OIG

Office *of the* Inspector General

SOCIAL SECURITY ADMINISTRATION

Congressional Response Report

Progress in Developing the Disability Case Processing System as of March 2017

April 4, 2017

The Honorable Sam Johnson
Chairman, Subcommittee on
 Social Security
Committee on Ways and Means
House of Representatives
Washington, DC 20515

Dear Mr. Chairman:

As you requested, we are providing regular reports to keep the Subcommittee informed on the Social Security Administration's efforts related to its Disability Case Processing System project. We evaluated the Agency's progress in developing and implementing its Disability Case Processing System as of March 2017. To ensure the Agency is aware of the information provided to your office, we are forwarding it a copy of this report.

If you have any questions concerning this matter, please call me or have your staff contact Walter Bayer, Congressional and Intragovernmental Liaison, at (202) 358-6319.

Sincerely,

Gale Stallworth Stone

Gale Stallworth Stone
Acting Inspector General

Enclosure

cc:
Nancy A. Berryhill

Progress in Developing the Disability Case Processing System as of March 2017
A-14-17-50079

SOCIAL SECURITY
ADMINISTRATION
OIG

Objective

To evaluate the Social Security Administration's (SSA) progress in developing and implementing its Disability Case Processing System (DCPS) as of March 2017.

Background

SSA partners with State disability determination services (DDS) to evaluate disability claims and make disability determinations. The DDSs use various customized systems to process disability cases.

DCPS is an SSA initiative to develop a common system for all DDSs that the Agency expects will simplify system support and maintenance, improve the speed and quality of the disability process, and reduce the overall growth rate of infrastructure costs.

SSA is using an Agile approach to developing DCPS. The Agency continually identifies functional requirements that are expressed as user stories. Each user story is assigned a level of effort, called a story point. Velocity refers to the number of story points completed during an iteration, or "sprint." User stories that need to be addressed are considered the backlog.

Results

While SSA continued making progress in completing user stories, the total number of story points also continued growing. In June 2016, SSA identified 11,890 story points needed to deliver functionality to support initial claims and reconsiderations. As of March 14, 2017, that number had increased to 22,082 points, of which SSA had completed 12,810 (58 percent).

In May 2016, SSA estimated the first release of DCPS would be available in December 2016—at a cost of less than $38 million— and would support initial disability claims and reconsiderations. However, the Agency subsequently scaled down the functionality it would include in the first release.

The December 2016 "Early Adopter Release" enabled three DDSs to process certain types of cases. As of March 14, 2017, the DDSs had completed 231 disability determinations using DCPS.

Conclusion

At the time of our review, SSA was planning to deliver the functionality needed to process all initial disability claims and reconsiderations (as well as initial continuing disability reviews) by January 2018 at an estimated cumulative cost of $75 million.

SSA's ability to meet its delivery goals will depend on the backlog's future growth and the velocity with which the Agency completes the user stories.

SSA should continue reviewing its delivery targets to ensure they are feasible, taking into consideration the resources committed to the project and the Agency's development experience to-date. In addition, SSA identified—and is taking steps to address—some security concerns with the system.

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ABBREVIATIONS

DCPS	Disability Case Processing System
DDS	Disability Determination Services
FY	Fiscal Year
OIG	Office of the Inspector General
OMB	Office of Management and Budget
SSA	Social Security Administration

OBJECTIVE

Our objective was to evaluate the Social Security Administration's (SSA) progress in developing and implementing its Disability Case Processing System (DCPS) as of March 2017.

BACKGROUND

SSA partners with State disability determination services (DDS) to evaluate disability claims and make disability determinations.[1] The DDSs use various customized systems to process disability cases. According to SSA, it pays about $32 million each year to operate and maintain these legacy systems.

DCPS is an SSA initiative to develop a common case processing system for all DDSs, which the Agency expects will simplify system support and maintenance, improve the speed and quality of the disability process, and reduce the overall growth rate of infrastructure costs.

In a February 13, 2015 letter to the Inspector General, Chairman Johnson, Subcommittee on Social Security, Committee on Ways and Means, expressed concerns regarding the development of DCPS and requested that we provide regular reports to keep the Subcommittee informed of SSA's DCPS-related efforts. This report is one in a series that examines SSA's DCPS project.[2]

To accomplish our objective, we reviewed SSA documentation and interviewed staff to understand the key processes and controls the Agency uses to manage the DCPS project. See Appendix A for additional information about our scope and methodology.

RESULTS OF REVIEW

In December 2016, SSA made its DCPS "Early Adopter Release" available to three DDSs. Since then, the DDSs have used DCPS to process a limited number of disability cases. SSA should continue reviewing its delivery targets to ensure they are feasible, considering the resources committed to the project and the Agency's development experience to-date. In addition, SSA identified—and is taking steps to address—some security concerns with DCPS.[3]

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[1] There are 52 DDSs, 1 in each of the 50 States, the District of Columbia, and Puerto Rico.

[2] For information about our other related DCPS reports, see Appendix B.

[3] Given the risks associated with publicly disclosing details about information security vulnerabilities, we have omitted the details from this report. We communicated the details to the Acting Commissioner in a separate memorandum.

Early Adopter Release

In May 2016, SSA estimated the first release of DCPS would support initial disability claims and reconsiderations. The Agency subsequently scaled down the functionality it would include in the first release. In December 2016, SSA released its first working software to the Delaware, Maine, and Ohio DDSs. The Early Adopter Release enabled the three DDSs to process adult initial disability claims involving only physical allegations that met the criteria for fully favorable decisions under the Quick Disability Determinations and Compassionate Allowances programs.[4] As of March 14, 2017, the 3 DDSs had used DCPS to complete 231 disability determinations.

Plan for Future Releases and Estimated Costs

SSA delivered updates to DCPS in January and February 2017 and plans to deliver major releases that will include additional functionality about every 3 to 4 months. With each major release, the Agency expects to deploy the software to at least three additional DDSs.
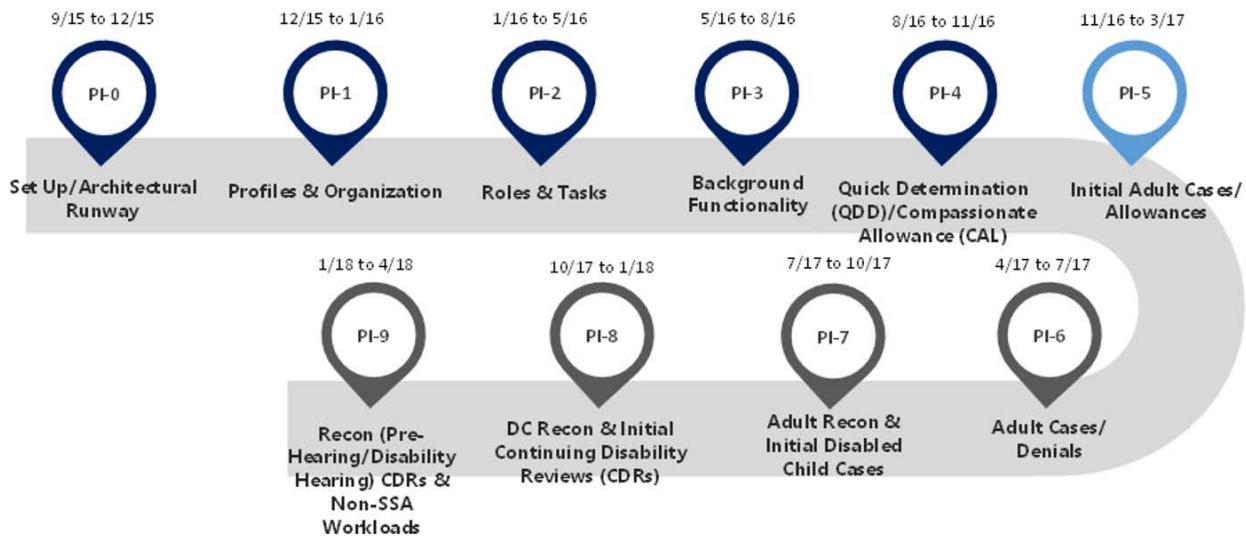
SSA plans to deploy the next release to the Early Adopter DDSs on March 31, 2017. In mid-April 2017, SSA will deploy DCPS to the Rhode Island, Virginia, and Iowa DDSs. SSA expects this release to add support for fully favorable initial adult disability cases with psychological allegations. Figure 1 summarizes SSA's functionality goals for the next several product increments.[5]

