



UNDER SECRETARY OF DEFENSE

4000 DEFENSE PENTAGON
WASHINGTON, DC 20301-4000

PERSONNEL AND
READINESS

The Honorable Carl Levin
Chairman
Committee on Armed Services
United States Senate
Washington, DC 20510

APR 18 2013

Dear Mr. Chairman:

Under the National Defense Authorization Act (NDAA), for Fiscal Year 2012, section 596, the Secretary of Defense, in consultation with the Secretary of Veterans Affairs (VA), is required to report on the feasibility and advisability of expediting disability determinations of members of the Armed Forces who suffer from certain disabling diseases and conditions. The NDAA further directed the Department of Defense (DoD) to evaluate other Federal agency programs for expediting disability determinations. This report provides the results of the review. I apologize for the delay in providing this information.


In January 2009, DoD, in coordination with the VA, determined that a process to expedite the disability evaluation of Active and Reserve Component Service members who incurred a catastrophic, combat-related injury was both feasible and beneficial. In that process eligible Service members are offered the opportunity to enter voluntarily into the Expedited Disability Evaluation System (EDES) process, accelerating their rating process, retirement, and receipt of full veteran's benefits. While EDES is intended as a special program for the most seriously injured Service members, at the time this report was written, no Service member had elected to enter.

Based on the report, several new concepts were identified that would enhance the EDES. These concepts include implementing single-person adjudication of initial fitness determinations; improving electronic case transfer capabilities to incorporate triage, and decision-aiding concepts developed by other Federal and State agencies; revising DoD-VA EDES policy guidelines to expand eligibility criteria and entry for accelerated processing while balancing complications and their impacts on Service members and their family; enhancing program communication efforts, and implementing quality assurance case reviews by seasoned analysts and managers.

The Department intends to launch a broad, comprehensive study to determine how to best implement the aforementioned ideas. Due to the complex nature of these issues, the study will take an estimated 15 months to complete. I will provide an interim report by December 2013, and a final report by August 2014.

The Department welcomes the interest of Congress in the Disability Evaluation System and the improvement of care and treatment of our wounded, ill, and injured Service members. A similar letter is being sent to the Chairpersons of the other congressional defense committees.

Sincerely,


Jessica L. Wright
Acting

Enclosure:
As stated

cc:
The Honorable James M. Inhofe
Ranking Member



PERSONNEL AND
READINESS

UNDER SECRETARY OF DEFENSE

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WASHINGTON, DC 20301-4000

APR 18 2013

The Honorable Harold Rogers
Chairman
Committee on Appropriations
U.S. House of Representatives
Washington, DC 20515

Dear Mr. Chairman:

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Jessica L. Wright
Acting

Enclosure:
As stated

cc:
The Honorable Nita M. Lowey
Ranking Member



UNDER SECRETARY OF DEFENSE

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WASHINGTON, DC 20301-4000

PERSONNEL AND
READINESS

APR 18 2013

The Honorable Barbara A. Milkulski
Chairwoman
Committee on Appropriations
United States Senate
Washington, DC 20510

Dear Madam Chairwoman:

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Jessica L. Wright
Acting

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cc:
The Honorable Richard C. Shelby
Vice Chairman



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APR 18 2013

The Honorable Howard P. McKeon
Chairman
Committee on Armed Services
U.S. House of Representatives
Washington, DC 20515

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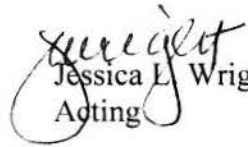
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Sincerely,



Jessica L. Wright
Acting

Enclosure:
As stated

cc:
The Honorable Adam Smith
Ranking Member

Report to the Congressional Committees



Expedited Determination of Disability of Members of the Armed Forces with Certain Disabling Conditions

Required by: National Defense Authorization Act for FY 2012, Section 596

Preparation of this report/study cost the Department of Defense a total of approximately \$190K in Fiscal Years 2012 – 2013. Generated on 2012Sep21 1622
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Executive Summary

In National Defense Authorization Act (NDAA) for Fiscal Year (FY) 2012, section 596, Congress directed the Secretary of Defense, in consultation with the Secretary of Veterans Affairs (VA), to report on the feasibility and advisability of expediting disability determinations of members of the Armed Forces, including members of the regular and reserve components, who suffer from certain disabling diseases and conditions. The NDAA further directed the Department of Defense (DoD) to evaluate other Federal agency programs for expediting disability determinations.

It's important to note up front that in January 2009, DoD, in coordination with the VA, determined that a process to expedite the disability evaluation of Active and Reserve Component Service members who incurred a catastrophic, combat-related injury was both feasible and beneficial. Eligible Service members are offered the opportunity to voluntarily enter into the Expedited Disability Evaluation System (EDES) process, accelerating their rating process, retirement, and receipt of full Veteran benefits. While intended as a special program for the most seriously injured Service members, at the time this report was written no Service member had chosen to enter the EDES. Indications are the Service members and their families believe the system is too fast, thus hampering fuller participation in the EDES.

To gain a perspective on other Federal agency's expedited disability determination processes, DoD considered Social Security Administration's Quick Disability Determination and Compassionate Allowance programs, the California Public Employees' Retirement System disability retirement program, the California State Worker's Compensation program (State Compensation Insurance Fund), and the Federal Office of Personnel Management's disability retirement program. DoD compared features of these programs to the EDES process.

Each of the agencies DoD considered in this review employ methods to expedite the disability claims of certain members of their serviced population. Agency methods share the same fundamental disability evaluation activities, including acquiring an application, gathering medical and non-medical documentation, adjudicating against policy guidelines and medical knowledge, assessing decision quality, and providing decision-appeal mechanisms. The agencies reviewed employ a number of expediting techniques not currently or fully utilized in the DoD-VA EDES.

