Management Advisory Report

The Social Security Administration’s Oversight of Disability Determination Services’ Financial Management
MEMORANDUM

Date: September 20, 2022

To: Kilolo Kijakazi
   Acting Commissioner

From: Gail S. Ennis,
      Inspector General

Subject: The Social Security Administration’s Oversight of Disability Determination Services’ Financial Management

The attached final report presents the results of the Office of Audit’s review. The objectives were to summarize the results of prior audits and provide the Social Security Administration recommendations to improve its financial management oversight of States’ disability determination services.

If you wish to discuss the final report, please contact Michelle L. Anderson,
Assistant Inspector General for Audit.

Attachment
The Social Security Administration’s Oversight of Disability Determination Services’ Financial Management
A-15-21-51117

Objectives
Our objectives were to summarize the results of prior audits and provide the Social Security Administration (SSA) recommendations to improve its financial management oversight of states’ disability determination services (DDS).

Background
The Disability Insurance program provides benefits to wage earners and their families in the event the wage earner becomes disabled. The Supplemental Security Income program provides benefits to individuals who are aged, blind, and/or disabled and meet certain financial eligibility criteria. Disability determinations under both programs are performed by State DDSs.

The Social Security Act authorizes SSA to establish administrative, performance, fiscal, and reporting regulations to ensure states effectively perform disability determinations. SSA reimburses DDSs for 100 percent of allowable direct and indirect costs.

SSA provides funds to states for each Federal Fiscal Year (FY), which begins on October 1 and ends on September 30. Each quarter, DDSs submit to SSA the Form SSA-4513, State Agency Report of Obligations for SSA Disability Programs, to report the status of cumulative liquidated and unliquidated obligations for the FY.

Results
Prior audits of DDSs found several recurring findings. These include instances where DDSs:

- could not provide supporting documentation for payments;
- lacked evidence that they verified medical consultants’ qualifications and credentials;
- drew down excessive funds;
- did not timely liquidate obligations; and
- incorrectly and/or improperly allocated indirect costs.

Many audit findings recurred because they had often gone uncorrected.

We found the following:

- SSA relies on Code of Federal Regulations guidance, but that guidance does not provide sufficient detail regarding specific steps to be performed related to: (1) SSA’s financial oversight responsibilities; and (2) the state’s financial management responsibilities.
- The Code of Federal Regulations does not specify the actions SSA will take to remedy a state’s recurring financial management deficiencies and lack of fiscal control procedures.
- SSA’s unclear and inadequate internal policies on oversight of DDSs results in inconsistent interpretations of the policy.

Recommendations
We made several recommendations to help SSA improve its oversight of DDS’ financial management. SSA agreed with the recommendations.
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## Abbreviations

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<td>Act</td>
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<td>C.F.R.</td>
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<td>DDS</td>
<td>Disability Determination Services</td>
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<td>Form SSA-4513</td>
<td>State Agency Report of Obligations for SSA Disability Programs</td>
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<td>FY</td>
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<td>Grant Thornton</td>
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<td>OIG</td>
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<td>OMB</td>
<td>Office of Management and Budget</td>
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<td>POMS</td>
<td>Program Operations Manual System</td>
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<td>SSA</td>
<td>Social Security Administration</td>
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OBJECTIVES

Our objectives were to summarize the results of prior audits and provide the Social Security Administration (SSA) recommendations to improve its financial management oversight of States’ disability determination services (DDS).

BACKGROUND

The Disability Insurance program, established under Title II of the Social Security Act (Act), provides benefits to wage earners and their families in the event the wage earner becomes disabled. The Supplemental Security Income program, established under Title XVI of the Act, provides benefits to individuals who are aged, blind, and/or disabled and meet certain financial eligibility criteria. Disability determinations are performed by state DDSs. Each DDS is responsible for determining claimants’ disabilities and ensuring adequate evidence is available to support its determinations.

The Act authorizes SSA to establish administrative, performance, fiscal, and reporting regulations to ensure states effectively perform disability determinations. SSA’s regulations require that states “... establish and maintain the records and furnish the schedules, financial, cost, and other reports relating to the administration of the disability programs as [SSA] may require.” SSA provides states with program standards, leadership, and oversight. SSA requires that the DDSs comply with its policies and procedures, as established in SSA’s Program Operations Manual System (POMS). Many POMS sections incorporate applicable sections of the Code of Federal Regulations (C.F.R.) and United States Code (U.S.C.) by reference. Within budgeted resources, SSA will also routinely conduct fiscal and administrative management reviews and special onsite reviews of the DDSs.

