



Office of  
LEGISLATIVE AUDITOR GENERAL  
State of Utah

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**A Limited Review  
of  
Disability Determination Services**

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**DDS is a state agency that makes eligibility decisions for federal disability.**

**SSA is the federal agency that funds and directs DDS.**

**DWS is a state agency that administers the state GA program.**

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Some improvements are possible in the timeliness of eligibility decisions for federal disability payments. The state's Office of Disability Determination Services (DDS) reviews federal disability benefit claims and issues approval or denial decisions. DDS is a state agency within the Utah State Office of Rehabilitation, but it is 100 percent federally funded and must follow federal procedures. The federal Social Security Administration (SSA) directs and oversees DDS' processes, including the effectiveness and efficiency of its operations. SSA also hears appeals of DDS decisions. Although the state's ability to direct DDS is limited by federal control, our audit identified possible improvements in some DDS processes.

The audit request from Representative Ralph Becker and Senator Karen Hale stemmed from concerns about funding shortfalls in the state's General Assistance (GA) program. The state-funded GA program is administered by the Department of Workforce Services (DWS) and provides assistance to low-income individuals who have a disability. Last year, DWS proposed reducing benefits from 24 months to 15 months in a 60 month period. Concern was expressed that many individuals rely on GA payments while awaiting a decision on their claim for federal

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**DDS takes four months on average to process an initial disability claim.**

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disability benefits that might take up to two years to receive. Thus, although most federal disability applicants are not GA clients, the state's GA program is affected by the timeliness of DDS decisions.

While we confirmed that some federal disability determinations take over two years, most do not. On average, DDS takes about four months to make an initial decision; if an appeal for reconsideration is requested, DDS averages another three months. However, if DDS denies the reconsideration, the claim can then be appealed again to the SSA. Thus, the time it takes from the initial application to the decision following the appeals can average around two years. The approximate two-year average for an appealed claim includes time taken by DDS, time taken by the SSA, and time taken by the applicant to appeal benefit denials.

This report discusses areas where processing time can be reduced so eligible applicants begin receiving federal assistance sooner. In addition to benefitting the clients, speedier decisions will result in modest cost savings to the state's GA program. The remainder of this report is divided in three main sections:

- Many claim-specific factors cause the timeliness of disability benefit determinations to vary.
- Although there are many factors it does not control, DDS can improve the timeliness of its decisions.
- DWS may be able to facilitate faster decisions by helping GA clients with the federal disability benefits process.

## **Many Factors Affect Timeliness of Disability Determination Decisions**

During our review of DDS, we found that some claims are resolved quickly and others take a long time. Based on national statistics and a sample of GA clients who granted us permission to review their federal disability claims, it appears that many factors affect the timeliness of final claim decisions. For example, claimant and SSA actions that are outside the control of DDS affect claim timeliness. Still we found that:

- DDS processing time exceeds national averages and improvements are possible.
- Based on federal reviews, DDS makes accurate decisions and does not deny worthy claims.
- Only modest cost savings for the state are likely if claims are decided more quickly.

Before discussing those three points, we briefly review the steps involved in the federal disability determination process. A claimant may apply to the SSA for either Supplemental Security Income (SSI) or Social Security Disability Insurance (SSDI). Both programs provide payments to individuals who have a long-term disability (at least 12 contiguous months) that prevents them from working. The difference is that for SSI, a person need not have contributed to the Social Security System, but must have low-income. For SSDI, a person must have contributed to the Social Security System, but need not have low-income.

When a person applies for either type of federal disability benefit, the SSA forwards the claim to DDS for an evaluation and decision of whether their disability qualifies. Initial denials may be returned to DDS for reconsideration and claimants may also appeal reconsideration denials to the SSA. Figure 1 shows the steps involved in the disability determination process.

**Figure 1. Steps in Disability Determination Process.** National statistics for FFY 2005 indicate the likelihood that claims progress to each stage of the disability determination process. This example depicts 100 claims as they move through the process.

Acting Entity	Step in Determination Process and National Statistics on Outcome	Percent of Applicants Reaching Stage
SSA	Initial application reviewed at District Office and forwarded to DDS for processing (100 Claims).	100 %
DDS	Initial claim processed at DDS. About 36 claims are approved and 64 claims are denied.	100
Claimant	If denied, claimant may request reconsideration at DDS. Of the 64 denials, 22 claims appeal and 42 claims do not.	64
SSA	Reconsideration request reviewed at District Office and forwarded to DDS for processing (22 claims).	22
DDS	Reconsideration processed at DDS. About 3 claims are approved and 19 claims are denied.	22
Claimant	If denied, claimant may appeal for an adjudicative hearing at SSA. All 19 denials appeal for a hearing.	19
SSA	Administrative Law Judge (ALJ) hears claim and decides case. About 12 are allowed and 7 are denied.	19

As shown, DDS is involved in two steps: the initial claim determination and, if requested, the reconsideration. The figure also shows the percent of applicants who reach each stage according to federal statistics. The process ends when the claim is approved, or the claimant decides not to appeal. Claimants also may restart the process with a new claim.

### **Although Many Factors Are Outside its Control, DDS Can Improve its Processing Time**

The disability determination process includes many time lags that are beyond the control of DDS. Nonetheless, the time taken to process an initial claim by DDS exceeds the national average and can be reduced. For a sample of claims, we determined how long each step of the process took. For those relatively few claims that go to an ALJ, an average of just under two years is taken. However, even for those claims, DDS' involvement ends after an average of 9.6 months.

**The disability benefit appeal process can take up to two years. DDS involvement ends after 9.6 months.**

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**Federal limitations prevented a comprehensive audit of DDS operations.**

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Federal limitations on our access to data affected our audit work. Initially, we intended to review a random sample of claims processed by DDS. Although state DDS officials wanted to cooperate, SSA officials refused to allow us access to claim data. We appealed the denial based on federal exceptions for audits, but the appeal was also denied by the SSA. Fortunately, we were able to review some federal disability claims by obtaining consent from the claimants.

By working with DWS, we contacted a sample of GA clients who filed claims with the SSA and obtained their consent to review their files at DDS. While the majority of claims processed by DDS do not come from GA clients, we could not contact other clients because SSA would not provide us their names. However, since GA is a state program, we were able to obtain names and addresses so we could request their consent. To ensure we got enough responses, we sent waiver forms to 337 individuals. We received 151 responses, and were able to review 57 claims in detail. Figure 2 shows summary statistics for our sample. More detail about our sampling methodology and results is listed in Appendices A and B.

**Figure 2. Processing Times for Audit Sample Clients.** These statistics show the average amount of time a claim spends at each stage of the disability determination process.