DoD's analysis determined that the Social Security Administration, the Office of Personnel Management, and the State of California have implemented effective procedures to expedite certain disability evaluations. In addition, these organizations use a variety of approaches and informational tools (e.g., toll free numbers, web-sites) to make their programs more accessible and understandable to their eligible populations. All agencies have programs in which experienced adjudicators review cases to monitor decision quality.

Unlike DoD, which uses two or more members to adjudicate fitness and disability level, the agencies reviewed use a single adjudicator to make initial disability determinations. This practice significantly reduces their adjudication staffing requirements to process disability cases and increases the number of cases their agencies can simultaneously complete.

All the agencies reviewed employ a case tracking system that contains various forms of electronic media which are used in the adjudication process. Disability claim case files in the Social Security Administration are entirely electronic. The Social Security Administration plans to enhance its electronic case file technology so that, eventually, all required claim, medical, and decision information is fully searchable and computable. Even without fully computable data, agency representatives indicated the electronic case file capability has significantly enhanced Social Security's ability to move and adjudicate all cases more quickly and to accelerate select cases.

The Social Security Administration's Quick Disability Determination and Compassionate Allowance programs use predictive modeling software to identify cases for expedited processing. When coupled with Social Security's electronic disability case file, the agency is able to quickly identify the qualified population for the agency's expedited program. Social Security representatives indicated the introduction of the Quick Disability Determination and Compassionate Allowance automated identification and decision-aid features enabled a marked increase in claim processing speed and efficiency.

Unlike DoD, the Social Security Administration does not ask for claimant permission to expedite qualifying disability cases. DoD's requirement that Service members volunteer for expedited processing allows Service members to choose non-expedited processing and delay their separation from service. Failure to divert cases that could be expedited through a triage of severity, condition type, or other factors places all cases in a single workflow.

In addition, unlike Social Security, DoD-VA limits eligibility for the DoD-VA expedited process to only those with 'catastrophic' injuries. This excludes a large number of Service members with injuries or illnesses that would result in a disability retirement. The result places these Service members into the DoD-VA Integrated Disability Evaluation System process that is slower, delaying their transition to Veteran status.

Finally, although it is unclear whether quality assurance programs increase overall system speed or, simply enhance outcome quality, each of the Federal and State agencies reviewed have a quality assurance program. These programs allow the agencies to ensure the claimant receives the proper benefits and to identify problems with processes and training.

Based on this review, the Department identified several concepts for further consideration and research to enhance the DoD-VA EDES. These include: implementing single-person adjudication of initial fitness determinations; improving electronic case transfer capabilities to incorporate triage, and decision-aiding concepts developed by other Federal and State agencies; revising DoD-VA EDES policy guidelines to expand eligibility criteria and entry for accelerated processing while balancing complications and their impacts on Service members and their families; enhancing program communication efforts; and, implementing quality assurance case reviews by seasoned analysts and managers. DoD will work with the VA and Military Departments to establish parameters for consideration of these concepts as part of our long range strategic plan.

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1. Overview

In section 596(a) of the National Defense Authorization Act (NDAA) for Fiscal Year (FY) 2012, the Secretary of Defense, in consultation with the Secretary of Veterans Affairs, was directed to report on "...the feasibility and advisability of the establishment by the military departments of a process to expedite the determination of disability with respect to members of the Armed Forces, including regular members and members of the reserve components, who suffer from certain disabling diseases or conditions."

In January 2009, the Department of Defense (DoD), in coordination with the Department of Veterans Affairs (VA), established a process to expedite the disability evaluation of Active and Reserve Component Service members who incurred a catastrophic, combat-related injury. While intended as a special benefit for the most seriously injured Service members, at the time this report was written no Service member had elected to complete the voluntary EDES program.

The NDAA also directed, in Sec. 596(b)(1), that DoD "evaluate elements of programs for expedited determinations of disability that are currently carried out by other departments and agencies of the Federal Government, including the Quick Disability Determination program and the Compassionate Allowance program from the Social Security Administration (Appendix 1)..."

This report presents results of a review of other Federal and State programs for expediting disability evaluations to identify opportunities for enhancing the DoD-VA EDES. In addition to the Social Security Administration's Quick Disability Determination and Compassionate Allowance programs, DoD reviewed methods the Office of Personnel Management uses to expedite disability retirements of Federal civil service employees. Finally, DoD reviewed methods for expediting disability evaluation in the State of California public employees' disability retirement and worker's compensation programs, which provide examples of governmental approaches used outside Federal agencies.

2. Methodology

DoD considered the policies, processes, and tools other government agencies use to expedite disability evaluations. DoD performed a comparative analysis of these features to determine the feasibility (capable of being done or dealt with) and advisability (appropriateness of recommendations) of applying external agency practices to the current DoD-VA EDES. Finally, DoD assessed the changes that would be necessary to implement each resulting recommendation across the following four dimensions.

- **Infrastructure** - physical support structures and geographic locations
- **Technology** - tools, techniques, and systems for decision making and communication
- **People** - organization structure and staffing for program administration
- **Process** - activities required of organization staff and customers

3. Results

DoD found each agency's method for evaluating disability claims for eligible members of their serviced population share the same fundamental activities, including acquiring an application, gathering medical documentation, applying policy guidelines and medical consultants to adjudicate a case, quality assurance reviews to ensure decision quality, and appeal mechanisms. DoD identified several service delivery methods and techniques agencies employ to expedite disability evaluation including: single-person case adjudication, automated identification of cases for accelerated processing based on analysis of historical data, creation of an electronic case file, and strategic communications tools used to deliver information about their program. Results from our deeper review of each program, including the DoD-VA EDES, follow.

