

**Jacqueline Russell, President of the National Council of Disability Determination Directors**  
**Written Testimony for October 26, 2023 Hearing**

**Chairman Ferguson, Ranking Member Larson and Members of the House Ways and Means Social Security Subcommittee:**

Thank you for the invitation to dialogue about the Disability Determination Service agencies across the nation who provide service to people seeking Social Security disability benefits. I am Jacqueline Russell, the President of the National Council of Disability Determination Directors also known as NCDDD (“NC Triple D”). I am also the Director of North Carolina’s Disability Determination Services. Each state has Disability Examiners who review disability benefit applications received from the Social Security Administration (SSA) field offices. These Disability Examiners collect relevant evidence, both medical and vocational, and follow a sequential evaluation process to determine medical eligibility for Title 2 (SSDI) and Title 16 (SSI) disability benefits. These state employees are led by Disability Determination Directors, whose membership makes up the core of the National Council of Disability Determination Directors (NCDDD). Our members are active and our membership includes leadership from the District of Columbia and every state in the nation. These state agencies are often referred to as the state Disability Determination Services or DDS. Each state’s DDS works as a partner with the Social Security Administration to provide public service to people applying for disability benefits. I am sharing with you today both strengths of the DDS as well as areas that delay the DDS to provide timely and accurate decisions along with proposed solutions to improve. As President of NCDDD, I have regularly obtained input and facilitated dialogue with our membership and in our North Carolina Disability Determination state agency. NCDDD has deliberated the areas of need I share with you today through ongoing surveys, conversations, and at our membership meeting this past July. I am representing a well-considered position with the stated areas of strength and need.

**Strengths of the Disability Determination Services (DDS)**

I want to start by sharing strengths of the DDSs. The DDSs demonstrated exceptional resilience, focus, flexibility and stewardship through the last several years. In 2020 we identified a path to move about 15,000 staff to telework with desktop computers. For many DDSs, within days we obtained network cables to hook desktop computers to Wi-Fi systems, taught those 15,000 staff how to follow security procedures each day and transport those desktop computers safely and securely to the home. DDSs did not stop in their pursuit and focus to support people seeking disability benefits. We have regular communication with claimants and we know every hour counts as we process the disability applications. DDSs have proven our ability to pivot quickly time and time again as we balance processing for the different case types. We use the resources we have to provide the best work outcomes we can for people. There are many strengths and the most important one is that DDS staff care deeply about their work.

**Areas of Need for Disability Determination Services (DDS)**

While DDSs are working extremely hard there are many challenges we face to provide appropriate customer service to people applying for disability benefits. Currently, there is a historically high backlog of more than one million, initial-level pending disability benefit applications, soaring case processing times and the highest national attrition rate in 20 years of staff at the state Disability Determination Service offices. This is widely surfaced in the media and SSA has acknowledged the challenges of these unprecedented barriers we face in serving the public. The job of the Disability Examiner has become untenable and that is a strong contributing factor to both the length of time a person waits for a decision and Disability Determination Services staff attrition. DDSs need your support for consistent and appropriate funding so that DDSs can utilize consistent hiring authority, overtime and efficiencies to equip us with the tools needed to attack and conquer the challenges with the soaring pending cases. Examples of more efficient ways to work include communications in the claimant’s preferred manner, faster turnaround for updates/changes to vocational policies, needed enhancements with the case processing system, and a Decisional Authority for specific case types for trained Disability Examiners. We ask for your support for these areas of need because without them, people applying for

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disability benefits and Disability Determination Services staff experience a tremendous administrative burden which significantly slows down the disability decision process.

DDS staff find ourselves in an unsustainable situation, and we need the help of all our partners--Congress and SSA-- to improve customer service. I am here today to share three key areas we must have change and support in: Strong Workforce, Efficiencies for Case Processing, and Policy/Process.

**Strong Workforce**

NCDDD's leaders direct the work of almost 15,000 employees. While for many years NCDDD shared information with this Committee each year, the last opportunity NCDDD had to share information was 2017. I'm grateful to have this time to talk with you about the Disability Program as the DDSs are closest to this work and we feel it's important for you to hear from us. I know you field many questions and requests for help from your constituents and you want to know how it is going. DDSs are in a tough space. We have no control over the policies, we cannot on our own put efficiencies in place for case processing and we cannot consistently maintain a strong workforce because we have no control or authority over how many hires, if any, we are allowed to bring on in a given year. There are many years that DDSs lose staff due to retirements, moving out of state or due to the job not being a good fit for the person. The DDS may have lost 90 staff, but only 18 hires are provided from SSA to replace all those losses. DDSs were at an all-time low for staffing when the pandemic started and although SSA authorized hires during the pandemic, that was a hard time to bring on new staff due in part to the pandemic.

