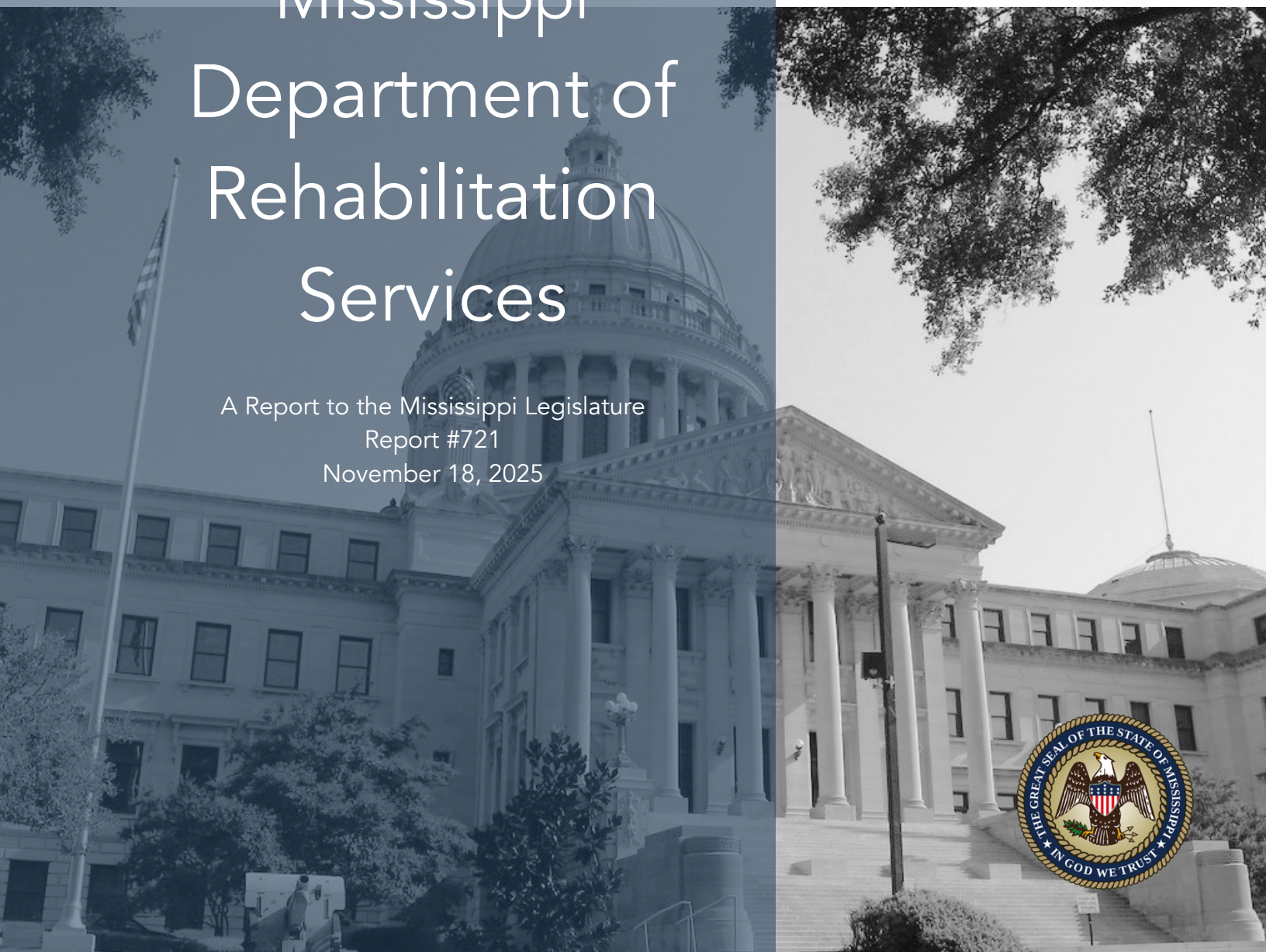
PEER MISSISSIPPI

Joint Legislative Committee on Performance Evaluation and Expenditure Review

A Review of Disability Determination Services at the Mississippi Department of Rehabilitation Services

A Report to the Mississippi Legislature
Report #721
November 18, 2025



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The Mississippi Legislature created the Joint Legislative Committee on Performance Evaluation and Expenditure Review (PEER Committee) by statute in 1973. A joint committee, the PEER Committee is composed of seven members of the House of Representatives appointed by the Speaker of the House and seven members of the Senate appointed by the Lieutenant Governor. Appointments are made for four-year terms, with one Senator and one Representative appointed from each of the U.S. Congressional Districts and three at-large members appointed from each house. Committee officers are elected by the membership, with officers alternating annually between the two houses. All Committee actions by statute require a majority vote of four Representatives and four Senators voting in the affirmative.

Mississippi's constitution gives the Legislature broad power to conduct examinations and investigations. PEER is authorized by law to review any public entity, including contractors supported in whole or in part by public funds, and to address any issues that may require legislative action. PEER has statutory access to all state and local records and has subpoena power to compel testimony or the production of documents.

PEER provides a variety of services to the Legislature, including program evaluations, economy and efficiency reviews, financial audits, limited scope evaluations, fiscal notes, and other governmental research and assistance. The Committee identifies inefficiency or ineffectiveness or a failure to accomplish legislative objectives, and makes recommendations for redefinition, redirection, redistribution and/or restructuring of Mississippi government. As directed by and subject to the prior approval of the PEER Committee, the Committee's professional staff executes audit and evaluation projects obtaining information and developing options for consideration by the Committee. The PEER Committee releases reports to the Legislature, Governor, Lieutenant Governor, the agency examined, and the general public.

The Committee assigns top priority to written requests from individual legislators and legislative committees. The Committee also considers PEER staff proposals and written requests from state officials and others.

Joint Legislative Committee on Performance Evaluation and Expenditure Review
PEER Committee

P.O. Box 1204 | Jackson, Mississippi 39215-1204

November 18, 2025

Honorable Tate Reeves, Governor
Honorable Delbert Hosemann, Lieutenant Governor
Honorable Jason White, Speaker of the House
Members of the Mississippi State Legislature

On November 18, 2025, the PEER Committee authorized release of the report titled ***A Review of Disability Determination Services at the Mississippi Department of Rehabilitation Services.***

Kevin W. Felsher

Representative Kevin Felsher, Chair

This report does not recommend increased funding or additional staff.

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PEER MISSISSIPPI
Joint Legislative Committee on Performance Evaluation and Expenditure Review

A Review of Disability Determination Services at the Mississippi Department of Rehabilitation Services

Report Highlights

November 18, 2025

CONCLUSION: MDRS DDS and SSA processing times began increasing in FFY 2020 and continued through FFY 2024 as a state and national backlog developed. Since then, MDRS DDS reduced its case backlog from 26,648 cases to below 10,000 cases as of August 2025. Although processing times have decreased, total mean processing time (including staging) remained elevated, averaging 272 days as of August 2025. Staffing losses, including the loss of 122 disability examiners over five years, were the primary cause of increased processing times at the state level.

BACKGROUND

The Social Security Administration (SSA) and state Disability Determination Services (MDRS DDS) offices share responsibility for initial disability determination decisions and assessing continued eligibility.

Social Security Disability Insurance (SSDI) provides benefits to people who have developed a disability or who are blind and who are insured by workers' contributions to the Social Security trust fund. The Supplemental Security Income (SSI) program makes cash payments to people who are aged, blind, or have developed a disability (including children) and who have limited income and resources.

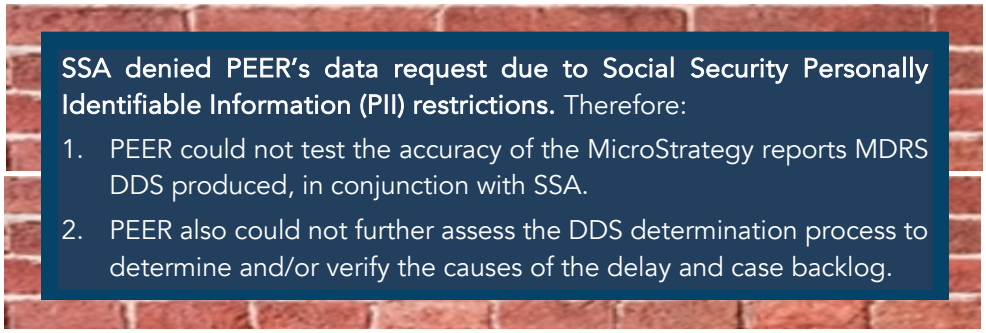
When claimants apply for SSDI and/or SSI benefits, SSA determines whether the claimants meet nonmedical requirements. Then, the state DDS offices make medical determinations on eligibility status. SSA then notifies the applicant of approval or denial, and if approved, takes steps to commence payments to the new beneficiary.

State DDS offices are 100% federally funded. While DDS employees are subject to SSA rules, these employees are considered state employees with state benefits and pay set by the state (i.e., the Mississippi State Personnel Board).

SCOPE and PURPOSE: After receiving a complaint concerning the long processing times for making determinations for SSDI and SSI claims, PEER reviewed MDRS DDS's efforts to process initial cases, reconsideration cases (first line of appeal), and Continuing Disability Review (CDR) cases and issues that led to the backlog.

DDS Data Limitations: SSA and MDRS DDS primarily utilize two tools to track cases and to assess performance: the national Disability Case Processing System (DCPS) and MicroStrategy.

- Early 2020s – SSA mandated each state DDS transition from legacy state case processing systems to the DCPS.
- MicroStrategy – an AI-based tool that pulls data from the DCPS and other sources to produce metrics to track DDS outputs and performance.



SSA denied PEER's data request due to Social Security Personally Identifiable Information (PII) restrictions. Therefore:

1. PEER could not test the accuracy of the MicroStrategy reports MDRS DDS produced, in conjunction with SSA.
2. PEER also could not further assess the DDS determination process to determine and/or verify the causes of the delay and case backlog.

