
C. Other	14.00% 7
<b>Answered</b>	<b>50</b>
<b>Skipped</b>	<b>0</b>

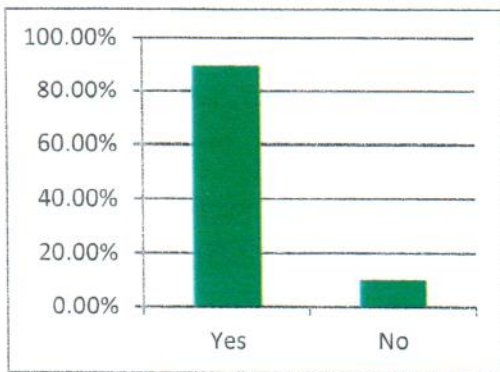
6. Do you believe that the job of a disability examiner/adjudicator is more or less difficult today than it was 5 years ago?



Answer Choices	Responses
Far less difficult	0.00% 0
Less difficult	4.00% 2
About the same	16.00% 8
More difficult	58.00% 29
Exceedingly more difficult	22.00% 11
<b>Answered</b>	<b>50</b>
<b>Skipped</b>	<b>0</b>

7. In the past 2 years, have you had difficulty in attracting and keeping new employees?

- a.  Yes
- b.  No

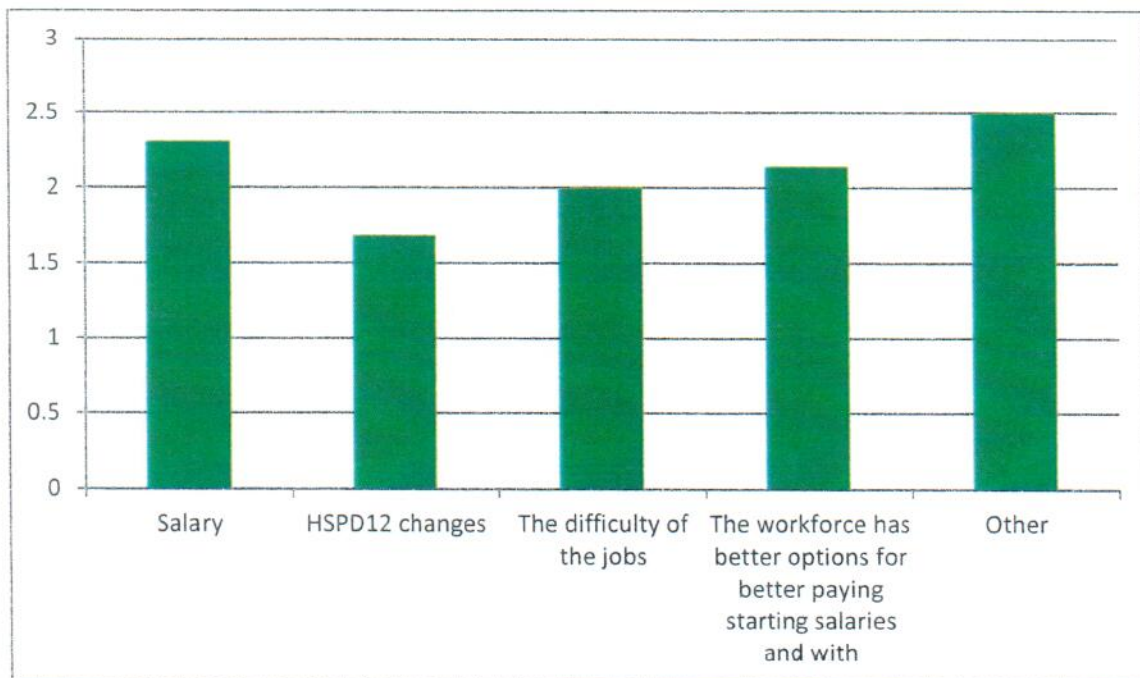


Answer Choices	Responses	Count
Yes	90.00%	45
No	10.00%	5
<b>Answered</b>		<b>50</b>
<b>Skipped</b>		<b>0</b>

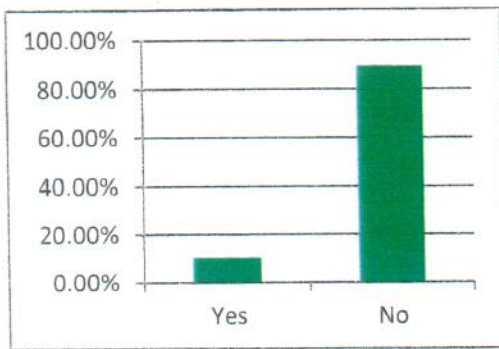
8. Select the top three reasons for difficulty recruiting and keeping new employees. Please fill in the values 1, 2, and 3