Acting Entity	Event	Event Days	Total Days	Total Months	Sample Size
SSA	Initial Application at SSA District Office	28	28	0.9	57
DDS	Initial Claim Processed at DDS	127	155	5.1	54
Claimant	Appeal for Reconsideration	36	191	6.3	47
SSA	Reconsideration Application at SSA District Office	13	204	6.7	47
DDS	Reconsideration Processed at DDS	86	290	9.6	42
Claimant	Appeal to SSA for an ALJ Hearing	43	333	11.0	34
SSA	ALJ Hearing	342	675	22.2	12

*Note: Total times represent an accumulation of averages for all clients at a given stage, plus the average of all clients at the previous stage. The actual time for the twelve individuals that had completed an ALJ hearing was 627 days.*

Figure 2 depicts sample mean times for claims at each stage of the disability determination process. For lengthy ALJ hearing cases, DDS processing is responsible for just 7 of the 22 months taken. However, as shown earlier in Figure 1, most claims end after the initial determination; about 78 percent of claims take an average of just 5.1 months, including 4.2 months at DDS. Additional explanation of Figure 2, as well as discussion of the statistics follows:

**Time Initial Application is at SSA District Office:** Claimants first apply at the SSA District Office where they are required to complete forms for the following information: medical history (including doctor contact information), previous employment, and information releases. Once the necessary forms are gathered, the SSA sends the claim to DDS for processing. If the necessary information isn't gathered within 60 days, the SSA will close the claim, unless an exception is granted.

**78% of initial claims processed by DDS received a final determination after 5 months and are not appealed.**

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Utah's DDS takes over a month longer than the national average to process claims.

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Our sample application times averaged 28 days at the SSA District Office. In comparison, the District Office reported an average of 22 days (based on one month of data for all Utah claims filed). Because our sample application times ranged from 1 day to 88 days, it seems that claimants who are organized with all the necessary documentation can reasonably expect this stage to take little time. However, SSA staff report that if a claimant does not have the necessary forms or makes errors on the application, the claim will be delayed at the District Office. We discuss later in the report how the DWS caseworker may assist the GA client with this process.

**Time Initial Claim is Processed at DDS:** The average processing time for the sample was 127 days (4.2 months). This is consistent with the reported Utah average of about 128 days for federal fiscal year (FFY) 2006. In contrast, the national average for initial claim decisions is just 89 days, indicating DDS could reduce its processing time by at least a month. The processing time for our sample was quite variable, ranging from 35 to 466 days. The DDS claim-processing stage can become prolonged for various reasons, sometimes as a result of DDS operation inefficiencies and other times resulting from the claimants not cooperating. Possible improvements in the DDS claim processing are discussed later in the audit report.

**Time to Appeal for Reconsideration to SSA:** Claimants have 60 days to appeal a denial decision from DDS. Our sample clients took, on average, 36 days to appeal (neither Utah nor national data were made available). Clients are sometimes granted exceptions to appeal their claims when they exceed the 60-day time limit, and our sample ranged from 6 to 84 days. It is the responsibility of claimants to appeal a claim, but this may be another area where a DWS caseworker could assist the GA client, as is discussed later in the audit report.

**Time Reconsideration Application is at the District Office:** When claimants file for a reconsideration at the District Office, SSA reports they are often able to process it faster than an initial claim because necessary paperwork is already in their possession. Our sample data supports this statement. Processing times ranged from 2 to 43 days, with an average of 13 days. Again, the DWS caseworker may be able to assist the GA client with the necessary documentation to request a reconsideration at the SSA District Office.

**Time Reconsideration is Processed by DDS:** Claimants who appeal for a reconsideration will have the claim reexamined by a different DDS examiner than during the initial claim process. Reconsideration and initial claims are evaluated using the same methods and standards. However, DDS staff report that reconsiderations take less time to process because DDS already has much of the necessary documentation. However, the reconsideration examiner may request additional medical information or attendance at consultative exams.

Our sample data confirm that DDS processes reconsiderations faster, taking 86 days on average. Processing times however ranged from 18 to 254 days. Claims can become protracted for the same reasons at the reconsideration stage that they do at the initial processing level. In addition, this past year the SSA directed DDS to suspend processing of reconsiderations for several months to work instead on initial claims. This decision affected the length of time that DDS processes a reconsideration. We explain these reasons for a prolonged claim later in the report.

**Time to Appeal for an ALJ Hearing:** Claimants have 60 days to appeal a reconsideration denial to the SSA. This time the appeal will not involve DDS, but will be heard by an Administrative Law Judge (ALJ) at the SSA's Office of Disability Adjudication and Review. The average wait time to appeal was 43 days, and the sample data ranged from 1 to 253 days.

Because many GA clients who get denied stay on state assistance and continue to appeal the denial, it is in the client's and the state's best interest to appeal as quickly as possible. The DWS caseworker may be able to encourage those GA clients who plan to appeal to do so in a timely fashion. This is discussed further in the DWS section later in the report.

**Time until an ALJ Hearing:** The wait time for an ALJ hearing is often over a year. This is the result of the SSA's process and is outside of state control. ALJ hearings differ from the DDS processing stages because judges see the claimant in person and are required to gather sufficient evidence to verify disabilities. On the other hand, claims at the initial or reconsideration level can be denied due to a lack of evidence.

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**Claims appealed for an ALJ hearing often take over a year to receive a final decision after the appeal is filed.**

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The sample average wait time for a hearing was 342 days. In comparison, the national average for FFY 2005 was 422 days. The range of time waiting for a hearing took from 29 to 613 days from the appeal date to the ALJ hearing. Some claims are expedited due to dire need, for reasons such as homelessness or terminal illness. The claim from the sample that took 29 days until a hearing was probably a dire needs claim. It is important to note that the SSA would not provide us with ALJ statistics for Utah. Consequently, we have neither Utah nor current national averages to compare with the sample.

As described above, and shown in Figure 2, the more stages a claim goes through, the greater the total time it takes. Even though DDS is not involved after the reconsideration decision, it could cause unnecessary long appeal cases if it denies valid claims. In the next section, we discuss the accuracy of DDS decisions.

### **DDS's Initial Claim Approval Rate Is Comparable to National Average**

In addition to reviewing the timeliness of the disability determination process, the audit requester was concerned with the accuracy of DDS' claim approval and denial decisions. Although federal officials limited our access to data regarding decision accuracy, we did review SSA summary reports.

The SSA utilizes quality control measures to ensure accurate claims decisions. The SSA randomly samples Utah's disability determinations, both approvals and denials, to ensure that decisions are consistent with national criteria. During FFY 2006, SSA reviewed 676 claims; 301 of those reviewed were approvals and 375 were denials. Utah's DDS achieved a 94.2 percent accuracy rate, which is better than the national average for FFY 2006 of 93.4 percent.