3 We use “states” to refer to the 50 states, Puerto Rico, Guam, the U.S. Virgin Islands, and the District of Columbia.
4 42 U.S.C. 421(a)(2) and 1383b(a).
5 20 C.F.R. §§ 404.1625(a) and 416.1025(a).
6 20 C.F.R. §§ 404.1603(a) and 416.1003(a).
7 POMS is the Agency’s primary source of information used by Social Security employees to process claims for Social Security benefits.
8 20 C.F.R. § 404.1660 and 416.1060.
SSA funds DDSs for their reasonable costs of performing disability determinations, including direct and indirect costs. Direct costs can be identified with a particular cost objective. For example, to assist in making proper disability determinations, each DDS is authorized to purchase medical examinations, X-rays, and laboratory tests on a consultative basis to supplement evidence obtained from the claimants' physicians or other treating sources. Indirect costs arise from activities that benefit multiple programs but are not readily assignable to those programs without effort disproportionate to the results achieved.

SSA provides funds to states for each Federal Fiscal Year (FY), which begins on October 1 and ends on September 30. Each quarter, DDSs submit to SSA a Form SSA-4513, State Agency Report of Obligations for SSA Disability Programs, to report the status of cumulative liquidated and unliquidated obligations for the FY. Funding reported on the Form SSA-4513 is separated into four categories of expense: Personnel, Medical, Indirect Costs, and Other. SSA notifies the DDSs of the cumulative amount of funds they may obligate for approved expenses and the dates covered by the funding.

RESULTS OF REVIEW

Audit Findings

Prior audits of DDSs found several recurring findings. These include instances where DDSs:

- could not provide supporting documentation for payments;
- lacked historical evidence that they verified medical consultants' qualifications and credentials;
- drew down excessive funds;
- did not adequately justify and/or liquidate prior-year unliquidated obligations; and
- incorrectly and/or improperly allocated indirect costs.

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11 SSA, POMS, DI 39545.120, A (June 5, 2017).
14 SSA, POMS, DI 39506.100, A (March 12, 2002).
15 For information about our scope and methodology, see Appendix A. For a list of prior audits, see Appendix B.
Insufficient Supporting Documentation

Unsupported Costs

To be allowable under Federal awards, costs must be adequately documented.16 Per POMS, DDSs must “. . . retain all financial records and supporting documents, certain statistical records and other records pertinent to the disability program for a period of 3 years.”17 POMS further allows DDSs to keep each FY’s accounting records open for up to 6 years, which creates a potential lapse in maintaining supporting documentation between the 3-year requirement and actual closeout of an FY.18 In prior audits, DDSs could not always provide supporting documentation for costs they claimed on Forms SSA-4513. For example, auditors identified instances where the Michigan DDS could not provide supporting documentation for the administrative costs it reportedly incurred.19 Further, the Michigan DDS could not provide detailed transactions to support the indirect costs it charged to SSA in FY 2016.20

In three audits, we found the California DDS claimed unallowable indirect costs totaling approximately $12.5 million.21 A fourth audit of the California DDS in 2021 identified similar findings.22 The DDS did not provide adequate documentation to support indirect cost disbursements and lacked controls to maintain adequate supporting documentation. As a result, auditors projected errors totaling approximately $9 million. Without documentation, SSA cannot be assured the expenses for which DDSs claimed reimbursement were allowable.

Consultant Qualifications and Credentials

DDSs may hire medical and psychological consultants to assist in making disability determinations.23 Before using a consultant’s services, a DDS must verify his/her licenses, credentials, and certifications with state boards. SSA requires that DDSs document these verifications, including the name of the individual who completed the verification and the date it was completed.24 However, SSA policy does not specify the need to keep historical consultant verification data. Without documentation, SSA cannot be assured the DDSs hired qualified consultants.