- Salary
- HSPD12 changes
- The difficulty of the jobs
- The workforce has better options for better paying starting salaries and with less stress in the community
- Other

	1	2	3	Score			
Salary	38.00%	19	18.00%	9	18.00%	9	2.3
HSPD12 changes	6.00%	3	16.00%	8	18.00%	9	1.7
The difficulty of the jobs	16.33%	8	24.49%	12	16.33%	8	2.0
The workforce has better options for better paying starting salaries and with less stress in the community	34.00%	17	32.00%	16	20.00%	10	2.2
Other	2.04%	1	2.04%	1	0.00%	0	2.5



9. HSPD-12 is designed to protect the SSA System. It's deep penetration into the background of possible new hires is necessary. It was developed due to a presidential directive a number of years ago. One element that does not seem to part of the directive was a negative decision made is not appealable. Do you have any instances where you believe a negative decision was wrong or should have been appealable?



Answer Choices	Responses	
Yes	10.42%	5
No	89.58%	43
	<b>Answered</b>	<b>48</b>
	<b>Skipped</b>	<b>2</b>

#### Open Ended Response Summary from the Part IV: Morale and Mental Health

The majority of states believe the job of adjudicator is significantly more difficult than in years past. There are a variety of reasons that were listed. The most often cited reason included limitations of DCPS. Legacy systems were more robust. Working in DCPS requires a lot of 'work around' processes to do the same job and it is changing constantly. This is arduous for adjudicators, supervisors, management, and support staff. For many states, DCPS implementation and the added 'work around' restrictions were on the same timeline as the pandemic which hindered rollout in a variety of ways. A few states had the added stress of AUF.

The pandemic brought along an array of issues and extra steps which slowed down case processing. The reverberations from these issues are still being felt. Examples of pandemic related issues include claimants not going to the doctor and then not being able to go to exams. Most claimants had to be contacted regarding COVID protocol. Contacting them required multiple phone attempts and letters. Also DDS employees themselves were out because of sickness or sickness in their family. Even getting a claimant to answer the phone is not the same as it was in years past and we do not have the phone infrastructure needed. The flip phones often break or stop working and then the claimant can't make contact. Mail is also not as reliable. These factors extend the time of keeping a case.

Add to this, even if the pandemic had not happened, many agencies list there has been a focus on vocational aspects of cases on external reviews and there is mixed messaging in returns from various reviewing sites. The content that is a focus for reviews causes agencies to slow down in the areas where errors are being returned. This in turn causes adjudicators to overdevelop in certain areas. Some agencies feel reviewers are looking for a "perfect case" instead of a policy compliant case.

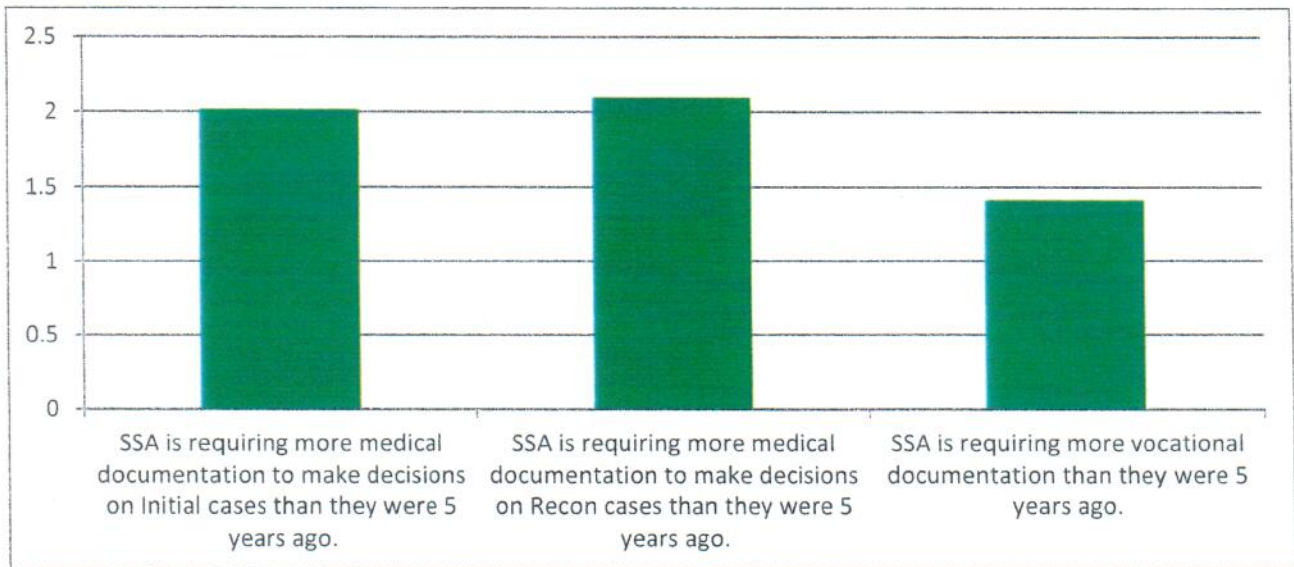
Overall, the difficulty and complexity of this job is not matching the employees attracted to the job as far as pay and desire to work in disability. Many agencies feel they can't keep up with the training required from the regularly changing policies. Some of the changes mentioned were failure to cooperate rules, collateral estoppel, and the focus on transferring skills. Additionally, some items that were previously the responsibility of the field offices have shifted to the DDS. This is the case for collateral estoppel for instance.

