



## SOCIAL SECURITY

### MEMORANDUM

Date: May 31, 2011

Refer To:

To: The Commissioner

From: Inspector General

Subject: Overall Disability Claim Times for 2009 (A-01-10-10168)

The attached final report presents the results of our audit. Our objective was to determine the average overall times for Social Security disability claims decided in Calendar Year 2009 by the disability determination services, hearing offices, Appeals Council, and Federal Courts.

If you wish to discuss the final report, please call me or have your staff contact Steven L. Schaeffer, Assistant Inspector General for Audit, at (410) 965-9700.

Patrick P. O'Carroll, Jr.

Attachment

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**OFFICE OF  
THE INSPECTOR GENERAL**

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**SOCIAL SECURITY ADMINISTRATION**

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**OVERALL DISABILITY  
CLAIM TIMES FOR 2009**

**May 2011**

**A-01-10-10168**

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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.**

# Executive Summary

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## OBJECTIVE

Our objective was to determine the average overall times for Social Security disability claims decided in Calendar Year (CY) 2009 by the disability determination services (DDS), hearing offices, Appeals Council (AC), and Federal Courts.

## BACKGROUND

SSA provides Disability Insurance and Supplemental Security Income disability benefits to eligible individuals under Titles II and XVI of the *Social Security Act*. To receive either benefit, an individual must first file an application with SSA. An SSA field office then determines whether the individual meets the non-medical criteria for benefits and, if so, generally forwards the claim to a State DDS for a disability determination.

If the claimant disagrees with the initial disability determination, he or she can file an appeal within 60 days from the date of notification of the determination. In most cases, an individual may request up to three levels of administrative review:

(1) reconsideration by the DDS, (2) hearing by an administrative law judge, and (3) review by the AC. After completing the administrative review process, dissatisfied claimants may appeal to the Federal Courts.

## RESULTS OF REVIEW

The table below shows the average overall times for disability claims completed in CY 2009 from the date of application to the date of denial or the date SSA paid the benefits due (including any back payments). It also shows the average overall times for disability claims completed in CY 2006 that we determined in a prior review.

Office of the Inspector General's Measure of Average Overall Claim Time					
CY	DDS		Hearing Office	AC	Federal Courts
	Initial	Reconsideration			
2006	131 days	279 days	811 days	1,053 days	1,720 days
2009	119 days	263 days	812 days	1,164 days	1,895 days

## CONCLUSION

Compared to our prior review of CY 2006 cases, the average overall claim times decreased for disability claims completed at the DDS levels, remained about the same for disability claims completed at the hearing level, and increased for disability claims completed at the AC and Federal Court levels.

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## OBJECTIVE

Our objective was to determine the average overall times for Social Security disability claims decided in Calendar Year (CY) 2009 by the disability determination services (DDS), hearing offices, Appeals Council (AC), and Federal Courts.

## BACKGROUND

The Social Security Administration (SSA) provides Disability Insurance (DI) and Supplemental Security Income (SSI) disability benefits to eligible individuals under Titles II and XVI of the *Social Security Act*.<sup>1</sup> To receive either benefit, an individual must first file an application with SSA. An SSA field office (FO) representative then determines whether the individual meets the non-medical criteria for benefits<sup>2</sup> and, if so, generally forwards the claim to a State DDS for a disability determination. Once the DDS employee makes a determination, it sends the claim back to the FO for final processing<sup>3</sup> or to the Disability Quality Branch (DQB) for review before final processing.<sup>4</sup>

If the claimant disagrees with the initial disability determination, he or she can file an appeal within 60 days from the date of notification of the determination. In most cases, an individual may request up to three levels of administrative review:

(1) reconsideration by the DDS, (2) hearing by an administrative law judge (ALJ), and (3) review by the AC. If a claimant is dissatisfied with the AC's decision, he or she may appeal to the Federal Courts. (See Appendix B for details about the role each component plays in SSA's disability process.)

As a claimant goes through the disability process, his or her condition may worsen or additional evidence may become available. As a result, he or she may be denied by one component and allowed by another component.

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<sup>1</sup> The *Social Security Act* §§ 223 *et seq.* and 1611 *et seq.*, 42 U.S.C. §§ 423 *et seq.* and 1382 *et seq.*

<sup>2</sup> For DI benefits, the non-medical criteria include such factors as sufficient earnings. For SSI payments, the non-medical criteria include such factors as low income and resources.

<sup>3</sup> If the FO cannot process the claim or partially processes the claim (that is, initiates payment but does not issue any back payments), it will send the claim to the Payment Service Center (PSC) for final processing.

<sup>4</sup> By statute, the DQB's review half of all allowances, which are selected by a predictive model. DQB's also perform a quality assurance review on 70 initial allowances and 70 initial denials per State per calendar quarter. See the *Social Security Act* § 221(c)(3)(A), § 42 U.S.C. 421(c)(3)(A). This sample ensures statistically valid findings for all DDSs irrespective of size. For each review, a Federal quality reviewer determines whether the record supports the DDS' determination and whether the evidence and determination conform to SSA's policies and procedures.

