

Full Medical Continuing Disability Review Cessations Reversed at the Reconsideration Level of Appeal

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Office of Audit Report Summary

Objective

To determine why full medical continuing disability review (CDR) cessation determinations were reversed at the reconsideration level of appeal.

Background

The Social Security Administration (SSA) conducts CDRs on Disability Insurance (DI) beneficiaries and Supplemental Security Income (SSI) disability recipients to determine whether they remain medically eligible for disability payments. Individuals profiled as having a high likelihood of medical improvement undergo a full medical CDR by a disability determination services (DDS). A cessation determination is made when a CDR reveals medical improvement had occurred and an individual no longer meets the requirements for disability benefits.

When a full medical CDR results in a cessation determination, the individual can request a reconsideration. CDR reconsiderations consist of the pre-hearing and disability hearing levels, where a determination is made by a disability hearing officer.

Our Findings

We identified 29,290 DI beneficiaries and 11,777 adult SSI recipients who received initial CDR cessation determinations during Calendar Years 2010 and 2011. We selected 50 DI beneficiaries and 50 adult SSI recipients whose cessation determinations were reversed at the reconsideration level of appeal in Fiscal Year 2012 to determine why the CDR cessations were reversed.

For 80 of the 100 cases, there was new documentary evidence or testimony at the reconsideration level that was not available during the initial CDR that resulted in the appropriate reversal of the initial CDR cessation. For 18 of the 100 cases, differing opinions, lost case folders, and the aging of the beneficiary resulted in the appropriate reversal of initial cessations at the reconsideration level. The two remaining cases had inaccurate determinations. In the first case, the DDS inaccurately determined disability ended at the initial CDR, but the cessation was appropriately reversed at the reconsideration level of appeal. The second case was an inaccurate reconsideration reversal of the initial CDR cessation. Therefore, the beneficiary continued receiving DI benefits for which he may not have been eligible.

Recommendation

We recommend SSA apply the appropriate policy to determine whether to reopen the case of the beneficiary whose cessation determination was inaccurately reversed at the reconsideration level.

SSA agreed with our recommendation.