The confluence of DCPS, the pandemic, policy changes, more medical evidence, and OQR focus is the primary mix listed as factors that have made the job more complex. This is causing a cycle of attrition that is draining agency resources and driving away experienced employees. This cycle of increased knowledge needed to do the job, continued attrition leading to lost knowledge, and then constant rehiring is leading to a greater deficit every year. HSPD-12 is also causing obstruction with hiring. The job is increasingly not worth the stress. Every change and obstacle introduced is leading to another delay and those delays have added up to be significant as far as not being able to clear cases and bogging down adjudicators with high case counts. From the variety of issues mentioned, it is many factors all adding up into one large problem.

**Part V: Quality**

1. For the following statements, please select your level of agreement with regard to documentation requirements over the last five years comparatively to the past.
  - A. SSA is requiring more medical documentation to make decisions on Initial cases than they were 5 years ago.
  - B. SSA is requiring more medical documentation to make decisions on Recon cases than they were 5 years ago.
  - C. SSA is requiring more vocational documentation than they were 5 years ago.

	Strongly Agree		Agree		Neither Agree or disagree		Disagree		Strongly Disagree		Total	Weighted Average
A.	26.53%	13	48.98%	24	18.37%	9	6.12%	3	0.00%	0	49	2.04
B.	28.57%	14	38.78%	19	26.53%	13	4.08%	2	2.04%	1	49	2.12
C.	65.31%	32	28.57%	14	4.08%	2	0.00%	0	2.04%	1	49	1.45
											Answered	49
											Skipped	1



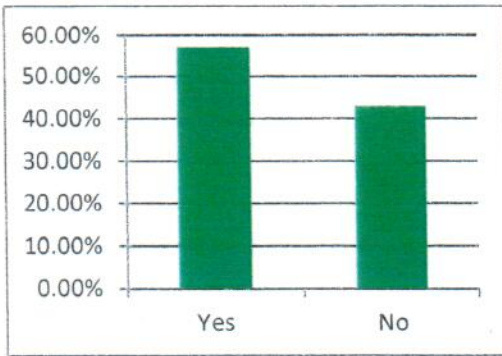
2. What percentage of each case type does your QA staff typically review? For example, do you review approximately 10% of all initial cases written?

Initial	Min	Max	Median	Mean	NA
	2	100	21	34.5	9
Recon	Min	Max	Median	Mean	NA
	1	100	20	28.6	9
CDR	Min	Max	Median	Mean	NA
	0	100	10	18.7	9

3. Approximately how many cases per year does your QA sample per adjudicator?

Min	Max	Median	Mean	NA
4	1500	108	214.4	25

4. Are internal QA reviews used in the calculation of adjudicator performance evaluations?



Answer Choices	Responses	Count
Yes	58.00%	29
No	42.00%	21
<b>Answered</b>		<b>50</b>
<b>Skipped</b>		<b>0</b>

5. How does your DDS handle OQR returns and rebuttals?

a. Do you have a dedicated person that writes rebuttals?

Yes – 34 (70.83%) and No(29.17%)

b. Who reviews OQR returns?

QA Specialist – 29, Supervisors – 9, Management/Admin – 16, Adjudicator – 5.

\*Note some states answers covered multiple categories because the process is broken into different tasks for different positions.

c. Who finishes development?

i. A common trend was for the Adjudicator(42 responses), who requested the rebuttal, work on the development and have a supervisor(QA team member) look over the work. Each state listed varied procedures, many have a QA Specialist or Supervisor that assists in the full rebuttal and others have portioned out the process to any combination of Adjudicator, QA Staff, Supervisors, and Administration/Management.

