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Quick Disability Determination Cases: Descriptive Statistics for Fiscal Years 2015–2020

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Introduction

At the turn of the 21st Century, the Social Security Administration (SSA) anticipated an increase in the proportion of people with disabilities as the baby boom generation aged. Comprising the 1946–1964 birth cohorts, baby boomers were aged 36–54 and represented an estimated 82 million Americans, or close to 30 percent of the population, in 2000 (Census Bureau 2001, Table 1). With the first wave of boomers entering the ages of peak disability incidence, it was accepted that "the proportion of people with disabilities will rise in the coming years. It's a fact of life: disabilities increase with age" (Harris 2000, 42). SSA prepared for the predicted increase in disability benefit applications by exploring ways to streamline the disability determination process. The agency developed the Disability Service Improvement (DSI) initiative to use innovative technology to improve the accuracy, consistency, and timeliness of decision-making throughout the administrative review process (Green and others 2006). As part of the DSI effort, SSA developed the Quick Disability Determination (QDD) process. The process focuses on disability benefit claims for which an allowance is deemed probable and medical evidence to support a quick decision is likely to be readily available.

After an applicant files a claim for disability benefits with SSA, the agency transfers an electronic case file from the field office to state Disability Determination Services (DDSs) for processing. In fiscal year 2000, DDSs received almost 2 million cases from SSA, and DDS receipts increased in each of the next 5 years (Table 1). In fiscal year 2008, when SSA implemented QDD nationwide, DDSs received 2.5 million cases. Receipts peaked at almost 3.2 million in fiscal year 2011 and decreased to about 3 million the following year. Receipts have consistently declined since then.

This research and statistics note presents QDD case volumes for fiscal years 2015–2020, compares QDD and non-QDD cases, and investigates whether the decline in disability benefit application receipts affected the prevalence and processing times of QDD cases.

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SSA Disability Benefit Programs

SSA administers two programs that provide benefits for persons with disabilities: Social Security Disability Insurance (DI) and Supplemental Security Income (SSI). Under Title II of the Social Security Act, DI provides benefits to working-age adults who qualify as "insured."[1] An individual attains insured status by (1) paying Federal Insurance Contributions Act (FICA) or Self-Employment Contributions Act (SECA) payroll taxes, and (2) accruing an earnings history that meets a specified threshold in the years directly preceding disability onset. SSI, enacted under Title XVI of the Social Security Act, provides payments to adults or children with a disability who qualify on the basis of limited income and resources, along with other eligibility requirements (Wixon and Strand 2013).

For adults who apply for either DI or SSI benefits, the Social Security Act defines disability as "the inability to engage in any substantial gainful activity (SGA) by reason of any medically determinable physical or mental impairment(s) which can be expected to result in death or which has lasted or can be expected to last for a continuous period of not less than 12 months." Children younger than 18 may qualify for SSI payments under a different disability definition. The Social Security Act states that a child has a disability if "he or she has a medically determinable physical or mental impairment or combination of impairments that causes marked and severe functional limitations, and that can be expected to cause death or that has lasted or can be expected to last for a continuous period of not less than 12 months." SSA's disability determination process is the same for both programs:

> Financial and other nonmedical screens are implemented by SSA field offices. For applicants found eligible under those screens, the initial medical determinations are made by [DDS] agencies in each state. However, if an applicant is denied at the initial DDS level, he or she has the option of pursuing a sequence of appeals, including appealing to (1) the DDS itself, known as reconsideration; (2) an administrative law judge (ALJ); (3) the Appeals Council; and finally (4) a federal court (Wixon and Strand 2013).

[1] Dependents of qualifying insured adults may also be eligible for DI benefits.