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[4] Compassionate Allowances and Quick Disability Determinations allow expedited decisions for claimants who have the most severe disabilities.

[5] See Appendix D for additional details about the Agency's Product Roadmap.

Figure 1: DCPS Roadmap – March 2017[6]

Source: SSA

SSA is planning for DDSs to begin retiring their legacy systems in Fiscal Year (FY) 2019. By the end of FY 2020, the Agency expects all legacy systems will be retired.[7]

Table 1 presents SSA's estimated costs for DCPS since it reset the program in FY 2015.

Table 1: SSA's Estimated Cumulative Costs[8]

Product Increment	Target Delivery Date	Estimated Cumulative Costs
Product Increment 7	October 2017	$69 million
Product Increment 8	January 2018	$75 million
Product Increment 9	April 2018	$80 million

Source: SSA

Development Progress

SSA is developing DCPS in an Agile software development environment through a series of 2- or 3-week iterations called "sprints." With Agile, functional requirements are expressed as user stories. During sprint planning, teams collaborate and assign each user story a level of effort,

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[6] "DC" refers to disabled child and "Recon" refers to reconsideration cases.
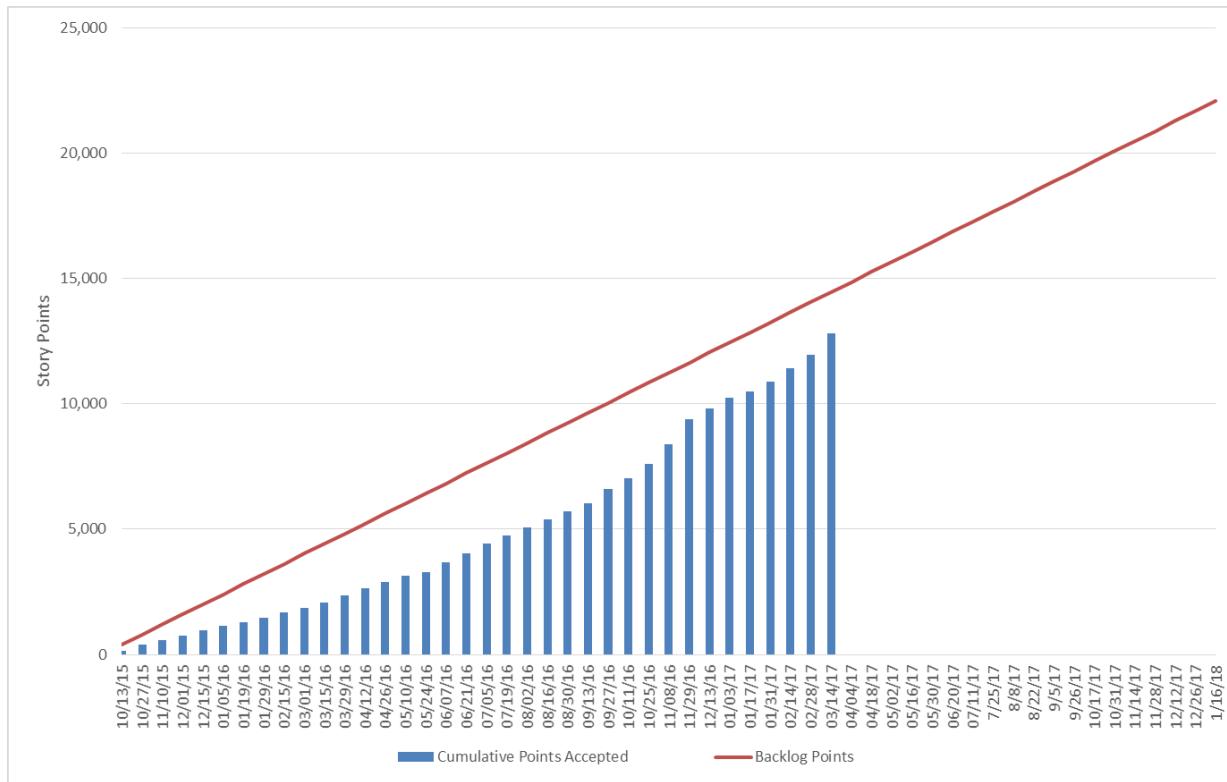
[7] See Appendix C for additional information about SSA's release schedule.

[8] We did not verify the accuracy/reasonableness of SSA's cost estimates.

called a story point, based on its complexity.[9] User stories that need to be addressed are considered the backlog.

SSA reported, that, as of March 14, 2017, it had completed 12,810 of the 22,082 total story points identified to-date (58 percent). Figure 2 illustrates SSA's progress in developing DCPS.

Figure 2: DCPS Burn-up Chart

Source: SSA

Delivery Goals

SSA's goal is to deliver the functionality needed to process all initial disability claims and reconsiderations (as well as initial continuing disability reviews) in Product Increment 8, which it expects to release by January 2018.[10] The Agency's ability to meet its delivery goals will depend on the future growth of the user story backlog and the velocity with which SSA is able to complete the user stories.