As I prepared for today I looked at the trend data of DDS employees as well as the volume of cases processed nationally since 2017, the last time a President of NCDDD was invited to speak with your committee. The trend reflects that as the pandemic and change to a new case processing system began, DDS attrition and subsequently, processing time increased. The number of disability applications able to be processed from 2018 to 2022 decreased by more than one million cases, as you would expect when you have less people. This also supports why there are now more than a million cases in the backlog nationally.

There are many contributing factors that have led to the decline each year in the number of DDS cases processed. Every organization, public and private came out of the pandemic wobbly. During the pandemic DDSs were put in a position to innovate like never before. I know at times in North Carolina my leadership team and I personally felt like Tony Stark in a cave making an Iron Man suit when we were searching high and low for envelopes, paper, cleaning supplies and developing workarounds to keep case processing moving forward in this time of change because there were none to be had. At the same time, we were innovating new approaches to hire and bring staff in and out of the building to support the business needs and staff health needs. With the onset of the pandemic, transition into a new case processing system, and a job that has become too hard, DDS staff have left and therefore, less cases are processed.

Two hiring practices from SSA negatively impacting the DDS are a total freeze on hires being provided to DDSs and at times a requirement to not bring on hires until the third or fourth quarter of a year. It has been a standard practice from SSA to freeze hires and not provide hiring authority to DDSs for the year or provide nominal hires for a DDS for the year. For example, each year a DDS will experience standard attrition due to retirements, resignations from a person moving away or to another job, DDS staff hired by federal agencies, etc. Within the 2015 – 2018 timeframe DDSs were provided zero hires or few hires for those vacant positions. At the North Carolina DDS in FY15 there were 51 hires and 84 losses, in FY16 there were 131 hires and 98 losses, in FY17 there were 0 hires and 98 losses, in FY18 there were 18 hires and 53 losses. In that four-year timeframe that is a total of 200 hires for 333 losses in North Carolina. This inconsistent hiring practice has had a significant negative impact on DDSs and the work DDSs are able to move forward for claimants. This puts an additional burden on the remaining staff, who leave the DDS due to the workload placed on the shoulders of remaining

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staff. This has resulted in DDSs having lost a high number of experienced DDS staff and we know that it takes many years to learn how to process all case types and fully understand the complexity of compliant adjudication. This feast or famine approach to hires also drains resources working to train multiple Disability Examiner training classes. The inability to not have a reasonable number of positions for hiring to replace losses as well as inconsistent timeframes to bring hires on have contributed to the national disability crisis. There are some states that only allow the DDS to bring on hires at the first of the month. In the years where SSA only allows DDSs to bring hires on the last two quarters, that effectively gives six opportunities out of six months to bring on hires to those states.

The pattern of SSA providing very low or no hiring for several years, then a large number of hires, and then swinging back to very low or no hires for DDSs for many years is challenging. DDSs do not bounce back from these large gaps in ability to hire. It takes about two years for a Disability Examiner to be fully trained and without consistent hiring, in those gap years of few or no hiring DDSs lose more staff and the cycle continues. DDSs often have over 50% of our staff that are not fully trained due to attrition. DDSs must receive sufficient funding for overtime and hiring to gain stability in the DDS to process the disability claims submitted by people. Without this critical funding DDSs are not getting traction to decrease the backlog which is detrimental to the Disability Program and most importantly a detriment to the person who is waiting for that decision for their disability benefit application. DDSs have cases that are sitting for months with no action and that can change with your support of funding for SSA so that DDSs can have hires and overtime on a consistent year to year basis.