In its annual Performance and Accountability Report, SSA has performance measures for the average processing times of (1) initial disability claims, (2) hearing decisions, and (3) AC decisions. SSA designed each measure to capture the average processing time for a specific segment of the disability process, instead of the average overall claim time. For example, the performance measure for hearings captures the average processing time from the date the claimant requests a hearing to the date the hearing office renders a decision, not from the date the claimant first files an application to the date the hearing office denies or allows the claim and SSA pays the benefits.

See Table 1 for the average processing times that SSA reported in its Fiscal Year (FY) 2009 Performance and Accountability Report.

Table 1: Average Processing Times Reported by SSA in FY 2009		
Initial Disability Claims	Hearing Decisions	AC Decisions
101 days	491 days	261 days

In December 2008, we issued a report, *Disability Claims Overall Processing Times* (A-01-08-18011), in which we determined the average overall times for disability claims decided in CY 2006. Our measure of average overall claim time was based on how long, on average, it took a claimant to go through the entire disability process from the date he or she filed an application until the date SSA denied the claim or awarded the claim and issued the benefits due at that time. Since CY 2006, SSA has implemented or modified a number of initiatives to improve processing times.<sup>5</sup> Since the issuance of our 2008 report, Congress has shown interest in this matter. As a result, we are conducting this review to measure SSA’s progress since our prior review.

To perform our current review, we obtained files of all disability decisions made in CY 2009. From these files, we identified

- 2,838,641 individuals who received initial/reconsideration determinations from a DDS,
- 620,007 individuals who received decisions from a hearing office,
- 69,897 individuals who received decisions from the AC, and
- 6,041 individuals who received decisions from the Federal Courts.

We randomly selected 275 sample cases from the DDS population and 100 sample cases from each of the other 3 populations—for a total of 575 cases. For each sample case, we conducted a detailed analysis to determine the average overall claim times and the average processing times based on SSA’s performance measures. See Appendix D for more information on our scope, methodology, and sample results.

<sup>5</sup> See Appendix C for information on these initiatives.

# Results of Review

We determined the average overall times for disability claims completed in CY 2009. Table 2 compares these times to the average overall times for disability claims completed in CY 2006 that we determined in our prior review.

CY	DDS		Hearing Office	AC	Federal Courts
	Initial	Reconsideration			
<b>2006</b>	131 days	279 days	811 days	1,053 days	1,720 days
<b>2009<sup>6</sup></b>	119 days	263 days	812 days	1,164 days	1,895 days
<b>Change</b>	(9.2)%	(5.7)%	0.1%	10.5% <sup>7</sup>	10.2%

We measured the average overall claim time from the date of application to either the date of denial or the date SSA paid the benefits due (including any back payments). Hence, our measure included time over which SSA had no control (for example, mail time), which we called "Down Time," and time it took a claimant to file an appeal, which we called "Appeal Time."<sup>8</sup> SSA also had no control over the time it took the Federal Courts to review a case and render a decision.

In addition to comparing the average overall times for disability claims completed in CYs 2006 and 2009, we compared the number of individuals who received a disability decision from SSA in these years, as shown in Table 3.

CY	DDS (Initial/ Reconsideration)	Hearing Office	AC
<b>2006</b>	2,618,926	480,529	64,473
<b>2009</b>	2,838,641	620,007	69,897
<b>Change</b>	8.4%	29.0%	8.4%

<sup>6</sup> See Appendix E for information on the primary diagnosis and body systems under which SSA categorized these sample cases.

<sup>7</sup> In FY 2011, SSA plans to implement a Web-based document generating system that will allow the automatic transmission of information from the Appeals Review Processing System into final action documents. Also in FY 2011, the AC plans to add enhancements to another system that will improve data gathering and provide further data transmission. According to SSA, these systems will improve consistency, reduce errors, and speed case processing.

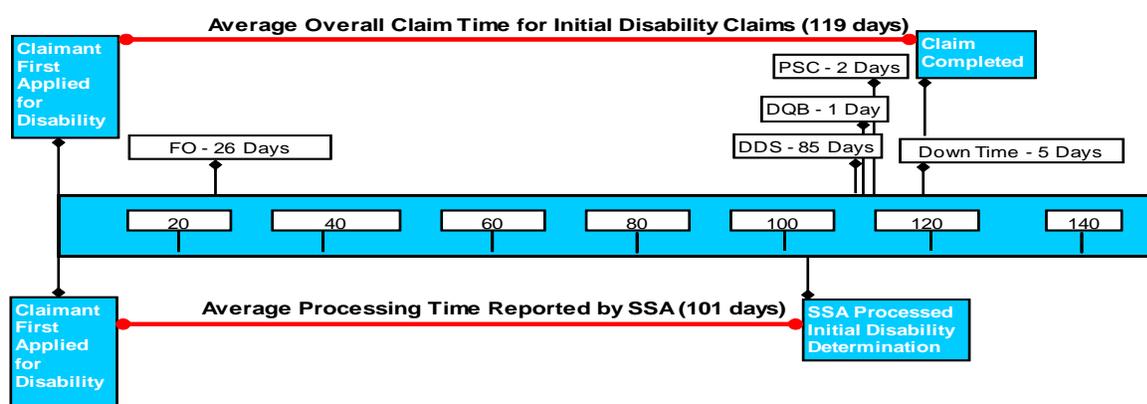
<sup>8</sup> In our prior review, we considered the Appeal Time part of the Down Time.

