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**OFFICE OF  
THE INSPECTOR GENERAL**

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**SOCIAL SECURITY ADMINISTRATION**

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**NATIONAL ROLLOUT OF  
QUICK DISABILITY  
DETERMINATIONS**

May 2009

A-01-09-19030

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**AUDIT REPORT**

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## Mission

By conducting independent and objective audits, evaluations and investigations, we inspire public confidence in the integrity and security of SSA's programs and operations and protect them against fraud, waste and abuse. We provide timely, useful and reliable information and advice to Administration officials, Congress and the public.

## Authority

The Inspector General Act created independent audit and investigative units, called the Office of Inspector General (OIG). The mission of the OIG, as spelled out in the Act, is to:

- Conduct and supervise independent and objective audits and investigations relating to agency programs and operations.
- Promote economy, effectiveness, and efficiency within the agency.
- Prevent and detect fraud, waste, and abuse in agency programs and operations.
- Review and make recommendations regarding existing and proposed legislation and regulations relating to agency programs and operations.
- Keep the agency head and the Congress fully and currently informed of problems in agency programs and operations.

To ensure objectivity, the IG Act empowers the IG with:

- Independence to determine what reviews to perform.
- Access to all information necessary for the reviews.
- Authority to publish findings and recommendations based on the reviews.

## Vision

We strive for continual improvement in SSA's programs, operations and management by proactively seeking new ways to prevent and deter fraud, waste and abuse. We commit to integrity and excellence by supporting an environment that provides a valuable public service while encouraging employee development and retention and fostering diversity and innovation.



# SOCIAL SECURITY

## MEMORANDUM

Date: May 13, 2009

Refer To:

To: The Commissioner

From: Inspector General

Subject: National Rollout of Quick Disability Determinations (A-01-09-19030)

## OBJECTIVE

Our objective was to assess the Social Security Administration's (SSA) national rollout of Quick Disability Determinations (QDD).

## BACKGROUND

On August 1, 2006, SSA implemented the QDD process in the Boston Region. QDD cases are initial disability cases that are electronically identified as

- (a) having a high potential the claimant is disabled,
- (b) likely that evidence of the claimant's allegations can be easily and quickly obtained, and
- (c) a case that can be processed quickly in the disability determination services (DDS).<sup>1</sup>

In our May 2007 review, *Quick Disability Determinations (A-01-07-17035)*, we analyzed cases selected for the QDD pilot in the Boston Region. As a result of our review, SSA issued formal procedures to ensure payments for QDD claims are not delayed in any Agency component.<sup>2</sup> In October 2007, SSA began expanding QDD beyond the Boston Region, and the national rollout was completed in February 2008.

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<sup>1</sup> The QDD predictive model selects cases by assessing the information provided by the claimant on the disability application in determining the likelihood that these criteria are met. The recommended timeframe for processing QDD claims in the DDS is 20 days or less.

<sup>2</sup> In our review of 667 cases selected for QDD processing during the pilot, 16 claimants (2.4 percent) were determined to be disabled but had not been paid timely. These claimants had been waiting up to 5 months after the DDS found them disabled for the Agency to finish the non-medical development and initiate payments.

Since the national implementation of QDD, SSA has analyzed the results of the predictive model that selects claims for QDD processing—including feedback from the regions and DDSs on areas of improvement in the selection of QDD cases using the predictive model. Based on this analysis, on December 15, 2008, the Agency enhanced the QDD predictive model to select approximately 3.3 percent of initial claims for QDD processing—increased from 2.9 percent selected between June and September 2008.<sup>3</sup> When combined with Compassionate Allowances (CAL), approximately 3.7 percent of initial claims will be automatically selected for expedited processing.<sup>4</sup> SSA plans to optimize the QDD receipt levels in the future.<sup>5</sup>

While the DDS assesses the medical evidence to determine whether the claimant is disabled under the *Social Security Act*, SSA field office staff assesses the non-medical factors of eligibility, such as evaluating work activity or developing proof of age. If a claim is selected for QDD processing, the SSA field office is required to complete all necessary non-medical development as quickly as possible.<sup>6</sup>

To perform this review, we obtained a file of 40,432 initial disability claims selected for QDD processing from March 1 to September 30, 2008. We analyzed disability determination records, benefit records and electronic disability folder information for a sample of 575 of these claims. (See Appendix B for additional information on our scope and methodology.)

