

The Service Delivery Crisis at SSA

February 2010

The primary message AFGE wants to convey with regards to service to the public is that Social Security is in *dire need* of Congressional oversight of its service delivery practices. Last fall Commissioner Astrue was requested to produce a comprehensive Service Delivery Plan for Congressional review. As of this writing, Commissioner Astrue has not complied with that request!

AFGE strongly urges Congress to insist that Commissioner Astrue comply with this request no later than April 30, 2010.

The crisis in the disability program, as manifested in the unconscionable delays in processing disability application appeals, is primarily due to the failure of previous Presidents and Congresses to adequately fund administrative expenses. Staffing levels dropped to levels not seen since the early 1970s; at the same time workloads reached all time highs. This has affected not only the disability workloads, but also all of the important work that the Agency should be doing.

In May 2008, AFGE Council President Witold Skwierczynski testified before the Senate Finance Committee and stated the following:

“Unacceptable backlogs have escalated and critical integrity workloads are not done. Employees who work on the SSA front lines and interact with the public are assigned impossible workloads. They are expected to increase their productivity, interview more and more claimants, maintain a high level of accuracy, and provide friendly and compassionate service when interacting with the public while Congress and the President not only assign more programs and workloads to the Agency but also do so while reducing staff. Dedicated veteran employees are fed up with the deteriorating stressful work environment and count the days till they can retire. SSA changes priorities and engages in crisis management efforts to plug the rapidly multiplying holes in the dam. Employees are not asked or encouraged to provide input regarding what should be done to solve the Agency’s problems. Instead they are just told what to do.”

It’s with great disappointment that we must report that little has changed since he made this statement.

While budgets for FY 2010 and FY 2011 offer significant increases, much of the additional funding will be absorbed by computer and technology overhauls. Very little of the money will be used to improve service on the front lines in field offices and teleservice centers.

The public finds it difficult to interact with a Social Security employee when they need assistance. In March 2009, GAO reported¹ the service delivery in field offices has declined greatly in recent years. In FY 2008, more than 3 million customers waited for over 1 hour to be served, while 51 percent of customers calling field offices had calls go unanswered.

Staffing losses and increased workloads are the greatest factors contributing to processing delays, backlogs, and loss of service. AFGE strongly believes that the morale of field employees is very low. Employees experience great stress in trying to process assigned workloads and meet the public’s needs. Unfortunately, there is no light at the end of tunnel. Disability and retirement program workloads are expected to grow 13 percent over the next five years.

¹ GAO Testimony before the Subcommittees on Income Security and family Support and Social Security, Committee on Ways and Means House of Representatives, March 24, 2009, *Further Actions Needed to Address Disability Claims and Service Delivery Challenges (GAO-09-511T)*.

Office Closures

Closure of Field Offices

In 2007, Commissioner Astrue closed a record number of field offices around the United States. Former Deputy Commissioner Linda McMahon briefed AFGE and confirmed that the Agency had plans to close up to 200 offices. AFGE determined that offices with less than 16 employees were potentially targeted for closure, with no examination of the adverse impact on the affected community. AFGE alerted Congress of SSA's plans, which ultimately forced Commissioner Astrue to stop closing offices.

Unfortunately, it appears that the Commissioner is working on a revised plan to close offices. AFGE has discovered that the Chicago Region has developed an "office consolidation guide," and plans to roll it out in a few months. The plan² was identified on page 19 of the Chicago "**Assistant Regional Commissioner for Management Operations and Support's (ARC/MOS), Fiscal Year 2010 Workplan.**" This work plan outlines major projects to be undertaken by the ARC/MOS, which affect other SSA components directly or indirectly, and may depend on the availability of staff from other components and/or budgetary support. The report was posted to the SSA Chicago intranet site.

Closure of TSCs

AFGE has become concerned about the closing and potential closing of teleservice centers (TSCs). Commissioner Astrue has closed two TSCs, Portland, Oregon and St. Paul, Minnesota. In the Portland TSC closure, some employees were reassigned to field offices or other agency components; some were hired to work at the Veteran's Administration and some retired. In the case of the St. Paul TSC, many of the employees were assigned to work at the new Minneapolis Card Center and some were reassigned to other field offices.

Prior to either TSC closing, there were signs of trouble, such as unexpected reassignment of employees to other facilities, and no replacement of lost staff. Each site had fewer than 50 employees, and was co-located in the same building or in close proximity to a field office.

AFGE has determined that there are a number of other TSCs that may face closure. Those include TSCs in Milwaukee, WI; Des Moines, IA; San Diego, CA; Honolulu, HI; Denver, CO; Saddlebrook, NJ; Grand Prairie, TX; Fort Lauderdale, FL; Cleveland, OH; and Indianapolis, IN.