## DDS SAMPLE RESULTS

The DDS obtains and evaluates evidence from medical and other sources to determine whether a claimant is disabled. If the claimant is dissatisfied with the DDS determination, the claimant may request that the DDS reconsider it.<sup>9</sup>

Based on our review of 275 sample cases, we determined that it took 119 days,<sup>10</sup> on average, to completely process an initial claim—ranging from 14 days to over 1 year.<sup>11</sup> SSA measured the average processing time from the date of filing to the date the Agency initiated payment or issued the denial notice, which we determined was 104 days for our CY 2009 sample cases. This measure does not capture all the claim time because the Agency sometimes determines the back payments after it initiates payment.

The following timeline shows the average (1) overall time for initial disability claims by component processing times and Down Time<sup>12</sup> and (2) processing time reported by SSA.



<sup>9</sup> SSA eliminated the reconsideration step for DDSs participating in the Disability Redesign Prototype (Alabama, Alaska, California—Los Angeles North and Los Angeles West Branches, Colorado, Louisiana, Michigan, Missouri, New Hampshire, New York, and Pennsylvania).

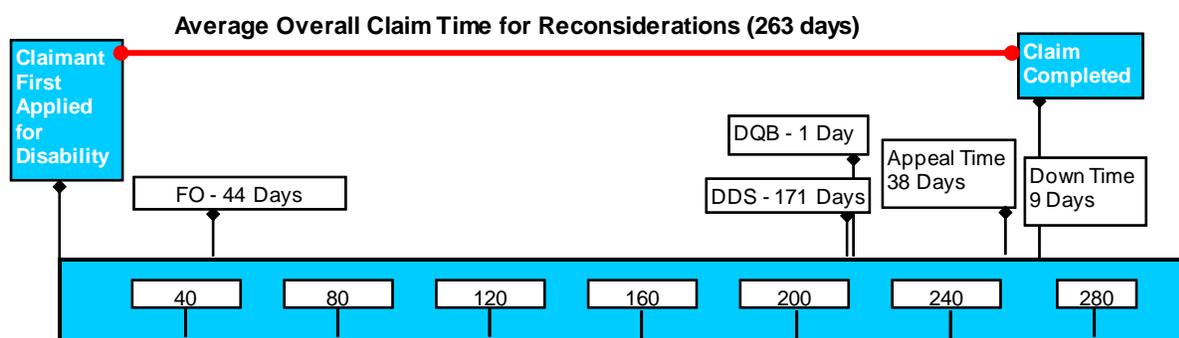
<sup>10</sup> Assuming the average overall time of the population of DDS cases is normally distributed and using inferential statistical techniques, we are 90 percent confident the average overall time for the entire population would be between 113 and 125 days.

<sup>11</sup> Of the 275 sample cases, the DDSs allowed 96 cases (35 percent) and denied 179 cases (65 percent). In four cases, the claimants died before payments could be initiated; and in two cases, the claimants were not entitled to payments because they had too much income. For the remaining 90 allowances, it took 14 days, on average, to initiate payment following a DDS determination and an additional 13 days (including mail and processing times), on average, to issue the back payments.

<sup>12</sup> The component processing times combine all the days each component had the case and do not necessarily fall in adjudicative order on the timeline. For example, the FO average processing time of 26 days includes time before the claim was sent to a DDS (19 days on average) and time for processing the claim after it was returned from the DDS (7 days on average). Furthermore, some components did not process every claim. For example, DQB reviewed only 34 of the 275 initial disability determinations.

For example, a claimant filed an application in March 2009, and the DDS allowed the claim a few months later. The DQB then selected this case for review and, upon finding no errors, sent the case to the FO for processing. In July 2009, the FO processed the claim and initiated payment. Three weeks later, the PSC issued the back payments due the claimant at that time. It took 119 days to completely process this claim and 91 days to process the claim from the filing date to the award processing date.

Of the 275 sample cases, 49 had reconsideration determinations.<sup>13</sup> Based on our review of these 49 cases, we determined it took 263 days, on average, to completely process a reconsidered claim—ranging from about 2 to 16 months. SSA does not have a performance measure for the processing time of reconsiderations. The following timeline shows the average overall time for reconsideration disability claims by the component processing times, Appeal Time, and Down Time.