Many DDSs are shifting resources to juggle the impact of their staffing losses which means people who supported critical needs for training, mentoring, supervision etc. are taken away from that work and processing cases or supporting extensive hiring efforts. It takes time and resources to support hiring processes and when we continue the cycle of no or nominal hiring allowed, followed by larger amounts of hiring and then back to nominal, that is no way to run a business. That will not support retention. DDS Disability Examiners are not easily or quickly replaced. The training is extensive and there has to be time in the position to gain the needed skills and knowledge to adjudicate all case types independently. This is a competitive job market and there are far more jobs with more pay and less responsibility. DDSs must have stable hiring authority, be allowed to hire to a certain number and replace losses in a given year. In addition to stable hiring practices, DDSs must have consistent access to overtime as we work out of the dire state of more than one million cases in the backlog. This is in the best interest of service delivery to people applying for disability benefits.

Like Coach Deion Sanders and the University of Colorado, the DDSs too are in a rebuild. DDSs are working with SSA to remain focused and bring about change in the areas I have mentioned. At the same time, DDS Directors across the nation have a laser like focus in the recruitment, hiring and retention of staff and it's hard work. DDSs are providing strong quality in their decision-making, and the return on your investment is strong. This is happening despite the insufficient staffing, lack of efficiencies and loss of experienced staff. I started out this conversation today sharing the strengths of DDS staff and that we are good stewards of the resources we are provided. If Congress will support the DDSs and help address these areas of need, DDS staff will stay and that will result in the backlog going down.

I appreciate that this is not an Appropriation Committee, it is an Authorizing Committee. SSA is asking for more than flat funding. Congress has concerns and is placing SSA in a position to reconsider the way SSA is using funding. The Disability Determination agency staff are caught in the middle. I recognize some of the needs I share today, your Committee can directly support with action. I also recognize other areas of need - I am asking you, on behalf of all the Disability Determination agencies across the nation, to use your power and influence

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with your Congressional partners to find common ground on a budget that will allow DDSs to have hiring authority by the end of November 2023.

**Efficiencies for Case Processing**

DDSs are required to be available to claimants for questions and responses to calls for more information, productive in their case processing each day, meet processing time targets, control costs, produce case decisions with high accuracy, retain staff, as well as maintain security and integrity of the Disability Program processes. At the same time, DDSs do not have control over the cadence of changes and we are not able to deploy many needed innovations on our own.

*Faster Enhancement Rollout to the Disability Case Processing System*

SSA rolled out a new case processing during the pandemic. NCDDD recognizes that we are nationally now using one case processing system and there are inherent benefits to this. It makes sense for the DDSs to all be in one case processing system. While it is possible to process cases in the new case processing system, it takes longer due to workarounds required. There have been significant delays and shortages to funding for IT improvements. This results in inefficient service to the public and we have to do better. To provide strong customer service, SSA must commit to increased funding of this tool across the next three years. We must address the need for these enhancements to roll out faster and with a focus on time saving actions for case processing. These time saving actions must include development to address the volume of medical records that are received by the DDS. There are many unnecessary records to read. There have been developments from SSA to obtain medical records faster, however that has also resulted in volumes of records received which are not relevant to the disability determination process. There is too much unnecessary and duplicative data to read. SSA recognizes the volume of medical records has doubled since 2017. A research study conducted in 2021 with a focus on the file size increase for the Office of Hearing Operations reflected that the average file size in 2014 was 559 pages and the average file size in 2020 was 940 pages. Last week I was in conversation with a Disability Supervisor and discussed a case with over 3,000 pages of medical records. SSA has the ability to leverage technology to focus on medical records received that are material to the decision making process and we must speed up the enhancement process to support these needs.

*Modernized Technology*

DDS staff are only able to communicate with claimants by phone or the US Postal Service. DDS staff have to contact claimants to receive updated information, help claimants complete detailed forms, obtain information about daily activities, and schedule examination appointments, etc. Many times claimants have moved or have different phone numbers. This leads to multiple calls and attempts to reach people. Most DDS staff currently utilize cell phones with limits on the number of voicemail messages that the phone can hold. Claimants are hesitant to answer our calls and speak with DDS staff due to phone scams and we must obtain additional methods to contact claimants in their preferred manner. The Veteran's Administration can text my father about his medical appointments and that too is a federal agency handling sensitive data. SSA needs to support a path for DDSs to contact claimants efficiently by phone, email and texting to quickly obtain and share needed information to process the disability claim. Establishing communication options to improve the customer experience and offer communications (e.g. text, email, etc) in the claimant's preferred mode will help DDSs obtain the required information for processing the disability application and returning a decision expediently.