17 SSA, POMS, DI 39509.005 (July 12, 1996).
18 SSA, POMS, DI 39506.203 (March 12, 2002).
19 SSA, OIG, Costs Claimed by the Michigan Disability Determination Services, A-55-20-00005 (September 2021).
20 SSA, OIG, Costs Claimed by the Michigan Disability Determination Services, A-55-20-00005, p. 6 (September 2021).
21 SSA, OIG, Administrative Costs Claimed by the California Disability Determination Services, A-09-06-16129, (July 2007); SSA, OIG, Indirect Costs Claimed by the California Disability Determination Services, A-09-10-11079, (November 2010); and SSA, OIG, Indirect Costs Claimed by the California Disability Determination Services, A-09-16-50047, (February 2016).
22 SSA, OIG, Costs Claimed by the California Disability Determination Services, A-55-20-00007, (September 2021).
24 SSA, POMS, DI 39569.300 C.2 (October 20, 2015).
Prior audits identified instances where DDSs could not provide sufficient evidence they verified consultants’ qualifications and credentials. For example, the Texas DDS could not provide auditors evidence it verified the qualifications of some providers in FYs 2018 and 2019.  

**Drawing Down Funds**

SSA authorizes states to draw down funds, as an advance or by way of reimbursement, to pay for the allowable costs they incur in making disability determinations. Many *POMS* sections incorporate the C.F.R. and U.S.C. by reference; however, SSA does not clearly define in its policy allowable drawdown techniques for DDSs. When a DDS draws down funds in excess of its disbursements, and the drawdown is not approved in advance or defined in Federal policy, the drawdown is an overdraw.

Prior audits identified instances where DDSs overdrew funds. For example, the Michigan DDS drew down authorized award amounts of $85,033,660, rather than actual disbursements of $84,378,099. This resulted in a $655,561 overdraw for FY 2018. SSA stated the Michigan DDS refunded $655,561 in August 2020. The California DDS had drawn down the authorized award amount of $236,585,385 rather than the actual disbursements of $236,112,755 for FY 2017. This resulted in excess drawdowns of $472,630 as of March 31, 2020.

The Department of the Treasury has cash management agreements with each state; however, not all of these agreements may be applicable to SSA funding. SSA is reviewing its cash-management policies. SSA should improve its policies and determine how best to uniformly manage and provide oversight considering these agreements, Federal regulations, and limitations of state accounting systems.

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26 *SSA, POMS, § DI 39506.001* (March 12, 2002) references 20 C.F.R. § 404.1626 and 20 C.F.R. § 416.1026. The process for providing funds to the state agencies is done through the Automated Standard Application for Payment (ASAP). ASAP is an electronic system that Federal agencies use to quickly and securely transfer money to recipient organizations.


30 [https://fiscal.treasury.gov/cmia/resources-treasury-state-agreements.html](https://fiscal.treasury.gov/cmia/resources-treasury-state-agreements.html)
**Liquidating Obligations**

Unliquidated obligations are costs a DDS has incurred but not yet paid; for example, when a consultative examination has been performed but the DDS has not yet paid for it.\(^{31}\) According to Federal statutory codes, “On September 30th of the 5th [FY] after the period of availability for obligation of a fixed appropriation account ends, the account shall be closed and any remaining balance (whether obligated or unobligated) in the account shall be canceled and thereafter shall not be available for obligation or expenditure for any purpose.”\(^{32}\)

**POMS** states DDSs “should review unliquidated obligations at least once each month to cancel those no longer valid . . .”\(^{33}\) This language suggests DDSs monitor expenditures periodically, not at the end of their 6-year appropriation. **POMS** also states DDSs “. . . will report [FY] obligations by line item for each [prior FY] still open. A [FY] is considered open until all obligations have been liquidated. . . . States must submit a separate quarterly report by line item for each open [FY’s] obligations as long as obligations remain unliquidated. The status of unliquidated obligations—including an explanation of why unliquidated obligations remain—should be given in a narrative statement accompanying the report.”\(^{34}\) SSA needs to evaluate language in **POMS** related to liquidating obligations.