## RESULTS OF REVIEW

We found that SSA generally made medical determinations for claims selected for QDD processing within the Agency's recommended timeframe of 20 days or fewer.<sup>7</sup> Additionally, the controls put in place after the QDD pilot in the Boston Region helped ensure claimants were paid in a timely manner.

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<sup>3</sup> SSA enhanced the QDD predictive model to improve scoring of cases—including extensive dictionary modifications to catch misspelled words, standardizing names of conditions and grouping structured data fields such as age.

<sup>4</sup> The CAL initiative—implemented in October 2008—identifies diseases and other medical conditions that invariably qualify under SSA's Listing of Impairments based on minimal, but sufficient, objective medical information. The CAL predictive model is simpler than for QDD—selecting claims for processing based solely on the claimant's allegation of having a disease or other medical condition listed in the Agency's list of CAL conditions. SSA, Program Operations Manual System (POMS), DI 23022.015.

<sup>5</sup> SSA will review the percentage of initial DDS receipts that were identified as QDD cases for the period December 15, 2008 through March 27, 2009. If significant shortfalls in QDD receipts were experienced from the stated target of 3.3 percent, the Agency may adjust the QDD thresholds accordingly—taking into account DDS workloads.

<sup>6</sup> SSA, POMS, DI 11010.025.

<sup>7</sup> SSA, POMS DI 23022.010.

In our 575 sample claims selected for QDD processing,

- 537 were allowed for disability benefits; and
- 38 were not allowed for disability benefits.

The average processing time for all claims selected for QDD was 18 days, ranging from 1 day to 224 days.<sup>8</sup>

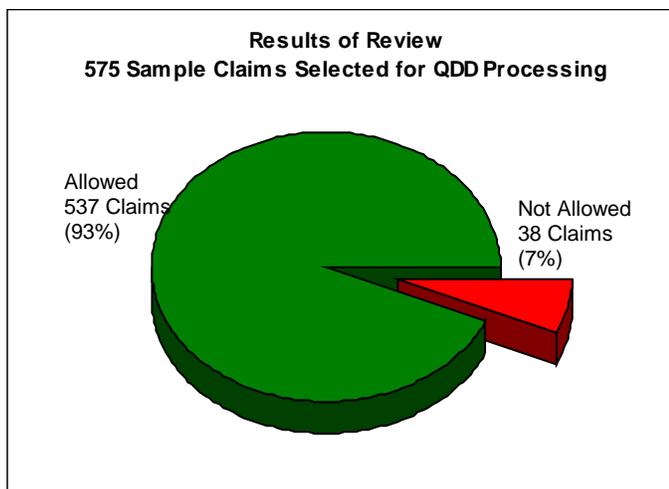


Table 1 shows the breakout of the 575 sample cases by SSA program—Disability Insurance (DI) and/or Supplemental Security Income (SSI)—and by Region.<sup>9</sup> (See Appendix C for a breakout by State.)

<b>Table 1: Summary of Sample QDD Cases by SSA Program and Region</b>									
Region		DI Only		SSI Only		Both DI and SSI		Total by Region	
		Allowed	Not Allowed	Allowed	Not Allowed	Allowed	Not Allowed		
1	Boston	19	2	3	0	5	0	29	
2	New York	28	3	14	0	5	0	50	
3	Philadelphia	32	1	21	2	7	1	64	
4	Atlanta	52	2	48	4	18	2	126	
5	Chicago	58	2	32	4	9	1	106	
6	Dallas	24	4	23	0	9	0	60	
7	Kansas City	11	1	5	0	1	0	18	
8	Denver	5	0	2	0	2	0	9	
9	San Francisco	44	4	34	2	5	2	91	
10	Seattle	10	1	9	0	2	0	22	
<b>TOTAL</b>		<b>283</b>	<b>20</b>	<b>191</b>	<b>12</b>	<b>63</b>	<b>6</b>	<b>575</b>	

**Claims Allowed**

Of the 575 cases selected for QDD, 537 (about 93 percent) were allowed for disability benefits. The average processing time for all

<sup>8</sup> Assuming the processing time of the population of cases selected for QDD processing is normally distributed and using inferential statistical techniques, we are 90-percent confident that the average processing time for the entire population would be found between 16 and 20 days.