AFGE opposes any conversion of a TSC to a Social Security Card Center. (See page 4) These TSC closures have occurred at a time when GAO has confirmed that the public is having tremendous difficulty calling the 800 number or getting through to a field office. An additional factor which makes this conversion of TSCs to Card Centers more troubling is the fact that SSA is taking far fewer Social Security Number applications than anticipated in FY 2008 forecasts. In FY 2009, SSA processed 17.4 million SSN applications, although more than 20 million were expected to be processed.

AFGE strongly recommends that:

- 1. Congress directs that SSA cease and desist from taking any action to close field offices and TSCs.**
- 2. Congress adopt language proposed by Rep. Brian Higgins (HR 5110) that would amend the Social Security Act (42 USC 904) to state:**
 - a. The Commissioner may not close or otherwise limit public access to a field office of the Administration until 180 days after the date on which the Commissioner submits to the Committee on Ways and Means of the House of Representatives and the Committee on Finance of the Senate a detailed report outlining and justifying the process for selecting**

² Chicago Regional Office, *Assistant Regional Commissioner for Management Operations and Support, Fiscal Year 2010 Workplan*

field offices and/or TeleService Centers (TSC) to be closed or otherwise have limited access; or to open and/or implement a Social Security Card Center (SSCC). Such report shall include:

- b. An analysis of the criteria used for selecting field offices or TSCs for closure or limited access, as well as the opening of new Social Security Card Centers, and how the Commissioner analyzes and considers factors relating to transportation and communication burdens faced by seniors and the disabled;**
- c. A cost-benefit analysis for each field office and/or TSC closure or opening of a new SSCC that takes into account-**
- d. The anticipated savings as a result of the closure;**
- e. The anticipated burdens, including communication and transportation burdens, placed on elderly and disabled citizens; and**
- f. The anticipated costs associated with replacing the services lost by the closure.**

Social Security Card Centers

In the last few years, Social Security has opened several Card Centers throughout the United States in large metropolitan areas (New York City, Brooklyn, Orlando, Las Vegas, Phoenix, Sacramento and Minneapolis,). Existing personnel was used to staff these new offices, and Social Security Commissioner Astrue intends to open at least 20 more over the next few years, at least 3 more by the end of 2011. The card center concept, while sounding good on paper, has proved to be a bad idea and a tremendous inconvenience to the American public.

During Fiscal Year 2009, SSA processed 17.4 million Social Security Number (SSN) applications for new or replacement Social Security cards. Most of them were processed in local field offices convenient to the applicant. Virtually all of SSA's field office staff has been trained to process SSN applications.

No action has been taken by the Administration to insure that card center employees either maintain their expertise (through job rotation) or are provided alternative career pathways. SSA claims that employees at card centers develop expertise that guarantees higher accuracy and less likelihood of identity theft problems. SSA has conducted no studies or analysis to substantiate such assertions. SSA also has not asked the public whether they prefer two-stop service to one stop service. Once Card Centers are opened, the public in a broad geographic area is required to do all their SSN card business in the Card Center. All card work in card centers must be done face to face. This face-to-face requirement does not exist for customers outside of the jurisdiction of Card Centers. Local full service offices in the service area of a Card Center are no longer permitted to do SSN card work. In some cases this requires the public to travel long distances to get their SSA card business done. For example, the Las Vegas Card Center services a five county jurisdiction where outlying cities are as far as 265 miles from the card center; and the Phoenix card centers cover the service areas of five field offices where outlying cities are as far as 50 miles from the closest card center. The Orlando Card Center services customers up to 90 miles from the office.

SSA has not taken public transportation availability into account when deciding where to establish Card Centers. Not only is this the antithesis of SSA's environmental commitment in their recent Strategic Plan about "getting to green," but this refusal to incorporate community transportation requirements in their Card Center strategy indicates a crass lack of concern regarding mobility requirements for SSA's aged, disabled, and low income customers.

Historically, SSA has always required its offices to be full service facilities. There are no offices exclusively devoted to disability or retirement claims. All field offices process whatever business the public has with SSA. SSA surveys of public satisfaction have confirmed that applicants prefer to be served by one individual (i.e. a case worker) and that they prefer to conduct all their SSA business at one time and place (i.e., one stop service). Enumeration Centers only process Social Security card work. Another SSA employee must conduct at another location and all other SSA business. Thus, these card centers are the opposite of the type of service that the public prefers. There is no logical reason to maintain the concept of Card Centers. It forces a great inconvenience on the American public.

An additional problem with the Card Centers is that employees assigned to work there quickly lose the expertise gained through the years to perform a broad range of SSA work. SSN work is only one of many functions that employees perform in a full service SSA office. Due to this loss of expertise, card center work is a dead end job with minimal promotional opportunities. SSA has done nothing to address this problem. Also, SSA assigned many employees against their will to work in Card Centers. Such heavy-handed tactics utilized by SSA leadership to staff these ill-advised Card Centers indicate a lack of sensitivity to the needs and aspirations of loyal, hard-working SSA employees.