Prior audits identified instances where DDSs either could not support the unliquidated obligations they reported on Forms SSA-4513 or delayed requesting reimbursement of obligations until a significant amount of time after the close of the FY. For example, in May 2012, we reported the New York DDS\(^ {35}\) claimed—but had not liquidated—indirect costs of $4.4 and $5.8 million for FYs 2008 and 2009, respectively. In September 2021, auditors reported a similar finding.\(^ {36}\) The New York DDS claimed—but had not liquidated—indirect costs of $9 and $6 million for FYs 2017 and 2018, respectively.\(^ {37}\)

Although Federal regulations allow unliquidated obligations to remain open for an extended period of time, questions arise if they represent actual, allowable expenses when DDSs carry unliquidated obligations for years after they were reportedly incurred. If DDSs cannot demonstrate to SSA that the unliquidated obligations they reported on Forms SSA-4513 represent allowable costs incurred, the DDSs should de-obligate the funds. SSA needs to determine whether it can require that states close out accounting records in fewer than 6 years.

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\(^{31}\) 2 C.F.R. § 200.1.

\(^{32}\) 31 U.S.C., sec. 1552.

\(^{33}\) SSA, **POMS**, § DI 39506.203 A (March 12, 2002).

\(^{34}\) SSA, **POMS**, § DI 39506.203 B (March 12, 2002).


\(^{37}\) Auditors reviewed unliquidated obligations the DDS reported on the Form SSA-4513. SSA, OIG, *Costs Claimed by the New York Division of Disability Determinations, A-55-20-00004* (September 2021).
Improving Oversight of Financial Management

Many audit findings recurred because they had often gone uncorrected. For example, between FYs 2004 and 2012, we conducted three audits of the Puerto Rico DDS. Those audits identified findings related to indirect costs, the lack of supporting documentation, and unliquidated obligations. In 2016, the U.S. Territory of Puerto Rico filed for bankruptcy. Another audit in 2021 reported the following similar findings: (1) the DDS could not provide documentation to support the indirect costs it charged SSA for FYs 2017 and 2018; (2) the DDS was not periodically monitoring unliquidated obligations; and (3) DDS managers could not explain the methodology for determining the base costs the DDS used in the indirect cost calculation. Based on the auditor’s findings, it does not appear SSA applied additional oversight or reporting requirements for the Puerto Rico DDS after our reports were issued or after it filed for bankruptcy in 2016. The recurring nature of findings underscores the need for SSA to improve its oversight of the DDS’ financial management.

Policies and Procedures for Disability Determination Services’ Financial Management

SSA’s regulations require that States “…establish and maintain the records and furnish the schedules, financial, cost, and other reports relating to the administration of the disability programs as [SSA] may require.” However, SSA has not established regulations or policy detailing the manner, extent, timing, or retention of financial records. Further, the Agency has not established financial management expectations; for example, requiring that DDSs maintain documentation to support expenditures submitted for reimbursement.

The Agency should review and update its policies and procedures as necessary to clarify SSA’s requirements for DDSs with respect to financial management. For example, policy should require that DDSs liquidate their obligations as soon as reasonably possible, preferably before the 6-year timeframe. SSA should also clarify in policy its requirements for DDSs to retain, and make available to SSA upon request, documentation supporting allowable expenses incurred. With respect to funding draw downs, SSA intends to clarify its policy to allow states to draw funds in advance, provided: (1) they limit their draws to be in accord with the actual cash needs of the state carrying out the program; and (2) the timing be as close as administratively possible to the states actual cash outlay.

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39 SSA, OIG, Costs Claimed by the Puerto Rico Disability Determination Services, A-55-20-00002 (September 2021).
40 20 C.F.R. §§ 404.1625(a) and 416.1025(a).
Policies and Procedures for Overseeing Disability Determination Services

SSA’s regulations state the Agency “. . . will provide program standards, leadership, and oversight.” 41 However, SSA has not established regulations or policy detailing the oversight procedures the Agency may perform. In addition, regulations state SSA will “. . . routinely conduct fiscal and administrative management reviews and special onsite reviews of the DDSs.” 42 However, POMS does not specify the nature, timing, and extent of these reviews.

SSA should review its policies and procedures and update them as necessary to clarify its activities related to overseeing the DDSs’ financial management. For example, the Agency should periodically request DDSs provide documentation to support their quarterly Form SSA-4513 submissions. Because of financial implications, POMS should also provide adequate guidance for overseeing DDS financial management when a state or territory files for bankruptcy. 43 The Agency should also implement procedures to periodically review and determine whether DDSs have verified consultants’ licenses, credentials, and certifications. Finally, SSA should ensure DDSs explain unliquidated obligations in their quarterly report, as POMS requires. SSA should determine what actions it can take in response to DDS’ recurring financial management deficiencies.