MDRS DDS's Ability to Keep Up with its Caseload: From FFY 2021 to FFY 2024, MDRS DDS processed 23,000 fewer cases than it received, despite its caseload declining 13,000 cases over the same period. This created a backlog of cases to process, extending processing times as cases set in staging waiting to be worked. Through Week 34 of FFY 2025, MDRS DDS processed more than 11,000 cases than it received. However, a case backlog remains.

MDRS DDS Cases Received versus Cases Processed, FFY 2020 to FFY 2025

Federal Fiscal Year	2020	2021	2022	2023	2024	2025 (thru Week 34)	Total
Cases Received	58,736	58,160	56,964	51,515	45,111	29,184	**299,670**
Cases Processed	60,374	50,619	51,693	40,621	45,708	40,627	**289,642**
Net	1,638	-7,541	-5,271	-10,894	597	11,443	**-10,028**

MDRS DDS Performance

- **MDRS DDS versus the national average from FFY 2016 to FFY 2024:**
  - In Mississippi, average processing time increased from 105 days for both SSDI and SSI cases to 297 days for SSDI cases and 353 days for SSI cases.
  - By comparison, average processing time nationally increased from an average of 110 days for SSDI cases and 120 days for SSI cases in FFY 2020 to 168 days for SSDI and 202 days for SSI cases in FFY 2024.

Improvement in FFY 2025 as the Backlog Reduced

- Cases completed in August 2025 spent 32 days less waiting to be assigned to an examiner than cases completed in August 2024.
- MDRS DDS assigned user mean processing time (i.e., the time an examiner is assigned to the case), decreased from 166.3 days in October 2023 to 124.6 days in August 2025, an improvement of 40 days per case.
- Total mean processing time, including staging, remained elevated, averaging 272 days as of August 2025.

MDRS DDS Staff Attrition

MDRS Lost 122 disability examiners over five years.

- This was the primary cause of increased processing times.
- Caseload increased while salary remained lower than other states.
- SSA hiring restrictions – because SSA allocates hires instead of PINs, MDRS DDS cannot replace a departed person unless a hire is available.
  - Legislative elimination of vacant DDS PINs can delay or prevent MDRS DDS from filling positions when SSA authorizes hires.

Other Challenges Impacting Operations

- Medical record review workload increased due to transition to electronic medical records.
- Wait times increased to obtain medical records.
- Difficulty in recruiting and retaining medical consultants and consultative examiners.
  - It takes 117 days to complete consultative exam process in Mississippi, which is 30 days longer than next closest southeast state.

RECOMMENDATIONS

1. Due to SSA's denial of PEER's data request seeking to obtain data to identify the causes and extent of delays in the state processing SSDI and SSI cases, the PEER Committee should forward a copy of this report to Mississippi's Congressional delegation and request that the SSA's Office of the General Counsel revisit its decision denying PEER access to the requested data.
2. MDRS DDS should, in coordination with SSA, seek to develop finely detailed performance data analytic capabilities for MicroStrategy at both the individual level and aggregate level by increasing the sophistication of internal database access (e.g., either custom built, prewritten queries or the ability to write their own queries).
3. MDRS DDS should periodically update the Legislature on any progress made toward reducing processing times or any future changes in staffing or funding that might adversely impact MDRS DDS's efforts to reduce processing times. This would permit an internal oversight entity (e.g., MDRS's Office of Program Integrity) to assess the validity of the data without violating SSA's PII restrictions.
4. MDRS DDS should review its method for assigning cases, including the number and type of cases assigned to each examiner level and the maximum caseload for each examiner level.
5. Given the decline in the number of disability examiners, MDRS DDS should consider reevaluating the number of team leads and case consultants.
6. The Legislative Budget Office should consider pausing elimination of Vacant PINs (Position Identification Number) assigned to MDRS DDS, pending verification with MDRS DDS that they do not intend to fill the PINs.

A Review of Disability Determination Services at the Mississippi Department of Rehabilitation Services

Introduction

Authority

PEER received a complaint concerning the long processing times for making determinations for Social Security Disability Insurance (SSDI)[1] and Supplemental Security Income (SSI)[2] claims under Title II and Title XVI of the Social Security Act, respectively. Acting in accordance with the MISS. CODE ANN. Section 5-3-51 (1972) et seq., the PEER Committee authorized a review of the Mississippi Department of Rehabilitation Services Office of Disability Determination Services (MDRS DDS), the 100% federally funded state office responsible for making such determinations, in conjunction with the Social Security Administration (SSA).

Scope and Purpose

PEER sought to review MDRS DDS to determine if Social Security disability determinations are made in a timely manner, and if not, to what extent the cause (or causes) may be attributed to issues at the state level, national level, and/or individual filer level (e.g., legal or policy changes, transition to a new electronic filing system, increase in number of individuals seeking service, staffing reductions, etc.). PEER primarily focused on the role of the state DDS in processing initial cases, reconsideration cases (first line of appeal), and Continuing Disability Review (CDR) cases.

Method

To conduct this analysis, PEER:

- reviewed Social Security policy and regulations as it pertains to operation, implementation, and SSA oversight of the SSDI and SSI disability programs;
- interviewed pertinent MDRS DDS staff and Mississippi State Personnel Board (MSPB) staff;
- reviewed the researched and reviewed relevant reports on social security disability determination operations and performance, particularly issues impacting the disability determination process since 2020;
- interviewed MDRS DDS staff to determine decision points and other staff action points in the decision process where the potential for bottlenecks may occur that could delay processing of SSDI and SSI cases;

[1] Per 20 *Code of Federal Regulations* (CFR) §404.1602, disability program means, as appropriate, the Federal programs for providing disability insurance benefits under title II of the Social Security Act and disability benefits under Title IV of the Federal Mine Safety and Health Act of 1977, as amended.

[2] Per 20 CFR §416.1002, disability program means the Federal program for providing supplemental security income benefits for the blind and disabled under Title XVI of the Social Security Act, as amended.

Method (cont.)

- selected and interviewed state Disability Determination Services offices (state DDSs) with processing times comparable to Mississippi (Louisiana and Tennessee) and processing times better than Mississippi (Arkansas, Connecticut, Iowa, Missouri, and Pennsylvania), based on performance data obtained from SSA's website that was later removed;[3]
- obtained available MDRS DDS performance indicator data; and,
- obtained information about MDRS DDS funding, staffing, turnover, and hiring authorization restrictions.

Scope Limitations

This section discusses:

- DDS data limitations;
- SSA's denial of PEER's data request due to PII restrictions;
- impacts of SSA data request denial on the PEER review; and,
- other project-related scope limitations.

DDS Data Limitations

SSA and MDRS DDS primarily utilize two tools to track cases and to assess performance: the national DCPS and MicroStrategy. In the early 2020s, SSA mandated each state DDS to transition from legacy state case processing systems to the national case processing system DCPS. MicroStrategy is an AI-based tool that pulls data from the DCPS and other sources to produce metrics to track DDS outputs and performance.

However, MicroStrategy has its limitations. Although the state DDS can use MicroStrategy to run reports to track progress (e.g., average processing time for a given period, number of cases pending, productivity per work year), MicroStrategy does not provide the state DDS (or an oversight body such as PEER) direct access to the data (e.g., spreadsheet) that supports the calculation. Therefore, PEER cannot test or verify the accuracy of the metrics produced.

SSA Denial of PEER's Data Request due to PII Restrictions

To verify the data, PEER sought to obtain data for Mississippi claimants through MDRS DDS for a set period, initially in coordination with MDRS DDS staff and then in coordination with SSA DDS regional staff based in Atlanta. SSA notified MDRS DDS that it first needed to seek approval from the SSA Office of General Counsel regarding releasing SSA member data. In a prior meeting with SSA DDS Atlanta staff, SSA staff stated the SSA Office of General Counsel must rule on the request before any further discussions could be had on the size and scope of the request.

[3] The Alabama, Kentucky, and Texas state DDS offices opted not to respond to PEER interview requests.

Scope Limitations (cont.)

In its response, SSA denied PEER's request for data on July 1, 2025, due to the following:

> *We consulted with the SSA Office of General Council, and it was indicated that the requested items encompass SSA sensitive information and [personally identifiable information (PII)],[4] as it can be used to identify or trance an individual, either directly or indirectly when combined with other information. Additionally, DDS employees constitute SSA employees when performing services for SSA and should not be providing the PEER Committee non-public SSA information.*
>
> *SSA identified no authority that would allow disclosure of the requested information at this time. Please note, if the PEER Committee wishes to pursue this matter, they may submit a request for information through a Freedom of Information Act (FOIA) request.*

PII includes any information that can be used to distinguish or trace an individual's identity either alone or when combined with other personal identifying information, including but not limited to, their name, phone number, address, bank or SSA payment details, date of birth, or health records. Normally, in such situations, PEER would enter into a confidentiality agreement in which PEER agrees to protect the PII data and not share PII data outside the agency. However, upon follow-up with SSA, PEER determined that SSA's restrictions on obtaining PII data are greater than other agencies PEER interacts with.

Generally, PEER requests an agency to anonymize the data so that PEER receives a random number generation identifying the individual in place of any names or file number (or SSN in this case). However, SSA considers the random, anonymous number to be privately protected because it could be used to identify or trace an individual, either directly or when combined with other information.

Further, and more limiting, consistent with the Social Security Act and the Privacy Act, SSA regulations provide that the agency (SSA) can disclose information in agency records that relates to an individual ONLY with that individual's written consent or when one of the narrowly drawn exceptions for disclosure apply. If PEER were to pursue this more costly and timely Freedom of Information Act (FOIA) route, SSA stated it would require each claimant for which data was requested to consent to providing such data. This would be cost prohibitive, given a one-year review of claims would incorporate, at minimum, 40,000 applicants.

Impacts of SSA Data Request Denial on the PEER Review

There were two main impacts of the SSA data request denial. One, PEER could not test the accuracy of the MicroStrategy reports MDRS DDS produced, in conjunction with SSA. Two, PEER could not further assess the DDS determination process to determine and/or verify the causes of the delay and case backlog.

Other Scope Limitations

Other than limited data reporting, PEER excluded the role of the MDRS DDS Disability Hearing Unit in part due to its secondary level of appeal and because additional levels of appeal at the hearing level occur outside MDRS DDS through SSA (i.e., through an administrative law judge hearing) or, if pursued further, the court system.