<sup>9</sup> The *Social Security Act* § 201, *et seq.*, 42 U.S.C. § 401, *et seq.* The DI program provides benefit payments to qualified disabled workers and their dependents as well as to survivors of insured workers. The *Social Security Act* § 1601, *et seq.*, 42 U.S.C. § 1381, *et seq.* The SSI program provides a minimum level of income to financially needy individuals who are aged, blind or disabled.

allowances was 15 days,<sup>10</sup> ranging from 1 day to 224 days from the date the claim was received in the DDS until the medical determination was completed by the DDS or affirmed by a Federal quality reviewer.<sup>11</sup>

We sorted the sample claims by diagnosis code and identified the 15 most common diagnoses. Of the 537 allowances in our sample, we found most (380 claimants) had 1 of the 15 most common diagnoses (as shown in Table 2). SSA adjudicated their claims in 12 days, on average.

<b>Table 2: Primary Diagnoses of Allowed Cases</b>		
<b>Diagnosis</b>	<b>Number of Cases</b>	<b>Average Processing Time</b>
Lung Cancer	85	12 days
Premature – Birth Weight Under 1,200 grams	74	5 days
Chronic Renal Failure	43	13 days
Breast Cancer	28	9 days
Pancreatic Cancer	21	7 days
Colon, Rectal or Anal Cancer	18	15 days
Kidney Cancer	16	9 days
Ovarian Cancer	13	10 days
Liver Cancer	13	12 days
Esophageal Cancer	13	16 days
Liver Disease and Cirrhosis	13	63 days
Autistic Disorders	12	23 days
Leukemia	11	11 days
Down Syndrome	10	12 days
Cerebral Palsy	10	11 days
<b>Total</b>	<b>380</b>	<b>12 days</b>

<sup>10</sup> DDS adjudicators removed 60 of the 537 claims from QDD processing before completing the medical reviews—generally because the claimant’s medical records could not be quickly obtained. The average processing time for the 477 claims that were allowed and remained in the QDD process was 9 days, ranging from 1 day to 67 days.

<sup>11</sup> The Disability Quality Branch selects half the DDS’ allowances and a statistically valid sample of the DDS’ denials. A Federal quality reviewer reviews every DDS claim selected for quality review to determine whether the record supports the determination and whether the evidence and determination conform to SSA’s operating policies and procedures.

Of the 575 cases selected for QDD, 175 had a terminal illness (TERI) case indicator. SSA or DDS staff may indicate a claim is a TERI case if the claimant alleges or medical records indicate an impairment is untreatable (that is, the impairment cannot be reversed and is expected to end in death). Cases with a TERI indicator must be handled in an expeditious manner because of their sensitivity.<sup>12</sup> Of the 175 QDD claims that were also TERI cases, 171 were allowed and 4 were not allowed.<sup>13</sup> These 175 cases were processed in an average of 13 days.

**Claims Not Allowed**

Of the 575 cases selected for QDD, 38 (about 7 percent) were not allowed for disability benefits. Of these 38 claims, 35 did not meet SSA’s medical criteria for disability, and 3 did not meet the Agency’s non-medical eligibility criteria for disability benefits. Although only 7 percent of cases selected for QDD were not medically allowed, we analyzed these 38 cases further since one of the factors considered when selecting a case for QDD processing is its high potential that the claimant is disabled. Table 3 summarizes why these 38 claimants were not allowed benefits.