## HEARING OFFICE SAMPLE RESULTS

A claimant may request a hearing before an ALJ if he or she is dissatisfied with the reconsideration determination. When the claimant does not waive his or her right to appear at the hearing, the ALJ reviews information obtained from questioning the claimant, his or her representative, and witnesses. In addition, the ALJ reviews the evidence on file and any additional evidence submitted for consideration. The ALJ then issues a decision. Under certain circumstances, an attorney advisor may conduct prehearing proceedings before the hearing. If, after these proceedings are complete, the attorney advisor can make a decision that is fully favorable, an attorney advisor may issue the decision.<sup>14</sup>

Based on our review of 100 sample cases, we determined it took 812 days,<sup>15</sup> on average, to completely process a disability claim through the hearing level—ranging

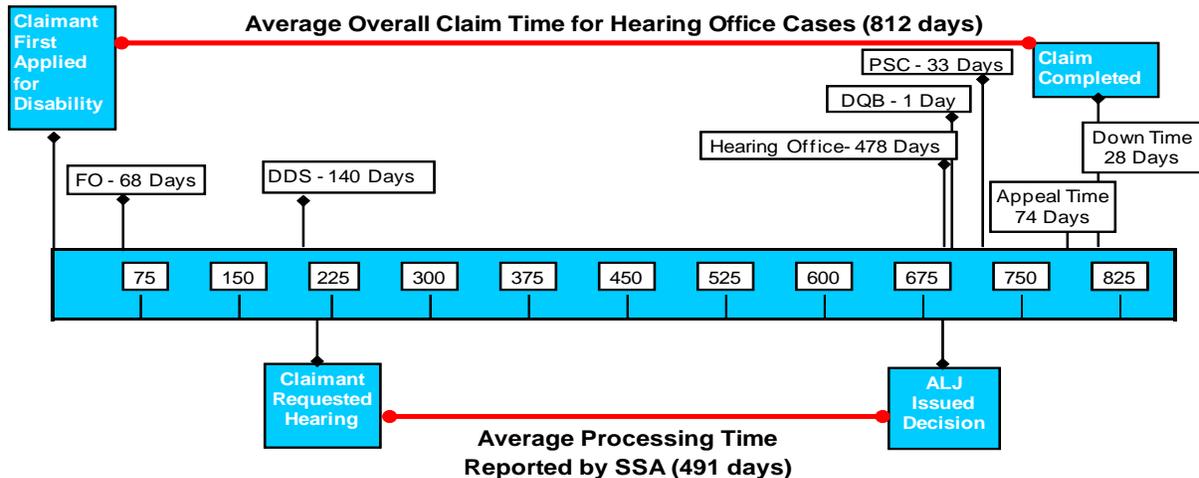
<sup>13</sup> Of these 49 cases, the DDSs upheld the initial determination in 42 cases and reversed the initial determination in 7 cases.

<sup>14</sup> 20 C.F.R. §§ 404.942 and 416.1442.

<sup>15</sup> Assuming the average overall time of the population of hearings cases is normally distributed and using inferential statistical techniques, we are 90-percent confident the average overall time for the entire population would be between 768 and 855 days.

from about 10 months to about 4 years.<sup>16</sup> SSA measures the average processing time from the date the claimant requests a hearing until the date the hearing office issues a decision, which we determined was 513 days for our CY 2009 sample cases.

The following timeline shows the average (1) overall claim time for hearing office cases by component processing times, Appeal Time, and Down Time and (2) processing time reported by SSA.<sup>17</sup>



For example, a claimant filed an application in July 2006, which the DDS denied. The claimant then requested a reconsideration, which the DDS also denied. In September 2007, the claimant requested a hearing by an ALJ, who allowed the claim in February 2009. In March 2009, the FO initiated payment and issued the back payments due. It took about 2.5 years to completely process this claim and over 1 year to process the claim from the hearing request date to the ALJ decision date.

Of the 100 sample cases, 65 had reconsideration determinations and 35 did not. The 65 cases with reconsiderations took 842 days, on average, to completely process through the hearing level, and the 35 cases without reconsiderations took 755 days, on average, to completely process through the hearing level. Although it took 87 days longer, on average, to complete cases with reconsiderations than it did to complete cases without reconsiderations, SSA allowed both groups of cases at a similar rate. For more information on these two groups of cases, see Appendix F.

<sup>16</sup> Of the 100 sample cases, the ALJs upheld the decision in 19 cases, dismissed 12 cases, and reversed 65 cases, while attorney advisors reversed 4 cases. For all 69 reversals, it took 22 days, on average, to initiate payment following a hearing level decision and an additional 40 days (including mail time and processing time), on average, to issue the back payments.