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[9] Story points do not reflect the expected labor hours a user story might require but, rather, the complexity of developing the functionality the story requires.
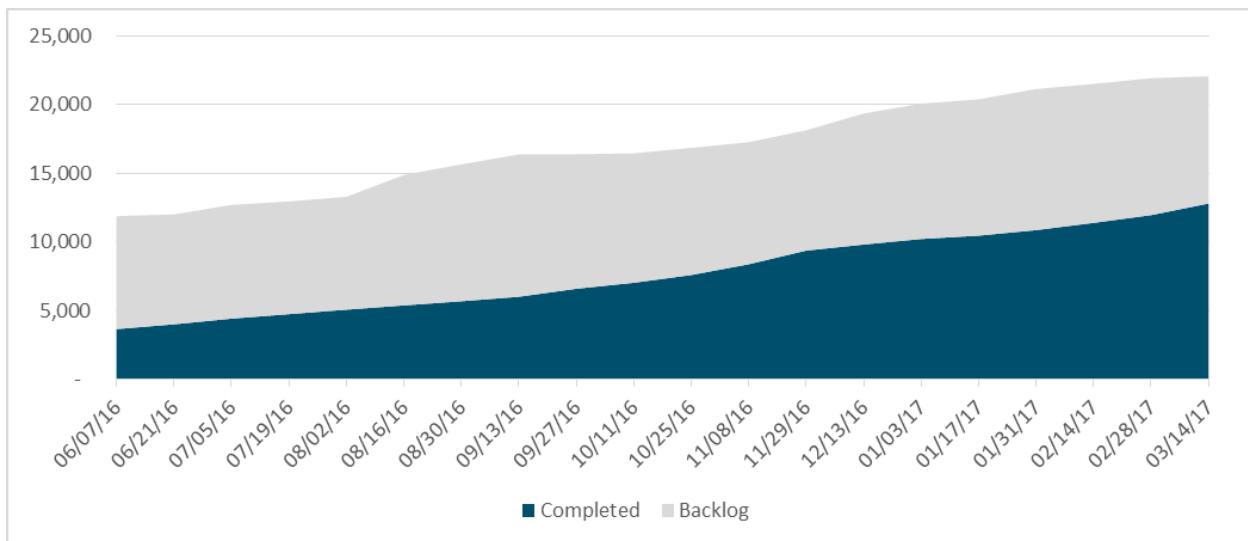
[10] For the Agency's Product Road Map, see Appendix D.

Accumulation of New Story Points

As expected in an Agile environment, SSA continually updates the backlog of user stories. For example, the Agency may identify new user requirements and system functionality needed to process certain types of cases and therefore add user stories to the backlog.[11] For this reason, it is challenging to estimate when functionality may be complete.

While SSA continued making progress in completing user stories, the universe of story points also continued growing. In June 2016, SSA identified 11,890 story points needed to deliver functionality to support initial claims and reconsiderations. By March 2017, that number had increased by 86 percent to 22,082. As shown in Figure 3, SSA had completed 58 percent of the story points it had identified as of March 14, 2017.

Figure 3: Completed and Backlog Story Points
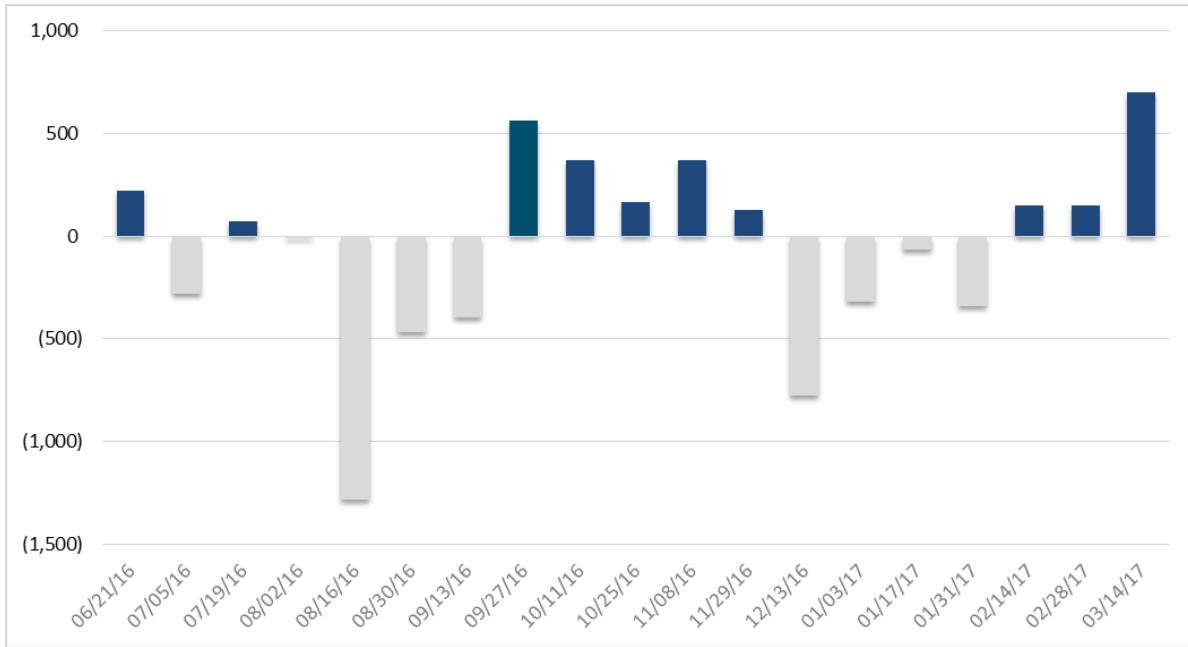
Source: OIG developed using data provided by SSA.

As one way of measuring SSA's progress since June 2016, we netted the number of new story points identified during each sprint with the number of story points completed during the sprint. For example, for the sprint ended March 14, 2017, the Agency completed 842 story points. However, SSA also added 141 new story points to the backlog during that sprint. Therefore, the Agency's net progression was 701 points.

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[11] The backlog may also increase when defects are identified. If a story was accepted and closed but later found not to meet the acceptance criteria, a defect is created. Defects are assigned story points and prioritized within the backlog as another user story.

Figure 4: Net Story Point Progression

Source: OIG developed using data provided by SSA.

As shown in Figure 4, SSA's overall development progress since June 2016 did not keep pace with the accumulation of new story points. For just over half the sprints, SSA completed more story points than it added to the backlog. For the other half, the number of story points added to the backlog exceeded the number of story points completed. Overall, while SSA completed 9,143 points during this period, it added 10,192 new story points, a net recession of 1,049 points.

Although we cannot know how many new user stories SSA will identify in the future, the universe of story points related to the functionality needed to process initial claims and reconsiderations will likely continue growing. While this is common in an Agile environment, it will impact SSA's ability to meet its delivery goals.
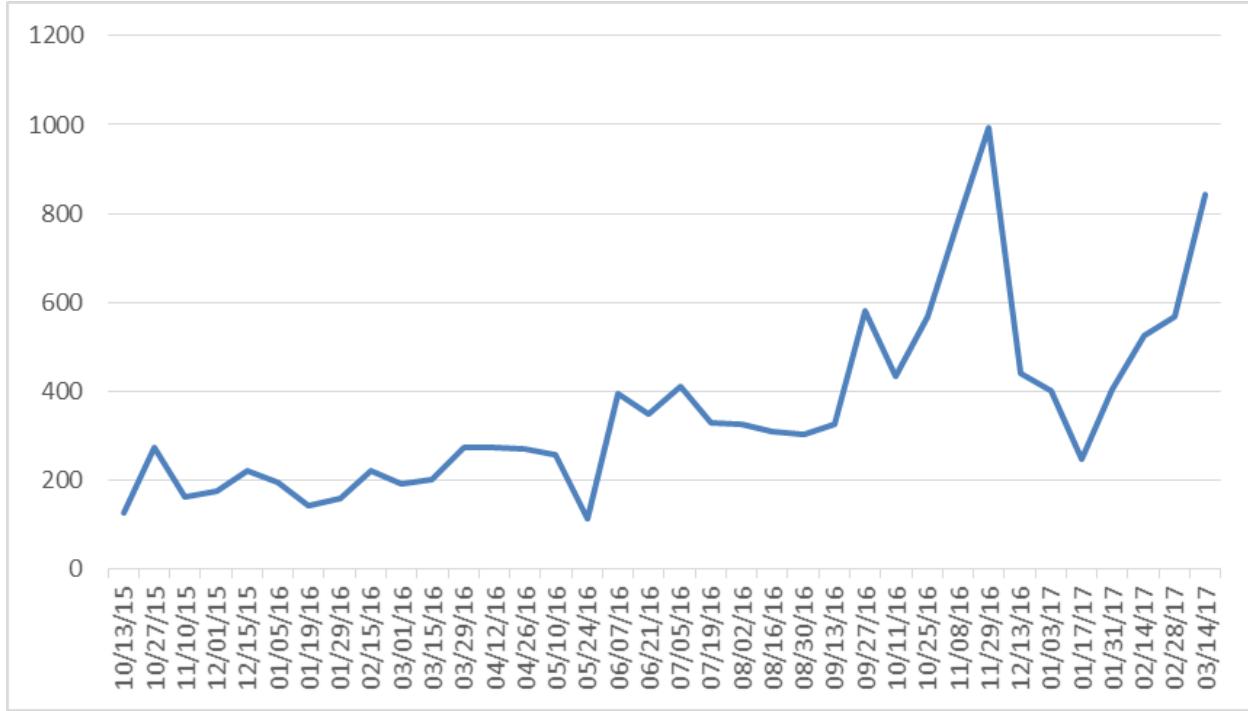
Velocity