Selected Abbreviations

DASH	Disability Analysis Support Hub
DDS	Disability Determination Service
DI	Disability Insurance
DSI	Disability Service Improvement
MTIME	Time Reference for Management Information
QDD	Quick Disability Determination
SSA	Social Security Administration
SSI	Supplemental Security Income

Table 1.
DDS receipts of disability benefit application cases, fiscal years 2000–2020

Fiscal year	DDS receipts
Before QDD implementation	
2000	1,966,894
2001	2,089,136
2002	2,294,085
2003	2,442,271
2004	2,478,977
2005	2,552,653
2006	2,438,691
2007	2,433,028
After QDD implementation [a]	
2008	2,500,457
2009	2,867,173
2010	3,039,209
2011	3,150,562
2012	2,997,164
2013	2,833,976
2014	2,666,507
2015	2,615,581
2016	2,508,446
2017	2,322,991
2018	2,237,221
2019	2,217,831
2020	2,099,783

SOURCES: Authors' calculations based on SSA's 831 File (for fiscal years 2000–2008) and Disability Analysis Support Hub (DASH) (for fiscal years 2009–2020).

a. Electronic case files only. Reflects all cases eligible for the QDD process.

The QDD Process

SSA developed the QDD process to quickly identify adult and child applicants whose medical conditions are so serious that they clearly meet the disability standards. QDD uses a computer-based predictive model to screen initial applications and identify cases in which a favorable disability determination is highly probable and medical evidence is expected to be readily available (SSA 2014).[2] By identifying QDD claims early in the process, SSA prioritizes that workload and expedites case processing (SSA n.d.). In August 2006, SSA piloted the QDD process in the Boston Region. National implementation was completed in February 2008, a few years before the volume of initial disability benefit applications peaked.

At times, the DDS "stages" a case received from SSA, meaning that the case is assigned to an adjudicator for medical review as staff workflows and resources permit, rather than immediately on receipt. However, cases that the computer model flags with QDD status are assigned within 1 working day of DDS receipt to an adjudicator who is trained and experienced in processing priority cases. The adjudicator then processes the case using the same disability standards as those used in all other cases. Although the QDD designation expedites case processing, it does not automatically result in an allowance.

SSA monitors the effectiveness and efficiency of the QDD process by tracking identification rates (the percentage of total cases flagged as QDD cases) and processing time (the number of days it takes a DDS adjudicator to make the determination for a QDD case). The agency also considers public commentary on the QDD process and investigates inquiries posed by disability advocacy groups.

This note evaluates the QDD performance in fiscal years 2015–2020 by comparing QDD and non-QDD case identification rates, processing times, and mortality rates. We examine these dimensions separately for adult applicants, child applicants, and all cases. We also consider whether declining DDS receipts during the observation period may have affected the effectiveness and efficiency of the QDD process.

Methods

We used administrative data from the Disability Analysis Support Hub (DASH) and the Time Reference for Management Information (MTIME) data sets. The DASH is a research database created by SSA's Office of Research, Demonstration, and Employment Support. With data that are refreshed daily, the DASH provides a longitudinal view of electronic disability determination cases adjudicated at the initial, reconsideration, hearing, and appellate levels. The DASH combines data from SSA's electronic disability program application and decisional systems, including the Structured Data Repository, Death Master File, and Disability Operational Data Store. It provided us with information on DDS receipts, the number of cases flagged (and not flagged) for QDD processing, and the survival status of disability benefit applicants.

The MTIME data set provides temporal information, such as case processing time and survival periods, for SSI recipients and DI beneficiaries. Merging DASH and MTIME data enabled us to construct the tables and charts that follow. In this note, we use the MTIME definition of fiscal year, which is the last Friday of September in one year to the last Friday of September in the next. For example, the MTIME defines fiscal year 2020 as the period September 28, 2019–September 25, 2020.

[2] In contrast with a *claim,* which is the single record of an individual filing an application for disability benefits, a *case* is an individual's multiple records merged into a single file.

Results

Table 2 shows DDS receipts (that is, all cases received), numbers and percentages of QDD and non-QDD cases, and the mean and median processing times for QDD and non-QDD cases in fiscal years 2015–2020. DDS receipts in fiscal year 2015 were 2.6 million, of which approximately 165,000, or 6.3 percent, were identified as QDD cases.[3] In fiscal year 2016, DDS receipts dropped by more than 100,000, to 2.5 million cases. That same year, the QDD count increased to 167,000 cases, raising the identification rate to 6.7 percent. Thereafter, DDS receipts continually declined, reaching 2.1 million in fiscal year 2020. QDD case counts declined correspondingly except in fiscal year 2019, when the count increased by 8,778 cases. In fiscal year 2020, the lowest counts of DDS receipts and QDD cases coincided with the onset of the COVID-19 pandemic. The pandemic strained agency resources, reducing its capacity both to assist individuals in filing applications and to conduct disability determinations. However, the QDD identification rate, 7.1 percent, was consistent with those of the previous 4 years.