AFGE urges Congress to direct Commissioner Astrue to suspend all plans to open additional Social Security Card Centers until this policy is reviewed and/or reversed, and to complete an analysis of the burdens faced by seniors and the disabled, including a cost benefit analysis for each Card Center.

800 Number Service

The SSA 800 number was considered one of the best 800 number services in the country 10 years ago. Unfortunately, higher call volumes, and the failure to increase staff in the Agency 800 number operation, have caused a significant deterioration in service. Call response times have increased, and more actions are being referred to automated systems rather than to live agents, something that the public has said they do not want.

SSA still uses a significant number of part time personnel called SPIKES who work in Program Service Centers and answer the phone on projected peak days. Part time phone personnel are diverted to answering the increasing number of callers to the 800 number, from their full time jobs processing claims and post entitlement actions. Such diversion of personnel adversely affects SSA's ability to process claims and post entitlement actions timely. This increases calls to the 800 number, and visits and calls to field offices. SSA should terminate use of SPIKES.

Due to staffing shortages, call agents have been subjected to stringent restrictions on their activities at the worksite. Agents are monitored regarding their availability for calls, length of calls, breaks and lunch times, length of bathroom time, etc. Severe restrictions on leave availability have been imposed due to the lack of available agents.

Real public service has been replaced with an illusion of service. SSA is installing a Voice Over Internet Protocol (VOIP) phone system with more automated choices, promoted as more public choices of service. When, in fact, the public was not first asked if this is the service they want from SSA. 800-number agents are now expected to provide "service" in 264 seconds³ or less and are expected to read from generalized scripts. More in-depth conversations are strongly discouraged, or could result in a negative outcome for the employee (i.e. performance evaluations, award eligibility). The new phone system being installed will also require 800 number agents to perform additional services, although Commissioner Astrue has not made a request for additional 800 number agents to provide the additional services, or to assist the additional customers those services would attract. This is another classic example of SSA putting the cart before the horse, which sets up SSA employees for sure failure!

³ Social Security Administration, *Justification of Estimates For Appropriations Committees, FY 2011, Annual Performance Plan, page 9*

AFGE continues to receive hundreds of complaints from 800 number agents around the country. These employees work in Teleservice Centers (800 number sites), Program Service Centers, the Data Operations Center in Wilkes Barre, Pennsylvania, and the Office of Central Operations in Baltimore, Maryland. An increasing number of agents, mostly TSC employees, complain of working under “sweatshop” conditions. Social Security Administration management has been particularly hard on them, subjecting TSC employees to a hostile work environment, and denying them benefits and reasonable working conditions that other Social Security employees enjoy.

TSC employees are treated differently when leave is involved. AFGE has prevailed in grievance arbitration to provide some relief in this area, but a long-term solution is needed. Many TSC employees are required to provide documentation for emergency sick and annual leave (even when employees are not on leave restriction). Excessive requests for medical documentation are common. AFGE has received numerous reports that TSC employees are allowed limited amounts of time for doctor appointments and treatments, and too often are called at home while on sick leave in an effort to talk them into coming in, or to badger them about when they are returning to work. TSC employees are frequently denied leave for emergency childcare, bereavement, or to care for sick family members.

AFGE continues to urge each Member of Congress to visit the 800 number facility in or closest to their district, and talk to employees personally about the deplorable working conditions they have to endure.

Again, AFGE STRONGLY urges Congress to hold immediate hearings on the working conditions of SSA’s 800 number agents. These situations would not be tolerated in the private sector nor would any member of Congress want them for their own family members.

Disability

Since Commissioner Astrue’s arrival at SSA, he has made a few positive changes to address the short-term problems regarding disability hearing backlogs, such as targeting cases older than 1000 days, and accelerating the rollout of the quick decision determination process throughout the agency. He has worked with OPM and Congress to hire 175 additional Administrative Law Judges (ALJs). He terminated most aspects of the failed Disability Service Improvement Plan initiated by his predecessor, Jo Anne Barnhart.

Commissioner Astrue has reassigned Agency attorneys to review cases awaiting hearing. These attorneys are empowered to reverse denied reconsideration cases if the evidence established a disability. This has been done in an effort to reduce the 752,000 case backlogs that existed at the beginning of FY 2008. AFGE feels that SSA should expand this effort by utilizing more non-attorney decision-writers within the Agency to help clear the backlogs. SSA has used non-attorneys in this role with no evidence of adverse effect in the decision making process, but has only expanded the use of attorneys. Requiring that a decision-writer have a law degree for this task limits the Agency’s ability to get the job done, and needlessly increases costs to the Trust Funds and taxpayers.