PEER, due to data privacy restrictions, did not review the accuracy of decisions made at the initial or reconsideration level. Although SSA tracks each state DDS's decisional accuracy rate and MDRS reports MDRS DDS's decisional accuracy rate as part of MDRS's annual report, the decisional accuracy rate is a metric of compliance with SSA policies in making the medical determination and less a metric of making the correct medical determination.

Proposed Methodology

If PEER had been permitted to proceed with its data request, the data sufficient to determine specific points of delay in the disability determination process appear to already be present in the DCPS database. MDRS DDS staff noted they have access to sufficient data to at least begin to identify delay points in the approval system. SSA's DCPS system maintains data at the level of the individual case that includes the date the SSA received the application; the date the case was assigned to MDRS DDS; the date the case was assigned to a disability examiner and the identity of that examiner; and the date the case was completed by MDRS DDS.

Additionally, SSA's DCPS system includes sufficient data to determine:

- the geographic point of origin of each case (at least by SSA field office or Workload Support Unit);
- whether the case was assigned to a federal processing center for adjudication;
- whether the case is an SSDI case and/or an SSI case;
- whether it is an initial case, reconsideration case, CDR case, or other;
- whether the case received prioritized processing (as discussed on page 15) as a Compassionate Allowance (CAL), Quick Disability Determination (QDD), or Terminal Illness (TERI) case);
- whether the individual concerned was flagged with a presumptive disability, and if so, the relevant diagnostic codes;
- whether the individual was given a consultative exam, and if so, the consultative exam type, the dates the consultative exam was scheduled and conducted, and the date the consultative exam report was received; and,
- whether or not the case was reviewed by a medical consultant and/or psychological consultant and the date such review(s) occurred.

These data are not only sufficient to isolate the actual time specific parts of the Social Security determination process, but they can also be used in statistical models to determine at least some correlation of longer or shorter approval time at various points in the process. For instance, it would be possible to determine whether certain geographic regions or diagnostic codes were associated with longer or shorter approval times at certain stages of the process. It is important to note that this process would not demonstrate causation; rather, it would suggest hypotheses that would then need to be investigated empirically.

Because of the inability to pull source data to substantiate MicroStrategy performance or other operating metric reports, MDRS DDS and other state DDSs cannot verify their current performance status. To address the issue with MicroStrategy on an ongoing basis, but still comply internally with SSA's PII restrictions, efforts could be made to modify MicroStrategy to provide source documentation for performance reports produced internally by MDRS DDS or other state DDSs. This would permit an internal oversight entity (e.g., MDRS's Office of Program Integrity) to assess the validity of the data without violating SSA's PII restrictions. This could either be with prewritten queries written in consultation between MicroStrategy and MDRS DDS staff or with an increased ability to make custom queries of the DCPS database.

Background

This chapter discusses:

- the two Social Security disability programs;
- the role of SSA and state DDS offices in determination process; and,
- MDRS DDS staffing.

Social Security Disability Programs

SSDI provides benefits to people who have developed a disability or who are blind and who are insured by workers' contributions to the Social Security trust fund. The SSI program makes cash payments to people who are aged, blind, or have developed a disability (including children) and who have limited income and resources. SSA uses the term "concurrent" to describe claimants who are eligible for disability benefits under both the SSDI and SSI programs.

Social Security Disability Insurance

SSDI provides for payment of disability benefits to people who have developed a disability or blind individuals who are insured under the Title II of the Social Security Act by virtue of their contributions to the Social Security Disability Trust Fund through the Social Security tax on their earnings. These contributions are based on the claimant's earnings (or those of the claimant's spouse or parents) as required by the Federal Insurance Contributions Act (FICA). Per SSA's website, generally, under the 20/40 Rule, an applicant needs 40 credits, 20 of which must be earned in the last 10 years ending with the year their disability begins. The amount needed for a work credit changes from year to year. In 2025, workers could earn one credit for each $1,810 in wages or self-employment income they earned while working in each quarter of the year.

Supplemental Security Income

Unlike SSDI, SSI does not require a claimant to have a work history. Authorized under Title XVI of the Social Security Act, the SSI program makes payments to people who are aged, blind, or have developed a disability and who have limited income and resources. The federal government funds SSI from general tax revenues. Effective January 1, 2025, the Federal benefit rate was $967 for an individual and $1,450 for a couple, with monthly payments made the first of each month.[4]

Disabled or blind children are directly eligible under SSI. Due to the SSDI work requirement, including paying into Social Security, it is unlikely a child would receive SSDI benefits directly. However, a child may be eligible to receive SSDI benefits as a dependent of a claimant based on a claimant's earnings record.

[4] As of 2025, 44 states offered a supplemental SSI benefit. Six states, including Arizona, Arkansas, Mississippi, North Dakota, Tennessee, and West Virginia, do not.

Role of SSA and State DDS Offices in Determination Process

SSA and state DDS offices share responsibility for initial disability determination decisions and assessing continued eligibility. When claimants apply for SSDI or SSI benefits, SSA determines whether the claimants meet nonmedical requirements. Then, the state DDS offices make medical determinations on eligibility status. SSA then notifies the applicant of approval or denial, and if approved, takes steps to commence payments to the new beneficiary.

Social Security Disability Insurance

The SSA and each state DDS share responsibility for initial disability determination decisions and assessing continued eligibility. Each state DDS is 100% federally funded. However, all state DDS employees are considered nonfederal state service employees. Therefore, MDRS DDS employees are eligible for state retirement and state health insurance benefits, and their pay scale is set by the State Personnel Board.

SSA generally oversees state DDSs through its regulations, as opposed to entering MOUs with state DDSs. SSA primarily directs state DDSs through which types of cases it has them prioritize during a given period.

Although SSA regulations refer to steps SSA can take to address a poor-performing state DDS (e.g., taking over the medical determination process for *substantially failing*[5] state DDSs), the Social Security Advisory Board (SSAB) notes SSA has never done so.[6]

Determination Process

When claimants apply for SSDI or SSI, SSA determines whether the claimants meet nonmedical requirements. Then, the state DDS offices make medical determinations. This includes determining to what extent the applicant is disabled, and if so, to what extent it impacts the applicant from continuing in a similar line of work (i.e., known as the vocational assessment). Exhibit 1 on page 7 outlines the SSDI and SSI determination process at SSA and state DDS levels.

Claimants who receive initial-level denials for medical or nonmedical reasons can request reconsideration, at which time SSA and the applicable state DDS evaluate all existing and newly submitted evidence and issue a second decision. If the claim is denied at reconsideration, a claimant can request a hearing before an administrative law judge. The final level of appeal within SSA is the Appeals Council; claims denied there can be appealed to federal court.

State DDSs also make medical determinations for continuing disability review (CDR) cases. This is SSA's process, as required by statute (CFR 404.1594), for periodically reviewing existing claimants to determine if benefits are still warranted. Generally, cases may be reviewed on a three-, five-, or seven-year basis, depending on the type and extent of the disability and age of the claimant.

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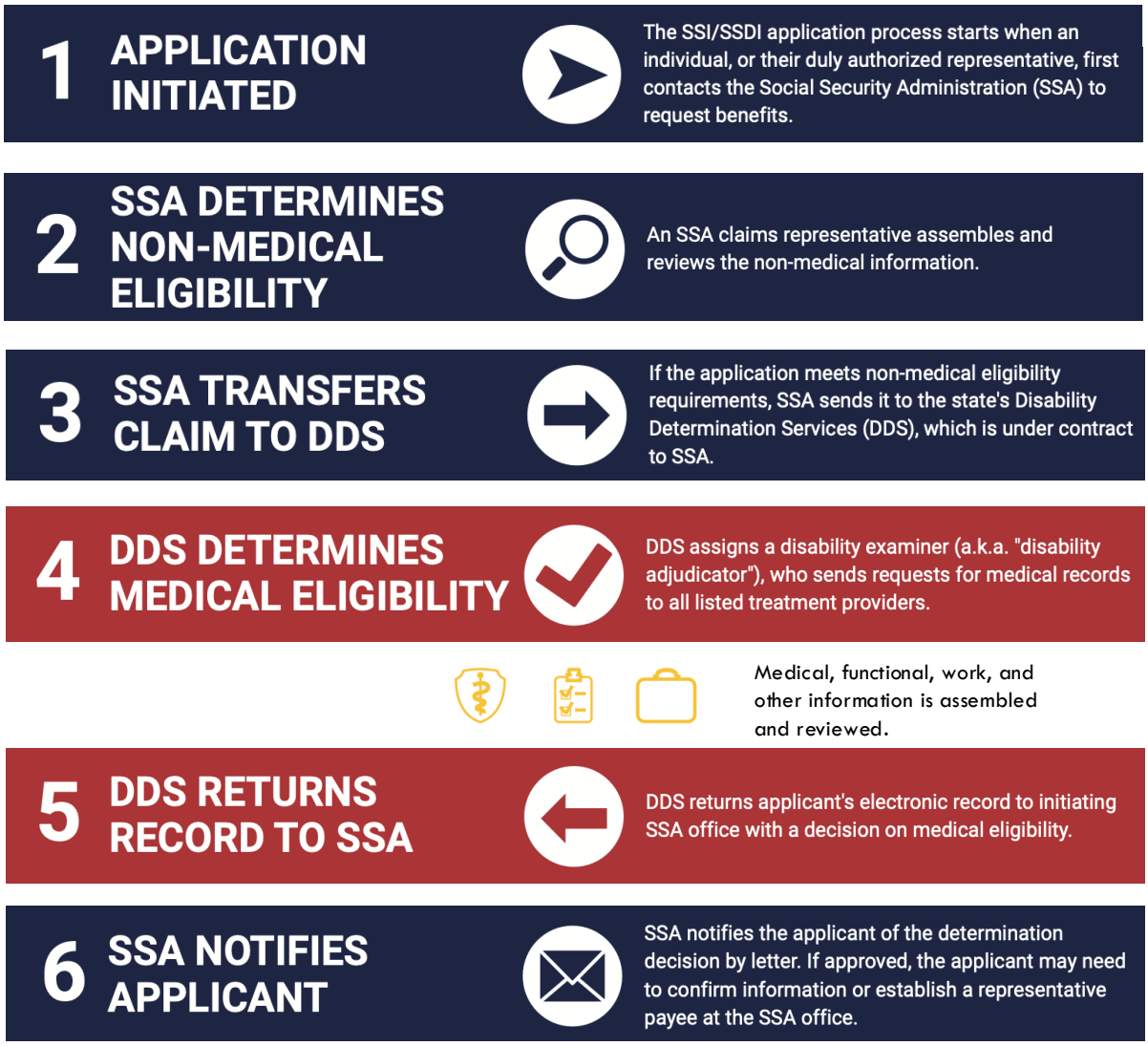
[5] As defined in CFR § 404.1670 to § 404.1680. If pursued by SSA, the process would commence when a state DDS fails to meet two of three established performance thresholds (including performance accuracy) for two consecutive quarters, and following a three-month correction period, again fails to meet two of three established performance thresholds (including performance accuracy) for two consecutive quarters during the following 12 months.