Like the DDS receipts, the number of non-QDD cases declined each year during fiscal years 2015–2020. In fiscal year 2015, non-QDD cases accounted for 93.7 percent of DDS receipts, but the small increase in QDD identification rates thereafter meant that the non-QDD share of cases never exceeded 93.3 percent in the ensuing years.

True to their purpose, QDD cases were processed much more quickly than their non-QDD counterparts. In fiscal years 2015–2020, processing QDD cases took less than a month on average, with median processing times of 13–14 days. In comparison, non-QDD cases averaged more than 3 months, with medians ranging from 83 to 100 days. The COVID-19 pandemic presumably hampered DDSs, as mean processing times in fiscal year 2020 increased slightly for QDD cases and substantially for non-QDD cases. The mean processing time for non-QDD cases rose from 100 days in fiscal year 2019 to 113 days in fiscal year 2020, and median processing times rose from 90 days to 100 days in that span. In comparison, the mean processing time for QDD cases in fiscal year 2019 was 26 days and it increased by only 1 day for fiscal year 2020, and the median processing time was 13 days in both years.

Table 3 shows the distributions of QDD and non-QDD cases by processing time in fiscal years 2015–2020. More than 40 percent of QDD cases were processed within 10 days each year, while no more than 1.2 percent of non-QDD cases were processed within 10 days. Table 3 also shows that at least 93.3 percent of non-QDD cases took 31 or more days to process each year, while only about one-quarter of the QDD cases took at least 31 days to process.

Table 4 shows DDS receipts and mean and median processing times, by QDD status, separately for adult and child applicants. DDS receipts for adult applicants declined each year except fiscal year 2019, when receipts increased by less than 1,800. Although adult QDD case counts increased in 2 of the 5 years following fiscal year 2015, the QDD identification rate remained within a narrow range (5.7–6.3 percent), except for a modest spike to 6.6 percent in fiscal year 2019. QDD adult case processing times fluctuated narrowly in the observation period, from 26 days to 28 days on average and from 13 days to 14 days at the median.

For adult applicants, the trends in non-QDD case counts and percentages naturally complement the QDD-case trends: Non-QDD cases accounted for 93.7–94.3 percent of DDS receipts for adult applicants for most of the period, except for a dip to 93.4 percent in fiscal year 2019. The average processing

[3] For fiscal year 2009, SSA established a target QDD identification rate of 3.8 percent. The target rate increased incrementally in subsequent years, as SSA succeeded in increasing the volume of QDD processing without sacrificing adjudicative accuracy, until it reached a permanent target rate of 6.5 percent for fiscal year 2015. Table 2 shows that the QDD identification rate in each of the fiscal years 2016–2020 surpassed the 6.5 percent target.

Table 2.
QDD case identification rates, and QDD and non-QDD case processing times, fiscal years 2015–2020

	Cases					Processing time (days)			
	Number			Percent		Mean		Median	
Fiscal year	All	QDD	Non-QDD	QDD	Non-QDD	QDD	Non-QDD	QDD	Non-QDD
2015	2,615,784	164,693	2,451,091	6.3	93.7	25	95	14	85
2016	2,508,724	167,307	2,341,417	6.7	93.3	26	92	14	83
2017	2,323,281	156,488	2,166,793	6.7	93.3	25	93	13	83
2018	2,237,563	154,309	2,083,254	6.9	93.1	25	95	13	85
2019	2,218,144	163,087	2,055,057	7.4	92.6	26	100	13	90
2020	2,100,198	148,102	1,952,096	7.1	92.9	27	113	13	100

SOURCE: Authors' calculations derived by merging data from the MTIME data set with DASH.

NOTE: Case counts differ slightly from table to table for one or more of the following reasons: (1) DASH data, which are updated daily, were pulled on different days; (2) the fiscal year variable used for reporting processing time differs from the case-count fiscal year variable; and (3) the processing-time analysis omits reactivated cases.