Velocity tracks the rate of work using the number of story points completed in a sprint. According to the Government Accountability Office, measuring and tracking velocity can be a useful tool in managing Agile projects.[12] As shown in Figure 5, velocity has varied considerably. As a result, it is difficult to predict future velocity. As of March 14, 2017, SSA had identified 22,082 story points, of which 12,810 were complete (58 percent).

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[12] *Effective Practices and Federal Challenges in Applying Agile Methods*, GAO-12-681, p. 14, July 2012.

Figure 5: Story Points Completed Per Sprint[13]

Source: SSA

In Table 2, we estimate when SSA will complete the remaining 9,272 story points based on several possible velocities.

Table 2: Estimates for Completion of the Existing Backlog

Velocity Scenario	Estimated Completion
842 Average Points per Sprint (*the velocity for the sprint ended March 14, 2017*)	August 2017
585 Average Points per Sprint (*the average velocity for the 4 sprints ended March 14, 2017*)	October 2017
577 Average Points per Sprint (*the average velocity for the 10 sprints ended March 14, 2017*)	November 2017
356 Average Points per Sprint (*the average velocity for all 36 sprints ended March 14, 2017*)	April 2018

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[13] Most sprints are 2 weeks in duration. However, the sprints ended December 1, 2015; January 5, 2016; November 29, 2016; and January 3, 2017 included 3 weeks.

As noted previously, the Agency will likely continue identifying new user stories and adding them to the backlog. If the backlog of user stories associated with a planned release increases, SSA would need to increase velocity if it expects to meet its delivery goals.

Risk Management Plan

As required by the Office of Management and Budget (OMB), SSA developed a Risk Management Plan to reduce the effects of uncertainties on the DCPS program's success.[14] The Agency maintains a Risk Register to identify, assess, and track the risks associated with DCPS and updates the status of those risks at least monthly.

As of March 2017, SSA had concluded the following risks either will occur or are very likely to occur and would have a high impact on the program. (For additional information about the risks SSA identified, see Appendix E.)

- **Schedule.** SSA acknowledged that development velocity may not be high enough to deliver the functionality planned for January 2018. To mitigate this risk, the Agency's strategy is to maintain the system development teams' focus on the scope as planned for each release.

- **User Test Cases**. SSA faces challenges with efficiently creating user test cases, which may impede DDS users' testing and training capabilities. To mitigate this risk, the Agency is creating a utility that will automatically generate test cases based on such desired criteria as age and claim type. SSA continues discussions with supporting components to ensure test cases are available.

- **Insufficient Team Resources**. SSA acknowledged that insufficient resources on the infrastructure, fiscal, and vendor teams might require that the Agency reduce the scope of releases and delay functionality. To mitigate the risks, the Agency is considering a deployment team that would relieve development teams from duties related to preparing DDSs for deploying DCPS.

While SSA identified technical, schedule, and environmental risks that may have a negative effect on the project, it did not identify any financial risks that could inhibit the Agency from delivering DCPS.

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[14] OMB, Capital Programming Guide Supplement to OMB Circular A-11, *Planning, Budgeting and Acquisition of Capital Assets*, Appendix 5, p. 60 (2016).

User Satisfaction

We surveyed 10 case examiners and supervisors along with 1 clerical employee who had experience using the Early Adopter Release, and they all responded they were satisfied with the system.[15] For additional survey results, including the users' comments, see Appendix F.

DCPS Alternatives

According to OMB, agencies should periodically update their alternatives analyses to capture changes in context for an investment decision.[16] In August 2016, the vendor that supported the software used by 46 of the 52 DDSs announced plans to modernize its legacy systems over a 24-month period.[17] Our December 2016 report stated that SSA should evaluate its plans to ensure it can demonstrate to Congress and the public that it has chosen the most cost-effective alternative to achieve its goals. At the time of this review, SSA was evaluating the cost and schedule of the internally developed DCPS compared to the vendor-developed alternative.

CONCLUSIONS

At the time of our review, SSA was planning to deliver the functionality needed to process all initial disability claims and reconsiderations (as well as initial continuing disability reviews) by January 2018. The Agency's ability to meet its delivery goals will depend on the future growth of the user story backlog and the velocity with which SSA completes the user stories. SSA should continue reviewing its delivery targets to ensure they are feasible, considering the resources committed to the project and the Agency's development experience to-date.

As Chairman Johnson requested, we plan to continue monitoring the DCPS project and will issue periodic reports on SSA's DCPS-related efforts.

Rona Lawson

Rona Lawson
Assistant Inspector General for Audit

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[15] We received responses from all 11 DDS personnel who were invited to participate in our survey: 5 from Ohio, 3 from Delaware, and 3 from Maine.

[16] OMB, *Guidance on Exhibits 53 and 300 – Information Technology and E-Government*, p. 5 (July 1, 2013). This definition continues to be used on the E-Government Community-MAX Federal Community, E-Gov Integrated Data Collection Community in the *FY17 Integrated Data Collection Common Definitions*, Version 2015.01 (last updated July 2, 2015).

[17] The DDSs that used the vendor's existing systems processed 83 percent of the total disability determination workload in FY 2015.

APPENDICES

Appendix A – SCOPE AND METHODOLOGY

Our objective is to evaluate the Social Security Administration's (SSA) progress toward developing and implementing its Disability Case Processing System (DCPS). To accomplish our objective, we:

- Reviewed documentation on SSA's progress with developing and implementing DCPS, such as the Product Release, DCPS Product Road Maps, Burn-up Charts, and Feature Area Breakdown spreadsheets.

- Reviewed SSA's processes for estimating story points and preparing bi-weekly progress charts.

- Reviewed documentation on DCPS' security assessment and authorization activities, such as the System Security Plan, Risk Assessment Report, Plan of Action and Milestones, and Authority to Operate decision memorandum.

- Attended various DCPS-related briefings.

- Obtained user feedback on the Early Adopter Release.