Federalize the Disability Determination Services (DDS)

DDSs are in each of the 50 States plus the District of Columbia and Puerto Rico.

SSA reimburses the DDS for 100 percent of allowable expenditures up to approved funding authorizations. In FY 2009, SSA spent about \$2 billion to fund the State DDS operations. About 14,000 DDS employees made 3.9 million disability claim medical decisions nationwide.

However, in 2009, about 12 States instituted furloughs for State employees due to State budget deficits. This included staff at the DDSs. Additionally, some States have implemented changes in hiring practices, which may also affect the disability claims processing in the DDSs. AFGE strongly believes that these furloughs are unnecessary when SSA fully funds the DDSs.

Unfortunately, this has occurred at a time when SSA is experiencing a significant increase in disability claims. Furloughs will continue to impact the number of disability determinations that can be made in many DDSs. SSA projects that the DDS system will have more than 1 million cases backlogged by the end of FY2010, an all-time high.

Furloughs for DDS employees are delaying the decisions on individuals' benefit applications by months, and harming many thousands of disabled claimants who are needlessly waiting for their claims to be processed. DDS employees and their families are suffering undue financial hardships. A new report issued by the SSA Inspector General⁴ estimates that in the State of California alone, more than 53,000 cases will be delayed in 2009 as a result of the State of California's furloughs.

The Social Security Act and Federal regulations give SSA limited control over the State DDSs, although the Agency fully funds them. However, federal law allows the Social Security Administrator to federalize DDS employees if a state "substantially fails" to live up to its responsibilities to process claims.

Congressman Bob Filner of California testified before the Committee on Ways and Means' Subcommittee on Social Security in November 2009. He testified that he intends to introduce legislation that will deem the State DDSs a "substantial failure" and call for the federalization of the State DDSs.

AFGE applauds Congressman Filner for his willingness to take the necessary action to address the flawed DDS system, and strongly supports his call for a legislative fix.

For more than 10 years, AFGE has continued to raise concerns about the inconsistency in medical decisions by the State DDS, and has also called for the federalization of the system. SSA's approach to disability, past and present, fails to address the problems and inadequacies of the State Disability Determination Services (DDS). AFGE strongly believes that if problems with inconsistent decisions at the initial claims level are addressed, appeals will diminish. Disability claimants deserve consistent initial claim and reconsideration decisions, and payments as soon as possible in the claims process.

Unfortunately, the chances for a claimant to be approved at the initial level have a lot to do with where they live and their income, rather than the nature of their disability. That's inherent in the system. Each state has different criteria for hiring Disability Examiners. Each state provides them with different pay and benefit packages. Some are unionized, while others are unorganized. Each state provides somewhat different training to their employees. Employee retention rates vary dramatically from state to state. In effect, there are 50 different disability programs when there should be one.

For example, State Agency Operations records indicate that those who can obtain medical treatment early and often have a better chance of being approved for benefits than those who have limited income or resources and poor access to treatment. Nationwide, those applying for Social Security disability have a much greater chance of being approved than those who only apply for the Supplement Security Income (SSI) program that serves the low income population.

At the end of January 2010, 60 percent of Social Security disability claims for benefits were being approved in the New Jersey DDSs, while just 34.6 percent of those who filed for benefits were being approved in the Tennessee DDS. Utah approves the most initial SSI only disability cases, with a 52.4 percent allowance rate. However, residents of West Virginia are approved just 16 percent of the time by the DDS in their state. The concurrent (Social Security/SSI) claim disability process also shows inexplicable variable allowance rates

⁴ SSA OIG, November 18, 2009, *Impact of State budget Issues on Social Security Administration's Disability Programs (A-01-10-11096)*

depending on the state of residence. Allowance rates are low in every state. In Texas the allowance rate was 32.7 percent. Only 16 percent of those filing concurrent disability claims were approved in West Virginia, and 17.9 percent in Tennessee. There is no evidence to show that residents of some states are twice as susceptible to becoming disabled as residents in other states. Obviously, different state initial claims approval rates have more to do with the bifurcated system than the health of residents of these states. Claimants are entitled to consistent decisions regardless of their state of residence or whether they are filing for Social Security or SSI disability benefits in our federal programs.