3.1. DoD / VA Expedited Disability Evaluation System

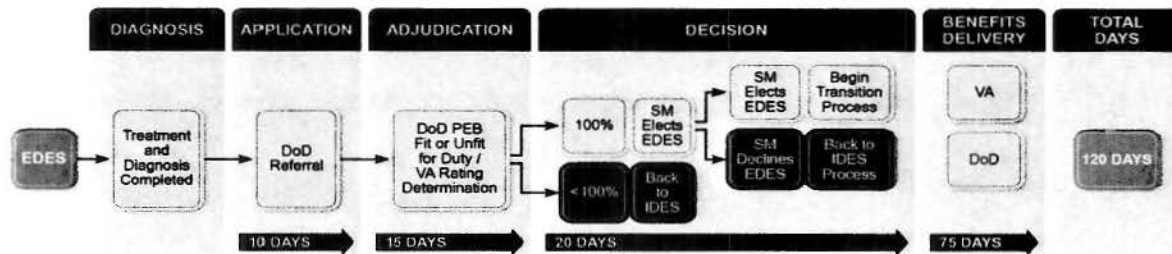


Figure 1: Current Expedited Disability Evaluation System Process

Figure 1 outlines the current EDES process DoD and VA implemented in January 2009. The DoD-VA EDES process is voluntary and intended to quickly move Service members with catastrophic, combat-related injuries to permanent disability retirement so they may obtain the full set of Federal and state disability benefits to which they are entitled. DoD offers the DoD-VA EDES process to eligible Service members at Walter Reed National Military Medical Center, Balboa Naval Medical Center, and Brooke Army Medical Center. Military medical authorities, the VA Federal Recovery Coordinator, Recovery Care Coordinator, Physical Evaluation Board Liaison Officer, treating physicians, and medical and non-medical case managers form a team to collaborate with Service members who are qualified for referral to the DoD-VA EDES. The team provides Service members, or their designated representative, information on the expedited process, disability benefits and points of contact that allow Service members to make an informed decision on program entry. Once the Service member waives evaluation by the Integrated Disability Evaluation System and elects to enter the expedited process, the medical treatment facility develops the case file and forwards it by express mail to one of the Military Department Physical Evaluation Boards.

The Physical Evaluation Board confirms that Service members who are referred by their local treatment team meet the expedited process entry guidelines. Because certain catastrophic injuries, as was agreed to by DoD and VA, qualify for a 100% disability rating, DoD is able to assess the Service member's disability by examination of their existing medical record rather than through direct, physical examination. Once the member is determined to be 100% disabled, the two- or three-member physical evaluation board offers to retire the Service member. If the Service member is rated less than 100% or declines to be retired through the

expedited disability process, the physical evaluation board will enroll him or her in the DoD-VA Integrated Disability Evaluation System process. The DoD-VA EDES process is the only expedited disability process DoD reviewed that requires the candidate to volunteer for expedited processing. Other agencies involuntarily move applicants' claims that meet entry program criteria to their expedited process.

The voluntary nature of the DoD-VA EDES process was established with the belief that there should be an expedited process for those who incur a combat-related catastrophic disability and that those who suffer such injuries should be allowed greater flexibility to guide their exit from military service.

Unlike the EDES process, customer satisfaction surveys show that some Service members who participate in the DoD-VA Integrated DES believe that the IDES process is too slow and limits their ability to transition to Veteran status or start a civilian job. Creating an expedited DES for those not currently eligible by DoD policy may address those concerns.

3.2. Social Security Administration Quick Disability Determination and Compassionate Allowance

The Social Security Administration considers an individual disabled if he or she is unable to engage in any substantial gainful employment activity because of a medically verifiable physical or mental impairment which can be expected to result in death or which has lasted or can be expected to last for a continuous period of at least 12 months. The Social Security Administration provides benefits based on disability or blindness through two programs, Social Security Disability Insurance and Supplemental Security Income. Applicants must meet non-medical entry requirements for one or both of these programs before the Social Security Administration initiates the medical disability evaluation process. The Social Security Administration administers their disability program through a nation-wide network of 1,297 State-operated field offices, supported by large-scale data processing and record-keeping operations. The State offices process cases using a single adjudicator who is expected to complete 500-600 cases per year. Once a State office classifies a disability application as a Social Security Disability Insurance or Supplemental Security Income claim, the office transfers the case to a State Disability Determination Services office for processing.

The State Disability Determination Services office evaluates the medical evidence of a claim and, if it is medically sufficient, forwards the claim and medical evidence to a contractor in London, Kentucky, for development of an electronic record of the claim (Figure 2). Since 2003, the Social Security Administration has focused on accelerating disability evaluation by creating and improving an electronic case file for disability claims (Appendix 2). The Social Security Administration places all medical evidence from the doctor's office, hospitals, and the claimant's or designated representative's completed claim questionnaire in the claimant's electronic disability claim file. Although much of the Social Security Administration's current electronic claim file process relies on non-computable images, rather than more powerful and flexible computable data, a metadata index allows key information to be readily accessed by case file managers. Social Security Administration representatives stated their agency has

realized significant performance improvements through the use of imaged-document case files.

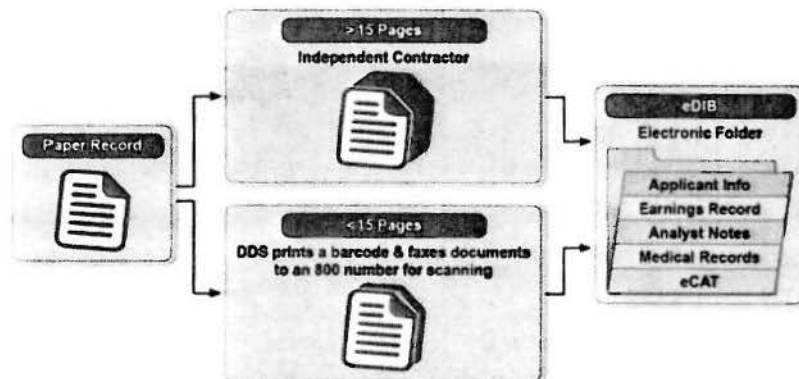


Figure 2: Electronic Record Development Process

After initial fielding, the Social Security Administration significantly enhanced the impact of its electronic file by pairing an automated Case Analysis Tool with expedited or “fast-track” procedures that accelerate the disability claim. The electronic Case Analysis Tool employs ‘intelligent pathing’ to guide adjudicators through the disability determination process and allows them to add notes to claim file documents to ensure claims adjudicators complete all regulatory steps. Equally important, the electronic Case Analysis Tool documents the decision process, which provides a historical record that can be referenced during appeals or reviews.