Oversight of Indirect Costs

States allocate indirect costs to Federal agencies based on approved indirect cost rates and/or cost allocation plans. Generally, the Federal agency that provides the most funding to a state serves as the cognizant agency 44 and is responsible for reviewing, negotiating, and approving the state’s indirect cost rate/plan. The cognizant Federal agency ensures the state equitably distributes indirect costs to all benefiting state agencies, and the costs are allowable, reasonable, and allocable to Federal awards. 45 SSA does not serve as the cognizant Federal agency for any state and is therefore not responsible for reviewing, negotiating, or approving the rates/plans states use to charge indirect costs to the DDSs.

41 20 C.F.R. §§ 404.1603(a) and 416.1003(a).
44 Cognizant agency for audit means the Federal agency designated to carry out the responsibilities described in 2 C.F.R. § 200.513, Responsibilities, paragraph (a). The cognizant agency for audit is not necessarily the same as the cognizant agency for indirect costs. 2 C.F.R. § 200.18. Cognizant agency for indirect costs means the Federal agency responsible for reviewing, negotiating, and approving cost allocation plans or indirect cost proposals developed under this part on behalf of all Federal agencies. The cognizant agency for indirect cost is not necessarily the same as the cognizant agency for audit. 2 C.F.R. § 200.19.
45 OMB Circular A-87. OMB designated Federal agencies as cognizant to simplify the relations between Federal grantees and awarding agencies.
In a March 2004 report,\textsuperscript{46} we noted that, between March 1998 and September 2003, we completed audits of 10 DDSs and identified about $34 million in questioned costs, of which $16 million (47 percent) related to indirect costs. We stated:

The indirect cost process is a unique discipline that must be learned. We acknowledge the methodologies used to allocate indirect costs to SSA are sometimes very complicated and beyond the general understanding of individuals who have not been trained on the subject. However, the complexities of the indirect cost process do not relieve SSA of its responsibility to ensure that DDSs are reimbursed for only those costs necessary to make disability determinations under its programs.

We recommended SSA establish an indirect cost oversight process that ensures adequate technical expertise to evaluate allocation methodologies and represent SSA’s interests during the indirect cost negotiation process. SSA disagreed, stating that establishing an indirect cost oversight process appeared difficult and wasteful of its limited resources given the stewardship currently performed by cognizant Federal agencies.

Although SSA does not serve as the cognizant agency, it is still responsible for ensuring it reimburses DDSs only for those costs—including indirect costs—that were necessary for the DDSs to make disability determinations for SSA.

Since our March 2004 report was issued, additional audits have identified findings related to indirect costs and oversight. Because SSA continues to be at risk of being charged inequitable and/or unallowable indirect costs, we continue to believe the Agency should establish an indirect cost oversight process.

Indirect costs often represent the lowest expenditure category of the four categories of DDS administrative costs (Personnel, Medical, Indirect, and All Other Non-personnel Costs). However, the indirect cost category is where the OIG has identified the most audit findings, which indicates SSA is most susceptible to receiving inequitable and/or unallowable cost allocations in the indirect cost category of DDS administrative expenditures. Accordingly, SSA should have a process in place to identify indirect cost charges that do not equitably benefit its programs.

CONCLUSIONS

SSA relies on C.F.R. guidance that does not provide sufficient detail regarding specific steps to be performed related to: (1) SSA’s financial oversight responsibilities; and (2) the States financial management responsibilities. In addition, the C.F.R. does not specify what actions SSA will take to remedy a State’s recurring financial management deficiencies and lack of fiscal control procedures. SSA’s unclear and inadequate internal policies on oversight of DDSs results in inconsistent interpretations of the policy.

\textsuperscript{46} SSA, OIG, The Social Security Administration’s Oversight of Indirect Costs Claimed by Disability Determination Services, A-07-03-23086 (March 2004).
RECOMMENDATIONS

We recommend SSA:

1. Revise the C.F.R. and/or POMS to provide: (a) detailed guidance related to financial oversight of the DDSs; and (b) specific instruction to the DDSs to uniformly carry out their financial management responsibilities. In addition, SSA should specify what actions it will take (in compliance with the Act) to remedy DDSs’ recurring financial management findings and lack of fiscal control procedures.