- Interviewed SSA personnel from the DCPS Chief Program Office.

We conducted our review from December 2016 through March 2017 in Baltimore, Maryland. The principal entity reviewed was SSA's DCPS Office of the Chief Program Office. We conducted this performance audit in accordance with generally accepted government auditing standards. Those standards require that we plan and perform the audit to obtain sufficient, appropriate evidence to provide a reasonable basis for our findings and conclusions based on our audit objective. We believe the evidence obtained provides a reasonable basis for our findings and conclusions based on our audit objective.

Appendix B – RELATED OFFICE OF THE INSPECTOR GENERAL REPORTS

This report is one in a series of Office of the Inspector General reports that examines the Social Security Administration's (SSA) progress in developing and implementing the Disability Case Processing System (DCPS).

Congressional Response Report: Progress in Developing the Disability Case Processing System as of November 2016 (A-14-17-50174), December 2016.

In May 2016, SSA estimated the first release of DCPS would be available in December 2016 and would support initial claims and reconsiderations. However, SSA changed the scope of the release and planned for it to include only the functionality needed to support a limited number of cases. We concluded SSA would need to make further investments in the product before it could support initial claims and reconsiderations.

Congressional Response Report: Costs Incurred in Developing the Disability Case Processing System (A-14-16-50099), September 2016.

SSA's reported costs of $356 million for the DCPS project for the 8-year period ended September 30, 2015 were reasonably accurate. We noted issues with SSA's processes for capturing and reporting contractor and labor costs. While we did not consider these issues to be of sufficient significance to materially affect the overall DCPS cost figure, we believe they warrant SSA's attention.

Congressional Response Report: The Social Security Administration's Analysis of Alternatives for the Disability Case Processing System (A-14-16-50078), May 2016.

We concluded SSA did not sufficiently evaluate all alternatives for DCPS—for example, phasing an existing system into all disability determination services (DDS) or procuring and modernizing one of the vendor-supported legacy systems. Without a comprehensive analysis of alternatives, the Agency cannot be assured the chosen path will be the best path to simplify system support and maintenance and reduce infrastructure costs—key objectives for the DCPS project. We could not conclude the Agency's chosen path forward is most likely to result in the timely delivery of a cost-effective solution that meets users' needs.

Observations and Recommendations for the Disability Case Processing System (Limited Distribution) (A-14-15-50008), May 2015.

All three DDS administrators we interviewed identified issues with the DCPS application and development process but expressed their continued support of DCPS and optimism about the project. We made several recommendations for SSA to consider as it continued developing DCPS.

Congressional Response Report: The Social Security Administration's Disability Case Processing System (A-14-15-15016)**, November 2014.**

We found SSA had taken steps to help get the project on track. However, we believe SSA should suspend the development of certain custom-built components of DCPS until it has completed its evaluations and determined whether off-the-shelf or modernized SSA-owned software are viable alternatives.

Appendix C – DISABILITY CASE PROCESSING SYSTEM DEPLOYMENT SCHEDULE

The Social Security Administration (SSA) anticipates deploying the Disability Case Processing System (DCPS) to at least three disability determination services (DDS) every 3 months.[1] The next release is scheduled for April 2017. The rollout is broken down into 12 groups of varying numbers of DDSs. The majority of DDSs will begin using DCPS in Fiscal Year 2018.

Table C–1: Planned DCPS Deployment Schedule

Group	Implementation Date	Number of DDSs	Percent of DDSs	Planned Date to Retire Legacy System
1	December 2016	3	6	October 2018
2	April 2017	3	12	October 2018
3	July 2017	3	17	October 2018
4	October 2017	3	23	October 2018
5	January 2018	7	37	December 2018
6	April 2018	7	50	March 2019
7	July 2018	8	65	June 2019
8	October 2018	8	81	September 2019
9	January 2019	3	87	December 2019
10	April 2019	3	92	March 2020
11	July 2019	3	98	June 2020
12	September 2019	1	100	September 2020
Total		**52**		

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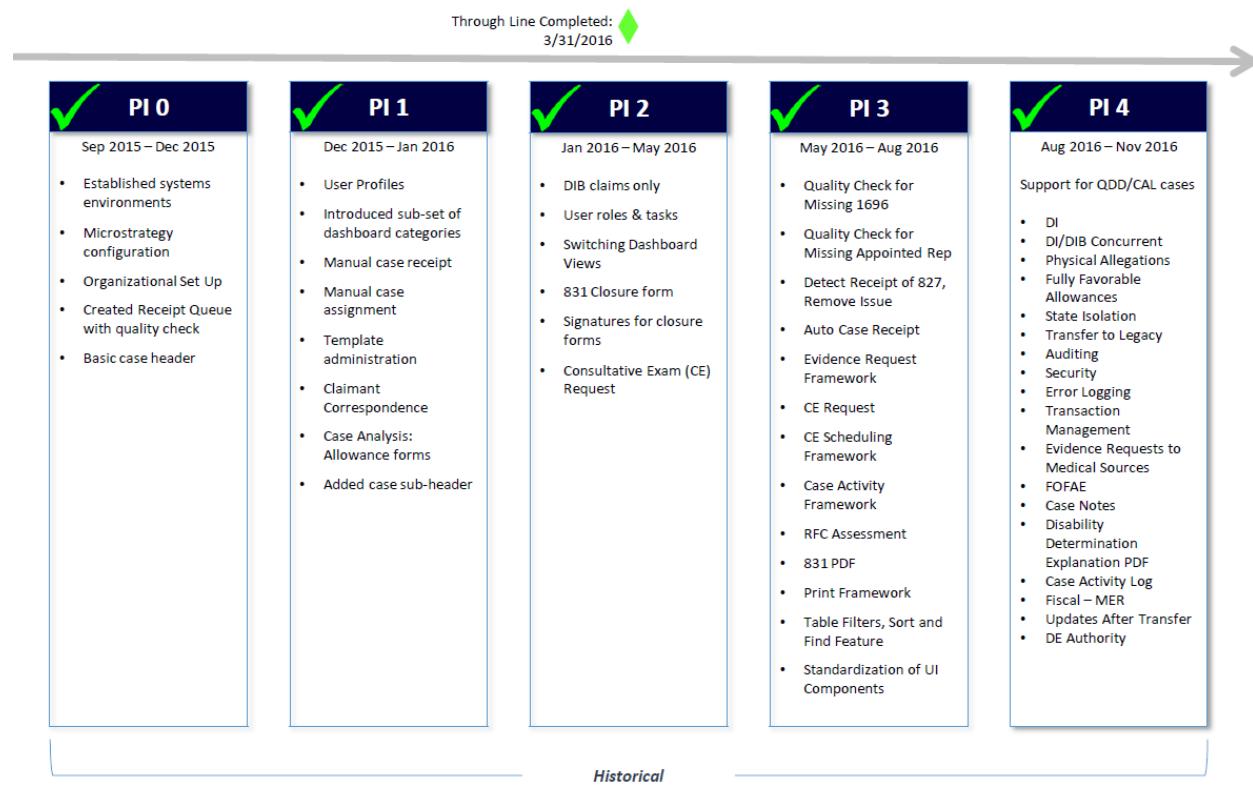
[1] There are 52 DDSs, including 1 in each of the 50 States, the District of Columbia, and Puerto Rico.