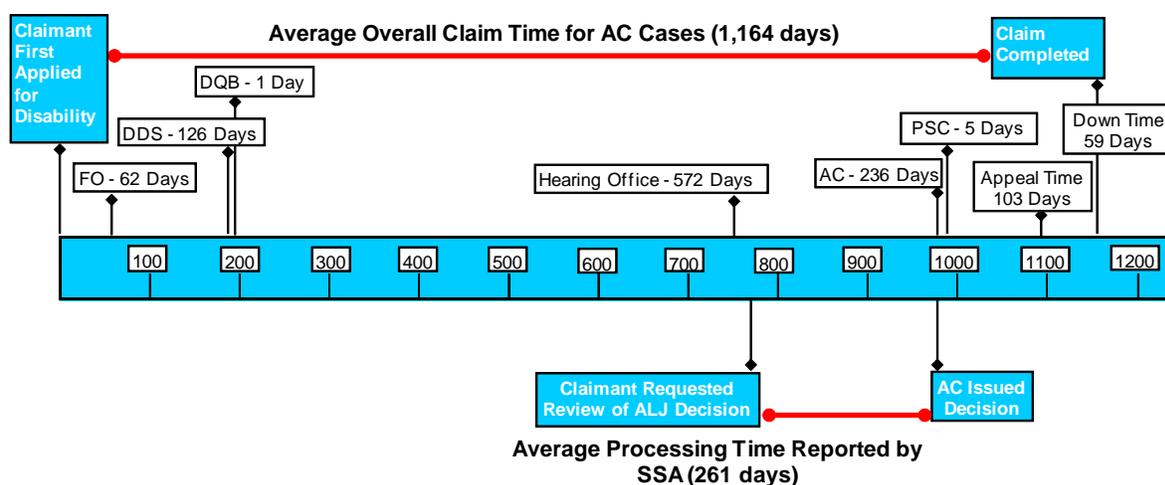
<sup>17</sup> The overall claim time was 812 days. In the timeline, the individual component claim times add up 822 days because the FO and PSC worked on claims at the same time for concurrent allowances.

## AC SAMPLE RESULTS

If a claimant is dissatisfied with a hearing office decision, he or she may request the AC review the case. If the AC agrees to review the case, it will consider the evidence on file, any additional evidence submitted by the claimant, and the hearing office findings and conclusions. The AC will then (1) uphold or reverse the hearing office decision or (2) remand the case to the hearing office to issue a new decision, obtain additional evidence, or take additional action.

Based on our review of 100 sample cases, we determined it took 1,164 days,<sup>18</sup> on average, to completely process a disability claim through the AC level—ranging from about 14 months to over 6 years.<sup>19</sup> SSA measures the average processing time from the date the claimant requests an AC review to the date the AC makes a decision, which we determined was 268 days for our CY 2009 sample cases.

The following timeline shows the average (1) overall claim time for AC cases by component processing times, Appeal Time, and Down Time and (2) processing time reported by SSA.<sup>20</sup>



<sup>18</sup> Assuming the average overall time of the population of AC cases is normally distributed and using inferential statistical techniques, we are 90-percent confident the average overall time for the entire population would be between 1,094 and 1,235 days.

<sup>19</sup> Of the 100 sample cases, the AC either declined to review or upheld the decision in 87 cases, reversed the decision in 4 cases, and dismissed 9 cases. For the four reversals, it took 72 days, on average, to initiate payment following the AC decision and an additional 48 days (including mail time and processing time), on average, to issue the back payments.

<sup>20</sup> In 4 of the 100 sample cases, the claimants requested Federal Reviewing Official (FedRO) reviews, which replaced reconsiderations in the Boston Region from August 2006 to March 2008 as part of the Disability Service Improvement initiative. The FedRO reviews in our four sample cases took from 72 to 287 days to complete. Since FedROs were within the hearing office component, we included this time in the average hearing office processing time of 573 days.

For example, a claimant filed her application in June 2002. The DDS denied her application (at both the initial and reconsideration levels), and the ALJ upheld the denial decision. In December 2004, the claimant requested the AC review her case. After reviewing the case, the AC remanded it to the ALJ, who upheld the denial decision again. In October 2007, an ALJ returned the case to the AC for review. In February 2009, the AC upheld the denial decision. It took over 6.5 years to completely process this claim and over 2.5 years to process the claim from the AC request date to the AC decision date. While appealing this claim, the claimant filed a new initial claim in April 2008, which the DDS denied. However, in November 2009, an ALJ reversed the decision and allowed the claim.

## **FEDERAL COURT SAMPLE RESULTS**

If a claimant is dissatisfied with SSA's final decision, he or she may file a suit with the U.S. District Court. The U.S. District Court reviews all evidence on file as well as the hearing office and AC findings and conclusions. The U.S. District Court has the power to dismiss, uphold, modify, or reverse SSA's final decisions and may remand cases to SSA for further action including a new decision. If the U.S. District Court does not find in the claimant's favor, he or she can continue to appeal to other Federal Courts, including the U.S. Circuit Court of Appeals and the U.S. Supreme Court.