The percentage of approvals can vary from year to year. For FFY 2006, Utah's DDS initial approval rate for disability claims processed was 35.3 percent. The national average was 35.2 percent. However, in FFY 2005, Utah's initial approval rate was only 28.3 percent. Even though the approval rate was low for FFY 2005, Utah has maintained a high accuracy rate with their decisions. It is our view that sufficient controls are in place to test for accuracy of DDS' decisions, but we were not able to test them ourselves.

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**Utah's DDS approves the same percentage of claims as the national average, and maintains a high accuracy rate with their decisions.**

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It is important to note that these approval percentages should not be compared to our audit sample. Most of our sample consisted of current GA clients, many of which had been denied federal disability benefits by DDS. We also sampled some former GA clients who are now receiving federal disability benefits, but those sampled were not proportional to the DDS' average approval rate for initial claims.

### **Faster Decisions Would Yield Minimal Cost Savings for the General Assistance Program**

Another issue we examined was whether faster federal disability determinations would result in cost savings for Utah's GA program. Based on our limited review, we believe only modest cost savings are likely for two reasons. First, many GA clients do not qualify under the more rigorous requirements for federal disability payments. Second, for those GA clients who do qualify for SSI (but not for SSDI) benefits, the state receives reimbursement for GA payments made while the claim was awaiting SSA approval.

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**Due to differing disability criteria, many state GA clients do not qualify for federal disability benefits.**

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**Many GA Clients Do Not Qualify for Federal Benefits.** The state GA program can potentially realize cost savings only for those clients who are subsequently granted federal benefits. However, because the standards for the federal and state programs are different, many GA clients do not qualify for federal benefits. For example, a person with low-income and a short-term disability will qualify for GA benefits, but not federal benefits. Further, even those GA clients whose disabilities are expected to keep them from work for more than a year may not be approved for federal benefits due to more stringent federal criteria than the state GA criteria.

Given that many GA clients will not be granted federal disability benefits, the following example demonstrates the potential savings for those that will qualify. Based on data provided by DWS, we estimate that perhaps 800 GA clients initiated federal disability claims in FFY 2006. Assuming their approval rate is similar to the average DDS applicant of 35 percent, about 280 GA clients will be granted federal benefits. If DDS improves its process by one month (to the national average), then the state GA program will avoid one monthly payment, of up to \$261 per person. For 280 clients, the total GA payments avoided would be about \$73,000 annually. However, as discussed next, the actual savings would be less because the state would be reimbursed some of that amount.

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**Improving DDS  
processing time  
would yield minimal  
cost savings to the  
GA program.**

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**GA Funding Used is Often Reimbursed to the State.** The other important factor that affects potential cost savings is that the state gets reimbursed for payments to many GA clients if they later receive federal disability payments. When a person is approved for federal disability payments, the SSA provides retroactive payments from the approval date to the initial application date. For GA clients that are approved for SSI payments, the state receives reimbursement out of the client's retroactive SSI payments for the GA cash assistance paid since the federal application date. However, the state receives no reimbursement from SSDI payments to former GA clients.

We are not sure what proportion of former GA clients qualify for SSI rather than SSDI payments. However, in fiscal year 2006, DWS reports that it paid out \$6.5 million in GA payments and the state received \$2.1 million in reimbursement that went to the state general fund. Therefore, given that many GA clients either never apply or do not qualify for federal disability benefits, we suspect that most of the \$73,000 calculated above should not be counted as cost savings because it would later be reimbursed. While faster decisions would not lead to significant cost savings in GA payments, it could lower administrative costs at DWS. Also, faster decisions can benefit the GA claimants.

## **Improvements Can Be Made At DDS**

The prior section identified several time lags in the disability determination process that are beyond the control of DDS. This section describes steps DDS can take in the areas it does control to decrease claim-processing time. As described earlier, DDS processing time for initial determinations is about four months; in comparison the national average is three months, and Idaho averages just two months. We found that DDS can make the following improvements:

- Reduce the amount of time a claim waits before it is assigned to an examiner.
- Improve the efficiency of collecting medical records which is needed to make a decision on a claim.
- Better monitor claims to help reduce the other claim-processing time prior to a final decision.

Figure 3 shows DDS' average processing time for an initial claim and the relevant stages within the DDS determination process. The sample average is 127 days which is 38 days longer than the national average of 89 days.

**Figure 3. DDS Processing Stages and Time Taken for Initial Claims.** This figure illustrates processing times for our sample for various stages within the DDS disability determination process.

DDS Processing Event	Days	Percent of Total
Time Awaiting Examiner Assignment	22	17%
Time Awaiting Medical Records (MER)	57	45
*Other Time Awaiting Final Decision	48	38
<b>Total DDS Processing Time</b>	<b>127</b>	<b>100%</b>

\* The other time that a claim takes awaiting a final decision includes consultative exams (CEs) and medical consultant review.

Three areas are shown in Figure 3 which comprise DDS claim-processing time. These are as follows: the time awaiting examiner assignment, the time awaiting medical records, and the other time awaiting a final decision on a claim. In each of these areas we found ways that DDS could improve.

### Reducing Examiner Assignment Wait Time Should Improve DDS Processing Time

The amount of time it took DDS to assign a claim to an examiner contributed to longer claim-processing time. The sample showed that it took an average of 22 days (or 17 percent of the total processing time) before a claim was assigned to a DDS examiner. Ideally, the claim should be assigned promptly upon receipt from the SSA District Office. DDS management attributed the delay in assigning claims to a backlog of claims that used to exist. Between October 2005 and October 2006, the backlog at DDS increased from 253 to 1,138 claims; however, as of December 2006, DDS reported the backlog has been eliminated. SSA helped cut the backlog by transferring claims to offices in other states. With the backlog eliminated DDS should process claims faster.

**Claims backlog, which significantly contributes to long processing times, has been eliminated.**

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**Many factors can contribute to high examiner turnover, including low salaries and morale.**

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Utah's DDS director explained that two factors contributed to the backlog this past year. These factors are high employee turnover and decreased examiner processing efficiency due to a new computer-based, claims-processing system. Our limited review of these areas did show possible correlations, however, there may be other factors that also contributed to slower processing times.

**Utah's DDS Experiences High Examiner Turnover.** DDS has experienced high examiner turnover the last few years. According to the SSA, Utah's DDS had the highest examiner turnover rate in the country for FFY 2004 at 32 percent. The national average was 13 percent. For 2005, the SSA reported that DDS lost 10 examiners accounting for a turnover rate of approximately 25 percent. Also, in 2006, DDS lost another 10 examiners for a turnover rate of approximately 27 percent.