[6] *Social Security and State Disability Determination Services Agencies: A Partnership in Need of Attention*. April 2023.

Exhibit 1: SSDI and SSI Determination Process at SSA and State DDS Levels



SOURCE: Compiled by PEER utilizing information from the U.S. Substance Abuse and Mental Health Services Administration (SAMHSA) SSI/SSDI Outreach, Access, and Recovery (SOAR) website as of April 21, 2025.

MDRS DDS Staffing

As of May 7, 2025, MDRS DDS had 177 filled positions, including 81 disability examiners assigned to 12 teams. Of the 81 disability examiners, 12 remained on the training team including 10 hired since January 1, 2025 (limited to a maximum of five new cases per week). Nine additional disability examiners had less than one year of experience, and 10 additional disability examiners had less than two years of experience.

MDRS DDS's organizational chart included 177 filled positions and two vacant clerical support positions as of May 7, 2025. Exhibit 2 on page 8 provides a count of MDRS DDS filled positions by role.

Exhibit 2: MDRS DDS Filled Staff Positions as of May 7, 2025[1]

DDS Role	Managerial Role	Staff	Total
Administration	2	1	3
Disability Examiners Unit			
Examiners	26	81	107
Clerical Support	1	10	11
Disability Hearing Unit	0	8	8
Policy and Training	1	2[4]	3
Case Control Unit	1	6	7
DDS Finance	1	8	9
DDS Call Center (AKA CCU Claims Support)	1	8	9
Medical Relations Team[2]	1	7	8
Consultative Medical Unit[3]	1	1	2
Quality Assurance	1	1	2
DDS IT Staff	1	5	6
Legislative Liaisons	2	0	2
Total	**39**	**138**	**177**

[1] Excludes two vacant clerical support positions.

[2] Excludes consultative examiners (i.e., vendors contracted for on a fee-for-service basis to provide an applicant a consultative medical exam when a disability examiner determines additional medical information is needed to make a medical determination).

[3] Excludes 39 medical consultants (i.e., independent contractors contracted for on a fee-for-service basis to make medical determinations as part of the disability determination process.

[4] Includes one contracted trainer.

SOURCE: As reported by the MDRS Office of Disability Determination Services.

The disability examiners unit comprised 107 of the 177 filled positions, including two operation division managers, 12 team managers, 12 case consultants, and 81 disability examiners (excluding the Disability Hearing Unit – a second-level line of appeal).

Disability examiners must have a bachelor's degree and pass a federal background check. Of the 81 disability examiners, 12 remained on the training team including 10 hired since January 1, 2025. Nine additional disability examiners had less than one year of experience, and 10 additional disability examiners had less than two years of experience.

The clerical support team, which is part of the disability examiners unit, included one manager and 10 staff. The case control unit is responsible for case intake and assignment of cases to disability examiners to process. The consultative medical unit coordinates assignment of cases to medical consultants for medical review. The medical relations team recruits medical consultants and consultative examiner vendors and assist in scheduling consultative exams.

MDRS DDS also operates a nine-person call center (established in FFY 2023). The call center serves as the initial point-of-contact for claimants seeking to receive updated information on their application or respond to a disability examiner's request to call back to provide further information. The MDRS DDS training unit conducts the initial three-month examiner classroom training and ongoing training on SSA policy updates and other areas of need. The MDRS DDS also has its own finance team, IT team, and a two-person quality assurance (QA) team.

Performance

This chapter discusses:

- MDRS DDS's ability to keep up with its caseload;
- MDRS DDS's performance; and,
- strategies utilized to expedite cases or reduce backlog.

MDRS DDS's Ability to Keep Up with Its Caseload

From FFY 2021 to FFY 2024, MDRS DDS processed 23,000 fewer cases than it received, despite its caseload declining 13,000 cases over the same period. This created a backlog of cases to process, extending processing times as cases set in staging waiting to be worked. Through Week 34 of FFY 2025, MDRS DDS processed 11,000 more cases than it received. However, a case backlog remains.

During the period FFY 2020 through FFY 2023, MDRS DDS processed 22,068 fewer cases than it received. As shown in Exhibit 3 on page 10, even as the number of cases MDRS DDS received declined each year from 58,736 cases in FFY 2020 to 45,111 cases in FFY 2024, the number of cases processed by MDRS DDS declined from a peak of 60,374 cases in FFY 2020 to 40,621 cases in FFY 2023. Part of this can be attributed to significant staffing losses beginning in FFY 2021 and SSA's restrictions on hiring. (For more about MDRS DDS staffing losses, see discussion beginning on page 19). MDRS DDS has since rebounded, processing 11,443 more cases than it received through Week 34 of FFY 2025.

Exhibit 3: MDRS DDS Cases Received versus Cases Processed, FFY 2020 to FFY 2025

Federal Fiscal Year	2020	2021	2022	2023	2024	2025 (through Week 34)	Total
Cases Received	58,736	58,160	56,964	51,515	45,111	29,184	**299,670**
Cases Processed	60,374	50,619	51,693	40,621	45,708	40,627	**289,642**
Net	1,638	-7,541	-5,271	-10,894	597	11,443	**-10,028**

SOURCE: As reported by the MDRS Office of Disability Determination Services.

MDRS DDS's Case Mix, FFY 2020 to FFY 2025

State DDSs primarily must make medical determinations for each of the following case types:

- SSDI and SSI Initial cases;
- SSDI and SSI reconsideration cases;
- SSDI and SSI CDR cases; and,
- pre-hearing cases and disability hearing cases.

Exhibit 4 on page 11 provides the MDRS DDS case mix. From FFY 2020 to FFY 2024, initial cases comprised 64.4% of MDRS DDS cases while reconsideration cases – the first level of appeal – made up 16.7% of MDRS DDS cases. Reconsideration cases are treated as if they are initial cases. The two primary differences include the case being reviewed by a different disability examiner and medical consultant and the inclusion of medical evidence that has occurred since the initial review.[7] Because of the option to appeal, MDRS DDS may re-work the same case in the reconsideration stage or the pre-hearing stage. MDRS DDS staff also stated some applicants opt to forego the reconsideration process if denied and submit a new application.

Exhibit 4: MDRS DDS Case Mix, FFY 2020 to FFY 2024, by Cases Received

Federal Fiscal Year	Initial Cases		Reconsideration Cases		Continuing Disability Review Cases		Other Cases[1]		Total
	Cases	Percent	Cases	Percent	Cases	Percent	Cases	Percent	
2020	36,683	62.5%	11,751	20.0%	8,173	13.9%	2,129	3.7%	58,736
2021	34,143	58.7%	10,032	17.2%	10,645	18.3%	3,340	5.7%	58,160
2022	34,920	61.3%	9,088	16.0%	10,010	17.6%	2,946	5.1%	56,964
2023	35,003	67.9%	7,212	14.0%	7,123	13.8%	2,177	4.1%	51,515
2024	33,506	74.3%	7,021	15.6%	2,022	4.5%	2,562	4.9%	45,111
Total	174,255	64.4%	45,104	16.7%	37,973	14.0%	13,154	4.9%	270,486

[1] Includes pre-hearing and disability hearing unit cases, which is work supporting additional lines of appeal beyond reconsideration cases.

SOURCE: As reported by the MDRS Office of Disability Determination Services.

SSA controls the number of CDR cases a state DDS is required to review and to what extent such cases must be prioritized. This has resulted in CDR cases accounting for 4.5% (2,022 cases) of MDRS DDS cases in FFY 2024 to 18.3% (10,645 cases) of MDRS DDS cases in FFY 2021. CDR cases pertain to SSDI or SSI beneficiaries who were previously approved and are up for reauthorization. To recommend denying reauthorization, MDRS DDS must find that significant medical improvement has occurred since the last review (based on standards in place at the time of the last review).

MDRS DDS Performance

MDRS DDS and SSA processing times began increasing in FFY 2020 and continued through FFY 2024 as a state and national backlog developed. Since then, MDRS DDS has made progress reducing its case backlog from 26,648 cases to below 10,000 cases as of August 2025. Cases completed in August 2025 spent 32 days less waiting to be assigned to an examiner than cases completed in August 2024. MDRS DDS assigned user mean processing time (i.e., the time an examiner is assigned to the case) decreased from 166.3 days in October 2023 to 124.6 days in August 2025, an improvement of 40 days per case.

MDRS DDS utilizes MicroStrategy to track key performance indicators (KPIs) for SSDI and SSI cases, including initial cases, reconsideration cases, and CDR cases. For clarity in reporting, PEER

[7] In some instances, the reconsideration examiner may also identify medical records or vocational skills that were not identified by the initial examiner.

generally reports the combined metrics (i.e., including each case type) for each KPI, unless otherwise specified.

Prior to FFY 2020, average processing time for both SSDI and SSI applications were less than 100 days nationally and at the MDRS DDS level. However, as shown in Exhibit 5 on page 12, processing times began to rise both nationally and at the MDRS DDS level. As processing times began to rise in FFY 2020, the national backlog – reflected in part by initial disability claims pending – began to increase from 763,747 initial claims pending in FFY 2020 to 1,177,974 initial claims pending in FFY 2024.