Table 3.
QDD and non-QDD cases by processing time, fiscal years 2015–2020

	Number				Percent			
Fiscal year	0–10 days	11–20 days	21–30 days	31 days or longer	0–10 days	11–20 days	21–30 days	31 days or longer
				QDD cases				
2015	66,633	32,530	20,078	39,671	41.9	20.5	12.6	25.0
2016	68,741	31,646	20,063	42,562	42.2	19.4	12.3	26.1
2017	67,892	30,016	17,890	38,655	44.0	19.4	11.6	25.0
2018	67,642	27,989	16,559	36,984	45.3	18.8	11.1	24.8
2019	71,036	27,450	17,761	41,412	45.1	17.4	11.3	26.3
2020	65,825	25,082	15,821	37,876	45.5	17.3	10.9	26.2
				Non-QDD cases				
2015	16,567	37,868	91,359	2,265,720	0.7	1.6	3.8	94.0
2016	17,487	40,468	92,218	2,198,874	0.7	1.7	3.9	93.6
2017	18,657	39,145	86,742	2,014,957	0.9	1.8	4.0	93.3
2018	17,064	32,296	69,296	1,874,728	0.9	1.6	3.5	94.0
2019	19,969	29,905	64,324	1,861,170	1.0	1.5	3.3	94.2
2020	20,374	27,449	48,989	1,636,505	1.2	1.6	2.8	94.4

SOURCE: Authors' calculations derived by merging data from the MTIME data set with DASH.

NOTE: Case counts differ slightly from table to table for one or more of the following reasons: (1) DASH data, which are updated daily, were pulled on different days; (2) the fiscal year variable used for reporting processing time differs from the case-count fiscal year variable; and (3) the processing-time analysis omits reactivated cases.

Table 4.
QDD case identification rates, and QDD and non-QDD case processing times: Adult and child applicants, fiscal years 2015–2020

	Cases					Processing time (days)			
	Number			Percent		Mean		Median	
Fiscal year	All	QDD	Non-QDD	QDD	Non-QDD	QDD	Non-QDD	QDD	Non-QDD
					Adults				
2015	2,208,633	124,910	2,083,723	5.7	94.3	27	96	14	86
2016	2,118,948	127,807	1,991,141	6.0	94.0	27	93	14	83
2017	1,958,239	118,636	1,839,603	6.1	93.9	26	94	14	84
2018	1,882,743	117,100	1,765,643	6.2	93.8	26	96	13	87
2019	1,884,510	125,202	1,759,308	6.6	93.4	27	102	14	91
2020	1,810,014	114,459	1,695,555	6.3	93.7	28	115	13	102
					Children				
2015	406,486	39,677	366,809	9.8	90.2	22	90	11	79
2016	389,070	39,376	349,694	10.1	89.9	23	88	12	77
2017	364,362	37,727	326,635	10.4	89.6	22	86	11	76
2018	354,201	37,102	317,099	10.5	89.5	21	86	11	76
2019	333,095	37,783	295,312	11.3	88.7	22	90	11	80
2020	289,641	33,520	256,121	11.6	88.4	25	104	12	90

SOURCE: Authors' calculations derived by merging data from the MTIME data set with DASH.

NOTE: Case counts differ slightly from table to table for one or more of the following reasons: (1) DASH data, which are updated daily, were pulled on different days; (2) the fiscal year variable used for reporting processing time differs from the case-count fiscal year variable; and (3) the processing-time analysis omits reactivated cases.