Many factors can contribute to high employee turnover. We sent questionnaires to nine former Utah DDS employees, and six responded. All six reported that salary was a primary reason for leaving DDS employment; some also stated that low employee morale was also a factor. To address the issue of employee turnover, Utah DDS is working with the Utah State Office of Education to help increase base pay for examiners to help with employee retention.

**Electronic Processing of Claims Slowed Employee Productivity.** The SSA implemented a new electronic processing system at all DDS offices. Utah's DDS began implementing the system in April 2005. The resulting learning curve caused DDS examiners to process claims slower. At the end of September 2006, DDS reported that experienced examiners were still not processing claims at the same rate as they were prior to the new system. For example, DDS reported that 19 to 20 examiners exceeded 588 claims processed per year prior to the electronic processing system; however, only 8 of these same examiners exceeded 588 claims per year as of September 2006. DDS management reports that they have been working at improving training on the electronic system to increase examiner productivity.

### **DDS Can Improve the Efficiency of Medical Records Collection**

DDS can decrease the time it takes to receive claimants' medical records thus improving overall claim-processing time. To make this

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**Utah's DDS can improve processing times by collecting more medical records electronically.**

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improvement, DDS should collect more medical documentation electronically. Currently, DDS receives the majority of medical evidence non-electronically. This takes significant time to mail forms back and forth between DDS and doctors' offices and then scan in the documentation. The audit sample showed that medical records took 57 days, on average, to collect.

By comparison, Idaho's DDS receives the vast majority of medical records electronically. Even though we were unable to verify the amount of time it takes to receive medical records electronically at Idaho's DDS, Idaho has one of the fastest processing times for initial claims. Idaho takes two months on average to process an initial claim while Utah takes four months.

Utah's DDS is currently working to increase the collection of medical documentation electronically. The DDS director says that they have been slow to come on board with electronic collection of medical documentation due to dealing with the backlog of claims and turnover of examiners. According to DDS' medical relations officer, Utah receives about 15 percent of medical records electronically and about 35-40 percent of consultative exams electronically. The Utah DDS goal is to raise these percentages to about 60 percent.

### **DDS May Reduce the Other Time Awaiting a Final DDS Decision**

There are several variables that contribute to longer processing time that we categorize in Figure 3 as the other time taken awaiting a final decision. One of these elements is failure by the DDS examiner to continue to work on the claim, which results in a stalled claim. Another element affecting long processing time is unusual processing delays that are a result of SSA actions. While DDS does not have control over federal actions, one did affect claim-processing time of the sample. DDS could communicate these actions to pertinent parties, such as DWS, explaining reasons for slow processing of claims.

**DDS Should Prevent Claims from Stalling by Improving Oversight of Aged Claims.** In our sample we found 2 claims out of 49 where the DDS examiner failed to process the claim in a timely manner, and the claim just stalled. In both instances, the same examiner was assigned these claims and are described as follows:

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**Poor oversight of aged claims caused some claims to stall.**

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DDS assigned the claim to an examiner in February 2006. The examiner requested medical records and received the last medical evidence the end of March 2006. The claim narrative then showed no evidence of being worked until November 2006.

DDS assigned the reconsideration January 2006. The last medical evidence was received March 2006. There seemed to be no activity on the claim until September 2006. In November 2006, the reconsideration was still pending.

DDS management reported that the examiner involved in the two claims had a difficult time in adapting to the new electronic case-management system and fell behind in working aged claims. DDS management explained that due to large caseloads and a growing backlog of claims, supervisors and examiners were not comprehensively monitoring aged claims.

To improve monitoring of aged claims, DDS added a new management position to monitor productivity of claims examiners in the Fall of 2006. This change was at the advice of the SSA Regional Office to help improve Utah's productivity. We recommend that DDS continue to work on the monitoring and processing of aged claims.

**DDS Can Inform Client Representatives of Unusual Delays That Affect Claim Processing.** Even with better claims monitoring, there may be delays that DDS has no control over. For example, in one of the claims reviewed, we found that DDS initially processed the claim in less than four months, but the SSA took an additional six months to review the claim for quality control before a decision on the claim was finally made. Neither the GA client nor DWS knew the status of the claim, only that the decision was taking a long time. We think DDS should make an effort to inform the client and DWS about such unusual delays.

## **DWS Can Consider Options for GA Program**

Although the audit focused on DDS, we were only able to review the claims of GA clients who applied for federal disability benefits. In reviewing these claims, we identified some items DWS should consider as it administers the GA program and determine whether these measures are cost-effective and feasible. Specifically, we think DWS should:

- Have employment counselors encourage GA clients to comply in a timely fashion with federal disability application requirements.
- Review other states' programs and identify possible policy changes to the GA program for legislative consideration.

### **DWS Staff Should Encourage GA Clients to Comply with SSA and DDS Requirements**

DWS should consider steps it might take to help its GA clients comply with federal disability application requirements. Many of the cases we reviewed seemed to be prolonged because of claimant actions. For example, some claimants failed to attend a scheduled appointment or took a long time to file an appeal. DWS counselors meet regularly with their GA clients to develop and maintain a plan that will help the client achieve economic independence. If the DWS worker is aware of the status of the client's federal disability claim, these regular meetings provide an opportunity to prompt clients about needed actions.

A recent pilot project in DWS' Central Region has tried to help GA clients apply for federal disability benefits. As part of a consolidated effort to assist GA clients, DWS employment counselors have requested that GA clients fill out an SSA Form 1696. This form allows the caseworker, or other designated individual, to receive the same notifications from the SSA that the GA client receives. This practice has the potential to assist GA clients in completing their applications in a more accurate and timely manner. We think DWS should evaluate whether this effort can be cost-effectively expanded throughout the state in order to:

- Assist the GA client with the paperwork and forms needed to begin the application process at the SSA District Office.
- Remind the GA clients to comply with DDS requests and attend consultative examinations as well as other informational requests.
- Help clients to promptly appeal denial decisions (if the client intends to appeal).

**DWS Could Assist GA Clients with Applications.** GA clients may take longer than necessary to submit required documentation to the SSA



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**GA Clients may reduce their application times at the District Office.**

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when filing a claim. According to both DWS and the SSA, some clients can experience difficulties completing the paperwork, thus stalling a claim's progress at the District Office. SSA staff report average processing time at the District Office for an application is approximately 22 days, but our sample clients took a little longer. Through their regular involvement with GA clients, DWS staff may be able to help avoid unnecessary delays in the application.

For our sample of GA clients, the application averaged 28 days at the District Office, but several applications took over two months. For example, one claim took 75 days at the District Office before being sent to DDS because the claimant filed two separate applications on different dates for both SSI and SSDI benefits. Since one of the two applications was not complete, the claim stalled.