As directed by the NDAA, DoD focused this review on Social Security Administration’s Quick Disability Determination and Compassionate Allowance “fast track” programs (Figure 3). These programs allow adjudicators to expedite applicants through the disability evaluation and benefits approval process based on the type of medical conditions presented.

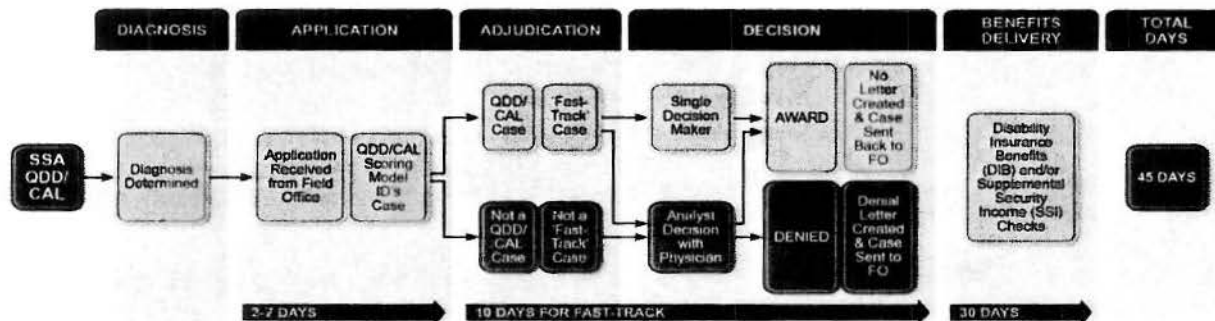


Figure 3: SSA Quick Disability Determination and Compassionate Allowance Process

In September 2004, the Social Security Administration began developing the Quick Disability Determination process. The Social Security Administration piloted the process in its Boston Region two years later. In February 2008, the Social Security Administration issued regulations to implement the Quick Disability Determination program nationwide. The Quick Disability Determination program expedites cases in which the medical condition involved is likely to be approved for disability compensation and for which the supporting medical evidence is readily available. Social Security Administration developed and uses a computer-

based statistical model developed from historical disability case data to predict the likelihood of compensation approval. An additional, automated review of the electronic claim file identifies cases in which supporting medical evidence is readily available. Social Security then combines these two factors (high probability of approval and available medical evidence) to divert disability claims to their Quick Disability Determination program. Social Security's Quick Disability Determination tools create an automated "triage" process that requires no additional work at intake and is invisible and involuntary for the applicant, but plays an important role in the timely processing of a claim.

The Social Security Administration authorizes the State agencies to accelerate the normal processing steps of cases identified as meeting Quick Disability Determination program standards. The Social Security Administration stated that 97 percent of the cases processed in their test of the Quick Disability Determination program in the New England region were decided within 21 days and completion time averaged 11 days. Social Security has set a goal that State agencies complete their disability determination within 20 days of receiving a claim. In April 2012, Quick Disability Determination cases averaged seven days from initial receipt to approval of benefits with a 97 percent reliability factor that the disability determination was correct.

In October 2008, the Social Security Administration implemented the Compassionate Allowance program nationwide. The Social Security Administration designed the Compassionate Allowance program to quickly identify diseases and other medical conditions that invariably qualify for disability compensation with minimal but sufficient medical information. The Social Security Administration has compiled such medical conditions, which include medical conditions that qualify as terminal illnesses, in a Listing of Impairments or "Blue Book." Unlike the Quick Disability Determination program, which requires that claims meet stringent scoring criteria for the type of condition, severity, and availability of medical evidence, Social Security's electronic records system identifies Compassionate Allowance cases based only on the type of condition claimed. Social Security determines the conditions included in its Listing of Impairments through public outreach hearings, advocacy groups, Social Security and Disability Determination Service communities, medical and scientific experts, and research by the National Institutes of Health. In August 2012, Social Security increased the Blue Book list to 165 conditions (Appendix 3), including cancers, early-onset Alzheimer's disease, multiple organ transplants and autoimmune diseases. Like the Quick Disability Determination program, Social Security set a goal for State agencies to complete the Compassionate Allowance disability determination within 20 days of receiving a claim. In April 2012, Compassionate Allowance cases averaged 14 days from initial receipt to approval of benefits with a 97 percent reliability factor that the disability determination was correct.

Together, Quick Disability Determination and Compassionate Allowance cases account for six percent of Social Security's total case load. Each Quick Disability Determination and Compassionate Allowance case is expedited by a single adjudicator who has the authority to make an initial disability determination in many cases without a medical or psychological consultant's review. If an adjudicator denies an initial disability claim, the claimant may request reconsideration (appeal) within 60 days of receipt of a denial letter. If denied at the reconsideration level (Figure 4), the claimant may request a hearing before an administrative

law judge at the Office of Disability Adjudication and Review. After two unsuccessful appeals, an appeals council considers the case for final resolution.

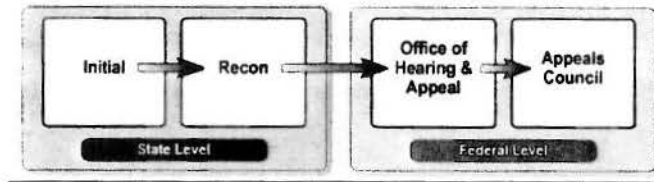


Figure 4: SSA Appeal Process

Finally, Social Security Administration employs a thorough quality assurance program, executed by its Disability Quality Branch, in addition to the State level quality assurance processes. Social Security’s Disability Quality Branch randomly selects cases from its respective State level/regional offices and reviews all phases of the adjudication process to determine their accuracy. Social Security reviews these cases to ensure there is medical evidence to support the examiner's decision and that all required documentation was present and applied correctly. The Disability Quality Branch can overturn rulings to award benefits or to deny benefits. If the Disability Quality Branch identifies technical errors associated with the application (i.e., missing paperwork), the Disability Quality Branch may send the entire application back to the State Disability Determination Service for correction.