Appendix D – DISABILITY CASE PROCESSING SYSTEM ROAD MAP

According to the Social Security Administration (SSA), the Product Road Map represents the Agency's plans for the Disability Case Processing System (DCPS) based on information currently available. The Road Map is subject to change because of many factors, including current velocity, ability to estimate more accurately, and changing business priorities. The shaded area within Program Increment (PI) 5 indicates stretch goals. SSA is developing the functionality within the shaded area but may not complete it by the end of the PI. Any work remaining will move to PI 6.

Figure D–1: SSA's DCPS Product Road Map[1]

DCPS Product Road Map

Through Line Completed: 3/31/2016

| ✔ PI 0	✔ PI 1	✔ PI 2	✔ PI 3	✔ PI 4
Sep 2015 – Dec 2015	Dec 2015 – Jan 2016	Jan 2016 – May 2016	May 2016 – Aug 2016	Aug 2016 – Nov 2016
• Established systems environments • Microstrategy configuration • Organizational Set Up • Created Receipt Queue with quality check • Basic case header	• User Profiles • Introduced sub-set of dashboard categories • Manual case receipt • Manual case assignment • Template administration • Claimant Correspondence • Case Analysis: Allowance forms • Added case sub-header	• DIB claims only • User roles & tasks • Switching Dashboard Views • 831 Closure form • Signatures for closure forms • Consultative Exam (CE) Request	• Quality Check for Missing 1696 • Quality Check for Missing Appointed Rep • Detect Receipt of 827, Remove Issue • Auto Case Receipt • Evidence Request Framework • CE Request • CE Scheduling Framework • Case Activity Framework • RFC Assessment • 831 PDF • Print Framework • Table Filters, Sort and Find Feature • Standardization of UI Components	Support for QDD/CAL cases • DI • DI/DIB Concurrent • Physical Allegations • Fully Favorable Allowances • State Isolation • Transfer to Legacy • Auditing • Security • Error Logging • Transaction Management • Evidence Requests to Medical Sources • FOFAE • Case Notes • Disability Determination Explanation PDF • Case Activity Log • Fiscal – MER • Updates After Transfer • DE Authority

Historical

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[1] The Roadmap was prepared by SSA. References to "our" and "us" in the note refer to the Agency, not the Office of the Inspector General.

DCPS Product Road Map

Early Adopter Release
Completed: 12/17/2016

Sites 4 - 6: April 2017

Sites 7 - 9: July 2017

Sites 9-12: October 2017

PI 5	PI 6	PI 7	PI 8
Nov 2016 – Mar 2017	Apr 2017 - Jul 2017	Jul 2017 – Oct 2017	Oct 2017 – Jan 2018
Support for Initial Adult Cases/ Allowances	Support for Adult Cases/ Denials	Support for Adult Recon & Initial Disabled Child Cases	Support for DC Recon & Initial Continuing Disability Reviews (CDRs)
• DWB, CDBR/CDBD, DS (Triple Concurrent) • Allowances (Fully, Equal) • Enhance MER Rates by Vendor Type • Implement Vendor Data Feeds • Enhanced MER templates • Mental allegations (PRTF) • 3rd party contacts • Federal Quality Assurance (QA) • Transfers • Support Eastern and Central time zones • Lock down claim or case after closure • DMA failures displayed in Evidence Request • AXIAR Printing • Modify or Deactivate Organizations • Fiscal BI Report • Modify Allegations	• MRFC • Medical Vocational Analysis • Enhance Vendor Search - CE • CE Scheduling, non-split vendors with travel reimbursement • CE Follow-up by Letter • Cancel CE • Fiscal CE with SPA interface • Adverse Onset/Closed Period • ERE – MER and MER Fiscal • Enhanced Hyperlinks • Enhance BI Reports *Stretch* • Enhance Fed QA • Referral (MC/PC) • Denial Determinations • Basic Search for Last Name and SSN • ERE – CE and CE Fiscal • Recon Receipt and Assign Only • BI/BS, MQFE, MQGE	• Carryover Stretch Goals from previous PI • Presumptive Disability • Medical Deferment • Supervisor Dashboard • Health Information Technology (HIT) • Special Notification Option (SNO) • High Risk Alerts • Batch Printing • Assistance Scope Office/Unit/User • Pre-Development • Send Copy of Evidence • CE Scheduling for Split Vendors • Block CE Vendors • Content Editor • Include EFI Vendors • CE Vendor Maps • Proximity Search	• Carryover Stretch Goals from previous PI • Auto case assignment based on user thresholds • Fiscal Search • Generate Hourly Invoice/Pay Per Action • Link Family Cases • Group Follow Ups • Vendor Rotation • Multi-language insert • Fiscal E-signatures • 3rd Party Child Contacts • Enhance Referrals • Internal Communications • State Specific Correspondence • Enhance Assistance Scope Across Offices • Workload Sharing • No Determination • MC/PC Payments

Committed

Forecast

Undefined Abbreviations

BI/BS	Blind Individual/Blind Spouse
CAL	Compassionate Allowance
CDBD	Childhood Disability Benefits – Disability Insurance Benefits Wage Earner
CDBR	Childhood Disability Benefits - Retirement, Survivor Insurance Wage Earner
DE	Disability Examiner
DI (SSI)	Title XVI Disabled Individual
DIB	Title II Disability Insurance Benefits
DWB	Disabled Widow(er)'s Benefits
DS	Disabled Spouse
EFI	Electronic Folder Interface
ERE	Electronic Records Express
MER	Medical Evidence of Record
MQFE	Medicare Qualified Federal Employee

MQGE	Medicare Qualified Government Employee
QDD	Quick Disability Determination
RECON	Reconsideration
RFC	Residual Functional Capacity
SPA	State Parent Agency
SSN	Social Security Number

Forms

SSA-827	*Authorization to Disclose Information to the Social Security Administration*
SSA-831	*Disability Determination and Transmittal*
SSA-1696	*Appointment of Representative*

Appendix E – DISABILITY CASE PROCESSING SYSTEM RISK MANAGEMENT PLAN

Risk management is the systematic process of identifying, analyzing, and responding to project risk. The Social Security Administration (SSA) maintains a Risk Register to identify, track, assess, and monitor the risks associated with the Disability Case Processing System (DCPS) project. Table E–1 provides details about the risks SSA identified.