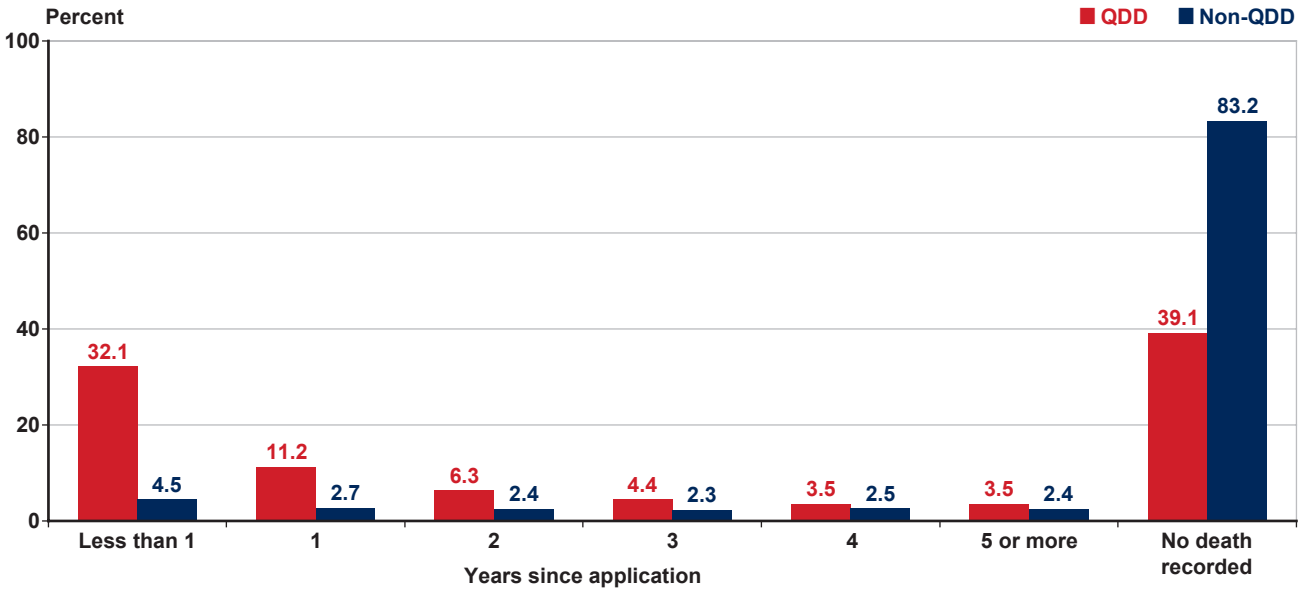
time for non-QDD cases fluctuated from 93 days to 115 days in fiscal years 2015–2020, and the median ranged from 83 days to 102 days, with the processing times trending longer each year after fiscal year 2016. On average, for adults, non-QDD cases took four times longer to process in fiscal year 2020 than QDD cases.

Among child applicants, QDD cases represented 9.8–10.5 percent of DDS receipts in fiscal years 2015–2018, but the identification rate rose to 11.3 percent in fiscal year 2019 and 11.6 percent in fiscal year 2020. On average, QDD case processing times for child applicants were 21–23 days in fiscal years 2015–2019 and 25 days in fiscal year 2020. Median processing times were either 11 days or 12 days in each year.

Charts 1 and 2 show the mortality rates for QDD and non-QDD adult and child applicants, respectively, who filed a claim in fiscal year 2015 that was ultimately allowed. We tracked mortality outcomes for 5 (or more) years. Chart 1 shows that among adults who filed for disability benefits in fiscal year 2015 and received a medical allowance, 32.1 percent of those with QDD cases died within a year of applying, compared with 4.5 percent of those with non-QDD cases. Further, before 4 years had passed since application for allowed adults, more than half of those with QDD cases (53.9 percent) died. In comparison, only 11.9 percent of adults with non-QDD cases died in the same time frame. At the end of our observation period, 83.2 percent of adults with non-QDD cases remained alive, compared with 39.1 percent of adults with QDD cases.

Chart 2 shows that children had much lower mortality rates than adults, regardless of QDD status. Children with QDD cases had higher mortality rates than their non-QDD counterparts among allowed applicants. Within a year of application, 3.4 percent of children with QDD cases had died, while only 0.8 percent of those with non-QDD cases had.