As shown in Exhibit 5, average processing times for SSDI and SSI cases were similar nationally and for just MDRS DDS from FFY 2016 to FFY 2024. However, in FFY 2024, average processing times for SSI cases were an average of 56 days more than SSDI cases at the MDRS DDS level (353 days versus 297 days) and 34 days nationally (202 days versus 168 days).

Exhibit 5: Comparing Performance between MDRS DDS and the National Average

Federal Fiscal Year	SSA	MDRS DDS	SSA	MDRS DDS
	Average Processing Time[1] (SSDI/SSI)[2]	Average Processing Time[1] (SSDI/SSI)[2]	Average Production Per Work Year (PPWY)[3]	Average Production Per Work Year (PPWY)[3]
2016	83 days/86 days	90 days/85 days	313 cases	324 cases
2017	83/85	81/74	306	329
2018	86/90	84/71	303	306
2019	87/94	81/73	302	302
2020	110/120	105/105	255	268
2021	122/134	140/129	238	215
2022	144/157	194/193	230	233
2023	158/178	280/288	240	217
2024	168/202	297/353	246 cases	257 cases

[1] Average processing time for cases processed during a given week, not average processing time for all cases processed during the year. This metric can be skewed by the prevalence of aged cases during a particular week.
[2] Social Security Disability Insurance (SSDI) applications versus Supplemental Security Income (SSI) applications.
[3] Average number of cases processed per disability examiner during a work year.

SOURCE: Social Security Administration website and MDRS 2024 Annual Report.

Increased Processing Time

In Mississippi, average processing time increased from 105 days for both SSDI and SSI cases to 297 days for SSDI cases and 353 days for SSI cases. By comparison, average processing time nationally increased from an average of 110 days for SSDI cases and 120 days for SSI cases in FFY 2020 to 168 days for SSDI and 202 days for SSI cases in FFY 2024.

Examiner Processing Time

MDRS DDS separately tracks examiner processing time for closed cases and pending cases. Assigned User Mean Processing Time is a meaurement of the average time it takes once a case is assigned to an MDRS DDS examiner until it is closed. MDRS DDS assigned user mean processing time decreased from 166.3 days in October 2023 to 124.6 days in August 2025, an improvement of approximately 40 days per case.

However, total mean processing time including staging remained elevated. Total mean processing increased from 294 days in September 2023 to 333 days in July 2024. Since then, total mean processing time has decreased to 272 days as of August 2025.

Declining Production Per Employee Equivalent

Because not all offices are equally staffed, SSA utilized a metric called Production Per Work Year (PPWY). It generally attempts to divide the number of cases worked by the number of staff hours worked and compute that to a full-time employee (accounting for vacation time, personal leave, etc.).

MDRS DDS PPWY declined from 329 cases in FFY 2017 to 302 cases in FFY 2019, 268 cases in FFY 2020, and 215 cases in FFY 2021. In comparison, average PPWY nationally declined from 302 cases in FFY 2020 to 255 cases in FFY 2021 and 230 cases by FFY 2022.

However, both MDRS DDS and SSA nationally improved in FFY 2024 with MDRS DDS increasing its PPWY to 257 cases and the national average PPWY increasing to 246 cases.

Did Employee Productivity Really Decline?

Although PPWY has declined, the SSA Office of the Chief Actuary found the number of annual determinations made by fully trained DDS examiners who were not engaged in training newly hired examiners was slightly higher in FFY 2023 (579) than in FFY 2018 (572).

The SSA Office of the Chief Actuary determined while the total number of DDS examiners was essentially the same in FFY 2018 (7,021) and FFY 2023 (7,039), the percent of those total examiners who were trained (for a full year) and not required to train newly hired examiners declined from 94.4% in FFY 2018 to 74.6% in FFY 2023. During this period, the number of trainees increased from 296 trainees in FFY 2018 to 1,340 trainees in FFY 2023. During their onboard time, these trainees are either participating in classroom training only or working at significantly reduced caseload (e.g., five cases per day versus 13 cases per day).[8]

This resulted in the SSA Office of the Chief Actuary concluding that due to state DDS turnover, more time is having to be devoted by state DDS staff to train new examiners or by new examiners in training themselves that otherwise might me spent working cases.

Case Backlog and Its Impact on Performance

Staging is a measure of the number of cases that have been assigned to MDRS DDS by SSA, but not assigned to examiners (i.e., otherwise known as the backlog of cases). The total number of staged cases at MDRS DDS peaked on February 24, 2024, at 26,648 cases. MDRS DDS reduced the number of staged cases below 10,000 cases by the end of April 2025 and has since plateaued between 9,500 and 10,000 cases.

Cases completed in August 2024 spent 183 days waiting to be assigned to an examiner, while cases completed in August 2025 spent 148 days waiting to be assigned to an examiner. All other factors held constant, PEER would expect that number to decline given the case backlog has declined over the last 18 months and remained below 10,000 cases the last five months April through August 2025.

[8] Each state DDS separately establishes case mixes, caseload maximums, and weekly caseloads by experience type.

This included a more than 16,000 initial case reduction from February 2024 to April 2025. However, as MDRS DDS made progress on initial cases, its number of staged reconsideration cases increased by approximately 4,000 cases from December 2023 to March 2025. As MDRS DDS increased its focus on reconsideration cases, its staged reconsideration cases declined 4,000 cases, while its staged initial cases increased 4,000 cases.

Average Days Pending

Average Days Pending is a measure of the number of days currently active cases have been assigned to MDRS DDS, including staging, while Average Days Assigned is a measure of the number of days currently active cases have been assigned to MDRS DDS examiners.

As of August 30, 2025, MDRS DDS reported active cases have been pending for an average of 166 days, down from 225 days in March 2025. Similarly, for the same period, the average number of days active cases had been assigned to examiners was 108 days, down from 132 days.

Time to Complete Consultative Exam Longest in Southeast Region

MDRS DDS provided PEER a consultative exam timeline report for the eight state Southeast Region.[9] Disability examiners must schedule consultative exams when there is not sufficient medical evidence in the applicant's file to make a medical determination. Exhibit 6 on page 14 compares Mississippi's consultative exam timeline to its fellow Southeast Region states. On average, it takes 117 days to complete the consultative exam process in Mississippi, 30 days longer than the next closest Southeast Region state and 49 days longer than the second closest.

Mississippi averaged 59 days between when a disability examiner requested a consultative exam and when a consultative exam occurred. By comparison, Georgia was the next closest with 31 days and Alabama with 19 days. The remaining five states average less than 10 days.

Exhibit 6: Consultative Exam (CE) Timeline, Mississippi versus Southeast Region

State	Number of Days to Schedule CE	Number of Days between Date CE Scheduled and CE Appointment	Number of Days between CE Appointment and CE Report Submission	Total Days
Alabama	19	27	18	**64**
Florida	5	27	12	**43**
Georgia	31	39	18	**87**
Kentucky	8	48	12	**68**
Mississippi	59	38	20	**117**
North Carolina	4	24	12	**40**
South Carolina	4	45	12	**61**
Tennessee	3	30	12	**44**

SOURCE: As reported by the MDRS Office of Disability Determination Services.

Mississippi averaged 38 days between when a consultative exam was scheduled and the appointment. By comparison, the high was 48 days (Kentucky) and the low was 27 days (Alabama and Florida).

[9] Includes Alabama, Florida, Georgia, Kentucky, North Carolina, Mississippi, South Carolina, and Tennessee.

Mississippi averaged 20 days between the consultative exam appointment and the time the report was produced and returned to the disability examiner. By comparison, Alabama and Georgia averaged 18 days while the remaining states averaged 12 days.

Strategies Utilized to Expedite Cases and/or Reduce Backlog

SSA has in place methods to expedite Compassionate Allowance (CAL), Quick Disability Determination (QDD), and Terminal Illness (TERI) cases and refer those cases to state DDS offices for expedited processing; MDRS DDS processes these cases within 60 days, on average. SSA also began providing MDRS DDS additional assistance from SSA processing centers in FFY 2023 and allocated MDRS DDS approximately 2,000 overtime hours each year from FFY 2023 to FFY 2025 to help reduce case backlog.

SSA has in place methods to prioritize Compassionate Allowance (CAL),[10] Quick Disability Determination (QDD),[11] and Terminal Illness (TERI) cases[12] and refer those cases to state DDS offices for expedited processing. SSA may also provide state DDS offices additional assistance from SSA processing centers, allocate state DDS offices overtime hours to help reduce case backlog, and give temporary authority to examiners to expedite specific case types without medical consultant review.

SSA Methods to Prioritize Cases

In an interview with AARP, then Social Security Commissioner Martin O'Malley said 30,000 people died in 2023 while waiting for their applications for disability benefits to be processed through the system. SSA has in place methods to prioritize claims that SSA flags as potentially eligible for prioritization as a CAL, QDD, or TERI case and forward these claims to applicable state DDS offices.

As shown in Exhibit 7 on page 16 cases that are flagged by SSA as CAL and/or QDD were processed, on average, in less than 60 days. Per SSA, it is possible that a case meets more than one category of prioritized cases.

Although CAL, QDD, and TERI cases are expedited, SSA and state DDSs still must determine if the applicant qualifies for benefits. This generally means state DDSs will give CAL, QDD, and TERI cases priority during the review process, including advancing these cases to the front of the pending queue and as disability examiners process cases (e.g., request medical records, schedule consultative exams).

[10] A CAL case is an Electronic Disability Collect System (EDCS) case identified electronically by CAL selection software, or manually by the DDS, as having alleged impairments based on minimal, but sufficient, objective medical information that meets Social Security's statutory standard for disability. This includes meeting a listing under SSA's CAL Listing of Impairments.

[11] A QDD case is an initial EDCS case identified by SSA electronically using a predictive model (PM). These cases have a high degree of probability that the claimant is disabled, evidence of the claimant's allegations is readily available; and the DDS can process the case quickly. To be eligible for QDD processing, the initial case file must include at least some electronic medical records.