2. Determine whether it can require that DDSs close out accounting records in fewer than 6 years.

3. Re-evaluate how long DDSs should maintain supporting documentation after their accounting records are closed.

4. Require routine reporting and supporting evidence for quarterly Form SSA-4513 submissions, including an explanation of why unliquidated obligations remain, and clarify the requirement for DDSs to maintain supporting documentation.

5. Require historical documentation evidencing a review of medical consultants and consultative examiners from the DDSs.

6. Designate and train additional staff and strengthen training for existing personnel on the financial aspects and oversight of DDS operations.

7. Establish specific monitoring procedures personnel must perform on a frequency determined by SSA. Oversight could include periodically selecting and reviewing a sample of costs to determine appropriateness and proper recording.

8. Consider hiring dedicated staff (either at Headquarters or in the regions) to review indirect rate agreements during the negotiation process and provide periodic oversight.

9. Determine additional actions it can take in response to DDS’ recurring financial management deficiencies.

AGENCY COMMENTS

SSA agreed with all recommendations. See Appendix C for the full text of SSA’s comments.

Michelle L. Anderson
Assistant Inspector General for Audit
Appendix A  — SCOPE AND METHODOLOGY

To accomplish our objective, we:

1. Reviewed the results and assessed the financial oversight findings identified by Grant Thornton, LLP during its administrative cost audits:

   - Costs Claimed by the California Disability Determination Services (A-55-20-00007), September 2021;
   - Costs Claimed by the Kentucky Disability Determination Services (A-55-20-00006), September 2021;
   - Costs Claimed by the Michigan Disability Determination Services (A-55-20-00005), September 2021;
   - Costs Claimed by the New York Division of Disability Determinations (A-55-20-00004), September 2021;
   - Costs Claimed by the Pennsylvania Bureau of Disability Determination (A-55-20-00003), September 2021;¹
   - Costs Claimed by the Puerto Rico Disability Determination Services (A-55-20-00002), September 2021; and
   - Costs Claimed by the Texas Disability Determination Services (A-55-20-00001), September 2021.

2. Reviewed prior Office of the Inspector General administrative cost audits for the seven states performed between Fiscal Years 2004 and 2020:

   - New York - New York State Disability Determination Program Indirect Costs (A-02-04-24017), September 2004;
   - Puerto Rico - Puerto Rico Disability Determination Program Indirect Cost Review (A-06-04-34035), September 2004;
   - Texas - Administrative Costs Claimed by the Texas Disability Determination Services (A-06-06-16008), March 2006;
   - Puerto Rico - Administrative Costs Claimed by the Commonwealth of Puerto Rico Disability Determination Program (A-06-06-16117), March 2007;
   - New York - Administrative Costs Claimed by the New York Division of Disability Determinations (A-02-07-17046), June 2007;

¹ Grant Thornton determined the Pennsylvania DDS’ internal controls over their accounting and reporting of administrative costs were adequate. SSA, OIG, Costs Claimed by the Pennsylvania Bureau of Disability Determination (A-55-20-00003), September 2021.
• California - Administrative Costs Claimed by the California Disability Determination Services (A-09-06-16129), July 2007;

• Texas - Indirect Costs Claimed by the Texas Disability Determination Services (A-06-08-18092), January 2009;

• Kentucky - Administrative Costs Claimed by the Kentucky Disability Determination Services (A-8-08-18059), February 2009;

• Michigan - Administrative Costs Claimed by the Michigan Disability Determination Services (A-05-08-18017), September 2009;

• California - Indirect Costs Claimed by the California Disability Determination Services (A-09-10-11079), November 2010;

• New York - New York State Disability Determination Program Indirect Costs (A-02-11-11135), May 2012;

• Puerto Rico - Puerto Rico Disability Determination Program (A-06-11-01132), June 2012;

• Texas - Administrative Costs Claimed by the Texas Disability Determination Services (A-06-12-11283), February 2013;

• California - Indirect Costs Claimed by the California Disability Determination Services (A-09-16-50047), February 2016; and


To access our published reports, listed above and in Appendix B, visit https://oig.ssa.gov/. Reports can be found by using the search feature and entering the report title or number.