*Decisional Authority for Some Case Types by Trained Disability Examiners*

For twenty years Disability Examiners in many states utilized a Decisional Authority through a long-term pilot that allowed trained Disability Examiners to make decisions on a limited set of case types without a Medical Consultant or Psychological Consultant. These were well trained and experienced DDS staff and were able to work independently which is why processing times were faster and the decisions retained high quality without

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medical or psychological consultation for these specific claim types. Examples of these case types include claims for terminal and catastrophic illnesses which provided decisions much faster to the person applying for the needed disability benefits. The integrity of this process and quality were studied by the Office of the Inspector General and the Social Security Advisory Board. Findings of these studies included consistent high quality of decisions at a rate of 97% or higher, an average decrease in processing time by at least 11 days, and high morale of staff (which contributes to stronger retention). These studies also noted that the pilot sites reported improved service to the public through faster processing time and decreased administrative costs to process disability cases since Medical Consultants and Psychological Consultants were not involved in all claims. This pilot was phased out in 2018 through language included in the Bipartisan Budget Act of 2015. The Bipartisan Budget Act of 2015 included language that does not allow any Decisional Authority outside of a Medical or Psychological Consultant's review and that included ceasing Decisional Authority for terminal and catastrophic illness claims. We know that good decisions can be made for some case types with Decisional Authority and we need your support in working with SSA to establish a Decisional Authority.

If a Decisional Authority were to be in place today for specific initial case types, this case would be adjudicated by a Disability Examiner. If the claim was denied and appealed by the claimant that claim would then move to the Reconsideration claim process and would then have review by a different Disability Examiner and review by a Medical or Psychological Consultant. This means if the Reconsideration case were later appealed and heard by a Judge in the Office of Hearings Operation, a Medical or Psychological Consultant would have reviewed the case.

That is responsive to past concerns for a Decisional Authority for Disability Examiners to be supported by Congress. The Social Security Administration has a draft policy with input by DDS staff but has not yet moved this forward. If a Decisional Authority for Disability Examiners were established, consultation with Medical or Psychological Consultants can still occur if needed. NCDDD believes in most cases likely to be included in a Decisional Authority such as Compassionate Allowance and Quick Disability Determination cases (often terminal and catastrophic cases) additional consultation is not required. A Decisional Authority would give Disability Examiners at the DDS, people who really understand the policies, the power for these limited case types.

The North Carolina DDS was part of this pilot and also studied the impact of our use of this Decisional Authority. In FFY1415 North Carolina closed 12.7% of our cases with this Decisional Authority. This was a workload equivalent of 12 Medical Consultants. In the 2013 research conducted by OIG North Carolina was identified with 97.6% Accuracy Rates on cases closed with this Decisional Authority. DDSs now have a critical shortage of Medical Consultants (often the highest paid DDS staff members) and Psychological Consultants. DDSs have Disability Examiner and Consultant vacancies that remain unfilled nationally and a Decisional Authority would be a strong support for improved customer service to claimants. Support of a Disability Examiner Decisional Authority would be a strong support to claimants and a tool to provide fast and accurate decisions.

DDSs need every support we can obtain to apply in our work to decrease this startlingly large backlog. The people in our communities and states applying for disability benefits needs DDSs to have every innovation and efficiency in our toolbox to apply in DDS adjudication. Use of a Decisional Authority will support a streamlined and cost-effective use of Medical and Psychological Consultant time and expertise. At a recent DDS Administrator meeting held by NCDDD 97% of DDS Directors stated they believe if a Decisional Authority were in place, it would not lead to poor outcomes for claimants. We ask that this Committee partner with NCDDD and SSA in support of a Decisional Authority policy that will provide a streamlined process for some case types.

We know that the older a case is, the more it costs to process. Having Decisional Authority for some case types will result in cost savings for taxpayers because those cases will be processed faster. Less aged cases mean less costs for case processing. This also addresses the hiring shortage for Medical Consultants.

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We can be assured these efficiencies will support strong outcomes to claimants as they will streamline processes for the claimant and the DDS staff in processing disability claims. The foundation for these efficiencies includes cutting red tape and decreasing the administrative burden.