<b>Table 3: Reasons QDD Cases Not Medically Allowed</b>	
Able to perform past work	8
Impairment not expected to last 12 months	8
Able to perform work other than past occupation	7
Impairment not severe	6
Children’s claims - the impairment(s) did not meet or medically equal a listing or functionally equal the listings <sup>14</sup>	3
Did not meet non-medical eligibility criteria	3
Insufficient evidence	2
Disability would end if alcohol abuse ceased	1
<b>Total</b>	<b>38</b>

Based on our review of these cases, it appeared the claims were appropriately selected for QDD processing, based on information the claimants initially provided to SSA.

<sup>12</sup> SSA, POMS DI 23020.045.

<sup>13</sup> One claimant with terminal lung cancer died during the waiting period and before the DDS made a determination. The other three claimants did not allege terminal illnesses, and the medical records did not indicate a terminal illness. These three claims were improperly coded as TERI cases.

<sup>14</sup> SSA’s Medical Listings describe impairments that are considered severe enough to prevent an adult from doing any gainful activity or to cause marked and severe functional limitations in a child younger than 18 years. To find a child disabled, SSA must determine his/her impairment(s) meets or medically equals a listing or functionally equals the listings.

## PAYMENTS HAVE BEEN EXPEDITED

SSA has improved processing time for issuing payments since the QDD pilot program. In our prior review of the pilot, 2.4 percent of claimants selected for QDD were determined to be disabled but had not been paid timely. In our current review of the national rollout of QDD, benefits were generally paid to all claimants in our sample who were due payments. Of the 537 claimants who were allowed, 46 died before payments could be started; 12 SSI claimants were not eligible for payments because of technical factors (such as income); and 123 DI claimants were alive and still in the waiting period when the DDS allowed the claim.<sup>15</sup> Table 4 shows, for the remaining 356 claimants, SSA initiated payments in an average of 19 days—ranging from 1 day to 252 days from the date of allowance or quality review to the date the first payment was made.<sup>16</sup>

**Table 4: Average Payment Processing Time for the 356 QDD Claims Allowed and Paid—Not Deceased or in the Waiting Period When Allowed**

Title	DI Only	SSI Only	Both DI and SSI	Total
Number of Cases	120	178	58	356
Average Processing Time	16 days	21 days	20 days	19 days

## QDD CLAIMS PROCESSED DURING THE WAITING PERIOD

In our prior audit, we found that SSA spent resources expediting medical determinations for claimants early in their waiting periods—even though benefits could not be paid immediately. We recommended “[SSA] consider refining the QDD selection process in the future—prior to rolling it out to another region—to focus on SSI claims and DI claims at the end of or beyond the statutorily required waiting period.” SSA disagreed with our recommendation because of cost and policy factors.

In our current audit, we found that of the 575 cases selected for QDD processing, 272 were claims for SSI payments—either SSI only or concurrent DI/SSI. SSI eligibility provides immediate cash assistance and immediate access to medical coverage (generally through Medicaid in most States) to needy individuals who are disabled, blind or aged.<sup>17</sup>

<sup>15</sup> The *Social Security Act* § 223(a)(1)(E), 42 U.S.C. § 423(a)(1)(E) states that a DI beneficiary is eligible to receive payments after serving a waiting period of 5 consecutive calendar months throughout which he or she has been under a disability (that is, 5 full months after the date SSA established as the onset of the disability).

<sup>16</sup> SSA paid all claimants, including those approved during their waiting period, in an average of 43 days after the medical allowance—ranging from 1 day to 252 days.

<sup>17</sup> The *Social Security Act* §§ 1601, *et seq.* and 1902(a)(10)(C), 42 U.S.C. §§ 1381, *et seq.*, and 1396a(a)(10)(C).

The remaining 303 cases selected for QDD were claims for DI benefits only and had to serve a waiting period before receiving benefits. DI eligibility generally provides access to medical coverage through Medicare after the beneficiary serves a waiting period of 24 months.<sup>18</sup>

Table 5 shows the length of time the 303 DI claimants were in their waiting period on the day their claims were transferred to the DDS—based on the date they alleged their disability began. Of these 303 DI claimants, 120 (about 40 percent) were early in their waiting period when the DDS received their claims.

