

Comparing the Social Security Administration's Disability Determination Services' Workload Statistics During the COVID-19 Pandemic to Prior Years

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Objective

To summarize information about State disability determination services' (DDS) workloads during the COVID-19 pandemic period of April 2020 to March 2021 and compare it to DDS workloads in prior years.

Background

Once a claimant files a disability application, a Social Security Administration (SSA) field office employee determines whether the individual meets the non-disability criteria for benefits. If the claimant meets these requirements, the employee forwards the claim to the DDS in the State that has jurisdiction for the disability determination.

On March 11, 2020, the World Health Organization declared COVID-19 a pandemic. On March 17, 2020, SSA closed its offices to the public. State DDSs experienced periodic closures related to the COVID-19 pandemic. As a result, SSA authorized DDSs to allow their employees to continue processing disability claims from home.

From SSA's Office of Disability Determinations' Management Information dashboard, we obtained State DDS workload information for initial claims, reconsiderations, and continuing disability reviews (CDR).

Conclusions

Although the DDSs experienced some increases/decreases in their workload categories from year to year for the period April 2016 through March 2021, the largest year-to-year changes occurred from the COVID-19 period of April 2020 to March 2021 compared to the prior-year period (April 2019 to March 2020). DDSs received 15.9 percent fewer initial claims during the COVID-19 period compared to the prior-year period. Additionally, SSA sent 40.2 percent fewer CDRs to the DDS during the COVID-19 period compared to the prior-year period.

Despite the decrease in initial claims, DDS processing times increased during the COVID-19 period, which indicates claimants waited longer for DDSs to make medical determinations. Furthermore, even though receipts decreased for initial claims, reconsiderations, and CDRs, the pending workloads for these groups increased—which indicates the DDSs could not keep pace with workloads received.

Finally, we noted that DDSs significantly decreased the use of consultative examinations; however, allowance/continuance rates remained relatively the same when comparing the COVID-19 period to the prior-year period.

We plan to conduct an additional review to determine why some DDS workload categories significantly changed in the COVID-19 period compared to prior-year period.