*Dictionary of Occupational Titles (DOT)*

In making decisions for disability determination, DDSs currently are mandated to use the Dictionary of Occupational Titles (DOT). The DOT contains an index of jobs that must be considered by the Disability Examiner to determine if the skills the claimant has identified in their 15-year work history are able to be used in a job in the DOT. The DOT was created more than 40 years ago and last updated around 1977. At that time the economy and job types were more heavily in the blue-collar and manufacturing industry and as you know, there have been a lot of changes to the types of jobs in the economy in the last 10 years let alone the changes in the job market since 1977. Many jobs that existed in 1977 no longer exist and jobs that exist now are not in the DOT. It is a flawed structure that Disability Examiners are required to use and NCDDD supports development of a new system to replace the DOT. NCDDD recognizes there is work on a new tool, however, it is not available now and there is no timeline for when it will be available. This is very challenging for Disability Examiners who spend hours looking through the DOT and wading through vocational challenges in case adjudication due to this outdated system. At a recent DDS Administrator meeting held by NCDDD 100% of DDS Directors stated if the Dictionary of Occupational Titles (DOT) were updated they believe the impact would be very positive and/or significantly helpful.

These efficiencies are within our reach. Establishing a new tool to replace the DOT or changing the mandatory process will take longer than a year, however every other efficiency mentioned here today can be realized in the next 12 months if we work together. These tools are necessary for DDSs to appropriately serve the public and we ask for your support for DDSs to receive these essential tools.

**Policy/Process Change**

The SSA policies that are used by DDSs to make disability determinations were established for a consistent and appropriate application of standards used by DDS staff to make decisions on who does and does not meet the requirements for disability benefits. The processes, policies, and procedures used from the application phase to the decision phase have been used for decades, many were written and have not been updated for more than 30 years. DDSs use a continuous improvement process in our work that includes, "When we know better, we do better". NCDDD is optimistic about SSA's work to publish for public comment the proposed policy, "Intermediate Improvement to the Disability Adjudication Process: Including How We Consider Past Work". One foundational policy change needed is to decrease the time period Disability Examiners must examine for each claimant's work history. The current policy requires an exhaustive review of a 15-year history of work from the claimant.

These regulations require Disability Examiners to gather extensive details from people applying for disability benefits on any jobs the person held within 15 years. The current vocational regulations state that skills learned in any job within the last 15 years must be considered when determining whether a person can perform either past work or other work in the national economy. It must be noted, the job market has changed drastically in the last 15 years and many previous jobs now require different skills or are now obsolete.

We believe that modernization of vocational regulations is critical to the Disability Program. Specifically, the relevant work timeframe used in disability determinations needs to be reduced from 15 years to 5 years. The vocational regulations utilized to make disability decisions were written more than 30 years ago. At that time, individuals did not change jobs as often and the rate of change in almost all industries was much slower. Jobs did not change as quickly, and skills learned on the job were relevant for 15 or more years. These same assumptions

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do not hold true in our modern economy. Change has accelerated rapidly, and skills learned in employment are no longer relevant for 15 years. If allowed to use a reasonable time period, the information would not be as subjective and would be reliable for decision making in these life altering decisions regarding disability benefits. Aligning the regulations with the current realities of the labor market, economy and medicine is essential to create a fair and realistic decision process. In addition, changes will assist Disability Determination Services staff in making more efficient and timely determinations for the people we serve by reducing the intensive administrative burdens these regulations currently require.

In today's economy it is a significant burden to ask a person for 15 years of detailed and complex information about every job they held in the last 15 years and people are regularly unable to remember information. People change jobs more frequently now than they have in the past, and people are regularly unable to remember detailed information we are required to obtain – such as how much a specific part weighs, how many minutes a day they had to stoop, the specific month(s) they worked a job, etc. – regarding work they may have briefly performed over a decade ago. To gather the detailed information necessary to make an accurate vocational determination, people must engage in lengthy interviews with Disability Examiners. The information reported within these interviews is typically sparse and inaccurate, as people cannot remember the details necessary to make policy-compliant determinations. These interviews routinely make material differences in the decision for the disability benefit application for the person. If the person cannot remember the specific details of all jobs within the last 15 years, policy directs the Disability Examiner to contact third parties or even previous employers. These attempts at contact are largely futile. Previous employers often don't remember the person and third parties don't know what the person did in their previous jobs and are unable to answer questions such as, "How much did the person lift?" or "How many minutes a day did the person stoop at this job?" At a recent DDS Administrator meeting held by NCDDD 94% of DDS Directors stated from their experience and knowledge, attempts to contact third parties for work history information on jobs 6-15 years ago for a claimant led to sparse, futile or inaccurate information. Often, the Disability Examiner must close the case as a denial due to insufficient evidence which is unfair to the person applying for benefits. These issues are prevalent in all claims, but they are especially problematic for people with memory problems, such as individuals who have had strokes, traumatic brain injuries, or those who have other neurocognitive conditions.