4. Reviewed relevant sections of the following laws and regulations:

• The Social Security Act;

• The Code of Federal Regulations; and

• The United States Code.
### Appendix B – Audits of Costs Claimed by State Disability Determination Services

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<tr>
<th>DDS</th>
<th>Audit Report(s)</th>
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| Alabama  | Administrative Costs Claimed by the Alabama Disability Determination Service (A-08-07-17151), February 2008.  
Administrative Costs Claimed by the Alabama Disability Determination Service (A-08-01-11050), September 2002. |
| Arizona  | Administrative Costs Claimed by the Arizona Disability Determination Services (A-09-09-19020), March 2010.  
Indirect Costs Claimed by the Arizona Disability Determination Services (A-09-04-14010), March 2005. |
| Arkansas | Administrative Costs Claimed by the Arkansas Disability Determination Services (A-06-12-12102), May 2013.  
| California | Costs Claimed by the California Disability Determination Services (A-55-20-00007), September 2021.  
Indirect Costs Claimed by the California Disability Determination Services (A-09-16-50047), February 2016.  
Indirect Costs Claimed by the California Disability Determination Services (A-09-10-11079), November 2010.  
Administrative Costs Claimed by the California Disability Determination Services (A-09-06-16129), July 2007. |
Administrative Costs Claimed by the Colorado Disability Determination Services (A-07-07-17136), April 2008. |
| Connecticut | Administrative Costs Claimed by the Connecticut Disability Determination Services (A-01-12-12104), October 2012.  
| Florida  | Administrative Costs Claimed by the Florida Division of Disability Determinations (A-15-10-11051), June 2010.  
Administrative Costs Claimed by the Florida Division of Disability Determinations (A-08-03-13006), September 2003. |

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1 oig.ssa.gov
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<th>DDS</th>
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| Georgia    | Administrative Costs Claimed by the Georgia Disability Adjudication Services (A-04-13-13058), November 2013.  
|            | Administrative Costs Claimed by the Georgia Disability Adjudication Services (A-04-08-18013), August 2008.  
| Hawaii     | Administrative Costs Claimed by the Hawaii Disability Determination Services (A-09-03-13012), September 2003.  |
| Iowa       | Administrative Costs Claimed by the Iowa Disability Determination Services (A-07-04-14087), June 2005.  
|            | Administrative Costs Claimed by the Iowa Disability Determination Services (A-07-11-11184), April 2012.  |
| Kansas     | Administrative Costs Claimed by the Kansas Disability Determination Services (A-07-09-19093), September 2010.  
|            | Audit of the Administrative Costs Claimed by the Kansas Disability Determination Services (A-07-02-22003), October 2002.  |
| Kentucky   | Costs Claimed by the Kentucky Disability Determination Services (A-55-20-00006), September 2021.  
|            | Administrative Costs Claimed by the Kentucky Disability Determination Services (A-08-08-18059), February 2009.  |
| Louisiana  | Indirect Costs and Applicant Travel Expenses Claimed by the Louisiana Disability Determination Services (A-06-13-13070), April 2014.  
|            | Administrative Costs Claimed by the Louisiana Disability Determination Services (A-06-05-15032), November 2005.  |
| Massachusetts | Administrative Costs Claimed by the Massachusetts Disability Determination Services (A-01-09-19035), August 2009.  
<p>|            | Administrative Costs Claimed by the Massachusetts Disability Determination Services (A-01-04-14032), July 2004.  |
|            | Administrative Costs Claimed by the Michigan Disability Determination Services (A-05-08-18017), September 2009.  |</p>
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Indirect Costs Claimed by the West Virginia Disability Determination Services (A-07-03-23072), December 2003. |
| General | The Social Security Administration’s Oversight of Indirect Costs Claimed by Disability Determination Services (A-07-03-23086), March 2004. |
MEMORANDUM

Date: September 14, 2022

To: Gail S. Ennis
Inspector General

From: Scott Frey
Chief of Staff


Thank you for the opportunity to review the draft report. We agree with the recommendations.

Please let me know if I can be of further assistance. You may direct staff inquiries to Trae Sommer at (410) 965-9102.


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