Updated February 1, 2010

State DDS	T2		T16		Concurrent		ODAR	
	Allow %	Deny %	Allow %	Deny %	Allow %	Deny %	Allow %	Deny %
NATIONAL	46	54	35	65	25.1	74.9	69	31
ATLANTA REGION	39.4	60.6	30.1	69.9	21.7	78.3	69.6	30.4
ALABAMA	43.5	56.5	28.5	71.5	22.3	77.7	69.2	30.8
Birmingham S01	42	58	27.5	72.5	21	79		
Mobile V19	49.6	50.4	32	68	28	72		
FLORIDA	41.6	58.4	35	65	24.6	75.4	68.4	31.6
Central Area 1 S12	43	57	32.2	67.8	24.7	75.3		
Central Area 2 V13	44.6	55.4	37.5	62.5	28.6	71.4		
Jacksonville S68	41.2	58.8	33.2	66.8	24.5	75.5		
Miami S69	41.5	58.5	44	56	31.2	68.8		
Orlando S71	39.9	60.1	33.2	66.8	23.4	76.6		
Pensacola V31	43.8	56.2	34.5	65.6	23.7	76.3		
Tallahassee S74	62.1	37.9	23	77	20	80		
Tampa S70	35.8	64.2	31.2	68.8	17.5	82.5		
GEORGIA	38.5	61.5	29.3	70.7	22.3	77.7	74.3	25.7
Athens V48	38.1	61.9	26.3	73.7	23.6	76.4		
Atlanta S13	39	61	30.6	69.4	23.1	76.9		
Savannah V46	36.5	63.5	26.5	73.5	19.7	80.3		
Thomasville V47	35.3	64.7	21.1	78.9	18	82		
KENTUCKY	40.3	59.7	30.8	69.2	20.4	79.6	66.9	33.1
Frankfort S20	39.5	60.5	30.2	69.8	19.8	80.2		
Louisville V21	43.5	56.5	33.3	66.7	22.4	77.6		
MISSISSIPPI	35.1	64.9	24.1	75.9	19.4	80.6	63	37
N. CAROLINA	37.2	62.8	27.6	72.4	19.8	80.2	70.2	29.8
SOUTH CAROLINA	39.7	60.3	27.7	72.3	22.2	77.8	69.6	30.3
Charleston S86	41.7	58.3	25.9	74.1	22.9	77.1		
Columbia S45	40.4	59.6	29.9	70.1	24.1	75.9		
Greenville S87	37.5	62.5	27.2	72.8	20.1	79.9		
TENNESSEE	34.6	65.4	28	72	17.9	82.1	72.1	27.9
BOSTON REGION	50.1	49.9	40.3	58.7	28.2	71.8	73.3	26.7
CONNECTICUT	41	59	30.1	69.9	18.1	81.9	72.1	27.9
MASSACHUSETTS	55	45	46.2	53.8	33.3	66.7	73.1	26.9
Boston S24	54.4	45.6	47.2	52.8	33	67		

Worcester	V37	56.2	43.8	44.7	55.3	33.9	66.1		
MAINE		43.4	56.6	35.8	64.2	19	81	83.5	16.5
NEW HAMPSHIRE		56.3	43.7	50.9	49.1	40.4	59.6	75.3	24.7
RHODE ISLAND		51	49	33.3	66.7	23.3	76.7	63.1	36.9
VERMONT		54.9	45.1	45.5	54.5	33.4	66.6		
CHICAGO REGION		46.7	53.3	31.5	68.5	23.9	76.1	69.5	30.5
ILLINOIS		47	53	31.5	68.5	25.6	74.4	71	29
INDIANA		45	55	31.9	68.1	25.4	74.6	66.1	33.9
MICHIGAN		45.2	54.8	30.9	69.1	33.3	66.7	72.7	27.3
Detroit	S79	42.4	57.6	29.2	70.8	21.4	78.6		
Kalamazoo	V24	47.2	52.8	29.7	70.3	23.5	76.5		
Lansing	S25	42.4	57.6	31.7	68.3	22.6	77.4		
Traverse City	S94	50.7	49.3	34.2	65.8	26.2	73.8		
MINNESOTA		47.6	52.4	38.9	61.1	26	74	62.8	37.2
OHIO		46.1	53.9	28.4	71.6	20.8	79.2	71.2	28.8
WISCONSIN		52.4	47.6	35.2	64.8	26.6	73.4	62	38
DALLAS REGION		47.7	52.3	39	61	30.3	69.7	61.2	38.8
ARKANSAS		43.4	56.6	34.8	65.2	25	75	66.9	33.1
LOUISIANA		47.7	52.3	32.6	67.4	29.8	70.2	55.3	44.7
Baton Rouge	S75	44.7	55.3	30.6	69.4	24.5	75.5		
New Orleans	S77	47.4	52.6	33	67	30.8	69.2		
Shreveport	S76	52	48	34.4	65.6	35.8	64.2		
NEW MEXICO		46.5	53.5	40	60	27	73	70.9	29.1
OKLAHOMA		44.1	55.9	39.4	60.6	26.5	73.5	67	33
TEXAS		49.4	50.6	41.8	58.2	32.7	67.3	58.6	41.4
DENVER REGION								71.6	28.4
COLORADO		46.6	53.4	41.6	58.4	25.8	74.2	66.5	33.5
MONTANA		49.6	50.4	28.7	71.3	40.5	59.5	80.2	19.7
NORTH DAKOTA		54.6	45.4	43.3	56.7	29.8	70.2	71.2	28.8
SOUTH DAKOTA		52.7	47.3	44.4	55.6	31	69		
UTAH		43.7	56.3	52.4	47.6	25.5	74.5	73.5	26.5
KANSAS CITY REGION		47.1	52.9	33.1	66.9	22.2	77.8	69.3	30.7
IOWA		43.7	13.1	32.3	67.7	18.8	81.2	68.5	31.5
KANSAS		50.2	49.8	40.6	59.4	24.1	75.9	76.5	23.5
MISSOURI		46.9	53.1	29.8	70.2	21.7	78.3	66.4	33.6
Cape Girardeau	S83	48.3	51.7	29.5	70.5	23.1	76.9		
Jefferson City	S80	48.4	51.6	30.2	69.8	21.6	78.4		
Kansas City	S82	46.1	53.9	32.8	67.2	22.2	77.8		
Springfield	S84	45.2	54.8	30.9	69.1	19.4	80.6		
St. Louis	S81	46.4	53.6	27.4	72.6	23.2	76.8		
NEBRASKA		50.7	49.3	41.1	58.9	28.9	71.1	81.5	18.5
NEW YORK		57.1	42.9	40.5	59.5	32.2	67.8	76	24