There is a lot of agreement between SSA and NCDDD on the vocational regulation changes necessary to modernize the vocational evaluation process. NCDDD has advocated to SSA the need for changes with vocational regulations, for example the form used to collect the work history information. NCDDD has a long history of advocacy for policy simplification. Determining whether someone can or cannot work is complex. The analysis of age, education, and work experience, in combination with the individual's residual functional capacity in evaluating the individual's ability to engage in substantial gainful activity in work other than his or her vocationally relevant past work is a broad area of potential for modernization and simplification.

The primary vocational regulation change requested by NCDDD is to shorten the work history timeframe from 15 years to 5 years. With this change, we will decrease unnecessary contacts with claimants/representatives, decrease backlog and processing times, improve attrition rates, and significantly alleviate the administrative burden on people applying for disability benefits. The process required to make policy-compliant vocational determinations is intensive and unfair to claimants and it needs to be changed. When the DDS is unable to obtain the information from claimants as required, SSA policy requires that the decision be a denial and often is identified as "Failure to Cooperate" which doesn't feel right to the DDS staff. Without help from Congress, we fear the change process will stall to the detriment of the Disability Program and the people we serve. For these reasons NCDDD requests support of 5 years as opposed to higher than 5 years for the work history timeframe. DDS staff are closest to the work and the claimant's who are applying for disability benefits. We make this

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request for support based on our direct, first-hand experience and the examples/reasoning provided in this testimony.

There are other policy and process changes needed as well. There is a lot that is right about people being able to submit online applications for disability benefits. There are also process and form changes that are needed so that applications received include the necessary information for considering the disability claim and reduce the large number of phone calls from Disability Examiners due to missing information. The Application form that claimants use has not had a thorough update for many years. The Application for disability benefits is now able to be completed and submitted online. However, the current version needs to be updated with DDS staff input to include upfront what the claimant will need to complete the application. This would reduce the multiple contacts for missing information that DDS staff must make to clarify medical sources/dates of treatment, secondary contacts, education and vocational histories. There are many benefits to the online application process, however there are many instances in which the application is not as complete as it once was when provided in person at the SSA field office. The Work History form used by people to list their work history information is also long overdue for changes and these changes have to come about now. Currently, if a claimant has filled out the Work History form but there is mention in another record of a job not listed, the Disability Examiner has to call the claimant back to clear up the discrepancy. If not, then in a quality review of the case it would be sent back to the DDS for follow up action and count as an error for the DDS. This happens regularly, even when there is not a decisional difference that occurs with the information left out by the claimant. These policies and processes mentioned have to change in order to improve customer service to our claimants, and lessen the burden for both claimants and Disability Examiners. With more than one million cases in the backlog DDSs and SSA have to consider and take bold action on policy change.

In North Carolina, a survey of over 200 Disability Determination staff resulted in the data collected below:

- 97% believe the work history time period needs to be shorter.
- 73% believe the work history time period should be 5 years.
  - Over 90% of DDS staff that responded to our internal survey included extensive narrative explanations on how the 15-year work history is a burden on the claimants and staff.
- 97% agree or strongly agree the current 15-year work history time period is an administrative burden on the claimant to recall/obtain information.
- Survey results for the top three responses for the question, “If the work history time period were shortened to five years, the time savings per case estimated would be:” by DDS staff:
  - 37% estimate 1-2 hours per case
  - 25% estimate 3-4 hours per case
  - 17% estimate up to 1 hour per case
- Survey results for the top three responses for the question, “If the Dictionary of Occupational Titles data were updated, the time savings per case estimated would be:” by DDS staff:
  - 35% estimate up to one hour per case
  - 34% estimate 1-2 hours per case
  - 16% estimate 3-4 hours per case

Imagine what can be done to address the backlog of cases with that time savings.