3.3. California Public Employees’ Retirement System

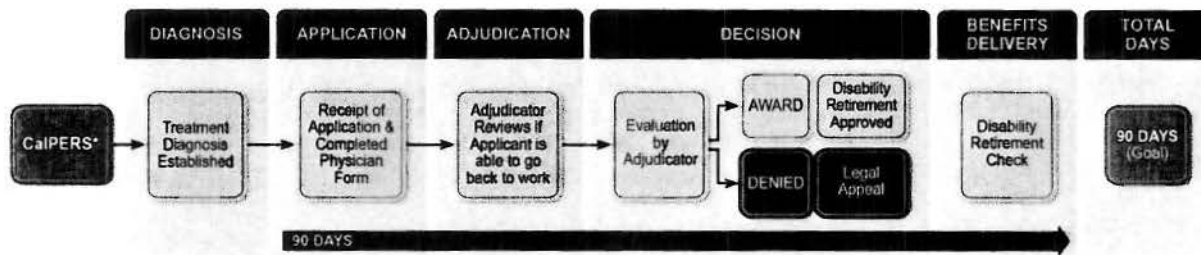


Figure 5: California Public Employees’ Retirement System Process

The State of California provides permanent disability retirement (Figure 5) to State employees who have worked for at least five years in the State of California and whose condition is expected to be permanent or last longer than six months, preventing them from performing the essential functions of his or her current position or any other position. Unlike the IDES, which requires VA physicians or QTC doctors to perform disability examinations of Service members undergoing disability evaluation, the California Public Employees’ Retirement System provides disability medical examination forms via their web-site for the employee’s personal physician to complete. If an employee submits an incomplete claim, the employee is given 30 calendar days to provide the remaining documentation including medical information or, if the case contains insufficient medical information, the adjudicator can request an independent medical examination. Employees suffering a terminal illness may request that the California Public Employees’ Retirement System office provide their case priority handling.

When an employee requests priority handling of his or her case, the California Public Employees’ Retirement System office assigns the case to one of four adjudicators designated to process only

priority cases. The adjudicator evaluates the case to determine if it qualifies for expedited processing. The California Public Employees' Retirement System adjudicator contacts the employee and their doctor to assist with gathering all necessary claim information. Adjudicators have up to 60 days to make a final disability retirement determination for priority cases. When denying a claim, the California Public Employees' Retirement System provides three levels of management review before releasing their final decision. The applicant may appeal unfavorable decisions to the California Public Employees' Retirement System legal office for presentation before an Administrative Law Judge who, in turn, makes the final determination.

California Public Employees' Retirement System has eight Regional Offices that receive Public Employees' requests for disability retirement benefits. Overall, California Public Employees' Retirement System adjudicators complete approximately 3,400 disability claims per year. California Public Employees' Retirement System still currently adjudicates their cases in paper format and utilizes an electronic tracking system that enables them to identify the physical location of the case and provide appropriate analysis of the disability system's performance. They employ seasoned analysts and managers to randomly review records as a quality assurance process.

To ensure their disability retirement system continues meeting the needs of their customer base, the California Public Employees' Retirement System provides a comprehensive web-site and toll free number that enables employers or employees to better understand the application process and status of their case. The Retirement System also conducts quarterly seminars with supervisors and managers to determine program improvements.

3.4. California State Compensation Insurance Fund (SCIF)

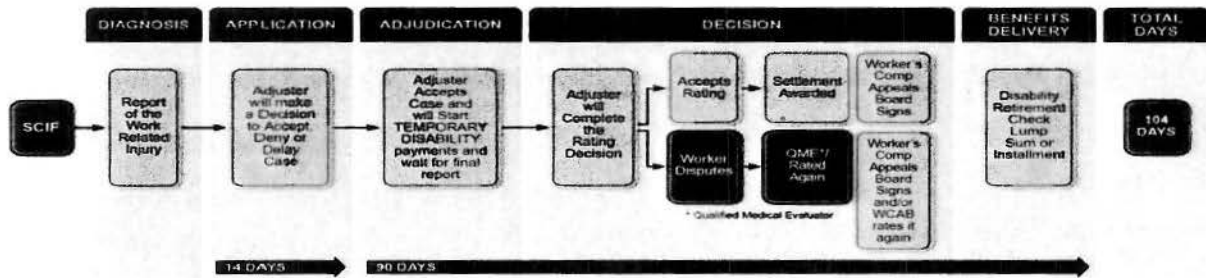


Figure 6: State Compensation Insurance Fund (Worker's Compensation) Process

Figure 6 outlines the California State Compensation Insurance Fund program that provides temporary disability benefits for workers injured on the job. The state compensation insurance fund permits the worker to be considered for compensation during his or her period of recovery. During the recovery phase, the injured worker is placed on temporary disability for no more than 104 weeks within a 5-year period. If the employee is unable to work after 104 weeks, the program authorizes permanent retirement disability, expressed in terms of a rating that is 100 percent. The state compensation insurance fund is regulated by California's Workers' Compensation Board and Department of Insurance.

An injured worker, physician, employer, or the worker's representative or family member can report the injury to start California's worker compensation process. Once the State receives a

report of work-related injury, a single claims adjuster waits until the treating physician sends in the “permanent and stationary” report indicating that the injured worker has reached maximum treatment and that his/her condition is now stable. The State Compensation Insurance Fund has three options to render a decision: (1) accept the claim (confirmed work related injury), (2) deny the claim (non-work related injury), or (3) delay the claim (90-day extension).