Table E–1: Risk Register for DCPS

Risk	Assessed Potential Impact	Assessed Probability of Occurrence	Mitigation Strategy
Velocity is not at a high enough rate to meet planned delivery dates and functionality in January 2018	High	High	Keep scope contained and create deployment teams
User test case creation	High	High	Create a utility to automatically generate test cases
Insufficient resources for teams (infrastructure, fiscal, and vendor) may delay delivering functionality	High	High	Create deployment teams that will relieve the teams (infrastructure, fiscal, and vendor) of new site preparation duties
Transition to a new contract may cause loss of production	High	Medium	Establish a transition plan that accounts for maintaining program artifacts, system access, and program standards
Insufficient end-to-end testing	High	Medium	Develop automated test scripts
Test and implementation resources to support Agile	High	Medium	Identify alternative approaches to SSA's software development lifecycle for Agile release cycles
Dependencies on other projects	High	Medium	Work with subject matter experts to develop integration approach
Complexity for DDS special requirements	High	Medium	Build common functionality into the core product and use flexibilities to enable site-specific customizations
Fiscal complexity to accommodate state parent agency requirements	High	Medium	Short-term solution to develop a fiscal interface and long-term solution of implementing centralized third party fiscal functionality
Inability to convince DDS users of the value and advantage of DCPS may negatively affect DDS adoption rates	High	Medium	Build and demonstrate valuable, working software, based on close and continuous collaboration with disability community
Immature application and data architectures	High	Medium	Increase focus on the application and data architecture

Risk	Assessed Potential Impact	Assessed Probability of Occurrence	Mitigation Strategy
Open source software[1]	Medium	Low	Procure dedicated support for the chosen DCPS technical software
Insufficient initial developer unit testing	Medium	Low	All code will go through a code review process
Insufficient user testing	Medium	Low	Incorporate usability testing into software development lifecycle and solicit volunteers from the DDS community
DDS may not have technical ability or resources to develop customized features	Low	Medium	Build core product to provide default functionality for all DDSs; offer DDS-developed shareware; offer SSA developer resources; offer contractor support for DDS development

Source: SSA's Risk Register

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[1] Open source software can be accessed, used, modified, and shared by anyone.

Appendix F – DISABILITY CASE PROCESSING SYSTEM USER SATISFACTION SURVEY

We surveyed 11 case examiners and supervisors who had experience using the Disability Case Processing System (DCPS) Early Adopter Release.[1]

1. I am satisfied with the quality of training that I received for DCPS.	11 responses; 8 agree (73%)

Comments:
- The training was well developed and interactive. The DCPS staff is open and transparent about the program. They communicate where the program is in development, where it is headed, the upside (there are many) and the down side (there are few) of the product. The program is so intuitive and has the look and functionality of an already know program [electronic Claims Analysis Tool] (e-CAT), that very little training is actually required. Most users should be able to be proficient in the program with minimal training. Training may be too strong of a word; introduction might be a more accurate term.
- DCPS is user-friendly and so similar to e-CAT; training really only needed to point out where certain functionality is located.
- Training has been clear and informational
- While I didn't receive formal training, I was involved to a limited extend [*sic.*] with seeing DCPS in the test environment and my agency was supportive and guided me and other users to get through it easily when it went live.
- Did not receive formal training, but learned through demonstrations, meetings and [Acceptance Testing Environment (ATE)] testing.
- No formal training. Was given guidance and demonstrations of the system.

2. I am satisfied with the timeliness of the training I received for DCPS.	11 responses; 8 agree (73%)

Comments:
- Training really was ongoing. Conference calls and Skype meeting kept everyone up to date with the development, which helped to "train" users.
- Training and demos have been provided in a sensible timeframe.
- See above.

3. I am able to successfully complete my work using DCPS.	11 responses; 11 agree (100%)

Comments:
- The program has limited functionality currently and more is in the pipeline. What is developed works well. Looking forward to more!
- I have not had any issues.
- I'd like to have the ability to make a temporary vendor for [Medical Evident of Record (MER)] requests.
- I have been able to successfully process an [*sic.*] number of cases in DCPS
- I am not a primary user. I am available in a back up type of role. The work that needs to be completed has been successful to my knowledge.
- As long as there are no errors and it is the correct type of case.

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[1] We did not alter the users' comments, except to define acronyms and add form names.

4.	I can accomplish tasks more quickly in DCPS than I can in my other case processing system.	**11 responses; 7 agree (64%)**

Comments:

- It is definitely much faster - initially, it scared me a little how quickly the claims disappeared from my pending.
- DCPS so far has increased the speed of processing cases
- There is limited functionality in this release of DCPS, so it is hard to compare to our legacy system which has full functionality. There are some issues with workarounds with fiscal section of the application.
- From the perspective of receipting in a claim, yes, this task is more quick [*sic.*] in DCPS.
- Yes, for the tasks that are available in this release.

5.	I can accomplish tasks more easily in DCPS than I can in my other case processing system.	**11 responses; 8 agree (73%)**

Comments:

- One system, one product. So much better than Micropact! User friendly.
- There are a couple of helpful tools in e-CAT which are not in DCPS yet (ex. the ability to find [a Medically Determinable Impairment (MDI)] by typing keyword, the ability to view [Findings of Fact and Analysis of Evidence (FOFAE)] & copy from it when writing up [Form SSA-416, *Medical Evaluation*]).
- Much easier to complete claims using one program
- Same as above. There are some features that are a lot better than our legacy system, (Ex. faster navigation between screens, auto completion of [Form SSA-831, *Disability Determination and Transmittal*], integration of eCAT into DCPS and it is very intuitive in usability.
- Yes, for the tasks that are available in this release.

6.	Overall, I find DCPS easy to use.	**11 responses; 11 agree (100%)**

Comments:

- Very easy to use. Although sufficient training has been provided, I believe I could have learned how to use the program with little to no training.
- There are a few workarounds that will be corrected in later releases.

7.	DCPS works the way I want it to work.	**11 responses; 9 agree (82%)**

Comments:

- It transition [*sic.*] from one step to another quickly and smoothly.
- Very intuitive a big change from our legacy system in a very positive way
- It's difficult to compare based on the small volume and limited types of claims able to be processed in DCPS at this time. However, so far so good.
- It works as expected, other than errors, which are generally fixed quickly and efficiently. Note: errors have become less common in the past week or two.

8.	DCPS has the functions and capabilities that I expect it to have.	**11 responses; 10 agree (91%)**

Comments:

- It actually has more than originally promised!
- Basic functions and capabilities to complete the QDD/CAL [Quick Disability Determination/Compassionate Allowance] claims are already in DCPS.
- Limited functionality but based on the stated goals for this release - the functionality goals were met. We can process a case from receipt to closure without any issues.

9. What do you like best about DCPS?	9 responses

Comments:

- One product. Case can be receipted, assigned, and fully processed in one system. Creating evidence requests is much easier, the [Form-831] document completes itself. Literally, the user does not have to make any entries on it. Less room for errors. It is an intuitive program with sequential evaluation built in.
- The fact DCPS is user-friendly and quite similar to e-CAT which makes the transition easy.
- I only have to do the determination once, the [Form-831] is completed. I don't have to go into another system to complete the 831. It is very easy to use and similar to eCat.
- Ease of use. It appears going forward this program has the potential to increase the speed and accuracy of case processing.
- I like that everything is within one system. I also like that it's relatively self explanatory/easy to use (although we're only using it for relatively simple case actions currently).
- Intuitive, ease of navigation, integration of eCAT into claim analysis, ability access eView[2] without going outside the application. able [*sic.*] to work with multiple screen [*sic.*] open. Overall at this level we have received a good product.
- It eliminates the entire process of coding a claim to be receipted into our legacy system and there is no Federal Mask[3] to screen and check when receipting and closing a claim. It essentially eliminates a case control clerk's role in closing a case.
- I like the layout, ease of use, and the ability to preview correspondence before sending.
- Its web-based design. It's easy to use, easy to navigate, intuitive and user friendly.