REGION									
NEW JERSEY		60	40	42.2	57.6	35	65	72.3	27.7
New Brunswick	V28	61.7	38.3	46.7	53.3	34.6	65.4		
Newark Lower North	V26	64.7	35.3	43.3	56.7	43.9	56.1		
Newark Upper North	V27	55.1	44.9	45.2	54.8	30.4	69.6		
Trenton	V56	56.6	43.4	34.8	65.2	29.5	70.5		
NEW YORK		54.5	45.5	40.1	59.9	31.4	68.6	74.4	25.6
Albany	V17	53.4	46.6	42.1	57.9	30.1	69.9		
Buffalo	V25	49.2	50.8	35.4	64.6	25	75		
Endicott	V02	52.8	47.2	37.7	62.3	28.1	71.9		
Manhattan	S97	58.3	41.7	44	56	38.5	61.5		
PUERTO RICO		60.7	39.3	0	0	0	0	89.8	10.2
PHILADELPHIA REGION		47	53	35.1	64.9	24	76	70	30
DELAWARE		55.9	44.1	33.1	66.9	40.5	59.5	51.8	48.2
MARYLAND		54.1	45.9	36.4	63.6	27	73	69.5	30.5
PENNSYLVANIA		45.2	54.8	34.1	65.9	20.2	79.8	70.2	29.8
Greensburg	S67	46	54	33.9	66.1	19	81		
Harrisburg	S41	46.2	53.8	35.3	64.7	20.4	79.6		
Wilkes Barre	S66	43.2	56.8	33.4	66.6	21.3	78.7		
VIRGINIA		49.6	50.4	40.2	59.8	30.4	69.6	67.7	32.3
Fairfax	S93	57.9	42.1	52.7	47.3	33.7	66.3		
Richmond	S53	44.3	55.7	37.5	62.5	29.4	70.6		
Roanoke	S10	48.8	51.2	38.3	61.7	27.5	72.5		
Virginia Beach	S92	47.9	52.1	36.8	63.2	32.4	67.6		
WA, DC		56.8	43.2	46.9	59.9	40.1	59.9	72.7	27.2
WEST VIRGINIA		36.6	63.4	24.6	75.4	16	84	75.9	24.1
Charleston	S55	33.9	66.1	23.1	76.9	14.1	85.9		
Clarksburg	S91	38.8	61.2	25.7	74.3	17.5	82.5		
SAN FRANCISCO REGION		42.5	57.5	37.4	62.6	25	75	66.7	33.3
ARIZONA		35.6	64.4	36	64	31.5	68.5	70.9	29.1
Phoenix	S03	36.7	63.3	37.6	62.4	22.9	77.1		
Tucson	V16	33.9	66.1	33.2	66.8	19.8	80.2		
CALIFORNIA		43.2	56.8	37.2	62.8	24.9	75.1	65.4	34.6
Central Valley	S61	42.4	57.6	34.2	65.8	21.5	78.5		
La Jolla	V59	31.8	68.2	32.5	67.5	18.6	81.4		
Los Angeles East	S06	47.3	52.7	47.5	52.5	30.8	69.2		
Los Angeles North	V90	39	61	37.9	62.1	26.4	73.6		
Los Angeles West	S90	46.5	53.5	43.5	56.5	29.8	70.2		
Oakland	S05	52.3	47.7	46.9	53.1	32.6	67.4		
Roseville	S62	46.9	53.1	40.9	59.1	26.8	73.2		
Sacramento St.	S60	47.9	32.1	34.1	65.9	23.1	76.9		
San Diego	S59	38.7	61.3	29.1	70.9	20	80		