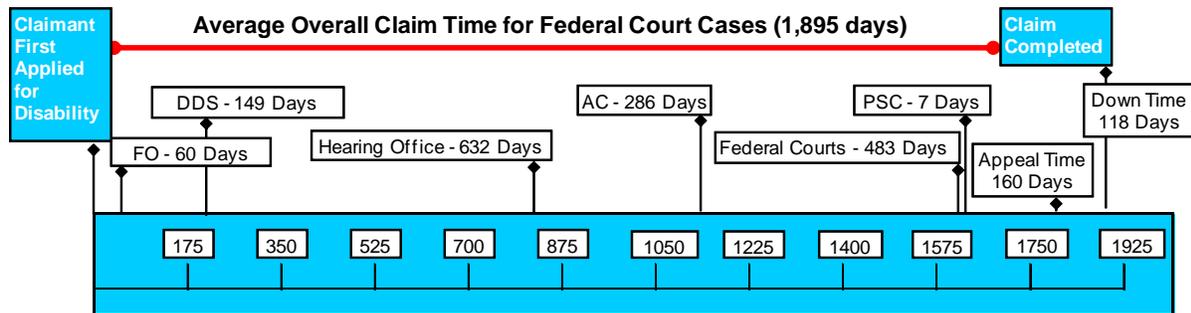
Based on our review of 100 sample cases, we determined it took 1,895 days,<sup>21</sup> on average, to completely process a disability claim through the Federal Court level—ranging from over 2 years to about 13 years.<sup>22</sup> SSA has neither control over how long it takes a Federal Court to review a case and render a decision nor any performance measures associated with these cases.

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<sup>21</sup> Assuming the average overall time of the population of Federal Court cases is normally distributed and using inferential statistical techniques, we are 90-percent confident the average overall time for the entire population would be between 1,777 and 2,012 days.

<sup>22</sup> Of the 100 sample cases, the Federal Courts upheld SSA's decisions in 81 cases, dismissed 7 cases, and reversed 12 cases. For the 12 reversals, it took 98 days, on average, to initiate payment following the Federal Court decision and an additional 49 days (including mail time and processing time), on average, to issue the back payments. The U.S. District Court made the decisions in 96 of the 100 sample cases, while the U.S. Circuit Court of Appeals made the decisions in the remaining 4 cases.

The following timeline shows the average overall claim time for Federal Court cases by component processing times, Appeal Time, and Down Time.<sup>23</sup>



For example, a claimant filed an application in November 2005. The DDS denied her application, and the ALJ and AC upheld the denial decision. In March 2008, she filed a suit with the U.S. District Court, and in December 2009, the U.S. District Court reversed SSA's decision and requested SSA award the claimant benefits. In April 2010, the PSC initiated payment, and in June 2010, it issued the back payments due. It took over 4.5 years for this claim to go through the disability process.

<sup>23</sup> In 1 of the 100 sample cases, the claimant requested a FedRO review, which took 74 days. Since FedROs were within the hearing office component, we included this time in the average hearing office processing time of 632 days.

## Conclusion

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We determined the average overall times for disability claims completed in CY 2009. Compared to our prior review of disability claims completed in CY 2006, the average overall claim times decreased for DDS-level cases, remained about the same for hearing-level cases, and increased for AC and Federal Court-level cases.

While our measure tracks the time it takes a person to go through the entire disability process, SSA's measures track the time it takes a person to go through specific segments of the process for the purpose of managing the workloads within each component. In December 2008 and again in December 2010, SSA informed us that it would take significant time and resources to redesign the various systems involved in calculating processing times based on our measure. Therefore, although this information would help SSA officials and the Congress make decisions about the disability programs, the Agency informed us that its Office of Systems does not plan to pursue system changes to implement our suggested measure.

### **AGENCY COMMENTS**

SSA appreciated that we used a different technique (from the Agency) to measure processing times. However, SSA stated that its measures are equally sound and that it chooses not to alter its techniques (see appendix G).

# *Appendices*

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## Acronyms

AC	Appeals Council
ALJ	Administrative Law Judge
ARRA	<i>American Recovery and Reinvestment Act of 2009</i>
C.F.R.	Code of Federal Regulations
CY	Calendar Year
DCPS	Disability Case Processing System
DDS	Disability Determination Services
DI	Disability Insurance
DQB	Disability Quality Branch
eBP	Electronic Business Process
eCAT	Electronic Claims Analysis Tool
FedRO	Federal Reviewing Official
FO	Field Office
FY	Fiscal Year
MEGAHIT	Medical Evidence Gathering and Analysis Through Health Information Technology
ODAR	Office of Disability Adjudication and Review
POMS	Program Operations Manual System
PSC	Payment Service Center
Pub. L. No.	Public Law Number
QDD	Quick Disability Determinations
SSA	Social Security Administration
SSI	Supplemental Security Income
U.S.C.	United States Code

# The Social Security Disability Process

The Social Security disability process begins when a person files a disability claim and does not end until the Social Security Administration (SSA) completes the claim. As a claim moves through the process, it goes through a network of components, with each component responsible for some aspect of the claim. The components involved in the process may include field offices, teleservice centers, disability determination services (DDS), Disability Quality Branches, Payment Service Centers, hearing offices, the Appeals Council, and Federal Courts.