**Part VI: Training**

1. How many weeks long is your training program for New Adjudicators?

Min	Max	Median	Mean	NA
6	104	13	20.36458	1

2. After an adjudicator has been in the agency for a year, how many cases of each case type are they assigned a week?

Initial	Min	Max	Median	Mean	NA
	0	15	10	9.564103	10
Recon	Min	Max	Median	Mean	NA
	0	3	0	0.535714	20
CDR	Min	Max	Median	Mean	NA
	0	4	0	0.344828	20



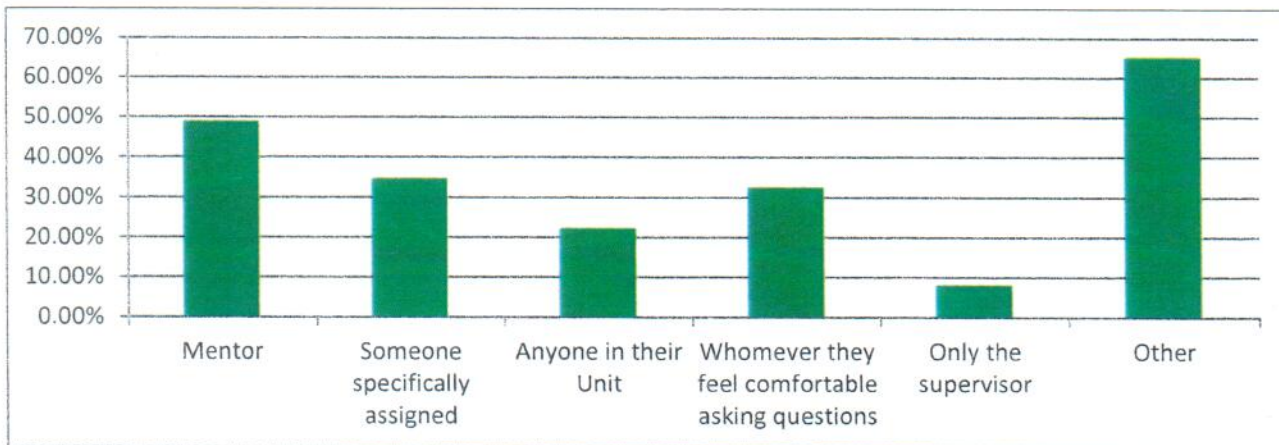
3. Do you provide mentoring for new adjudicators during any of the following?



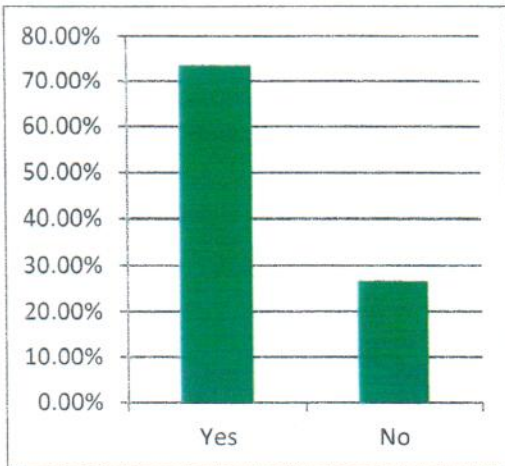
Answer Choices	Responses	Count
Training	10.00%	5
After training	6.00%	3
Neither	6.00%	3
Both	78.00%	39
<b>Answered</b>		<b>50</b>
<b>Skipped</b>		<b>0</b>

4. Once in a unit, who do new adjudicators go to for questions, other than their supervisor?

Answer Choices	Responses	Count
Mentor	48.00%	24
Someone specifically assigned	34.00%	17
Anyone in their Unit	24.00%	12
Whomever they feel comfortable asking questions	34.00%	17
Only the supervisor	8.00%	4
Other	66.00%	33
<b>Answered</b>		<b>50</b>
<b>Skipped</b>		<b>0</b>



5. Does your DDS have any type of program that is designed to try to improve performance of struggling adjudicators?



Answer Choices	Responses
Yes	74.00% 37
No	26.00% 13
<b>Answered</b>	<b>50</b>
<b>Skipped</b>	<b>0</b>

6. Please provide a description of your program to improve performance.

Mentorship and training/refresher opportunities that are supported by the supervisor, training staff and mentors. It seems that each program is tailored to the individual's needs or deficit. The formal plans are designed based on the topic that is causing problems and includes training and changes to assignments. Supervisors seems to provide the most input and support to examiners that are not performing as expected.

Questions 7 and 8 responses are listed below and have been randomized in order. If a State referred to the state name or abbreviation the word "STATE" was substituted in its place.

- 7. What is your perspective of the future in the DDSs if staffing, salaries and workloads remain as they are today?
- 8. What do you feel can be done to strengthen the state-federal partnership?