**DWS Should Encourage GA Clients to Comply with DDS Requests.** DWS could assist GA clients by reminding them to attend consultative examinations or provide additional documentation requested by DDS. These examinations and documentation are necessary for DDS examiners to process claims. Failure to comply with DDS requirements prolongs the time needed to process a claim.

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**Claimants who do not comply with DDS requests experience significantly longer processing times.**

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In our review, we found 8 of 49 claims where the GA client failed to attend a scheduled consultative examination. Missed appointments have to be rescheduled and if a claimant continues to miss examination appointments, the claim will be closed for non-cooperation. In our sample, clients who missed consultative examination appointments took 222 days on average to receive decisions on their claims (at the initial phase), compared to an overall sample average of 127 days. Thus, the claimants' actions contribute to long processing times. In these instances, the DWS caseworker may be able to remind the client to attend the examinations in their regular meetings with GA clients.

In addition to attending examinations, claimants may be asked to provide additional medical information. Until the DDS examiner receives the requested information, the claim stalls. DWS may be able to assist GA clients in gathering the necessary information, particularly sources of medical records, when the initial claim is filed. More complete information in the application lessens the chance more will need to be requested. Also, if a claimant visits a doctor during the time that DDS is

processing the claim, the DWS worker may help ensure the records are forwarded to DDS.

**DWS Could Help GA Clients Who Plan to Appeal.** Some GA clients wait too long to appeal a denied claim. For example, one client in our sample took 271 days to appeal an initial claim denial. Because he missed the 60-day window to file for a reconsideration appeal, he was required to restart the entire application process over again as an initial claim. Six other GA clients in our sample missed the 60-day window, but their appeals were still accepted.

Our sample GA clients took an average of 36 days to appeal initial denials and 43 days to appeal reconsideration denials. The quickest appeal times were six days following an initial denial and one day following a reconsideration denial. Although claimants have up to 60 days to appeal a denial, quicker appeals help lower the total time taken in the disability determination process.

DWS caseworkers may want to work with their clients at the appeals stage. The 60-day window has exceptions for some circumstances; however, clients may forget or may simply be unaware of their right to appeal. DWS employment counselors may be able to facilitate the appeals process with their clients.

### **Other States' Programs Provide Alternatives To the GA Program for Possible Consideration**

At the beginning of our work, audit requesters and DWS expressed concerns over funding adequacy for the GA program; this concern partially drove the audit request. Since DWS had limited knowledge of other states' GA programs, we reviewed these other programs to identify possible cost-saving alternatives. Our limited review resulted in several options that DWS may wish to further study to determine if cost savings are available for Utah's GA program. If good alternatives are available, DWS should provide choices to the Legislature for possible legislation.

Though the programs may not be titled "General Assistance," we found that four of the six surrounding states provide state- or county-funded financial assistance to individuals with disabilities. These four states and Utah all assist low-income clients with long term disabilities, but require them to apply for federal disability payments. Idaho also

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**Claimants must appeal denial decisions within 60 days. Some claimants failed to do so.**

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**Surrounding states' disability benefit programs may present alternative options for DWS to consider.**

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provides some assistance to low-income individuals regardless of any disability. While the programs have similarities, we were interested in differences that might indicate policy options. Figure 4 shows some differences in the states' GA-type programs.

**Figure 4. Comparative Features of Utah's GA Program and Surrounding States.** Program differences indicate policy options.

State	Cash Assistance (Single Client)	Assistance for Short-Term Impairment	Time Limits
Utah	Up to \$261	Yes	24 months within 60 months
Arizona	\$108 or \$173	No	18 months within 36 months
Colorado	\$230	No	None, as long as they have an open SSA application
Nevada-Reno	\$205	No	None, as long as they have an open SSA application
Las Vegas	Up to \$400	No	None, as long as they have an open SSA application
*New Mexico	\$231	Yes	None, as long as they have an open SSA application
Idaho	\$52	This program provides assistance to low-income clients regardless of disability. There are no time limits.	
Wyoming	Wyoming has no GA-type program.		

Note: \* New Mexico has a six-month time limit for their short-term impairment assistance.

**Lowering the cash assistance amounts would yield minimal savings to Utah's GA program.**

Given examples from surrounding states, we believe alternatives exist for consideration in modifying the current GA program. In our limited review, we found that Utah provides slightly more cash assistance than most of the surrounding states. Our discussions with DWS administrators about budget constraints and possibly lowering the cash assistance amount revealed that they considered this option but rejected it because overhead and staffing costs comprise a good share of the budget. In actuality, overhead and staffing costs account for \$6.7 million and GA payments for \$6.5 million. Thus, the cost savings impact from lowering the monthly cash assistance allowance would be minimal.

As in Utah, four of the surrounding states allow for a client to receive state cash assistance, but require the client to pursue federal disability benefits with the SSA. One reason for this requirement is that if the client receives federal disability benefits, much if not all of the interim state-funded cash assistance is paid back to the state by the federal government. Because this state assistance money is often paid back to the state by the federal government, some states do not set time limits for the clients on their respective financial assistance programs.

However, there are two differences in Utah's program compared to most surrounding states. One difference is that Utah allows general assistance to individuals with a short-term impairment, which in October 2006, comprised 32 percent of all GA clients. This General Assistance money paid by the state will never be reimbursed. Also, Utah's GA program sets time limits on individuals pursuing federal disability benefits while four states do not. It is due to the differences in cash assistance programs between the various states that may allow DWS to evaluate possible alternatives that are worth considering in Utah's GA program.

## **Recommendations**

1. We recommend that DDS do the following:
  - Continue to increase the electronic collection of claimant medical records.
  - Improve the monitoring of claims to ensure that aged claims are being processed and not neglected.
  - Communicate to DWS any pertinent federal actions that may affect the GA clients and their claim processing.
2. We recommend that DWS should consider the following and determine if these proposals are cost-effective and whether access to client information is feasible:
  - Assist GA clients who are applying for federal disability benefits with the initial application process.

- Assist the GA clients in attending consultative examinations and with providing medical sources to DDS.
- Assist GA clients who plan to appeal a denial to do so in a timely manner.
- Review surrounding states' GA-type programs and identify any cost-saving recommendations for Utah's GA program to the Legislature.

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## Appendix A

### Sample Methodology

As discussed in the audit report, the Social Security Administration (SSA) denied the audit team access to DDS claim data based on federal rules and regulations. As a result, we were only permitted to review the claim data of individuals who granted permission to do so. The Department of Workforce Services (DWS) provided us names and addresses of their General Assistance (GA) clients. We sent a letter explaining our audit to a sample of GA clients and requested that they sign and return to us a Consent for Release of Information form (SSA 3288 Form). By signing the form, claimants granted us the right to review their SSA claim file at DDS. We used the information obtained for audit purposes only.