Sierra	V61	43	57	34.8	65.2	24.8	75.2		
Stockton	V04	42.3	57.7	31.9	68.1	24.5	75.5		
HAWAII		48.5	51.5	51	49	36.8	63.2	84	16
NEVADA		47.1	52.9	40.4	59.6	29.7	70.3	81	9
SEATTLE REGION		48	52	42.1	57.9	26.4	73.6	74.2	25.8
ALASKA		51.9	48.1	49	51	36.9	63.1		
IDAHO		41.9	58.1	37.1	62.9	22.9	77.1		
OREGON		48.8	51.2	45	55	27.3	72.7	66.3	33.7
WASHINGTON		48.7	51.3	41.5	58.5	26	74	79.4	20.6
Olympia 1	S54	50.8	49.2	44.8	55.2	29.6	70.4		
Seattle	V23	45.2	54.8	34.5	65.5	22.5	77.5		
Spokane	V14	46.9	53.1	40.6	59.4	22.2	77.8		
WYOMING		58.2	41.8	48.7	51.3	38.8	61.2	80.2	19.8

According to the Government Accountability Office (GAO), a majority of DDS's do not conduct long-term, comprehensive workforce planning, which would incorporate key strategies for recruiting, retaining, training and otherwise developing a workforce capable of meeting long-term goals. The State DDS' lack uniform minimum qualifications for Disability Examiners (DE's), have high turnover rates for employees, and do not provide ongoing training for DE's.

AFGE is convinced that SSA is not willing or able to correct these problems. AFGE has expressed these concerns to the Subcommittee for several years, and has seen little or no improvement with the State DDS situation. The State DDSs use different disability decision-making procedures than decision-makers at the hearing levels. This has not been addressed by this Administration. It is a key problem that must be reconciled in order to reform the disability system. AFGE strongly believes that the only way to resolve the problems that plague the State DDS' is to federalize them. *This will bring consistency to the initial claims decisions in the same way that the Supplemental Security Income program that was established in 1974 created a uniform system of benefits for the low income blind, disabled and aged population.*

As AFGE has emphasized in previous testimony before the House Ways and Means Social Security Subcommittee, the Disability Claims Manager (DCM) pilot (another SSA initiative) proved to be highly successful in addressing many problems in the disability program. DCMs were responsible for making decisions about the non-medical factors of entitlement, as well as the medical decisions for initial disability benefit claims. Processing time was significantly better than the bifurcated process. In fact, the DCM processing time of 62 days was just over half of SSA's initial disability claim processing time goal of 120 days. Customer service improved dramatically, and claimants expressed record high satisfaction rates with the DCM, even those whose claims were disallowed. The public preferred a process, which allowed them to interact with the decision maker. Currently, the only interaction with the disability decision maker occurs at the hearing level, when the ALJ conducts the hearing. Observation of the impact of the alleged disabling condition and evaluation of the credibility of the claimant is a prime reason for the high percentage of reversals at the hearing level. If the system were reformed so that claimants could interact with decision makers at all levels, it would result in improvements in the initial claims process, and reduce the number of hearings that are filed.

SSA surveys indicated that the public preferred the DCM caseworker approach to the current process. The DCM was a positive step in ensuring the public that consistent and equitable disability decisions were made by the Agency. Unfortunately, despite the positive DCM experience, SSA terminated the pilot. Although SSA contended that the DCM would cost more than the current process, the pilot was terminated before valid statistical data could be compiled regarding full program costs.

It appears that the primary reason SSA terminated the DCM pilot was due to State resistance. Such resistance certainly was not based on a poor pilot result. Instead, the decision appears to have been based on political considerations and the fear of losing work. The concerns of the states are understandable in view of their unacceptably poor performance regarding decision consistency from state to state, and their poor processing time in comparison to the DCM. However, the only real criteria should be the level of service that is provided to the claimant. Using customer service as a measure, the DCM exceeded State DDS performance in virtually every category.

AFGE recommended to Commissioner Astrue that he reconsider the Agency decision to terminate the DCM pilot, and implement the position of the DCM at SSA as soon as possible. The Commissioner has not acted on AFGE's recommendation. The Union is willing to work with the Commissioner in an incremental approach to improving the disability process. We understand there will need to be changes in policy, procedures, and institutional arrangements, as well as funding to implement the DCM. However, we feel that federalizing the entire disability process is a key to improving disability claims processing and correcting the current appellate nightmare.