<b>Table 5: Waiting Period When Case Selected for QDD</b>		
<b>Waiting Period</b>	<b>Number of Cases</b>	<b>Percent</b>
Waiting Period Not Begun Yet	11	4%
In 1 <sup>st</sup> Month of Waiting Period	33	11%
In 2 <sup>nd</sup> Month of Waiting Period	42	14%
In 3 <sup>rd</sup> Month of Waiting Period	34	11%
<b>Subtotal</b>	<b>120</b>	<b>40%</b>
In 4 <sup>th</sup> Month of Waiting Period	25	8%
In 5 <sup>th</sup> Month of Waiting Period	22	7%
Waiting Period Completed	136	45%
<b>Subtotal</b>	<b>183</b>	<b>60%</b>
<b>TOTAL</b>	<b>303</b>	<b>100%</b>

Of these 303 DI claimants, 20 were denied and 283 were allowed. Of the 283 allowed claimants, 40 died before payments could be started, 123 were still in the waiting period when the DDS allowed the claim, and 120 had completed the waiting period and could start receiving benefits immediately when the DDS allowed the claim.

We still believe SSA should refine the QDD process so individuals who will immediately benefit from expedited processing receive priority over individuals who might benefit from receiving an allowance determination before their eligibility for benefits. However, the Agency considered our previous recommendation and decided not to accept it, and we acknowledge that the QDD selection process is a SSA management decision.

<sup>18</sup> The *Social Security Act* § 226(b), 42 U.S.C. § 426(b).

## **CONCLUSION**

Since the national rollout, QDD is working as intended. We found that SSA allowed 93 percent of claims selected for QDD and generally made medical determinations for these claims within the recommended timeframe of 20 days or fewer. Additionally, the controls put in place after our review of the pilot program helped ensure claimants were paid in a timely manner.

## **AGENCY COMMENTS**

SSA concurred with the conclusions in the report (see Appendix D).

A handwritten signature in black ink, appearing to read "Patrick P. O'Carroll, Jr.", written in a cursive style.

Patrick P. O'Carroll, Jr.

# *Appendices*

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[APPENDIX A](#) – Acronyms

[APPENDIX B](#) – Scope and Methodology

[APPENDIX C](#) – Sample Cases by Region and State

[APPENDIX D](#) – Agency Comments

[APPENDIX E](#) – OIG Contacts and Staff Acknowledgments

## Acronyms

CAL	Compassionate Allowances
DDS	Disability Determination Services
DI	Disability Insurance
OIG	Office of the Inspector General
POMS	Program Operations Manual System
QDD	Quick Disability Determinations
SSA	Social Security Administration
SSI	Supplemental Security Income
TERI	Terminal Illness
U.S.C.	United States Code

# Scope and Methodology

To accomplish our objective, we:

- Reviewed applicable sections of the *Social Security Act* and the Social Security Administration's (SSA) regulations, rules, policies and procedures.
- Reviewed our May 2007 report, *Quick Disability Determinations (A-01-07-17035)*, which summarized the results of the Quick Disability Determination (QDD) pilot in the Boston Region.
- Reviewed the Disability Determination Services (DDS) Performance Management Report showing the average time from DDS receipt of a case to the DDS clearance.
- Obtained a file of 40,432 claims selected for QDD processing between March 1 and September 30, 2008.
- Selected a sample of 575 claims for detailed review. For each claim, we:
  - (a) Reviewed SSA's systems, including the Disability Determination Services Query, Master Beneficiary Record, Supplemental Security Record and electronic disability folder.
  - (b) Calculated the number of days it took the Agency to complete the medical determination (including quality reviews) after the claim was selected for QDD processing.
  - (c) Calculated the number of days it took the Agency to complete all actions to initiate payments—for claimants who were medically allowed—after the claim was selected for QDD processing.