Similar to all the other programs reviewed for this report, the state insurance compensation fund expedites reviews of certain workers’ compensation injury cases. California expedites cases if the injured employee’s condition is such that there is an imminent and serious threat to his or her health, including, but not limited to, the potential loss of life, limb or other major bodily function, or their case is designated as catastrophic (including spinal cord injuries, multiple amputations, or head traumas). The “nature of the physical injury or disfigurement” must incorporate the descriptions and measurements of physical impairments and a decision must be made in a timely fashion that is appropriate for the nature of the employee’s condition, but not to exceed 72 hours after the receipt of all necessary information. Similar to DoD, the State Compensation Insurance Fund program’s permanent disability is expressed in terms of a rating that is a percentage of total permanent disability up to 100 percent.

The State Compensation Insurance Fund provides 24-hour access by phone, fax, or via website that enables the injured worker or physician to download an application, report work-related injuries, as well as determine treatment covered by the workers’ compensation insurance program. Once the application is received at one of 12 regional offices, the application and necessary documents related to the claim are scanned and reviewed electronically. While the claim is handled electronically, once completed, notification and any form of communication outside the regional office are mailed to the claimant.

California employs an external quality assurance process that is responsible for maintaining program effectiveness. The State Compensation Insurance Fund undergoes announced or unannounced audits that determine decision quality and timeliness of claim adjudication. To supplement the quality assurance work of this external regulating body, California’s State Compensation Insurance Fund also employs in-house auditors who execute a similar quality assurance process.

3.5. Office of Personnel Management (OPM)

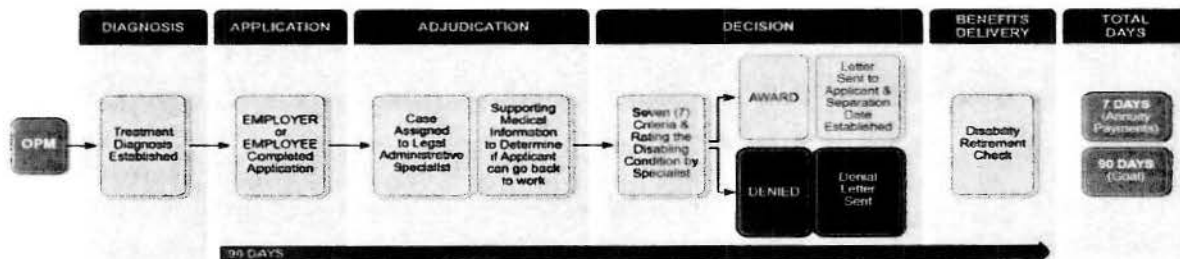


Figure 7: OPM Disability Retirement System Process

The Federal government, through the Office of Personnel Management, provides disability compensation coverage to federal employees covered by the Civil Service Retirement System

and Federal Employees Retirement System. The program covers civil servants who incur a disability expected to last longer than one year that prevents them from successfully performing the essential elements of their position or to maintain satisfactory conduct and attendance. The Office of Personnel Management further requires that the employing Federal agency certify if it is unable to: 1) adjust the job or work environment to enable the employee to perform the duties of that position, or 2) provide a vacant position in the same agency, at the same grade or pay level, and within the same commuting area, for which the employee is qualified.

Similar to the State of California, the Office of Personnel Management provides disability medical examination forms for the employee's personal physician to complete. Once the Office of Personnel Management receives a disability application, a single adjudicator (Legal Administrative Specialist) determines if the request qualifies for disability consideration and makes a determination. If the federal employee is found to be disabled, usually due to a work-related disability resulting from the loss, or loss of use, of a function or limb of the body or is suffering from a terminal illness, the adjudicator will approve an interim award within seven days of receipt of the claim. The Office of Personnel Management then forwards the case file for final processing. If the Office of Personnel Management denies the disability claim, the employee is given 30 days from the date of the denial letter to request reconsideration (Figure 7).

Each Legal Administrative Specialist is expected to complete 600 claims per year to receive a "Fully Meets" on his or her annual appraisal. Those completing at least 800 claims receive an "Excellent" and, if more than 1,000, an "Outstanding." As in the other Federal and State processes reviewed, managers, supervisors and seasoned Legal Administrative Specialists randomly perform quality assurance checks to determine the accuracy of their disability adjudications. Finally, the Office of Personnel Management maintains a comprehensive web-site that allows federal employees to download forms and input their case numbers to determine the status of their claim. In addition to the web-site, they also maintain a toll free number and provide brochures that reinforce the information available through the internet.

4. Conclusions

DoD's analysis determined that the Social Security Administration, the Office of Personnel Management, and the State of California have implemented effective procedures to expedite certain disability evaluations. In addition, these organizations use a variety of approaches and informational tools (for example, toll free numbers, web-sites) to make their programs more accessible and understandable to their eligible populations. And, they all have programs in which experienced adjudicators review cases to monitor decision quality.

Unlike DoD, which uses two or more members to adjudicate fitness and disability level, the Federal and State agencies reviewed use a single adjudicator to make initial disability determinations. This practice significantly reduces their adjudication staffing requirements to process disability cases and increases the number of cases their agencies can simultaneously complete.

All the agencies reviewed employ a case tracking system that contains various forms of electronic media which are used in the adjudication process. Disability claim case files in the Social Security Administration are entirely electronic. The Social Security Administration plans to enhance its electronic case file technology so that, eventually, all required claim, medical, and decision information is fully searchable and computable. Even without fully computable data, agency representatives indicated the electronic case file capability has significantly enhanced Social Security's ability to move and adjudicate all cases more quickly and to accelerate select cases.

The Social Security Administration's Quick Disability Determination and Compassionate Allowance programs use predictive modeling software to identify cases for expedited processing. When coupled with Social Security's electronic disability case file, the agency is able to quickly identify the qualified population for the agency's expedited program. Social Security representatives indicated the introduction of the Quick Disability Determination and Compassionate Allowance automated identification and decision-aid features enabled a marked increase in claim processing speed and efficiency.