10. What do you like least about DCPS?	8 responses

Comments:

- Limited functionality. Functions that are in production work well but again, I want more. More case types, denials, requesting consultative examinations, etc. These things are planned and should be soon. I see what a great program this is going to be once completed. I wish we did not have to wait. It will make case processing quicker and more accurate. Should be a great service to claimants.
- Frequent error messages - when I need to go to another page before completing one page, DCPS gives huge error message on top.
- There isn't an ability to make narratives on the cases, except using the case notes. I don't feel the case notes work well for narratives. No ability to make a temp[orary] vendor for [Medical Evidence of Record (MER)] requests. MER received after case closure is received as if the case was still active, not as trailer mail.
- Limited functionality at this point.
- I would like the electronic documents and MER to be incorporated in DCPS instead of having to open e-view separately.
- Need to work on some of the fiscal issues and vendor selection for medical evidence of record requests.
- The limited access to eView (only through the 'Evidence Requests' page), and it would be nice to be able to view unread evidence for a particular claim directly from the open claim, rather than going back out to "To Do."
- Its limited functionalities and features.

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[2] eView is a web-based application that enables users involved in case processing to view, print, copy and/or take specified action on disability information contained in the Certified Electronic Folder.

[3] The "Federal Mask" refers to how the legacy DDS systems display fields from the National Disability Determination Services System (NDDSS) related to receipt and closure. The legacy systems tailor the appearance of NDDSS to meet their specific needs and may have added other functionality.

11. Overall, I am satisfied with DCPS.	11 responses; 11 agree (100%)

Comments:
- I am not very technically savvy but I have been able to navigate DCPS; so, I am sure most other adjudicators would have no problem learning to use DCPS.
- Despite limited functionality - more functionality will come later- this product is light years better than the current legacy system which is hard to navigate and very cryptic language used throughout the application
- I have enjoyed testing and using the product in its early stages, and the collaboration between the developers and users has been extremely beneficial.

12. Have you encountered any issues/problems using DCPS?	11 responses; 5 - Yes (45%)
If Yes: I am satisfied with the support I received when I encountered issues using DCPS.	5 responses; 5 agree (100%)

Comments:
- Very response [*sic.*] team. The [Change, Asset and Problem Reporting System (CAPRS)] process is cumbersome but has nothing to do with DCPS it is the way to report system issue to the help desk - it could use some tweaking.
- Staff committed to working on the program have been very receptive when encountering problems
- The few issues I have reported have been resolved quickly for the most part. the [*sic.*] only exception would be fiscal issues but we do have some workarounds. I feel confident a solution will be found to these fiscal issues.
- Problems are usually resolved or at least addressed quickly and efficiently.

13. What do you like best about the case processing system you currently use?	9 responses

Comments:
- It is going away! (said with fingers crossed and hope in my heart)
- Just by glancing at the first screen, I can immediately tell where the claim is currently at (I can tell how many sources are still outstanding and how much follow-up has been done, whether claim has been seen by [medical consultant/psychological consultant (MC/PC)], whether [Form-831 *Disability Determination and Transmittal*] is being made, etc.).
- It is easy to look up a case
- It functions
- It's easy to see what kind of work I have to do as soon as I open it.
- It has full functionality at all level of cases. I has [*sic.*] used this system since 1994.
- From a case control perspective, it is able to manage the large volume of claims processed daily, weekly, annually, etc. It auto assigns claims to examiners daily. We can track the number of our cases in the backlog and in the closure queue. It provides a useful tool for adjudicators to track the individual pendings [*sic.*] and manage timeliness of actions vs. dates they are due.
- It rarely crashes.
- Its many functionalities and features.

14. What do you like least about the case processing system you currently use?	9 responses

Comments:

- It is the old green screen. DOS prompt type system. It is hard for new users to learn and master. Users that are younger have never seen such and [*sic.*] outdated and antiquated system. They are used to web-based programs and DCPS is a web-based program.
- Difficult to create [Form SSA-831,*Disability Determination and Transmittal*; Form SSA-832,*Cessation or Continuance of Disability or Blindness Determination and Transmittal*; and Personalized Disability Notice (PDN)] - having to go to optional pages at times w/ [*sic.*] various numbers scattered throughout the screen, having to select the right PDN out of numerous different ones listed.
- I have to do my work twice.
- Outdated, cumbersome, difficult to navigate, increased potential for technical errors
- Having to access e-cat separately and sometimes document the same thing in multiple places. (ex: if I put a note on my current case processing system, it will not automatically show up in e-cat. I would have to copy/paste it into e-cat if I wanted it to be included in the [Disability Determination Explanation (DDE)].
- Hard to navigate and very cryptic language used to describe various tasks and functions
- Data is transmitted to case processing from a [field office] and there is a lot of work done to screen the data and then code it in order to receipt it in. Eliminating the coding part would be excellent. It has glitches. The communication between eCAT/DDEs and how that info propagates to Case Processing and thus closure forms is not always correct. It's possible for defects to be passed from one point to another. It's not intuitive. It takes too many steps to figure out how to manage tasks sometimes.
- It is confusing, difficult to figure out how to use, and it does not allow the user to preview documents before printing/issuing.
- It is clunky and slow in navigating between different functions and screens.

15. Overall, I find my existing case processing system easy to use.	11 responses; 6 agree (55%)

Comments:

- If you have been at a DDS 2-4 years, users become familiar with it and it becomes what they know. If given the choice no user would choose Micropact over DCPS.
- I have used a case processing system of another state once; Ohio's case processing system is much easier to use.
- I can say that it's easy to use because it's the only system I've used for a decade and I'm used to it.
- Because I have used it for over 20 years
- This is based on my years of experience and familiarity troubleshooting issues.
- See above

16. Overall, I am satisfied with my existing case processing system.	10 responses; 5 agree (50%)

Comments:

- I was satisfied until I saw DCPS and how much better, smarter, and faster it is.
- It gets the job done

17. Any Additional Comments?	5 responses

Comments:

- DCPS will be good for DDS, SSA, and claimants.

- I am hopeful DCPS continues to grow. From a case processing standpoint it desperately needs modernization

- I feel we are in the right direction

- It's challenging to conceptualize how DCPS will support claims at all levels nationally and it will require adjustments and changes for the DDS. However, I am in support of it. As DCPS capability continues to expand, it will be important that the quality of downloads and transfers from the [field office] to the DDS are as free of errors as possible in order to ensure a smooth transition from [the Electronic Disability Collect System] to Eview to DCPS and then back to the [field office]. To that end, it will be important that claims being closed from DCPS are also as error free as possible from a technical/documentation standpoint. There are a lot of "exception" claims we must manage and it will be important for DCPS to have that capability as well.

- Based on my limited experience using DCPS, I think it will be a successful alternative to the legacy systems used in each region. It will unify and streamline DDS business processes nationwide and it will provide users with a much easier to use and more efficient case processing tool.

SOCIAL SECURITY

MEMORANDUM

Date: March 30, 2017   Refer To: S1J-3

To: Rona Lawson
          Assistant Inspector General for Audit

From: Stephanie Hall
          Acting Deputy Chief of Staff

Subject: Office of the Inspector General Draft Congressional Response Report, "Progress in Developing
          the Disability Case Processing System as of March 2017" (A-14-17-50079)--INFORMATION

          Thank you for the opportunity to review the draft report. We are pleased with our progress in the
          development of our Disability Case Processing System and have no further comments on your
          review.

          Please let me know if we can be of further assistance. You may direct staff inquiries to
          Gary S. Hatcher at (410) 965-0680.

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