Legislative amendments to the Social Security Act would be necessary to allow SSA workers to make disability decisions. However, the crisis in the disability program requires immediate and long-term changes. When trained to make medical decisions, SSA employees can provide immediate relief to backlogged state Disability Determination agencies, and provide faster and better service to the public by serving as a single point of contact. The pilot demonstrated that the public likes the DCM, employees enthusiastically support it, employees are capable of mastering all aspects of the claims process, and that it provides substantially better service than the current bifurcated disability process. As a short-term approach not requiring legislative change, AFGE is supportive of the "Technical Expert for Disability" position. It would provide high quality, trained field office employees the tools to assist disability claimants in both programmatic and medical issues, provide professional, personalized service to applicants, focus the disability interview, make or recommend disability decisions, and assist the DDS's in their development and backlogs. This position could be utilized in the Commissioner's efforts to create a quick decision process for those claimants who are obviously disabled. In fact, training and enabling Technical Experts for Disability at the SSA field office would eliminate the current hand off to the DDS of such claims. This should further streamline the process and result in even faster decisions.

Attachment A

3. 110th CONGRESS

4. 2d Session

5. **H. R. 5110**

6. To amend title VII of the Social Security Act to require the President to transmit the annual budget of the Social Security Administration without revisions to Congress, and for other purposes.

7. **IN THE HOUSE OF REPRESENTATIVES**

8. **January 23, 2008**

9. Mr. HIGGINS (for himself, Ms. DELAURO, Mr. BACA, Mr. MCINTYRE, Mr. COURTNEY, Mr. MCNERNEY, Ms. SCHAKOWSKY, Mr. ARCURI, Mr. MOORE of Kansas, and Mr. ELLISON) introduced the following bill; which was referred to the Committee on Ways and Means

10. _____

11. **A BILL**

12. To amend title VII of the Social Security Act to require the President to transmit the annual budget of the Social Security Administration without revisions to Congress, and for other purposes.

13. *Be it enacted by the Senate and House of Representatives of the United States of America in Congress assembled,*

14. **SECTION 1. AMENDING SOCIAL SECURITY ADMINISTRATION BUDGETARY MATTERS.**

15. (a) Annual Budget- Section 704(b)(1)(A) of the Social Security Act (42 U.S.C. 904(b)(1)(A)) is amended to read as follows:
16. `(b)(1)(A) The Commissioner shall prepare and submit an annual budget estimate for the Administration directly to the President and Congress.'.
17. (b) Contents of Budget- Section 704(b)(1)(B) of the Social Security Act (42 U.S.C. 904(b)(1)(B)) is amended to read as follows:
18. `(B) The Commissioner shall include in the annual budget prepared pursuant to subparagraph (A) the following:
19. `(i) An itemization of the amount of funds required by the Administration to combat fraud committed by applicants and beneficiaries.
20. `(ii) The total number of cases pending at each hearing office, listed by hearing office, and an aggregate total of all cases pending at all hearing offices.
21. `(iii) The total number of cases pending for over the preceding year at each hearing office, listed by both hearing office and presiding administrative judge, and an aggregate total of all cases pending for over such year at all hearing offices.
22. `(iv) The average duration of time to process each case at each hearing office, listed by hearing office.
23. `(v) The staffing levels at each hearing office and field office, including a listing of job titles, classifications, and the number of staff within each title and classification.
24. `(vi) Employment statistics for each field office, for each preceding year after 1979, including the number of employees hired, retired, transferred in and out, and dismissed during such year.'.
25. (c) Closure of Field Offices- Section 704(b)(1) of the Social Security Act (42 U.S.C. 904(b)(1)) is amended by adding at the end the following new subparagraph:
26. `(C) The Commissioner may not close or otherwise limit public access to a field office of the Administration until 180 days after the date on which the Commissioner submits to the Committee on Ways and Means of the House of Representatives and the Committee on Finance of the Senate a detailed report outlining and justifying the process for selecting field offices to be closed or otherwise have limited access. Such report shall include--
27. `(i) an analysis of the criteria used for selecting field offices for closure or limited access and how the Commissioner analyzes and considers factors relating to transportation and communication burdens faced by seniors and the disabled;
28. `(ii) a cost-benefit analysis for each field office closure that takes into account--
29. `(I) the anticipated savings as a result of the closure;
30. `(II) the anticipated burdens, including communication and transportation burdens, placed on elderly and disabled citizens; and
31. `(III) the anticipated costs associated with replacing the services lost by the closure.'.
32. (d) Comprehensive Work Force Plan- Section 704(b)(2)(A) of the Social Security Act (42 U.S.C. 904(b)(2)(A)) is amended by adding at the end the following: `Not later than 90 days before a revision of the comprehensive work force plan, the Commissioner shall submit the document setting forth the revision to the Committee on Ways and Means of the House of Representatives and the Committee on Finance of the Senate.'.
33. *END*