Chart 1.
Mortality rate of adults with disability benefit applications filed in fiscal year 2015 and ultimately allowed, by years since application (in percent)

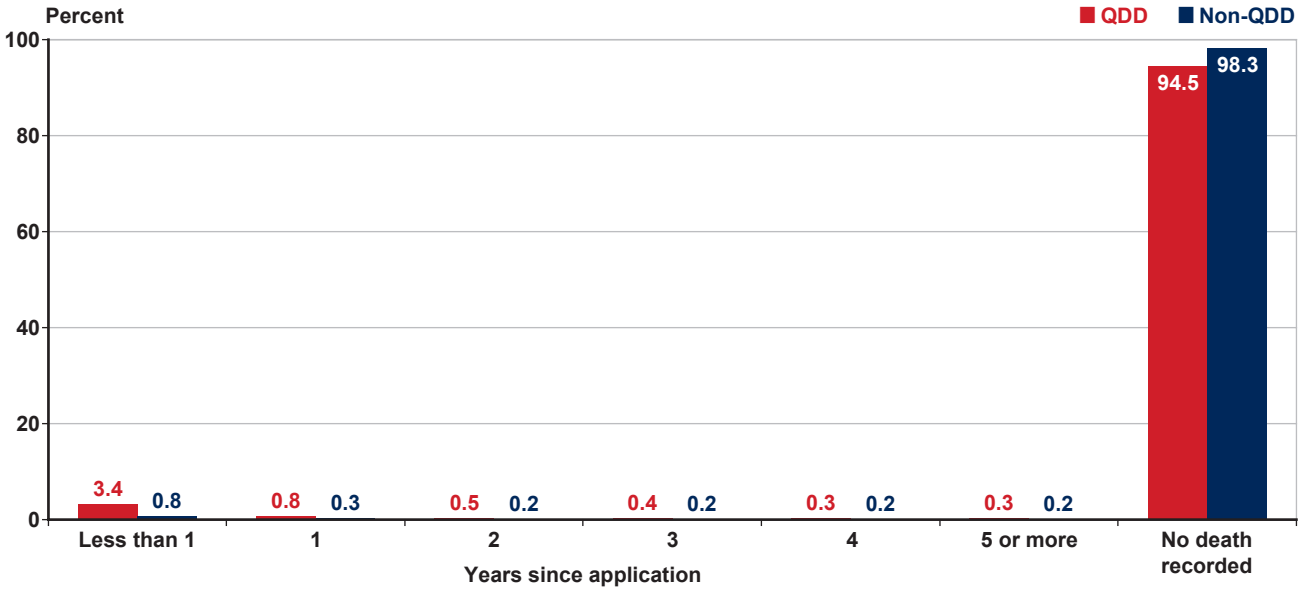


SOURCE: Authors' calculations derived by merging data from the MTIME data set with DASH.

NOTES: Applicants' vital status is as of 2022.

Rounded percentages do not necessarily sum to 100.0.

Chart 2.
Mortality rate of children with disability benefit applications filed in fiscal year 2015 and ultimately allowed, by years since application (in percent)



SOURCE: Authors' calculations derived by merging data from the MTIME data set with DASH.

NOTES: Applicants' vital status is as of 2022.

Rounded percentages do not sum to 100.0.

Conclusion

We provide descriptive statistics on QDD case identification rates and on QDD and non-QDD case processing times and mortality rates, with detail for adult and child applicants. We present statistics for fiscal years 2015–2020 to enable trend analysis.

SSA introduced the DSI initiative to enhance the accuracy, consistency, and timeliness of the disability determination process. The QDD process was developed to address DSI goals by using innovative technology to expedite claims for a population whose severe medical conditions clearly meet SSA's disability standards. The QDD process was developed proactively, in anticipation of an increase in the volume of disability benefit applications as the baby boom generation aged. In 2000, when the first wave of boomers were in their 50s and thereby entering the years of highest disability prevalence, DDS receipts and QDD cases were expected to increase consistently with each passing year. Surprisingly, we find that SSA experienced a national decline in both DDS receipts and QDD cases over the observation period, with fiscal year 2020 having the fewest DDS receipts and QDD cases.

With the outbreak of COVID-19, fiscal year 2020 was far from a typical year. In the face of the pandemic, SSA closed or limited public access to field offices. This difficult decision created obstacles for potential claimants, many of whom rely on in-person interactions for completing disability benefit applications, which probably accounts for the low DDS receipts and QDD case counts for fiscal year 2020. However, the pandemic does not explain the decrease in DDS receipts and QDD cases in the prior fiscal years.

In any event, we find that QDD identification rates and prompt processing of QDD cases were consistent throughout the observation period. We also find that QDD has effectively identified a medically vulnerable claimant population, in that a notable percentage of allowed QDD claimants died relatively shortly after application.

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