[12] A TERI case is an initial EDCS case flagged by SSA software or flagged by DDS staff based on claimant or third party (e.g., doctor) allegation or medical record review. Once flagged as a TERI case, it must be proven not a TERI case. TERI cases must also be tracked by the SSA field office to progress toward completion at 30- and 60-day intervals.

Exhibit 7: MDRS DDS Processing Time for Prioritized Cases, FFY 2020 to FFY 2025 (through Week 34)

Federal Fiscal Year	CAL Clearances	CAL Processing Time	QDD Clearances	QDD Processing Time	Both CAL and QDD Clearances	Both CAL and QDD Processing Time
2020	212	25.9 days	736	30.7 days	461	17.5 days
2021	207	39.4 days	618	39.9 days	376	28.7 days
2022	231	46.1 days	869	57.1 days	484	35.3 days
2023	194	41.1 days	925	24.6 days	480	13.2 days
2024	199	36.7 days	934	24.6 days	435	17.7 days
2025 (through Week 34)	175	41.9 days	534	34.3 days	279	18.2 days

SOURCE: As reported by the MDRS Office of Disability Determination Services.

However, several obstacles can prevent a case from being completed quickly. One, cases may be delayed because the initial examiner assigned to the case left the agency and the case had to be reassigned to a new examiner. As discussed more in the next chapter, 122 disability examiners left MDRS DDS from FFY 2020 to FFY 2025, necessitating their cases be reassigned. Second, it is possible the case was not flagged by SSA as being a CAL, QDD, or TERI case, because the applicant did not include necessary documentation that would result in the case being flagged. SSA must flag the case for it to be prioritized; otherwise, the case goes to the end of the case pending line to wait to be assigned. Third, it also possible that the state DDS, upon reviewing the case, determines the applicant not to be eligible. For example, the examiner may identify conflicting documentation during the medical record review process or applicant interview process that conflicts with medical documentation that SSA's AI tool identified to flag the case as CAL, QDD, or TERI eligible.

Potential for Advance Payment for Presumptive SSI Beneficiaries

Under what SSA terms Presumptive Disability or Presumptive Blindness, a claimant, including a child, applying for SSI based on disability or blindness, (excludes SSDI) may receive up to six months of payments prior to the final determination of disability or blindness if he or she is found to be presumptively disabled or blind and meets all other eligibility requirements. To make a Presumptive Disability or Presumptive Blindness finding, the available evidence must reflect a high degree of probability that the claimant's impairment or combination of impairments meets the SSA's definition of disability or blindness.

Assistance from Federal Processing Centers

SSA may offer to provide state DDSs assistance from its federal processing centers (aka Associated Users).[13] The Associated User notifies MDRS DDS how many cases it can take on a weekly or biweekly basis. MDRS DDS noted that although the role of the MDRS DDS examiners is reassigned to the federal processing centers for a case, MDRS DDS still must do the clerical and financial

[13] SSA generally refers to this type of workload sharing through its federal processing centers as Associated Users (AU) assistance.

billing work related to the case. MDRS DDS's director stated this puts extra strain on MDRS DDS's already short-staffed clerical staff.

According to MDRS DDS, no cases were reassigned to a federal processing center from FFY 2020 to FFY 2022. Asistance began in April 2023. By the end of FFY 2023, on average, 140 initial cases were reassigned to a federal processing center on a weekly basis. In FFY 2024, on average, 160 initial cases, and 40 CDR cases were reassigned to a federal processing center on a weekly basis. In FFY 2025, on average, 400 initial cases were reassigned to another processing entity on a weekly basis.

In FFY 2025, through the week ending September 19, 2025, the federal processing centers have cleared 23,876 initial cases and 1,661 reconsideration cases for Mississippi.

Other Methods Utilized to Expedite Cases

Other methods utilized by SSA and/or MDRS DDS to expedite the number of cases processed include authorizing overtime, assignment of cases to case consultants and team leads, and temporary expansion of authority for examiners to make medical determinations without input from a medical consultant.

Authorizing Overtime

Having learned that the Arkansas state DDS paid overtime to expedite case processing (included as part of the Arkansas DDS annual report), PEER inquired if MDRS DDS was permitted to pay overtime to its salaried DDS employees and if SSA allocated funding to state DDSs specifically for overtime. According to the MDRS DDS Director, SSA allocates overtime hours to states on an ad hoc basis (as opposed to annually, semiannually, or quarterly). For instance, in its most recent allocation, SSA allocated MDRS DDS 2,076.63 hours (2,077 hours) of overtime through August 2 of FFY 2025. Previously, SSA allocated MDRS DDS 1,823 hours in FY 2023 and 1,807 hours in FFY 2024. Although SSA imposes a cap on the number of hours available to work overtime, SSA does not impose a cost cap or restrict who may work overtime; however, cost caps for personnel are still restricted by SSA DDS personnel budget cost allocations.

The MDRS DDS Director stated SSA generally states that overtime should be best used to reduce case processing time. The MDRS DDS Director added that overtime hours are assigned on a voluntary basis (not mandated) to disability examiners and clerical support staff. This was confirmed in interviews with team leads and operational managers. Overtime is generally used to work on a special project (e.g., reduce the number of aged cases) or to take on cases previously assigned to a departed disability examiner or fellow disability examiner who has fallen behind (i.e., caseload near or above 300 cases).

Assignment of Cases to Case Consultants and Team Leads

MDRS DDS assigns a limited number of cases to management-level team leads and case consultants, who typically are not assigned cases. These management level positions generally oversee their teams, compile and review operational reports, conduct internal quality assurance, provide case-specific training, and authorize use of consultative exams. Team leads and case consultants reported also providing case-related assistance (i.e., assisting with case write-ups) to help advance cases.

Given MDRS DDS team sizes have decreased as the number of examiners have declined, MDRS DDS could reevaluate team lead and case consultants weekly and monthly tasks

and the potential for allocating each position type a set number of cases each week. (E.g., In team lead interviews, several reported human resource related task that may be consolidated.) If 11 of the 12 case consultants worked five cases per week for 40 weeks, that would be an additional 2,200 cases.

DEDA Authority

Implemented in January 2025, Disability Examiner Decisional Authority, or DEDA, is a new initiative allowing disability examiners to make fully favorable medical disability determinations on initial adult cases involving physical impairments alone, in lieu of medical reviews by medical consultants. By exercising DEDA authority for adult initial cases, MDRS DDS examiners can bypass the 60 plus day wait period for adult physical medical consultant reviews. As of September 24, 2025, 38 MDRS DDS disability examiners have DEDA authority.

MDRS DDS Staff Attrition and Other Challenges Impacting Operations

This chapter discusses:

- the impact of MDRS DDS staff attrition; and,
- other challenges impacting MDRS DDS operations.

Impact of MDRS DDS Staff Attrition

MDRS DDS lost 165 staff members to some form of attrition between FFY 2020 and FFY 2025 (through week 34), including 122 disability examiners, with attrition peaking at 27% in FFY 2023. Because it takes a minimum of 16 months to hire, train, and assign a new examiner up to the 13 case per week threshold, this attrition resulted in an estimated lost productivity of 69,514 cases over the period FFY 2020 to FFY 2025.

MDRS DDS Staff Turnover

As shown in Exhibit 8 on page 19, MDRS DDS lost 165 staff members to some form of attrition between FFY 2020 and FFY 2025 (through week 34), including 122 disability examiners. The MDRS DDS attrition rate peaked at 27% in FFY 2023.

Exhibit 8: MDRS DDS Staff Attrition and Authorized Hires, FFY 2020 to FFY 2025

Federal Fiscal Year	2020	2021	2022	2023	2024	2025 (thru Week 34)	Total
Staff Attrition[1]							
Disability Examiner	10	22	37	35	15	3	122
Intra Agency Promotion[2]	0	2	2	5	0	1	10
Other Staff	4	7	5	8	5	4	33
Total Attrition	**14**	**31**	**44**	**48**	**20**	**8**	**165**
SSA Authorized Hires	34[3]	35[3]	10[3]	42	21	15	**157**
NET	+20	+4	-34	-6	+1	+7	-8

[1] Includes resignations, retirements, dismissals, and deaths (two).

[2] Includes promotions to other bureaus within MDRS.

[3] Initial authorized hires. Subject to reallocation mid-year by SSA. Neither SSA or MDRS DDS staff had the final amount.

SOURCE: As reported by the MDRS Office of Disability Determination Services.

Lost Productivity Due to Staff Turnover

PEER calculated the minimum estimated lost productivity due to disability examiner turnover from FFY 2020 to FFY 2025 to be 69,514 cases. This is basically the time it takes to hire, train, and bring a new examiner up to the 13-case-per-week threshold.

Therefore, PEER assumed the following:

- a 17-week (four month) period to hire and commence employment in which zero cases are assigned;
- a 13-week (three month) initial classroom training period in which zero cases are assigned;
- a 26-week (six month) training period in which five cases are assigned;
- a 13-week (three month) training period in which 10 cases are assigned; and,
- all non-trainee examiners would be assigned 13 cases starting year two.

PEER also assumed that all trainee examiners were proficient enough to progress to the next level at the conclusion of each phase.

Factors Contributing to Turnover

Factors contributing to turnover include a demanding caseload and lower pay scale. MDRS DDS increased the caseload cap for the number of cases an examiner can be assigned from 150 cases to 300 cases. Each examiner accumulates 13 new cases each week.[14] Comparatively, each selected state DDS assigns 12 to 15 new cases to examiners each week. Although states such as Tennessee and Connecticut opted to assign an examiner 15 new cases a week, both maintain a caseload cap below 200.

MDRS DDS disability examiner starting pay was $29,000 in FFY 2020 with a college degree. DDS leadership recently worked with the State Personnel Board and the Legislature to increase starting pay to approximately $40,000. However, starting pay is still below what a disability examiner can make in the private sector with an insurance company, at federal processing centers, or other state DDS offices. MDRS DDS has a lower starting pay for disability examiners than Arkansas ($44,289), Louisiana ($42,889), Tennessee ($43,140), or Connecticut ($60,000). With the increased use of telework at the federal or state level, it is easier to transition to a job in another state without necessarily having to leave Mississippi.[15]

Some states (e.g., Louisiana and Pennsylvania) opt not to require a college degree.