**What is your perspective of the future in the DDSs if staffing, salaries and workloads remain as they are today?**

Staff may choose to find other less stressful work that doesn't require so much documentation and justification to make a determination.
Bleak
Recruiting well-qualified candidates is challenging, given the number of job openings available and the length of time involved in onboarding new hires through the HSPD-12 process. Many candidates are choosing other positions that have less intrusive/cumbersome background checks and where they can begin to work and start earning an income sooner than the DDS can accommodate. We are also competing with other employers, federal and state agencies.
I am fortunate to be sitting with a full staff, have had salary increases to get closer to market value for our adjudicators within the past year, and have seen increased production with the use of DCPS and using remote work as an incentive. I am hopeful we will remain fairly consistent.
There will be a decrease in production; continued issues with staff retention and SSA could possibly eliminate the Federal/State agreement and revamp the EST's to become Federal Facilities and process the casework from these facilities. I believe this is in the future, since DCPS is their system and totally controlled by them. The handwriting is on the wall, if they choose to go that route.
We expect to continue to lose trained staff due to attrition and have trouble attracting and keeping new staff. The HSPD-12 changes and 6-week background investigation turnaround time make it difficult to onboard new staff before losing them to other jobs/state agencies.

<p>With no salary adjustment or gross increase of staff, the processing time will increase, customer service complaints will increase and quality will decline. Caseloads are just too high to give individual attention. This will continue to impact the high attrition rates. I don't see how we can be successful under our status quo.</p>
<p>There will be higher turnover and increased disciplinary action with the perception of "unreasonable expectations" and availability of other jobs throughout the nation with better pay, telework availability, less stress, and etc.</p>
<p>Unless there are positive changes (reduction in time) to the HSPD process implemented 10/01/21, the DDSs will be unable to sufficiently recruit, hire and retain talented staff. This will result in increasing caseloads, longer processing times, and higher staff turnover due to burnout related to increasing workloads to the staff we do have.</p>
<p>The service we currently provide will continue to deteriorate.</p>
<p>Not a great outlook. It is difficult to figure out workloads--they have been much lower during the pandemic. Recruitment/retention is abysmal. The HSPD-12 changes will make recruiting incredibly difficult in a time when we are already struggling to find viable candidates. We are fighting for basic equipment that could only improve customer service.</p>
<p>Concerned about telework largely if that were removed, otherwise no large concerns</p>
<p>We do not have any difficulty filling positions. We have to hire from within the union. We always get many candidates and have no problem filling positions and retaining staff even with the changes.</p>
<p>If we are not able to attract qualified quality candidates, we will not be able to hire and retain the workforce to meet our workload requirements. This must involve higher salaries, better working conditions, better recruiting, training and supervision than what we have been able to provide in this current environment.</p>
<p>Very bleak. We recently posted 12 adjudicator positions and received 2 applications. We have started staging for the first time in recent history. MPT and caseloads continue to rise. We have requested workload assistance and, as of this date, not received any.</p>
<p>Dire at best.</p>
<p>It really depends on workloads and whether we see an increase in cases. If there is an increase in workloads, we will need time to increase and train staff to meet the demands. Since salaries are dictated by the states and not SSA, it's important that Administrators do all they can within their state's guidelines to ensure that staff are paid competitively. Any support from SSA would be appreciated.</p>
<p>I am very concerned with the pay for the job. This job is very difficult and needs to be paid like the Federal Examiners are paid. The struggles will continue without better pay and a better System. DCPS promises were broken and it has rolled out when it is not ready. If we had the staff, we could handle the workloads. The workloads are less, but we are struggling due to lack of staff.</p>
<p>Pretty bleak. Have been shorthanded for many years, our attrition has been very large for as long. The service we provide to our citizens will be extremely poor and people will suffer needlessly. Now is the time to make the corrections, or it will take more years to recover.</p>
<p>The STATE DDS will encounter issues with retaining and attracting qualified personnel if salaries are not addressed by State HR and Legislature. This will prevent the DDS from performing its mission and meeting the various performance standards set by SSA.</p>
<p>In one word - bleak. The quality and quantity of the workload will continue to decrease. STATE's salary is likely the lowest in the nation so we fully understand the problems associated with that.</p>
<p>We will continue to lose newer staff and not attract viable candidates to replace them. Continual decrease in the ability to hire staff that stay permanently.</p>
<p>Bleak. Parent agency offers less work for either equal pay. We need to be able to hire in a more expeditious manner, and offer more salary for those that are doing their job correctly in accordance to performance standards.</p>
<p>There should always be a focus on analyzing these areas and being flexible and proactive to making adjustments and improvements as needed to continue to function effectively. This requires a good partnership between SSA and the DDSs.</p>
<p>7) We are optimistic that SSA will fully support states that have the ability to work remotely. In order to remain competitive, this is vital within STATE. We currently do not have the same competitive issues with insurance companies or other businesses that "poach" our tenured staff. If we can continue with the remote work environment we feel that overall we will retain the ability to attract staff. Our current hiring numbers have decreased throughout the pandemic, however, we are not alone with that issue.</p>
<p>Overall probably no change. DDS has always dealt with challenges like these, and will continue to do so.</p>