#### Sample Selection

From the DWS list of GA clients who had open SSA application dates for pursuing federal disability benefits (SSI or SSDI), we sent letters with release forms to 337 individuals. We sent this large number of letters to try to ensure we would get enough responses for our audit purposes. We actually received more responses than needed—151 as of January 2007. The audit team reviewed 73 of those claims and found that some claims had been transferred to offices in other states. Since our audit objective was to review the Utah Office of Disability Determination Services (DDS), we excluded the claims processed by other offices. The data and statistics for our remaining audit sample of 57 claims that are used in the report are shown in Appendix B.

We sent letters to four groups of GA recipients or former recipients to try to ensure we captured the breadth of different experiences:

1. **GROUP ONE:** A sample of 145 current GA clients (from a population of 373) as of October 2006 who had used more than 12 months of GA benefits in the prior 60 months.
2. **GROUP TWO:** All former GA clients (76 clients) who had GA benefits ended in September or October 2006 due to receipt of federal disability benefits.
3. **GROUP THREE:** All former GA clients (64 clients), during the past two years, who reached the limit of 24 months of GA benefits within a 60-month period and who were later approved for federal disability benefits.

**4. GROUP FOUR:** All former GA clients (52 clients) who reached the limit of 24 months within a 60-month period in September and October 2006.

One important factor we used to choose the four groups was how many months of GA benefits they had used. GA clients are limited to receiving 24 months of assistance within a 60-month period and we were interested in how close clients were to exhausting their benefits. However, we found that many GA clients received payments periodically, so the months of assistance may not be a good indicator of how close a person was to running out of benefits. For that reason, and also because the data for different groups seemed similar enough, we combined the data for all the groups in the report.

We reviewed information at both DDS and DWS. At DDS, our review of claim processing revealed whether claims were located at the initial application phase or reconsideration appeal phase, or were awaiting an Administrative Law Judge (ALJ) hearing at the SSA's Office of Disability Adjudication and Review. We also investigated case narratives describing specific difficulties that examiners or the client may have experienced during the determination process.

At DWS, we verified the DDS sample data for accuracy with the SSA data accessible to DWS. Through an interface with SSA's database, DWS can access limited SSA claimant information. This information includes initial SSA application dates for SSI/SSDI, initial denial dates, and whether the case is pursuing reconsideration or a hearing with the ALJ.



## Appendix B

### Sample Data

This Appendix lists the sample data for reviewed claims. Because the time for each stage in the disability determination process yields a highly variable range of processing times, we include the minimum, maximum, median and mean statistics. The definitions of the columns are:

**Client:** Identifier for individual clients. The clients are divided in to groups as follows:

**Group 1:** Clients 1-29

**Group 2:** Clients 30-38

**Group 3:** Clients 39-43

**Group 4:** Clients 44-57

**District Office:** Days between initial (or reconsideration) SSA application date at District Office and receipt of claim at Utah's DDS.

**Assign:** Days at DDS between receipt date and assignment to a claims examiner.

**MER:** Days at DDS between first medical information request and receipt of last medical information.

**Other:** Days at DDS before decision made other than Assign and MER days.

**DDS Total:** Total days at DDS (sum of Assign, MER, and Other).

**Decision:** Outcome of case at DDS or at ALJ Hearing--Either approved or denied unless still pending.

**Pending:** Days that pending cases had been in that phase until the date we reviewed the claim (29 Nov 2006).

**Client Appeal:** Days between DDS decision and appeal application at District Office.

**ALJ:** Days between client appeal date and decision date. For some claims, we could only obtain the date of the first benefit payment rather than the hearing decision date; in those cases we estimated the hearing date at 30 days prior to the first payment date.

# Event Processing Time (in days)

Client	Initial Stats							Reconsideration Stats								Hearing			
	District Office	Assign	MER	Other	DDS Total	Pending Decision		Appeal	District Office	Assign	MER	Other	DDS Total	Pending Decision		Appeal	ALJ Total	Pending	Decision
1	34	35	31	29	95	-	denied	10	9	1	13	19	33	-	denied	9	-	779	pending
2	4	7	15	58	80	-	denied	11	2	0	-	-	35	-	denied	-	-	-	-
3	75	7	69	102	178	-	denied	47	34	1	54	16	71	-	denied	-	-	-	-
4	11	49	14	50	113	-	denied	23	21	1	20	120	141	-	denied	32	-	486	pending
5	25	5	25	60	90	-	denied	57	5	4	3	11	18	-	denied	43	-	416	pending
6	27	18	-	-	-	29	pending	-	-	-	-	-	-	-	-	-	-	-	-
7	20	5	27	4	36	-	denied	27	5	0	23	19	42	-	denied	-	-	-	-
8	28	23	-	-	-	248	pending	-	-	-	-	-	-	-	-	-	-	-	-
9	33	6	27	11	44	-	denied	11	14	1	40	29	70	-	denied	21	-	480	pending
10	34	42	69	87	198	-	denied	6	12	1	15	107	123	-	denied	-	-	-	-
11	83	0	24	49	73	-	denied	-	-	-	-	-	-	-	-	-	-	-	-
12	5	0	67	65	132	-	denied	28	3	4	64	55	123	-	denied	15	-	283	pending
13	35	57	71	91	219	-	denied	50	28	0	67	3	70	-	denied	69	-	408	pending
14	33	24	-	-	-	319	pending	-	-	-	-	-	-	-	-	-	-	-	-
15	15	22	42	15	79	-	denied	14	14	1	14	21	36	-	denied	31	-	151	pending
16	8	21	33	168	222	-	denied	-	-	-	-	-	-	-	-	-	-	-	-
17	21	0	168	48	216	-	denied	20	15	1	-	-	-	304	pending	-	-	-	-
18	19	7	41	72	120	-	denied	36	23	13	40	55	108	-	denied	14	-	172	pending
19	6	27	22	43	92	-	denied	18	22	3	-	-	-	206	pending	-	-	-	pending
20	15	29	46	50	125	-	denied	47	31	47	-	-	-	92	pending	-	-	-	-
21	34	2	118	142	262	-	denied	20	8	1	108	44	153	-	denied	30	-	21	pending
22	5	14	33	10	57	-	denied	46	2	1	13	9	23	-	denied	14	-	525	pending
23	50	2	29	97	128	-	denied	64	6	28	-	-	-	246	pending	-	-	-	-
24	77	4	16	15	35	-	denied	83	4	1	24	89	114	-	denied	-	-	-	-
25	1	10	19	36	65	-	denied	19	34	1	29	0	30	-	denied	19	134	-	denied
26	9	2	83	158	243	-	denied	52	18	11	53	28	92	-	denied	30	-	106	pending
27	27	32	86	64	182	-	denied	61	20	1	15	22	38	-	denied	60	-	585	pending
28	88	51	322	93	466	-	denied	48	7	5	21	91	117	-	denied	-	-	-	-
29	12	27	22	93	142	-	denied	60	14	73	-	-	-	122	pending	-	-	-	-
30	26	19	10	20	49	-	allowed	-	-	-	-	-	-	-	-	-	-	-	-
31	13	8	21	55	84	-	allowed	-	-	-	-	-	-	-	-	-	-	-	-

