



August 8, 2007

Commissioner of Social Security
P.O. Box 17703
Baltimore, MD 21235-7703

Submitted at regulations@ssa.gov

Re: RIN 0960-AG47, Amendments to the Quick Disability Determination Process, 72 Fed. Reg. 37496 (July 10, 2007)

Dear Commissioner:

On behalf of the National Alliance on Mental Illness (NAMI), I am pleased to submit the following comments on the notice of proposed rulemaking (NPRM) on Amendments to the Quick Disability Determination Process, 72 Fed Reg. 37496 (July 10, 2007).

NAMI is the nation's largest organization representing individuals living with mental illness and their families, with 210,000 members and 1,200 affiliates in all 50 states, the District of Columbia and Puerto Rico. In NAMI's view, Supplemental Security Income (SSI) and Title II disability program cash benefits, along with the related Medicaid and Medicare benefits, are a critical means of survival for millions of individuals living with severe mental illnesses such as schizophrenia, bipolar disorder, major depression and severe anxiety disorders.

NAMI – as well as our colleague national disability groups in the Consortium for Citizens With Disabilities (CCD) Social Security Task Force have supported the Quick Disability Determination (QDD) process since it first appeared in the July 2005 notice of proposed rulemaking for the Disability Service Improvement (DSI) changes to the disability claims process. The QDD process has the potential of providing a prompt disability decision to those claimants who are the most severely disabled. Since the implementation of DSI in August 2006, the initial QDD results have been very positive. In particular, we are impressed that the vast majority of QDD cases have been decided favorably to claimants in an average of 11 or 12 days, which is much less than the 20-day time limit in the regulations.

NAMI supports the nationwide expansion of the QDD process and hope that it will be implemented as soon as possible for all applicants. We have the following comments to the NPRM.

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1. The QDD process should ensure that low income claimants with minimal or no medical records benefit from the QDD process.

Under the NPRM, claimants' allegations must be "easily and quickly verified." We are concerned that low income claimants who are most in need with minimal and/or less consistent medical care will not benefit from the QDD process because their medical evidence is not quickly or easily available. If they receive medical care, it may be through less traditional means, e.g., hospital emergency rooms or clinics where they are not seen by the same doctor. The circumstances of their medical care may make it more difficult to obtain the medical evidence needed for the QDD process. This lack of evidence certainly does not mean that there is any less "degree of probability" that the individual is disabled.

NAMI endorses CCD's recommendation for SSA to determine ways that these individuals can be assisted to benefit from the QDD process.

2. The 20-day time limit should be retained.

NAMI supports retention of the 20-day QDD adjudication time limit. In addition, to provide DDSs with additional time and flexibility to obtain medical evidence and make a favorable decision, we recommend that QDD disability examiners be allowed one 20-day extension to obtain necessary medical evidence.

As noted in the NPRM preface, the average time for deciding QDD cases is a mere 12 days. A very small percentage of cases go beyond the limit. Based on the experience in Region I states over the last year, the time limit has worked. The vast majority of QDD referrals are decided well within the 20-days and, in fact, in much less time.¹ We believe that given these statistics, the DDS QDD Units have been able to work within the parameters set by the time limit.

The time limit does make a difference in the processing time, when compared to claims with the same impairments that are not selected for QDD processing. A recent Audit Report by the SSA Office of Inspector General² compared the DDS processing time for cases with the same diagnosis that were selected for QDD processing and those that were not selected. Cases selected for the QDD process, when compared to cases with the same diagnosis that were not selected, were decided in about one-fourth the number of days – 13 days vs. 50 days. While we understand that the alleged impairment is only one of the criteria used by the QDD predictive model, it seems clear that the 20-day time limit places a necessary priority on expedited processing with positive results.

NAMI understands the need to offer flexibility if more than 20 days is needed to obtain evidence in a QDD case. Obstacles beyond the control of DDS QDD Units in Region I – and claimants' representatives – delay the receipt of medical information. Rather than send cases

¹ According to testimony on May 23, 2007, by SSA Commissioner Astrue before the Senate Finance Committee, 97% of cases referred for QDD processing have been decided within the 20-day time limit, with an average processing time of only 11 days.

² "Quick Disability Determinations," A-01-07-17035 (May 2007)("OIG Report"). This report analyzed QDD decisions issued through October 31, 2007.

back to the regular initial determination process, we believe that one 20-day extension will give QDD disability examiners the necessary time to obtain the evidence.

If the 20-day time limit is not retained in the final regulation, we urge SSA to very closely monitor the performance of the DDSs regarding the processing times, as stated in the NPRM preface.

IV. Expand the categories of QDD cases.

The predictive model selects cases for the QDD process based on several criteria including specific diagnoses, medical history, treatment, and medical findings. The Commissioner has testified that only 2.6% of claims filed under DSI have been referred to the QDD process and that SSA is planning to expand the cases that the predictive model selects while maintaining accuracy.³

NAMI supports the expansion of cases that are screened for the QDD process. More physical impairments can be included, but we also urge the inclusion of mental impairments. We believe that the QDD predictive model can be adjusted to select psychiatric impairments and cognitive disorders with a “high probability” that the individual is disabled and where medical evidence can quickly verify the allegations. The predictive model’s search of the electronic folder for medical history, treatment, and medical findings can be calibrated to include mental impairments with a profile that fits within the category of cases intended to be allowed in the QDD process.

Thank you for the opportunity to comment on this important NPRM.

Sincerely,

Andrew Sperling
Director of Legislative Advocacy

³ Hearing on “Funding Social Security’s Administrative Costs: Will the Budget Meet the Mission?,” Statement of Michael J. Astrue, Commissioner of Social Security, Before the U. S. Senate Finance Committee, May 23, 2007.