## Field Office and Teleservice Center Roles

Field offices and teleservice centers perform similar functions. The field offices conduct business in person, over the telephone, and over the Internet while teleservice centers conduct business only over the telephone and Internet. The field offices and teleservice centers help claimants complete applications for disability benefits and requests for appeals. In addition, they determine whether the claimants meet the non-medical criteria for benefits, such as insured status (Disability Insurance program) and limited income and resources (Supplemental Security Income program). They also send the initial claim and appeal requests to the appropriate components for further processing<sup>1</sup> and may receive them back at some point for final processing.<sup>2</sup>

## DDS Role

The DDS is generally a State-run agency that makes disability determinations for SSA. SSA reimburses the State for all allowable DDS expenses and oversees the quality of the DDS' work. At most DDSs, a disability adjudicatory team comprises a disability examiner and medical/psychological consultant,<sup>3</sup> using SSA's regulations, policies, and

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<sup>1</sup> SSA may defer developing whether a person meets the non-medical criteria until it receives a favorable medical decision from a DDS.

<sup>2</sup> If the field office cannot process or partially processes the claim, it will send the claim to the payment service center for final processing.

<sup>3</sup> Medical/psychological consultant refers to physicians, psychologists, psychiatrists, optometrists, podiatrists, and speech-language pathologists employed by the DDS. 20 C.F.R. §§ 404.1616 and 416.1016. See also SSA, POMS, DI 24501.001 C 2. At DDSs that use Single Decision-makers, a disability examiner can make the disability determination in many cases without approval of a medical/psychological consultant. On November 12, 2010, the Agency implemented a new regulation to allow all State Disability Examiners to make fully favorable determinations in certain cases without the approval of a medical/psychological consultant. *Disability Determinations by State Agency Disability Examiners*, 75 F.R. 62676 (October 13, 2010) (to be codified at 20 C.F.R. pts. 404 and 416). See also SSA, POMS, DI 23023.001.

procedures, obtains the relevant medical and other evidence and makes a determination whether a claimant meets the definition of disabled under the *Social Security Act*.

### **Disability Quality Branch Role**

SSA is required to report to Congress annually on the benefits and costs of the pre-effectuation reviews; therefore, the Disability Quality Branches review half of all DDS allowances. To ensure a high level of accuracy, the Disability Quality Branches review a statistically valid quality assurance sample of initial and reconsideration allowances and denials made per calendar quarter per State. For each review, a Federal quality reviewer determines whether the evidentiary record supports the determination and whether the evidence and determination conform to SSA's operating policies and procedures. If the Disability Quality Branch finds the DDS determination is not supported, it returns the claim to the DDS to reverse the determination or gather additional evidence.

### **Payment Service Center Role**

The Payment Service Center processes favorable hearing office decisions, Appeals Council reviews, and Federal Court decisions. It also processes initial disability determinations when the field office cannot complete them, such as when the field office needs assistance in determining the amount of back payments due the claimant.

### **Hearing Office Role**

An administrative law judge (ALJ) generally conducts a hearing at a hearing office. Before the hearing, the claimant and his or her representative may examine the evidence used in making the determination under appeal and submit new evidence. At the hearing, the ALJ can question the claimant and any witnesses the claimant brings. The ALJ may request other witnesses, such as medical or vocational experts, to testify at the hearing. The claimant and his or her representative may also question the witnesses.

The ALJ does not determine whether the DDS' decision was correct but issues a new (de novo) decision based on the evidence. If the claimant waives the right to appear at the hearing, the ALJ makes a decision based on the evidence on file and any new evidence submitted for consideration.

Under certain circumstances, an attorney advisor may conduct prehearing proceedings before the hearing. As part of the prehearing proceedings, the attorney advisor, in addition to reviewing the existing record, may request additional evidence and schedule a conference with the parties. If after completion of these proceedings the attorney advisor can make a decision that is fully favorable, an attorney advisor may issue the decision.<sup>4</sup>

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<sup>4</sup> 20 C.F.R. §§ 404.942 and 416.1442.

## Appeals Council Role

The Appeals Council consists of administrative appeal judges and appeal officers. A claimant who is dissatisfied with the hearing office decision can ask the Appeals Council to review that decision. The Appeals Council may deny, dismiss, or grant a request for review. If the Appeals Council denies or dismisses the request for review, the hearing office decision becomes SSA's final decision. If the Appeals Council grants the request for review, it can (1) issue its own decision affirming, modifying, or reversing the hearing office decision or (2) remand the case to the hearing office for a new decision, additional evidence, or other action. If the Appeals Council issues its own decision, that decision becomes SSA's final decision. The Appeals Council may also review a case within 60 days of the hearing office decision on its own motion; that is, without a claimant requesting the review.

## Federal Court Role

If a claimant is dissatisfied with SSA's final decision, he or she may file a civil action with the following Federal Courts in this order: U.S. District Court, U.S. Court of Appeals (Circuit Court), and U.S. Supreme Court. Federal Courts have the power to dismiss, affirm, modify, or reverse SSA's final decisions and may remand cases to SSA for further action, including a new decision. If SSA's final decision is supported by "substantial evidence" and consistent with the *Social Security Act*, the court should affirm the decision.

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## Agency Initiatives for Improving Processing Time

Since Calendar Year 2006, the Social Security Administration (SSA) has implemented or modified a number of initiatives to reduce the amount of time it takes to process disability claims. We describe these initiatives below.