Unlike DoD, The Social Security Administration does not ask for claimant permission to expedite qualifying disability cases. DoD's requirement that Service members volunteer for expedited processing allows Service members to choose non-expedited processing and delay their separation from service. Failure to divert cases that could be expedited through a triage of severity, condition type, or other factors places all cases in a single workflow.

In addition, unlike Social Security, DoD-VA limits eligibility for the DoD-VA expedited process to only those with 'catastrophic' injuries. This excludes a large number of Service members with injuries or illnesses that would result in a disability retirement. The result places these Service members into the DoD-VA Integrated Disability Evaluation System process that is slower, delaying their transition to Veteran status.

Finally, although it is unclear whether quality assurance programs increase overall system speed or, simply enhance outcome quality, each of the Federal and State agencies reviewed have a quality assurance program. These programs allow the agencies to ensure the claimant receives the proper benefits and to identify problems with processes and training.

Based on this review, the Department identified several concepts for enhancing the DoD-VA EDES that deserve additional consideration.. These include: implementing single-person adjudication of initial fitness determinations; improving electronic case transfer capabilities to incorporate triage, and decision-aiding concepts developed by other Federal and State agencies; revising DoD-VA EDES policy guidelines to expand eligibility criteria and entry for accelerated processing while balancing complications and their impacts on Service members and their families; enhancing program communication efforts; and, implementing quality assurance case reviews by seasoned analysts and managers. DoD will work with the VA and Military Departments to establish parameters for making key improvements to the EDES.

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Appendix 2: SSA Expedited System Upgrades

- electronic Disability Insurance Benefits (eDIB). eDIB is an electronic records repository that speeds up the disability claims processing by reducing delays in creating, transporting and locating paper files. This system provides a secure, centralized web-based repository of medical and other documents associated with the disability claim.
- Predictive Model (PM). From development of eDIB, the PM provides a computer based statistical model designed to predict the likelihood of an outcome given established characteristics, variables or other factors. The PM leverages historical information to help predict outcomes for new cases whereby there is likelihood that an applicant is disabled when supporting medical evidence is readily available based on diagnosis alone. It is a sophisticated screening tool, an automated “triage” process that requires no additional work at intake and is invisible to the applicant but plays an important and expeditious tool in the adjudicative decisional quality and timely processing of a claim. It is designed to work at the time an application for disability benefits is filed.
- Electronic Claims Analysis Tool (eCAT). eCAT is a web-based process designed to document a disability adjudicator’s analysis of a case file that, in addition to individual file note, utilizes what SSA refers to as “intelligent pathing” which ensures all relevant agency policies are considered during the disability adjudication process. eCAT produces a Disability Determination Explanation (DDE) that documents the detailed analysis and rationale for either allowing or denying a claim.
- Health Information Technology (HIT). HIT is a new program for acquiring electronic medical records for the disability determination process. This is an electronic record transmission that would normally take days and is transmitted in minutes. SSA partners with a medical facility and coordinates with their records department to expedite the request for records. These records are transmitted to SSA with a summary sheet identifying ICD 9 codes that correspond to the SSA “Blue Book” listing of impairments.
- Disability Case Processing System (DCPS). DCPS is developing a new system that will incorporate additional functionality, such as decision support tools, improved quality checks, improved management information, and compatibility with industry standards for electronic medical records.

Appendix 3: Compassionate Allowance Approved Conditions

(As of August 2012)

CAL conditions are developed as a result of information received at public outreach hearings, comments received from the Social Security and Disability Determination Service communities, counsel of medical and scientific experts, and research conducted by the National Institutes of Health (NIH).

1. Acute Leukemia
2. Adrenal Cancer – w/ distant metastases or inoperable, unresectable or recurrent
3. Alcardi-Goutieres Syndrome
4. Alexander Disease (ALX)- Neonatal and Infantile
5. Alobar Soloprosencephaly
6. Alpers Disease
7. Alpha Mannosidosis – Type II and III
8. Alstrom Syndrome
9. Amegakaryocytic Thrombocytopenia
10. Amyotrophic Lateral Sclerosis (ALS)
11. Anaplastic Adrenal Cancer - with distant metastases or inoperable, unresectable or recurrent
12. Angelman Syndrome
13. Aortic Atresia
14. Astrocytoma – Grade III and IV
15. Ataxia Telangiectasia
16. Batten Disease
17. Bilateral Retinoblastoma
18. Bladder Cancer – with distant metastases or inoperable or unresectable
19. Breast Cancer – with distant metastases or inoperable or unresectable
20. Canavan Disease (CD)
21. Carcinoma of Unknown Primary Site
22. Cerebro Oculo Facio Skeletal (COFS) Syndrome
23. Cerebrotendinous Xanthomatosis
24. Child Neuroblastoma - with distant metastases or recurrent
25. Child Non-Hodgkin Lymphoma – recurrent
26. Chondrosarcoma – with multimodal therapy
27. Chronic Myelogenous Leukemia (CML) - Blast Phase
28. Cornelia de Lange Syndrome- Classic Form
29. Corticobasal Degeneration
30. Creutzfeldt-Jakob Disease (CJD)- Adult
31. Cri du Chat Syndrome
32. Degos Disease, Systemic
33. Early-Onset Alzheimer’s Disease
34. Edwards Syndrome (Trisomy 18)
35. Eisenmenger Syndrome
36. Endomyocardial Fibrosis
37. Ependymoblastoma (Child Brain Tumor)
38. Esophageal Cancer
39. Ewing Sarcoma
40. Farber’s Disease (FD) Infantile
41. Fibrodysplasia Ossificans Progressiva
42. Follicular Dendritic Cell Sarcoma - metastatic or recurrent
43. Friedreichs Ataxia (FRDA)
44. Frontotemporal Dementia (FTD), Picks Disease- Type A-Adult
45. Fucosidosis – Type I
46. Fukuyama Congenital Muscular Dystrophy
47. Galactosialidosis – Early and Late Infantile Types
48. Gallbladder Cancer
49. Gaucher Disease (GD)-Type 2
50. Glioblastoma Multiforme (Adult Brain Tumor)