SSA Restriction on Hiring

Although the state budgeting process allocates MDRS DDS a set number of PINs and an annual budget for staffing, SSA does not allocate the state DDSs a set number of positions. Instead, SSA allocates state DDSs a budget (including a budget for staffing) and notifies state DDSs of the number of hires, if any, they are permitted to make and the calendar period in which such hires

[14] 15 cases per week if working CAL, QDD, or TERI cases.

[15] Although MDRS DDS permits examiners (excluding trainees) meeting performance expectations to telework up to three days per week, they still must report to the office two days per week. Remaining MDRS DDS staff (excluding the call center) may telework on a more limited basis.

must be made. For example, MDRS DDS received 21 hires during Fiscal Year 2024, while Arkansas received 50 hires and Missouri received zero hires during the same period.

This procedural hurdle can limit the ability of state DDS agencies to immediately hire to replace former employees. MDRS DDS must also make hires within SSA approved hiring windows; these windows can vary by position. Hires can also be restricted to certain position types. Because new hires will have access to applicants personally protected information, including Social Security numbers, all new hires must go through a detailed SSA suitability background check and Homeland Security Presidential Directive-12, including efforts to verify who they say they are, finger printing, obtainment of credit report, and security-related interviews, as applicable.

For example, in an email dated October 18, 2024, the SSA Office of Disability Determinations (ODD) notified MDRS DDS it had approved authorization for a total of 15 hires for MDRS DDS. SSA requested MDRS DDS onboard these hires by December 31, 2024, then later extended the onboard date to January 31, 2025. During this time frame, MDRS DDS must advertise the available positions, conduct interviews, and make hiring decisions. Understanding the state process for securing five additional PINS, SSA granted an extension for these additional hires until March 31, 2025.

MDRS DDS staff stated the combination of the hiring restrictions, and the high turnover made it more likely MDRS DDS kept a person on staff and in a position than they might otherwise reassign or terminate. Generally, termination was a last option, as MDRS DDS after reassigning an underperforming employee to a different position (e.g., reassigning a disability examiner to the call center or clerical team).

Unintended Effect of Eliminating Vacant MDRS DDS PINs

Due to previously mentioned SSA hiring restrictions, MDRS DDS cannot replace departing employees on a one-to-one basis unless it has an SSA authorized hire available and it is during the SSA approved hiring window. Therefore, vacated PINs may stay vacant longer than MDRS DDS might prefer.

In SFY 2020, MDRS DDS had 229 permanent full-time PINs, 118 time-limited full-time PINs, and zero time-limited part-time PINs. Based on data in the Legislative Budget Office reports from SFY 2023 to SFY 2026, in SFY 2023, two permanent part-time PINs were escalated to permanent full-time PINs, thus increasing the number of permanent full-time PINs to 231. In SFY 2024, MDRS DDS lost 40 permanent full-time PINs, thus decreasing the number of permanent full-time PINs to 191. MDRS DDS staff stated this was part of an ongoing legislative effort to eliminate vacant PINs in state government.

MDRS DDS stated this can and has posed a constraint on MDRS DDS due to the SSA's process concerning hiring, including ad hoc hiring notices and time-limited hiring periods. If a position is vacated due to turnover and not filled (in part due to SSA hiring restrictions) and the Legislature subsequently eliminates the vacant PIN as part of the SFY 2025 budgeting process, then MDRS DDS later receives hiring authority October 1, 2025, for a time-limited period (e.g., through December 31, 2025), MDRS DDS has difficulty filling the position due to the limited SSA imposed hiring period and obtaining MSPB approval to escalate a PIN. Escalation is the formal state process for establishing a new PIN.[16]

[16] MSPB FY 2026 Policy and Procedure Manual § 6.3.7.

Other Challenges Impacting MDRS DDS Operations

Other challenges impacting MDRS DDS operations and leading to increased processing times include the uncalculated lost productivity from transitioning a national case processing system, increased medical record review workload due to transition to electronic medical records, increased wait times to obtain medical records, and difficulty recruiting and retaining medical consultants and consultative examiners.

The Social Security Advisory Board concluded several factors may have influenced the increases in claims pending and the Average Processing Time (concurrent with a decline in PPWY). For example, these include:

- difficulty in obtaining needed medical evidence during the pandemic;
- an unplanned transition to telework;
- insufficient technology to communicate with claimants and for workload processing; and,
- limitation on administrative expenses (and DDS funding and staffing allocations) that sometimes lag behind workload volume increases.

Nationally, the system experienced an increase in processing times. From FFY 2018 to FFY 2024, a combination of issues impacted the Social Security disability case processing system.

SSA Budgetary Issues and Pandemic-Related Delays

Although the pandemic is a contributing factor to the early increase in backlogs, it was not a factor by itself. The SSA's budgetary issues impacted the agency's operations and its ability to fund state DDSs beginning in FFY 2018, after the SSA made gains reducing pending initial and reconsideration claims from FFY 2010 to FFY 2017. This reduced the SSA's ability to keep up with staffing losses at state DDSs and allocate additional hires or other resources as the case backlog increased.

Pandemic-related delays include operational issues resulting from an unplanned transition to telework, pauses in certain types of reviews, and ongoing delays during the pandemic for claimants to receive in-person consultative exams (CEs). During the pandemic, recent medical evidence was less frequently available for the DDSs due to reduced treatment and doctor visits and reduced CE availability. CEs are required to decide more than one-third of initial disability claims that require additional medical evidence beyond what claimants provide.

Transition from legacy state case processing systems to a national DCPS

In FFY 2021, SSA began transitioning all 50 states from legacy state DDS case processing systems to the national DCPS. According to MDRS DDS, SSA and MDRS DDS began transitioning MDRS DDS to the national DCPS in February 2019. MDRS DDS stated the roll out of the new DCPS was incremental, with staff being added as system functionality increased. Because of the phased transition, MDRS DDS was still having to maintain the existing legacy state DDS system and work previously commenced cases from the state system. MDRS DDS officially decommissioned the state legacy system on August 31, 2024, but stated the last week it had cases in the system was July 13, 2022.

SSA concluded the transition to the new system tends to have short-term adverse productivity impacts on DDSs. Particularly, this involved the time for experienced disability examiners to train

and relearn a new case processing system while having their case maximum and/or caseloads increase. While this transition in and of itself may not have a major effect, it was occurring at the same time MDRS DDS began experiencing significant staff turnover and as medical record volume for examiners increased.

Increased Medical Record Review Workload Due to Transition to Electronic Medical Records

As medical offices have transitioned to maintaining electronic medical records, the volume of medical records maintained for a patient has increased. DDS offices reported transitioning from reviewing case files with less than 100 pages of medical records to regularly reviewing case files with more than 500 pages of medical records. Examiners also struggle with obtaining missing impairment information or locating sources, especially when claimants fail to cooperate or do not update medical treatment.

SSA implemented Intelligent Medical Language Analysis Generation, or IMAGEN, an AI tool intended to help examiners complete disability determinations by identifying and organizing evidence and allowing employees to input notes within the evidence. The AI tool utilizes data modeling and predictive analytics to improve the organization and visualization of specific medical encounters, medical reports, and lab results that are intended to assist the examiner in making disability determination decisions.

Increased Wait Times to Obtain Medical Records

Although medical records are electronic, the pace at which they are sent to DDSs for review has not increased significantly. DDSs still must give medical offices 21 days to reply to a medical records request before following up. MDRS DDS staff reported some medical offices, particularly those pertaining to mental health, requiring a minimum of 60 days before DDS examiners can follow-up on medical records request. MDRS DDS staff stated this included the state's community mental health centers, which cited existing workload volumes as a reason for the 60-day minimum.

If upon reviewing an applicant's medical records, a disability examiner identifies references to other doctor visits or tests not previously disclosed or obtained, the examiner must request those records if they pertain to the disability (or disabilities) the applicant is claiming.

Difficulty Recruiting and Retaining Medical Consultants and Consultative Examiners

MDRS DDS reported difficulty recruiting and retaining both medical consultants and consultative examiners. Both types are paid on a fee per case basis for the work they perform.

When a disability examiner determines there is not enough medical evidence in an applicant's case file to make a medical determination either for or against, a disability examiner may schedule a consultative exam with one or more medical provider(s) and any necessary testing that must be done (dependent on the applicant). The consultative examiner must review the applicant for eligibility and should not offer medical advice.

Increased Time for Adult Initial Medical Consults

Once a disability examiner makes a medical determination, the examiner refers the case to a medical consultant to review the case and also make a medical determination.[17] MDRS

[17] DEDA authority gives disability examiners with such authority the ability to make fully favorable medical disability determinations on initial adult cases involving physical impairments without the additional step of having a medical consultant review the case.

DDS contracts with pediatric, psychological, and adult (cardio, neuro, ortho, etc.) medical consultants.

MDRS DDS reported wait times for adult initial medical consults were approximately 70 to 79 days. By comparison, MDRS DDS reported minimal wait times of zero to 10 days for pediatric or psychological medical consults. As a result, this 70 to 79 day waiting period adds more than two months to the processing time for MDRS DDS adult initial cases, when compared to MDRS DDS pediatric or psychological cases.

MDRS DDS reported temporarily receiving assistance from the Colorado DDS to assist with adult initial medical consults while its MDRS DDS pediatric medical consultants assisted another state. In July, MDRS DDS staff reported the wait time for adult initial medical consults had improved to a range of 60 to 69 days.

Increased Time for Consultative Exam

A consultative exam may be sought if there is not sufficient evidence in the medical records to make a medical determination or if an examiner has an issue obtaining the necessary medical records in a timely manner. This may include a combination of labs, tests, and/or examinations by one or more medical doctor. Intellectual exams can take up to nine months to one year to schedule. If the applicant misses the consultative exam, it can further delay the process.