<p>There will be an ongoing cycle of trying to bring on new examiners, training them and losing them because of low salaries and increasing demands. Adjudicators who remain will burn out more quickly and the claimants will experience longer wait times for a decision</p>
<p>It is good. Staffing is okay for current workloads and salaries are competitive. Current union contracts include increments.</p>
<p>Prior to impact of COVID, STATE DDS performance was solid with anticipation for ongoing improvements expected.</p>
<p>It is a drain on managers to always feel short staffed, although hiring authority in recent years has been very helpful and less limiting. I am hopeful that will continue. Ideally what I would like to see is not to have a specific number of hires granted each year. Rather, to be able to refill positions when we want to, based on operational needs - similar to the way the state handles hires. In terms of workloads, the major area of concern is policy and how onerous it is becoming.</p>
<p>DDS's will not be able to retain staff and will be in a vicious cycle of constant hiring and training without the retention of talented staff. This will eventually impact the DDS's ability to staff supervisory and management staff. It will also result in greater adjudicative burdens being placed on inexperienced staff and this will directly impact customer service and the DDS's ability to meet their obligations to our claimants.</p>
<p>DDSs will have to find new ways to train and support examiners to remain competitive in the changing workforce. We need to increase the amount of clerical staff and truly look for ways to utilize electronic communication and processing.</p>
<p>Not enough staff to complete the caseloads.</p>
<p>Increased congressional inquiries and decreased customer service. The current ratio of employees to cases received is unmanageable.</p>
<p>I am very concerned - the job is much more complex and difficult yet working with the State parent agency classification section makes reclassifying positions very difficult. It is very difficult to hire people in Alaska (small population) and now with the pandemic, it is even more so.</p>
<p>STATE DDS will continue to be a competitive DDS due to salary and telework opportunities.</p>
<p>If current staffing allocation trends remain, we'll be able to meet increasing demands. The challenges now include HSPD-12 process, increased retirements, and a less experienced adjudicative staff servicing the workload. Salaries are competitive, but our state system for increases is not agile enough to stay that way as demand drives up wages in a strong private sector economy. In this competitive hiring market, the HSPD-12 timeline makes us less competitive as well; We've lost hires due to the long delay.</p>
<p>Increasing attrition because this is a high production environment. People can get paid more in doing less intense work than these positions require.</p>
<p>Staffing will be difficult to recruit and keep.</p>
<p>There will not be enough resources within DDS's to complete the incoming work. We are not going to be able to sustain what is required to serve our claimants.</p>
<p>Recruitment rates will decrease, attrition rates will increase. Overall staffing levels will likely not keep pace with workload demands.</p>
<p>It will be challenging to meet workload goals mostly due to staffing (attrition and retention). The program must become less complex, the job is not attractive and not competitive at entry level pay. I believe due to pandemic, staffing challenges, poorly planned DCPS implementation, unreasonable documentation requirements, and SSA inability to remove barriers such as HSPD12, the DDSs are on brink of failure.</p>
<p>Going to be hard to retain staff with current pace without higher pay-especially in this current job market STATE continues to see high attrition. We are hiring, but it is difficult to get significant numbers of new employees at one time. So we continue the hiring process, bringing in 3-5 new, but we typically lose 2-3 during same time period. If retirement and departure numbers stabilize, we can eventually build up staff to acceptable levels. But currently we don't have enough staff and we receive more claims than we can get out, adding to backlogs, mpt, etc.</p>
<p>We will continue to lose more people and end up perpetually hiring instead of having a knowledgeable workforce. This will slow down decisions and decrease quality. In the end, claimants will get worse decisions that take longer. It will cause additional suffering to a certain part of the population and sentiment about SSA will continue to erode. The cost of continual training will cost more than should be required if we can't retain employees.</p>
<p>Concerning, particularly related to hiring and the unknown case increase post FO reopen to public</p>

Longer wait times for claimants, poor morale for staff, decrease in quality if senior staff leave for other opportunities.

The DDS is at serious risk of becoming unable to address the needs of the citizens in our state. We are already struggling to do so in a timely manner due to effects of the pandemic, staff losses, the transition between case processing systems, and the limitations within DCPS. We already have lost institutional knowledge due to tenured staff at all levels retiring or resigning to take other positions that pay more and/or are less complex and stressful. It is imperative that we see positive changes in staffing, salaries, and workload as soon as possible to prevent complete collapse of our ability to process claims.