We conducted our audit between October 2008 and February 2009 in Boston, Massachusetts. The entities audited were the Offices of Disability Programs under the Deputy Commissioner for Disability and Income Security Programs and Disability Determinations under the Deputy Commissioner for Operations. We conducted this performance audit in accordance with generally accepted government auditing standards. Those standards require that we plan and perform the audit to obtain sufficient, appropriate evidence to provide a reasonable basis for our findings and conclusions based on our audit objectives. We tested the data obtained for our audit and determined them to be sufficiently reliable to meet our objective. We believe the evidence obtained provides a reasonable basis for our findings and conclusions based on our audit objectives.

## Sample Cases by Region and State

Tables C-1 through C-10 show the breakout of the 575 Quick Disability Determination (QDD) sample cases by Disability Insurance (DI) and/or Supplemental Security Income (SSI) program and by Region and State.

<b>Table C-1: Summary of Sample QDD Cases Region 1: Boston</b>								
<b>State</b>	<b>DI Only</b>		<b>SSI Only</b>		<b>Both DI and SSI</b>		<b>Total by State</b>	
	Allowed	Not Allowed	Allowed	Not Allowed	Allowed	Not Allowed		
Connecticut	8	0	1	0	0	0	9	
Maine	2	0	0	0	2	0	4	
Massachusetts	5	2	1	0	1	0	9	
New Hampshire	2	0	0	0	0	0	2	
Rhode Island	1	0	0	0	1	0	2	
Vermont	1	0	1	0	1	0	3	
<b>TOTAL</b>	<b>19</b>	<b>2</b>	<b>3</b>	<b>0</b>	<b>5</b>	<b>0</b>	<b>29</b>	

<b>Table C-2: Summary of Sample QDD Cases Region 2: New York</b>								
<b>State</b>	<b>DI Only</b>		<b>SSI Only</b>		<b>Both DI and SSI</b>		<b>Total by State</b>	
	Allowed	Not Allowed	Allowed	Not Allowed	Allowed	Not Allowed		
New York	22	0	10	0	4	0	36	
New Jersey	3	1	4	0	1	0	9	
Puerto Rico	3	2	0	0	0	0	5	
<b>TOTAL</b>	<b>28</b>	<b>3</b>	<b>14</b>	<b>0</b>	<b>5</b>	<b>0</b>	<b>50</b>	

**Table C-3: Summary of Sample QDD Cases Region 3: Philadelphia**

State	DI Only		SSI Only		Both DI and SSI		Total by State
	Allowed	Not Allowed	Allowed	Not Allowed	Allowed	Not Allowed	
Delaware	4	0	2	0	0	0	6
Maryland	3	0	4	0	0	0	7
Pennsylvania	15	0	8	1	2	0	26
Virginia	3	1	0	0	3	1	8
West Virginia	7	0	7	1	2	0	17
<b>TOTAL</b>	<b>32</b>	<b>1</b>	<b>21</b>	<b>2</b>	<b>7</b>	<b>1</b>	<b>64</b>

**Table C-4: Summary of Sample QDD Cases Region 4: Atlanta**

State	DI Only		SSI Only		Both DI and SSI		Total by State
	Allowed	Not Allowed	Allowed	Not Allowed	Allowed	Not Allowed	
Alabama	7	0	4	0	2	0	13
Florida	17	1	11	2	4	0	35
Georgia	7	0	11	0	2	0	20
Kentucky	4	0	3	1	3	0	11
Mississippi	1	1	6	0	3	0	11
North Carolina	6	0	8	0	2	0	16
South Carolina	4	0	1	1	2	2	10
Tennessee	6	0	4	0	0	0	10
<b>TOTAL</b>	<b>52</b>	<b>2</b>	<b>48</b>	<b>4</b>	<b>18</b>	<b>2</b>	<b>126</b>

**Table C-5: Summary of Sample QDD Cases Region 5: Chicago**

State	DI Only		SSI Only		Both DI and SSI		Total by State
	Allowed	Not Allowed	Allowed	Not Allowed	Allowed	Not Allowed	
Ohio	6	0	7	1	3	0	17
Illinois	20	1	10	2	1	1	35
Indiana	6	1	3	1	0	0	11
Michigan	15	0	5	0	5	0	25
Minnesota	4	0	3	0	0	0	7
Wisconsin	7	0	4	0	0	0	11
<b>TOTAL</b>	<b>58</b>	<b>2</b>	<b>32</b>	<b>4</b>	<b>9</b>	<b>1</b>	<b>106</b>