Recommendations

1. Due to SSA's denial of the PEER Committee's data request seeking to obtain data to identify both where and to what extent delays occur in the state processing of SSDI and SSI cases, the PEER Committee should forward a copy of this report to each member of the Mississippi Congressional delegation and request that the delegation ask the SSA's Office of the General Counsel revisit its decision denying PEER access to the requested data since the PEER Committee's efforts are intended to make a federal state program more efficient and effective. (See Appendix A on page 26 for a copy of the letter sent to each member of Misssippi's Congressional delegation.)
2. MDRS DDS should, in coordination with SSA, seek to develop finely detailed performance data analytic capabilities for MicroStrategy at both the individual level and aggregate level by increasing the sophistication of internal database access (e.g., either custom built, prewritten queries or the ability to write their own queries). This would include modifications to MicroStrategy to provide source documentation for performance reports produced internally by MDRS DDS or other state DDSs. This would permit an internal oversight entity (e.g., MDRS's Office of Program Integrity) to assess the validity of the data without violating SSA's PII restrictions.
3. MDRS DDS should periodically update the Legislature on any progress made toward reducing processing times or any future changes in staffing or funding that might adversely impact MDRS DDS's efforts to reduce processing times.
4. MDRS DDS should review its method for assigning cases, including the number and type of cases assigned to each examiner level and the maximum caseload for each examiner level.
5. Given the decline in the number of disability examiners, MDRS DDS should consider reevaluating the number of team leads and case consultants. Team leads and case consultants typically receive less cases than an examiner and focus primarily on case approvals, training, human related tasks, and weekly and monthly performance reporting. There is the potential for some of these tasks to be consolidated to prioritize case processing, especially during times of high backlogs or extended processing times.
6. The Legislative Budget Office should consider pausing elimination of Vacant PINs (Position Identification Number) assigned to MDRS DDS, pending verification with MDRS DDS that they do not intend to fill the PINs. These PINs may temporarily be vacant due to SSA hiring restrictions that are not present in other agencies. The untimely elimination of such PINs can adversely impact MDRS DDS's ability to replace departed employees when SSA authorizes new hires and require MDRS DDS to engage in a formal process with MSPB to escalate (i.e., establish) a new PIN.

Appendix A: Letter to Mississippi Congressional Delegation

The Mississippi Legislature

Joint Committee on Performance Evaluation and Expenditure Review

PEER Committee

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KEVIN FORD

OFFICES:
Woolfolk Building, Suite 301-A
501 North West Street
Jackson, Mississippi 39201

November 18, 2025

Mississippi Congressional Delegation
First St Southeast
Washington, DC 20004

Dear Members of the Mississippi Congressional Delegation:

At its November 18 meeting, the Joint Legislative Committee on Program Evaluation and Expenditure Review (PEER) released a report, *A Review of Disability Determination Services at the Mississippi Department of Rehabilitation Services.* This report addressed weaknesses in the process by which the Mississippi Department of Rehabilitation Services (MDRS) processes disability determination requests for the Social Security Administration (SSA) of the United States Government.

To perform this function, MDRS utilizes databases under the control of SSA. During the process of performing field work on this project, PEER worked cooperatively with MDRS to obtain access to the SSA data to assist in determining why cases take so long to be resolved. On July 1, 2025, the SSA made and submitted its decisions to MDRS regarding the PEER requests. The SSA's Office of the General Counsel denied PEER's request citing the following grounds:

> *We consulted with the SSA Office of General Council, and it was indicated that the requested items encompass SSA sensitive information and [personally identifiable information (PII)],* [1] *as it can be used to identify or trance an individual, either directly or indirectly when combined with other information. Additionally, DDS employees constitute SSA employees when performing services for SSA and should not be providing the PEER Committee non-public SSA information. SSA identified no authority that would allow disclosure of the requested information at this time. Please note, if the PEER Committee wishes to*

[1] Any information that can be used to distinguish or trace an individual's identity either alone or when combined with other personal identifying information, including but not limited to, their name, phone number, address, bank or SSA payment details, date of birth, or health records.

pursue this matter, they may submit a request for information through a Freedom of Information Act (FOIA) request.

PEER is no stranger to working with protected information. Normally, in such situations, PEER would enter into a confidentiality agreement in which PEER agrees to protect the PII data and not share PII data outside the agency. However, upon follow-up with SSA, PEER determined that SSA's restrictions on obtaining PII data are greater than other agencies PEER interacts with. Generally, PEER requests an agency to anonymize the data so that PEER receives a random number generation identifying the individual in place of any names or file number (or SSN in this case). However, SSA considers the random, anonymous number to be privately protected because it could be used to identify or trace an individual, either directly or when combined with other information.

Further and more limiting, consistent with the Social Security Act and the Privacy Act, SSA regulations provide that the agency can disclose information in agency records that relates to an individual ONLY with that individual's written consent or when one of the narrowly drawn exceptions for disclosure apply. If PEER were to pursue this more costly and timely Freedom of Information Act (FOIA) route, SSA stated it would require each claimant for which data was requested to consent to providing such data. This would be cost prohibitive, given a one-year review of claims would incorporate, at minimum, 40,000 applicants.

We send you this to ask that you consider requesting that SSA be more flexible in the future in dealing with organizations such as ours. PEER has considerable experience handling Protected Health Information and Personally Identifiable Information and has never suffered a breech. The decision made by SSA's Office of the General Counsel effectively thwarted our efforts to address concerns about delays in the processing of disability determinations that impact the lives of many Mississippians. We should all be able to work effectively toward addressing the service needs of our citizens, and in this case that end could not be achieved. A copy of the report we were able to complete is enclosed.

Please feel free to contact me should you have any questions.

Sincerely,

James F. "Ted" Booth
Executive Director, PEER Committee

Agency Response

State of Mississippi
DEPARTMENT OF REHABILITATION SERVICES

November 3, 2025

Mr. James F. "Ted" Booth, Executive Director
Joint Committee on Performance Evaluation and Expenditure Review (PEER)
Woolfolk Building, Suite 301-A
501 North West St.
Jackson, MS 39201

Dear Mr. Booth:

The Mississippi Department of Rehabilitation Services, Disability Determination Services (MDRS DDS) has reviewed the PEER report entitled "A Review of Disability Determination Services at the Mississippi Department of Rehabilitation Services". MDRS is grateful that this review process has provided external insight into the DDS program while affording us an additional opportunity to reflect and strengthen the quality of services provided to individuals seeking Social Security disability benefits in our state. We remain steadfast in our commitment to continuous evaluation and improvement, while ensuring that our efforts align with the parameters and expectations established by the Social Security Administration.

MDRS DDS has prepared the following response to the PEER Committee's recommendations:

Recommendation 1: Due to SSA's denial of the PEER Committee's data request seeking to obtain data to identify both where and to what extent delays occur in the state processing of SSDI and SSI cases, the PEER Committee should forward a copy of this report to each member of the Mississippi Congressional delegations and request that the delegation ask the SSA's office of the General Counsel revisit its decision denying PEER access to the requested data since the PEER Committee's effort are intended to make a federal state program efficient and effective.

Response to recommendation: *No response.*

Recommendation 2: MDRS DDS should, in coordination with SSA seek to develop finely detailed performance data analytic capabilities for MicroStrategy at both the individual level and aggregate level by increasing the sophistication of internal database access (e.g., either custom built, prewritten queries or the ability to write their own queries). This would include modification to MicroStrategy to provide source documentation for performance reports produced internally by MDRS DDS or other state DDSs. This would permit an internal oversite entity (e.g. MDRS's Office of Program Integrity) to assess the validity of the data without violating SSA' PII restrictions.

Response to recommendation: *MDRS DDS will engage MDRS DDS Information Technology staff to explore a more in-depth utilization of MicroStrategy and advocate for increased functionality.*

Recommendation 3: MDRS DDS should periodically update the Legislature on any progress made towards reducing processing time or any future changes in staffing or funding that might adversely impact MDRS DDS's efforts to reduce processing time.

Response to recommendation: *MDRS DDS will continue to update the Legislature in annual reporting, during budget proceedings, and on an ad-hoc basis.*

Recommendation 4: MDRS DDS should review its methods for assigning cases, including the number and types of cases assigned to each examiner level and the maximum caseload for each examiner level.

Response to recommendation: *MDRS DDS consistently evaluates and adjusts case assignment practices to meet Social Security Administration workload priorities and contend with staffing limitations while maintaining the best customer service experience possible.*

Recommendation 5: Given the decline in the number of disability examiners, MDRS DDS should consider reevaluating the number of team leads and case consultants. Team Leads and case consultants typically receive less cases than an examiner and focus primarily on case approvals, training, human related tasks, and weekly and monthly performance reporting. There is the potential for some of these tasks to be consolidated to prioritize case processing, especially during times of high backlogs or extended processing times.

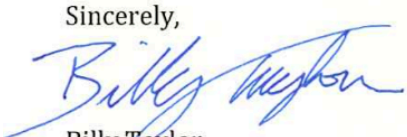
Response to recommendation: *MDRS DDS is committed to continuous improvement and has already begun a review of team configurations to satisfy this recommendation while ensuring an effective management structure.*

Recommendation 6: The Legislative Budget Office should consider pausing elimination of vacant PINS (Position Identification Numbers) assigned to MDRS DDS, pending verification with MDRS DDS that they do not intend to fill PINs. These PINs may temporarily be vacant due to SSA hiring restrictions that are not present in other agencies. The untimely elimination of such PINs can adversely impact MDRS DDS's ability to replace departed employees when SSA authorizes new hires and require MDRS DDS to engage in a formal process with MSPB to escalate (i.e., establish) a new PIN.

Response to recommendation: *MDRS concurs with this recommendation as it will reduce the possibility of MDRS DDS forfeiting hires if unable to onboard them by Social Security Administration deadlines. MDRS DDS would further suggest legislative consideration to creating a specific MDRS-Examiner job classification to allow the agency more flexibility in setting salaries commensurate with SSA approved salaries. The additional flexibility to utilize this 100% federal funding source would be a valuable tool for retention and recruitment of staff in the limited hiring environment the Social Security Administration requires the MDRS DDS to function within.*

This concludes MDRS's response to the recommendations. We extend our sincere appreciation to the Committee for their support in assessing the DDS program and providing recommendations in efforts to ultimately improve the services we provide to our stakeholders.

Sincerely,



Billy Taylor
Executive Director

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