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**Conclusion**

The work of our staff is complex and feels unsustainable. NCDDD has been working closely with SSA over the years to educate and seek action. NCDDD is thankful to Acting Commissioner Kijakazi who met with NCDDD Leadership in August 2022 when we shared the following priorities identified as critical and requiring bold action:

- 1) Needed policy change for a Disability Examiner Decisional Authority. A past pilot, which prior to elimination supported trained Disability Examiners to make decisions on some case types without requiring review by an MC or PC resulted in a very high average quality rating of 97% and decreased processing time an average of 11 days.
- 2) DDS Staff at the table as equal team members with input to revise Vocational Policies, including shortening the work history from 15 years to 5 years.
- 3) Establish an expedited process change for security clearance reviews for potential DDS hires.
- 4) Establish communication options to improve the customer experience and offer communications in the claimant's preferred mode.

With Acting Commissioner Kijakazi and Associate Commissioner John Owen's support and work, we've made meaningful progress in priorities 2, 3, and 4 and we must keep the pedal on the gas pressed down to achieve completion of these priorities so that the DDSs can achieve their goal of producing a decision that is fast and right. The consequence of not supporting these three areas of need for DDSs further challenges the DDS to recruit and retain good staff to support people applying for disability benefits. Disability Examiners have left and continue to leave because the job is too hard. It has become too complex and nonsensical with regard to requirements to follow policies that no longer make sense.

SSA and DDSs will continue to work closely together and do our best to provide high quality and productive outcomes for claimants. There is much more to do work to be done that requires this Authorizing Committee's support in the matters of legal authority and Congress' support for fiscal and organizational resources for SSA.

NCDDD asks for your support for policy/process changes, appropriate funding to support resources for hiring, overtime, and putting efficiencies to support case processing in place. People across the nation are negatively impacted, please help us make it more efficient. This is a government program and we all want the same thing. We want to do this thoughtfully and spend the taxpayer's money efficiently. We want the person applying for disability benefits to get a decision back timely and accurate. The people applying for disability benefits are mothers, fathers, children, and other people with disabilities and it is life changing when they receive these benefits. If they are not determined eligible, receiving an accurate and timely decision is also critical as it helps them identify their next step. A favorable decision for people applying for disability benefits means access to healthcare, housing, and medicine. We have all heard stories from people across the country applying for disability benefits and waiting months for a decision. For some of these stories, people have had to wait a year or more and sadly, others have died before a decision was ever made on their claims. We need stronger partnership and support for funding and resources for these improvements.

It is essential for SSA to have and use a budget to support these three key areas I have shared: a Strong Workforce, Efficiencies to Support Case Processing, and Policy/Process Changes. We will spend more money if we don't deal with this now. Support for these needs will allow DDSs to provide a decision for the claimant that is timely and accurate. That is what we all want.

Ranking Member Larson, at a recent hearing from this Committee on improper payments you shared that morality demands this Committee and Congress act and NCDDD agrees with your statement that day and believe it is applicable to Disability Determination needs too.

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Chairman Ferguson, at this same hearing on improper payments you discussed that we need to identify more proactive ways to work and the efficiencies I have shared today are responsive to the need for proactive ways to work. I appreciated your comments about the tremendous burden on constituents completing the forms as they are long and confusing to many constituents. The policy/process changes and efficiencies shared here today are examples of ways we can work smarter with resources and are better ways of doing this work.

I want to take a moment to thank the thousands of DDS staff working hard for the people in their state. They are exhausted and need your help. I want to thank our SSA partners and you, each of you on this committee for considering these comments and identifying steps and timelines to support the public who are applying for disability benefits. Together, we are helping people at some of the worst moments of their lives. I take that seriously and I know you do too.

Chairman Ferguson, I'm grateful for the opportunity to share the strengths and needs of the Disability Determination Services with you and your Committee. You receive a lot of input from stakeholders. My hope is that it has been a valuable use of Committee time to hear from someone representing the DDSs, those closest to the work with people seeking disability benefits. I am optimistic the Committee will invite NCDDD back yearly to share comments on the state of the Disability Program from the DDS perspective. I look forward to any questions you may have and our continued teamwork to serve the public.

With deep appreciation,

*Jacqueline Russell*

Jacqueline Russell  
President, National Council of Disability Determination Directors