### What do you feel can be done to strengthen the state-federal partnership?

Additional information regarding training: The STATE DDS uses several different methods when training new adjudicative staff. We have an in-class training program that lasts 10-12 weeks. The training supervisor and 5 disability claims specialists (DCS) work intensely with new staff to learn about SSA, the disability program, DCPS, and how to adjudicate a claim. During the training class, new staff have lectures (done by the supervisor and DCSs) on each step of adjudication and in-house MC/PC provide training on the medical systems and listings. They receive practice cases and then begin receiving a reduced level of regular assignment while still in training. Once training is completed, staff are placed into units. The unit is composed of a supervisor, 2-3 new adjudicators, and a tenured adjudicator. The tenured adjudicator acts as a helper in the unit. The supervisor and helper review all aspects of the new adjudicators case development. As the yearlong probation progresses and staff become more proficient at the work, the level of review is decreased in order to ensure the person can work independently. While in the unit, the new adjudicators will also attend mentoring sessions with other tenured staff to address areas where they may be struggling. These sessions are set-up by the supervisor and tend to be with someone who is outside the unit. This allows the new adjudicator to meet other staff and to see how other staff approach certain aspects of the work. All cases continued to be reviewed prior to closure until the adjudicator completes probation (12 months from start date).

Too many times the DDS offices are dismissed as being difficult, unreasonable or resistant to change by SSA. In order to change that mindset, executives who have either worked or understand DDS operations should be in senior positions. These positions should report to the Commissioner and the program should be standalone within SSA. This would help improve communication, set the stage to establish work-groups and other vehicles to collaborate on shared goals.

Front line DDS workers have valuable insight into the practical application of new processes, but their input is ignored.

Right now there is a good relationship with DDS and SSA.

Transparency in decisions that impact DDS's and more flexibility for DDS's with budgetary constraints, such as the ability to restaff adjudicative positions each fiscal year. It is also important to have enhancements in DCPS. We need those enhancements delivered quickly as well. It would also greatly help to have more streamlined and simplified vocational policies and more current vocational tools.

More State autonomy to modify DCPS enhancements.

Relax the new hiring process which requires DDS to conduct a full FBI background check prior to onboarding an employee.

The STATE DDS benefits from being part of Region X. They are advocates and work tirelessly for us. There is real trust and collaboration between DDS and RO staff.

The Quality program needs to have more oversight and consistency across the OQRs. When OQR is more consistent and offers more levels of rebuttal, the federal and state partnership can become more collaborative.

DCPS - Treat us as customers who's feedback takes priority. Even the recent exercise to prioritize and implement 'rapid' user enhancements took several months just to get to voting for a relatively small amount of user requested changes. Technology updates - Every DDS in our region asks about getting VOIP/SOF phones to improve productivity with the response "it's being looked at with no definite resolution date." There's lots of COTS software used in my state for increased productivity that's deemed too risky for the SSA system. Let's build the security for IT systems with enough agility to include ready-made solutions. If we wait until SSA bakes in the functionality to existing systems we'll have the tools we need to increase efficiency now in 2040.