Client	Initial Stats							Reconsideration Stats							Hearing				
	District Office	Assign	MER	Other	DDS Total	Pending Decision		Appeal	District Office	Assign	MER	Other	DDS Total	Pending Decision		Appeal	ALJ Total	Pending	Decision
32	26	9	46	36	91	-	allowed	-	-	-	-	-	-	-	-	-	-	-	-
33	32	28	37	125	190	-	allowed	-	-	-	-	-	-	-	-	-	-	-	-
34	10	7	31	2	40	-	denied	17	5	1	20	47	68	-	denied	8	296	-	allowed
35	32	22	168	22	212	-	allowed	-	-	-	-	-	-	-	-	-	-	-	-
36	33	21	19	54	94	-	denied	35	4	1	40	80	121	-	denied	14	29	-	allowed
37	54	20	32	60	112	-	denied	7	11	3	70	84	157	-	denied	8	613	-	allowed
38	3	6	49	8	63	-	denied	39	43	1	33	73	107	-	denied	1	265	-	allowed
39	36	13	32	6	51	-	denied	50	3	1	16	83	100	-	denied	35	547	-	allowed
40	34	6	35	25	66	-	denied	32	21	1	132	31	164	-	allowed	-	-	-	-
41	7	38	17	6	61	-	denied	16	6	4	15	3	22	-	denied	253	339	-	allowed
42	50	34	16	19	69	-	denied	28	6	1	6	27	34	-	denied	178	381	-	allowed
43	28	8	26	9	43	-	denied	35	5	1	91	14	106	-	denied	37	461	-	allowed
44	53	22	49	7	78	-	denied	20	22	1	22	54	77	-	denied	-	-	-	-
45	8	42	57	6	105	-	denied	70	10	3	136	25	164	-	denied	18	-	504	pending
46	5	54	143	66	263	-	denied	14	24	1	15	29	45	-	denied	111	-	366	pending
47	28	55	33	16	104	-	denied	39	3	7	12	30	49	-	denied	34	-	632	pending
48	34	29	21	3	53	-	denied	24	3	1	30	54	85	-	denied	48	-	477	pending
49	22	40	157	15	212	-	denied	54	5	8	129	117	254	-	denied	21	-	163	pending
50	4	38	22	125	185	-	denied	49	3	42	8	13	63	-	denied	40	-	367	pending
51	69	6	30	56	92	-	denied	17	23	1	18	44	63	-	denied	44	522	-	allowed
52	85	52	204	9	265	-	denied	21	5	1	35	83	119	-	denied	57	-	282	pending
53	10	49	67	18	134	-	denied	41	22	3	16	19	38	-	denied	65	443	-	allowed
54	4	6	46	39	91	-	denied	52	3	1	25	14	40	-	denied	16	-	428	pending
55	2	21	12	30	63	-	denied	62	8	3	23	138	164	-	denied	17	75	-	allowed
56	40	21	113	8	142	-	denied	84	5	3	105	14	122	-	denied	15	-	7	pending
57	28	49	43	44	136	-	denied	22	11	1	27	3	31	-	denied	47	-	492	pending
Min	1	0	10	2	35	29		6	2	0	3	0	18	92		1	29	7	
Max	88	57	322	168	466	319		84	43	73	136	138	254	304		253	613	779	
Median	27	21	33	41	99.5	248		35	9	1	24	29	74	206		30.5	360	412	
Mean	28	22	56	49	127	199		36	13	6	40	44	86	194		43	342	370	

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## **Agency Response**



**UTAH STATE  
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REHABILITATION**

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February 1, 2007

John M. Shaff, CIA  
Auditor General  
W315 Utah State Capitol Complex  
P.O. Box 145315  
Salt Lake City, Utah 84114-5315

We appreciate the time and effort the Office of the Legislative Auditor General has spent in their audit of the Utah State Disability Determination Services. The auditors were able to develop a very good understanding and insights of our complex processes in a relatively short time and with limited access to Social Security claimant information. The task of understanding and evaluating our processes was made more difficult by the relationship with other Social Security components such as the Field Offices and Office of Hearings and Appeals as well as State agencies such as the Department of Workforce Services. Of note was the time and interest shown by the auditors in traveling to the Idaho DDS with DWS and DDS representatives in observing their business processes. The Utah DDS feels that the audit report was professional, fair and objective and offered good recommendations.

The Utah DDS feels that chronic examiner turnover, the change to electronic processing of disability claims and mental consultant turnover had combined last year to create the backlog and resultant long processing times and aged claims. The Utah DDS and Utah State Office of Rehabilitation feel that examiner salaries are one of the main reasons for the high examiner turnover and are working on a plan to increase the base pay. Organizational development activities will also continue to improve morale and retention. The recovery from the transition to electronic processing of disability claims is steady but continuing. Evidence of this recovery is increasing individual examiner and agency productivity.

This response will comment on the section, "Improvements Can Be Made At DDS" and the "Recommendations" at the end of the report. On page 11, the audit report identified the following improvements which the audit felt could decrease claim-processing time:

- Reduce the amount of time a claim waits before it is assigned to an examiner. We agree and are please to report that with outside assistance with some of the Utah DDS workload, the backlog has been eliminated as of the middle of December 2006. New cases received by the Utah DDS are now being assigned in an average of 1-2 days rather than the average of 22 days found by the audit when a backlog existed.
- Improve the efficiency of collecting medical records which is needed to make a decision on a claim. We agree and are actively working to increase the percentage of medical records which are transmitted electronically rather than paper.

- Better monitor claims to help reduce the other claim-processing time prior to a final decision. At the recommendation of our Regional Office, we have created a new senior management position to work on this area and are working on increasing management controls and accountability.