**Table C-6: Summary of Sample QDD Cases Region 6: Dallas**

State	DI Only		SSI Only		Both DI and SSI		Total by State
	Allowed	Not Allowed	Allowed	Not Allowed	Allowed	Not Allowed	
Arkansas	0	0	4	0	1	0	5
Louisiana	3	1	3	0	2	0	9
New Mexico	3	0	1	0	1	0	5
Oklahoma	1	0	2	0	1	0	4
Texas	17	3	13	0	4	0	37
<b>TOTAL</b>	<b>24</b>	<b>4</b>	<b>23</b>	<b>0</b>	<b>9</b>	<b>0</b>	<b>60</b>

**Table C-7: Summary of Sample QDD Cases Region 7: Kansas City**

State	DI Only		SSI Only		Both DI and SSI		Total by State
	Allowed	Not Allowed	Allowed	Not Allowed	Allowed	Not Allowed	
Iowa	3	0	1	0	0	0	4
Kansas	2	1	2	0	0	0	5
Missouri	4	0	1	0	0	0	5
Nebraska	2	0	1	0	1	0	4
<b>TOTAL</b>	<b>11</b>	<b>1</b>	<b>5</b>	<b>0</b>	<b>1</b>	<b>0</b>	<b>18</b>

**Table C-8: Summary of Sample QDD Cases Region 8: Denver**

State	DI Only		SSI Only		Both DI and SSI		Total by State
	Allowed	Not Allowed	Allowed	Not Allowed	Allowed	Not Allowed	
Colorado	3	0	1	0	2	0	6
Montana	2	0	0	0	0	0	2
Utah	0	0	1	0	0	0	1
<b>TOTAL</b>	<b>5</b>	<b>0</b>	<b>2</b>	<b>0</b>	<b>2</b>	<b>0</b>	<b>9</b>

**Table C-9: Summary of Sample QDD Cases Region 9: San Francisco**

State	DI Only		SSI Only		Both DI and SSI		Total by State
	Allowed	Not Allowed	Allowed	Not Allowed	Allowed	Not Allowed	
Arizona	8	0	4	0	1	0	13
California	33	4	28	2	4	0	71
Hawaii	0	0	1	0	0	0	1
Nevada	3	0	1	0	0	2	6
<b>TOTAL</b>	<b>44</b>	<b>4</b>	<b>34</b>	<b>2</b>	<b>5</b>	<b>2</b>	<b>91</b>

**Table C-10: Summary of Sample QDD Cases Region 10: Seattle**

State	DI Only		SSI Only		Both DI and SSI		Total by State
	Allowed	Not Allowed	Allowed	Not Allowed	Allowed	Not Allowed	
Alaska	2	0	1	0	0	0	3
Idaho	1	0	0	0	0	0	1
Oregon	0	1	1	0	1	0	3
Washington	7	0	7	0	1	0	15
<b>TOTAL</b>	<b>10</b>	<b>1</b>	<b>9</b>	<b>0</b>	<b>2</b>	<b>0</b>	<b>22</b>

## Agency Comments



## SOCIAL SECURITY

### MEMORANDUM

**Date:** April 27, 2009 **Refer To:** S1J-3

**To:** Patrick P. O'Carroll, Jr.  
Inspector General

**From:** James A. Winn /s/  
Chief of Staff

**Subject:** Office of the Inspector General (OIG) Draft Report, "National Rollout of Quick Disability Determinations" (A-01-09-19030)

Thank you for the opportunity to review and comment on the draft report. We appreciate OIG's efforts in conducting this review. There were no recommendations, and we concur with the conclusion in the report.

Please let me know if we can be of further assistance. You may direct staff inquiries to Ms. Candace Skurnik, Director, Audit Management and Liaison Staff, at (410) 965-4636.