51. Glioma Grade III and IV
52. Glutaric Acidemia Type II(Neonatal)
53. Head and Neck Cancers – with distant metastasis or inoperable or unresectable
54. Heart Transplant Graft Failure
55. Heart Transplant Wait List, 1A/1B
56. Hemophagocytic Lymphohistiocytosis (HLH), Familial type
57. Hepatoblastoma
58. Histiocytosis Syndromes
59. Hutchinson-Gilford Progeria Syndrome
60. Hydranencephaly
61. Hypocomplementemic Urticarial Vasculitis Syndrome
62. Hypophosphatasia Perinatal (Lethal) and Infantile Onset Types
63. Hypoplastic Left Heart Syndrome
64. I Cell disease
65. Idiopathic Pulmonary Fibrosis
66. Infantile Free Sialic Acid Storage Disease
67. Infantile Neuroaxonal Dystrophy (INAD)
68. Infantile Neuronal Ceroid Lipofuscinoses
69. Inflammatory Breast Cancer (IBC)
70. Junctional Epidermolysis Bullosa, Lethal Type
71. Juvenile Onset Huntington Disease
72. Kidney Cancer – inoperable or unresectable
73. Krabbe Disease (KD) – Infantile
74. Kufs Disease Type A and B
75. Large Intestine Cancer – with distant metastasis or inoperable, unresectable or recurrent
76. Late Infantile Neuronal Ceroid Lipofuscinosis
77. Left Ventricular Assist Device (LVAD) Recipient
78. Leigh's Disease
79. Lesch-Nyhan Syndrome (LNS)
80. Lewy Body Dementia
81. Lissencephaly
82. Liver Cancer
83. Lowe Syndrome
84. Lymphomatoid Granulomatosis – Grade III
85. Malignant Brain Stem Gliomas – Childhood
86. Malignant Melanoma – with metastases
87. Malignant Multiple Sclerosis
88. Mantle Cell Lymphoma (MCL)
89. Maple Syrup Urine Disease
90. Mastocytosis Type IV
91. Medulloblastoma - with metastases
92. Merkel Cell Carcinoma – with metastases
93. Merosin Deficient Congenital Muscular Dystrophy
94. Metachromatic Leukodystrophy (MLD)-Late Infantile
95. Mitral Valve Atresia
96. Mixed Dementias
97. MPS I, formerly known as Hurler Syndrome
98. MPS II, formerly known as Hunter Syndrome
99. MPS III, formerly known as Sanfilippo Syndrome
100. Mucosal Malignant Melanoma
101. Multicentric Castleman Disease
102. Multiple System Atrophy
103. Myoclonic Epilepsy with Ragged Red Fibers Syndrome
104. Neonatal Adrenoleukodystrophy
105. Nephrogenic Systemic Fibrosis
106. Neurodegeneration with Brain Iron Accumulation – Type 1 and Type 2
107. Niemann-Pick Disease (NPD) – Type A
108. Niemann-Pick Disease – Type C
109. Non-Small Cell Lung Cancer – with metastases to or beyond the hilar nodes or inoperable, unresctable or recurrent
110. Obliterative Bronchitis
111. Ohtahara Syndrome

112. Ornithine Transcarbamylase (OTC) Deficiency
113. Orthochromatic Leukodystrophy with Pigmented Gila
114. Osteogenesis Imperfecta (OI) – Type II
115. Osteosarcoma, formerly known as Bone Cancer – with distant metastases or inoperable or unresectable
116. Ovarian Cancer – with distant metastases or inoperable or unresectable
117. Pancreatic Cancer
118. Paraneoplastic Pemphigus
119. Patau Syndrome (Trisomy 13)
120. Pearson Syndrome
121. Pelizaeus-Merzbacher Disease – Classic Form
122. Pelizaeus-Merzbacher Disease – Connatal Form
123. Peripheral Nerve Cancer – metastatic or recurrent
124. Peritoneal Mesothelioma
125. Perry Syndrome
126. Pleural Mesothelioma
127. Pompe Disease – Infantile
128. Primary Cardiac Amyloidosis
129. Primary Central Nervous System Lymphoma
130. Primary Effusion Lymphoma
131. Primary Progressive Aphasia
132. Progressive Multifocal Leukoencephalopathy
133. Progressive Supranuclear Palsy
134. Pulmonary Atresia
135. Pulmonary Kaposi Sarcoma
136. Rett (RTT) Syndrome
137. Rhabdomyosarcoma
138. Rhizomelic Chondrodysplasia Punctata
139. Salivary Tumors
140. Sandhoff Disease
141. Schindler Disease Type 1
142. Single Ventricle
143. Small Cell Cancer (of the Large Intestine, Ovary, Prostate, or Uterus)
144. Small Cell Lung Cancer
145. Small Intestine Cancer - with distant metastases or inoperable, unresectable or recurrent
146. Smith Lemli Optiz Syndrome
147. Spinal Muscular Atrophy (SMA) Type 0 and 1
148. Spinal Nerve Root Cancer – metastatic or recurrent
149. Spinocerebellar Ataxia
150. Stiff Person Syndrome
151. Stomach Cancer with distant metastases or inoperable or unresectable or recurrent
152. Subacute Sclerosis Panencephalitis
153. Tabes Dorsalis
154. Tay Sachs Disease – Infantile Type
155. Thanatophoric Dysplasia, Type I
156. The ALS/Parkinsonism Dementia Complex
157. Thyroid Cancer
158. Tricuspid Atresia
159. Ullrich Congenital Muscular Dystrophy
160. Ureter Cancer with distant metastases or inoperable, unresectable or recurrent
161. Walker Warburg Syndrome
162. Wolf-Hirschhorn Syndrome
163. Wolman Disease
164. Xeroderma Pigmentosum
165. Zellweger Syndrome