The "Recommendations" for the Utah DDS include the following:

- Continue to increase the electronic collection of claimant medical records. This is also a priority of the Social Security Administration. Since October 2006, we have devoted the majority of the Medical Relation Officer's time in increasing electronic records as well as half-time of an Administrative Assistant as well as support from the Assistant System Administrator.
- Improve the monitoring of claims to ensure that aged claims are being processed and not neglected. This has been discussed above.
- Communicate with DWS any pertinent federal actions that may affect the GA clients and their claim processing. A coordinating committee between DWS and DDS has been established with a number of meetings already having been held. The Social Security Field Offices also will have a representative on this committee. This is a perfect vehicle to keep the communication open between the DDS, Field Offices and DWS in terms of changes which may impact on GA clients and their claims processing.

Again, we would thank your Office for your assistance.

Sincerely,



Donald R. Uchida  
Executive Director



State of Utah

JON M. HUNTSMAN, JR.  
Governor

GARY R. HERBERT  
Lieutenant Governor

Department of  
Workforce Services

TANI PACK DOWNING  
Executive Director

CHRISTOPHER W. LOVE  
Deputy Director

GREGORY B. GARDNER  
Deputy Director

February 1, 2007

John M. Schaff, CIA  
Auditor General  
W315 Utah State Capitol Complex  
Salt Lake City, UT 84114-5315

Dear Mr. Schaff:

Thank you for the opportunity to review and respond to the confidential "Exposure Draft" of **Improvements Can Be Made in Disability Determination Process** (Report No. 2007-05). We appreciate the suggestions provided to our department in relation to our administration of the General Assistance (GA) program. Clarifications on some of the report items as well as our responses to the recommendations are included below.

First, the General Assistance program in Utah is focused on helping adults without children who have been medically certified as disabled and unable to earn more than \$500 monthly obtain economic independence. This is achieved by the client obtaining either federal disability benefits from the Social Security Administration or wages from employment after overcoming medical barriers. The mission at DWS is to provide employment and support services for our clients to improve their economic opportunities. While many surrounding states have programs that provide only interim assistance for clients who are applying for federal benefits, Utah also serves clients who have short-term disabilities who need temporary assistance until they can reenter the workforce. We believe that through the GA program we can help clients overcome temporary medical barriers in order to obtain employment or provide interim assistance until they are approved for Supplemental Security Income (SSI) or Social Security Disability Insurance (SSDI).

One of the challenges with serving the GA population is that these clients generally require intensive case management of the SSI/SSDI application process, which is very complex and difficult, in order to effectively assist them. Many of the GA clients are homeless and do not have resources for medical care or medications or have severe mental and/or physical disabilities. Although this report indicates there are some potential cost savings from assisting the GA clients in navigating through the various stages of the disability determination process, this may lead to increased administrative costs and is dependent on accessibility to Social Security Administration (SSA) claim status information.



Second, we have recently reduced our GA caseload mainly through focused intensive case management and have also benefited from the current strong economy in Utah. While we are determined to minimize administrative costs associated with the GA program, as indicated in this audit report, GA clients need to be assisted through the inefficient disability determination process to achieve successful outcomes. We believe that without intensive case management in this situation, GA caseloads will increase and clients will likely require longer assistance under the program. Even if DDS is able to make some long-term improvements in the timeliness of disability determinations, these clients still require interim assistance that result in administrative costs that are not eligible for reimbursement. Essentially we are required to use State funds to assist in the timely determination of federal benefits. We are continuing to evaluate the GA program and are striving to address the challenges of maximizing these services to GA clients with limited financial resources. However, continued program funding is critical for us to provide the current necessary financial and other supportive services to these vulnerable clients.

Your report recommended that DWS should consider the following and determine if these proposals are cost-effective and whether access to client information is feasible:

- Assist GA clients who are applying for federal disability benefits with the initial application process.

Response:

*Current GA policy requires clients who appear to meet the requirement for SSI/SSDI because of age, disability, or blindness to apply and follow through with all of the steps in the application process. In recent months, employment counselors in our urban offices and in some of the rural offices have received specialized training in assisting clients with the SSI/SSDI application process. Many of these employment counselors have specialized GA caseloads. They help clients with applying for disability benefits, completing necessary paperwork and forms, gathering the required evidence needed for making a decision, and monitoring the progress to ensure appeals are filed in a timely manner. However, this intensive case management designed to assist the client in navigating through the application process for disability benefits has the potential to increase administrative costs associated with the GA program. We are continuing to evaluate the GA program and are committed to operating it within budgeted funding while considering proportionate administrative costs.*

- Assist the GA clients in attending consultative examinations and with providing medical sources to DDS.

Response:

*We have determined that DDS will not accept documentation provided to them by the client or by DWS until they are validated by the original source. As a result, when possible, we will provide medical sources to DDS to facilitate the processing of timely claim determinations for our GA clients. However, information on appointments for consultative examinations is not always provided and clients may miss them without our knowledge. We are evaluating the legal implications of requiring the use of SSA Form 1696 to obtain client notifications related to their SSA claims. The outcomes of the*

*evaluation along with administrative cost considerations will determine the extent of navigating assistance provided to clients.*

- Assist GA clients who plan to appeal a denial to do so in a timely manner.

*Response:*

*Please see previous responses above. Policy requires all GA clients to apply and follow through with all requirements for disability determination. Depending on the amount of information available on the status of the client's SSA claim and the associated administrative costs, we will consider the reasonableness and extent of assistance provided to clients who plan to appeal a denial.*

- Review surrounding states' GA-type programs and identify any cost saving recommendations for Utah's GA program to the Legislature.

*Response:*

*We are anxious to look at models other states are using to provide vital services in the most effective and efficient ways to serve the GA population. We are aware of some differences in the way states fund services for this population. DWS has chartered a General Assistance Workgroup that will meet in February to discuss the challenges of maximizing the supportive services for our GA clients with limited resources. We will consider the recommendations of the audit to determine future GA policy.*

As indicated above, we are already performing some of these suggested duties to assist our GA clients within our current appropriated funding. However, we are concerned about the precedence of requesting DWS to use scarce General Assistance funds to perform more intensive case management in order to compensate for an inefficient federal disability determination process. This may result in less funding available for benefit payment to GA clients.

Staff from DWS, the Legislative Auditor General's Office, and the state's Office of Disability Determination Services (DDS) jointly observed best practices for an efficient disability determination process in another state. We understand that DDS is trying to incorporate best practices from efficient models and we recognize and support their efforts in improving their efficiency and timeliness in processing claims. Nevertheless, the best scenario would be for the federal government to take responsibility for improving the Utah disability determination process in order to minimize the need for state funds to be used to mitigate federal system inefficiencies.

Thank you for the opportunity to respond and provide these clarifications. We appreciate the time and efforts of your staff in performing the audit and providing recommendations for our consideration.

Sincerely,



Tani Pack Downing  
Executive Director