## **OIG Contacts and Staff Acknowledgments**

### ***OIG Contacts***

Judith Oliveira, Director, Boston Audit Division

David Mazzola, Audit Manager

Phillip Hanvy, Acting Audit Manager

### ***Acknowledgments***

In addition to those named above:

Katie Greenwood, Auditor

Brennan Kraje, Statistician

Toni Paquette, Program Analyst

Katie Toli, Auditor

For additional copies of this report, please visit our web site at [www.socialsecurity.gov/oig](http://www.socialsecurity.gov/oig) or contact the Office of the Inspector General's Public Affairs Staff Assistant at (410) 965-4518. Refer to Common Identification Number A-01-09-19030.

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Chairman and Ranking Minority Member, Subcommittee on Social Security

Majority and Minority Staff Director, Subcommittee on Social Security

Chairman and Ranking Minority Member, Committee on the Budget, House of Representatives

Chairman and Ranking Minority Member, Committee on Oversight and Government Reform

Chairman and Ranking Minority Member, Committee on Appropriations, House of Representatives

Chairman and Ranking Minority, Subcommittee on Labor, Health and Human Services, Education and Related Agencies, Committee on Appropriations, House of Representatives

Chairman and Ranking Minority Member, Committee on Appropriations, U.S. Senate

Chairman and Ranking Minority Member, Subcommittee on Labor, Health and Human Services, Education and Related Agencies, Committee on Appropriations, U.S. Senate

Chairman and Ranking Minority Member, Committee on Finance

Chairman and Ranking Minority Member, Subcommittee on Social Security Pensions and Family Policy

Chairman and Ranking Minority Member, Senate Special Committee on Aging

Social Security Advisory Board

## **Overview of the Office of the Inspector General**

The Office of the Inspector General (OIG) is comprised of an Office of Audit (OA), Office of Investigations (OI), Office of the Counsel to the Inspector General (OCIG), Office of External Relations (OER), and Office of Technology and Resource Management (OTRM). To ensure compliance with policies and procedures, internal controls, and professional standards, the OIG also has a comprehensive Professional Responsibility and Quality Assurance program.

### **Office of Audit**

OA conducts financial and performance audits of the Social Security Administration's (SSA) programs and operations and makes recommendations to ensure program objectives are achieved effectively and efficiently. Financial audits assess whether SSA's financial statements fairly present SSA's financial position, results of operations, and cash flow. Performance audits review the economy, efficiency, and effectiveness of SSA's programs and operations. OA also conducts short-term management reviews and program evaluations on issues of concern to SSA, Congress, and the general public.

### **Office of Investigations**

OI conducts investigations related to fraud, waste, abuse, and mismanagement in SSA programs and operations. This includes wrongdoing by applicants, beneficiaries, contractors, third parties, or SSA employees performing their official duties. This office serves as liaison to the Department of Justice on all matters relating to the investigation of SSA programs and personnel. OI also conducts joint investigations with other Federal, State, and local law enforcement agencies.

### **Office of the Counsel to the Inspector General**

OCIG provides independent legal advice and counsel to the IG on various matters, including statutes, regulations, legislation, and policy directives. OCIG also advises the IG on investigative procedures and techniques, as well as on legal implications and conclusions to be drawn from audit and investigative material. Also, OCIG administers the Civil Monetary Penalty program.

### **Office of External Relations**

OER manages OIG's external and public affairs programs, and serves as the principal advisor on news releases and in providing information to the various news reporting services. OER develops OIG's media and public information policies, directs OIG's external and public affairs programs, and serves as the primary contact for those seeking information about OIG. OER prepares OIG publications, speeches, and presentations to internal and external organizations, and responds to Congressional correspondence.

### **Office of Technology and Resource Management**

OTRM supports OIG by providing information management and systems security. OTRM also coordinates OIG's budget, procurement, telecommunications, facilities, and human resources. In addition, OTRM is the focal point for OIG's strategic planning function, and the development and monitoring of performance measures. In addition, OTRM receives and assigns for action allegations of criminal and administrative violations of Social Security laws, identifies fugitives receiving benefit payments from SSA, and provides technological assistance to investigations.