Allow states to utilize state policy on salary class and compensation policies instead of requiring states to go through a long, extensive process for salaries as opposed to allowing states to use their state policies.
Increased information on volumes and types of cases, more overlap communication with FO's
No comment at this time.
We need actual leadership at both the Regional and National level. There is little to no collaboration as in prior years. Regional Executives should not base decisions on individual data points without holding conversations with the DDS for insight into the story behind the data.
We need to leverage the experience across DDSs and SSA components to educate and train existing leadership on what partnership is. The SSA/DDS model is inherently flawed but strong partnership mitigates many of the challenges. DDS were removed from steering the DCPS project, now we have limited system where the technology drives the instead of the business driving the technology. SSA has to listen and take action, the final straw is not far away.
I think efforts are being made, with groups like NDIG, NCDDD, NADE, etc. These need to continue and strengthen. Many SSA people are also retiring/changing jobs. Many SSA people now do not have DDS background. It will take strong on-going effort for SSA and DDS to maintain solid understanding and communication.
The federal component does not understand the intricacies of the state DDS. Therefore, they need to listen more concerning processes and efficiencies. There needs to be more conversation and less federal force on state specific matters.
We need help in NCDDD activities - external relations, mentoring/supporting new Administrators Need a F2F meeting as soon as it is safe - plan ahead and get "on the books" SSA reactivate the recruitment/retention workgroup SSA pause on their initiatives re: DCPS and shift to user needs
It would be helpful to even the playing field. It seems that we are regularly told about things that the federal components have at their fingertips that the state DDSs cannot use - as examples, the ability to text claimants about upcoming exams and VOIP. Additionally, instead of a partnership, it often feels like the DDS is told what to do, no discussion, no input from our side.
SSA, including the ROs, should approach the partnership collaboratively rather than as the DDS' adversary. One way to do so is to provide timely response to requests for assistance to help manage the challenges cited in question 8. Clear efforts by SSA to understand and assist the DDS with addressing staffing challenges and the need to attempt to address with salary increases, particularly when the DPUs hire staff for the same job duties and workload at a much higher pay rate. The state/federal partnership has completely eroded and absent a defined position in SSA that works with, not against the DDSs change will not occur. SSA often treats DDSs like FO's and there is nothing further from fact. Many DDS are executive leadership positions within their states, reporting to, or appointed by the Governor. DDSs must have a voice and that voice cannot be filtered by RO, or Baltimore staffers.
Better communication, Unified DDS voice
The partnership could be strengthened by giving the DDSs more opportunities to provide input on proposed policy changes prior to release and/or implementation.
Open communications
State-federal partnership must include ongoing communication that goes beyond governance and compliance; rather engagement, negotiation and joint agreements on how to improve the system.
SSA could do a much better job in advocating for the DDS in several areas. They could be a better ally in assisting each state have a more competitive salary structure comparable to the federal adjudicators. They could be proactive in educating the public, attorney representatives and both state and federal legislatures in the current difficulties we are facing so we do have to handle all the public relation issues on our own.
Education, interaction, and data. Our parent agency assumes that a DDS examiner/adjudicator is the same as any other adjudicative position (i.e. Unemployment Insurance, Eligibility, Medicaid, etc.). It is also assumed that DDS performs all functions of a disability claim. Better education by SSA and DDS on the differing roles and responsibility of the FO vs DDS, as well as an examiner within DDS, can increase collaboration on all sides.
In my experience, I have had a very positive partnership and relationship with both State and Federal partners. I feel my voice is heard and consideration is given to idea brought forward.
We have an excellent relationship with the other states in the region and also with the SSA Regional office/Staff. I am not sure what else can be done to strengthen a good relationship.

SSA has so many layers, and they don't seem to work together in the states' best interests. Communication has deteriorated and sometimes directives are not clear. Our Regional Office liaisons have advocated on our behalf, but there has been little change. DCPS functionality has become a nightmare with too many hours wasted on prioritizing functionality that goes nowhere.
Transparency to increase for SSA to let oprs run operations w/o interference, support our budget and staffing needs
Ongoing information and/or training from the RO for adjudicators related to trends, particularly areas of concern by the federal government regarding performance. Also, some cursory knowledge of the FOs role would be helpful for adjudicators to understand the process outside the DDS. More training on expectations of complexities of vocational sections
SSA must ensure states can control their own workload and provide the resources to do it. SSA must continue to Enhance DCPS so it has the functionality to support the ste's business process rather than being forced to modify because the functionality does not support it.
Communication and education of respective programs.
Reasonable equity in salaries between state workers and federal workers doing the same job (adjudication). Better communication. Feds need to really assist the States in getting higher pay. We all understand the reason the States handle the decisions is for money. It is a win for the State and a win for the Feds. But this needs to change. The State examiners need higher pay. Insurance jobs that do not do as much as we require are making 2x what we make.
We initiated more frequent quarterly meetings with them and our regional states. Things are beginning to improve and we feel we could start to get greater partnership and a more robust trust. If they listen to us more, the relationship will improve.
Address the inconsistencies amongst the Regional DQBs as it relates to reviews and the need for additional CEs. Regional Office and ODD personnel having an open dialogue with State Agency Directors to discuss salaries, recruitment, and retention efforts. Challenges that more rural/frontier states have with recruiting CE providers, and the lack of MDs in rural areas. Address the quality of work provided by the FOs and lack of communication with the DDS.
As a new administrator, I am still learning alot about this dynamic, however, I would hope that SSA would continue to take the concerns of DDS seriously and address them expeditiously.
As SSA has now directed the use of DCPS they need to guide and assess, through a QA process, how work is done. MC assistance provided over the years reveals substantial differences in processing and expectations for staff roles. There would be few large industries today with so little attention to craft. Continuing to meet sincere efforts to address concerns. Ongoing collaborative calls with the FOs that we have quarterly and increase our DDS manager Liaison interactions with the FO managers on issues being seen in their FOs and ways to improve it. For example, appropriate 827s being completed, quality completion of 3368/3367, appropriate EXR documentation, etc.
Assist in having HSPD 12 business process go back to the way it was before Oct. of 2021. Have quarterly meetings with the DDS director, executives with the parent agency, and SSA R/O. Discussion on hiring needs to overcome obstacles with both sides.
Good communication is always critical to a strong partnership. Any initiatives to improve communication and collaboration will help to strengthen the state-federal partnership.