### Plan to Eliminate the Hearings Backlog and Prevent its Recurrence

In his May 23, 2007 testimony to Congress, the Commissioner of Social Security announced a plan to eliminate the backlog of hearing requests by 2013 and prevent its recurrence.<sup>1</sup> The Commissioner's plan focused on a number of initiatives to (1) improve hearing office procedures, (2) increase adjudicatory capacity, and (3) increase efficiency with automation and improved business processes. Examples follow.

- In 2007, SSA implemented the Aged Case initiative to improve hearing office procedures. Under this initiative, SSA eliminated cases 1,000 days old and older in Fiscal Year (FY) 2007, 900 days old and older in FY 2008, 850 days old and older in FY 2009, and 825 days old and older in FY 2010. Additionally, the Agency reported that it is on track to eliminate cases 775 days and older in FY 2011.
- In June 2007, SSA implemented the Informal Remand initiative to increase adjudicatory capacity. Under this initiative, SSA allows hearing offices to select cases based on certain profiles and return them to the disability determination services (DDS) to determine whether a fully favorable determination is appropriate.
- In FY 2008, SSA began developing the Electronic Business Process (eBP). The eBP assists the hearing offices in processing certified electronic folder cases. The eBP delineates standardized tasks performed by all hearing office and national hearing center personnel in an effort to maximize efficiency and consistency throughout the enterprise. All hearing offices now use the eBP system.

### Disability Case Processing System

In FY 2007, the Agency proposed developing a common Disability Case Processing System (DCPS) for the DDSs to position the Agency to leverage emerging technology; share workloads easily; and facilitate national implementation of policy changes. The Agency formed a Steering Committee (consisting of representatives from the regional offices, State DDSs, and Headquarters) to lead the effort. In November 2007, the

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<sup>1</sup> *Funding Social Security's Administrative Costs: Will The Budget Meet The Mission?*, 110<sup>th</sup> Cong. 110-715 (2007) (Written statement of Michael J. Astrue, Commissioner of Social Security).

Steering Committee held a summit to obtain input from the DDS community regarding the viability of developing a common DCPS. In May 2008, the DDS community overwhelmingly supported moving forward with the project. In February 2009, subject matter experts from every DDS along with representatives from the Office of Disability Adjudication and Review (ODAR) and other SSA components met and developed a “To-Be” model. In August 2009, the requirement solicitation sessions began. The Agency expects to release a test model for this project in 2011. On December 21, 2010, SSA awarded the contract for building DCPS to Lockheed Martin Corporation.

### **Quick Disability Determinations**

In August 2006, SSA implemented a computer process known as Quick Disability Determinations (QDD) in the Boston Region. In FY 2008, the Agency implemented the process nationwide. This process uses a predictive model to identify claims in which it is highly probable the claimant is disabled and the claimant’s allegations can be easily and quickly verified so the claim can be processed within 20 calendar days of receipt in the DDS.<sup>2</sup>

### **Compassionate Allowances**

In October 2008, SSA implemented the Compassionate Allowance process, which quickly identifies claims electronically involving diseases and other medical conditions that are so severe that they clearly meet SSA’s definition of disability. Like QDD, this process uses a predictive model, but it is simpler—selecting claims based solely on the claimant’s allegation of having a disease or other medical condition in the Agency’s list of Compassionate Allowance conditions.<sup>3</sup>

### **Single Decision-makers**

Since 1997, SSA has been piloting the use of Single Decision-makers in certain DDSs.<sup>4</sup> Single Decision-makers are disability examiners who can generally make disability determinations without sign-off by a medical/psychological consultant.<sup>5</sup> On November 12, 2010, the Agency implemented a new regulation to allow State Disability

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<sup>2</sup> In May 2009, we issued the report, *National Rollout of Quick Disability Determinations* (A-01-09-19030).

<sup>3</sup> In August 2010, we issued the report, *Compassionate Allowance Initiative* (A-01-10-21080).

<sup>4</sup> These DDSs are located in Alabama, Alaska, California (Los Angeles North and Los Angeles West Branches), Colorado, Florida, Guam, Kansas, Kentucky, Louisiana, Maine, Michigan, Missouri, Nevada, New Hampshire, New York, North Carolina, Pennsylvania, Vermont, Washington, and West Virginia.

<sup>5</sup> Medical/psychological consultant refers to physicians, psychologists, psychiatrists, optometrists, podiatrists, and speech-language pathologists employed by the DDS. 20 C.F.R. §§ 404.1616 and 416.1016. See also SSA, POMS, DI 24501.001 C 2.

Examiners to make fully favorable determinations in certain QDD and Compassionate Allowance cases without the approval of a medical/psychological consultant.<sup>6</sup>

## Listing of Impairments

SSA's Listing of Impairments (Listings) describes impairments considered severe enough to prevent an adult from doing any gainful activity or to cause marked and severe functional limitations in an individual younger than 18 years old. These Listings help SSA to more quickly identify individuals who are clearly disabled. The Agency is updating the Listings.

## Electronic Health Records

In FY 2008, the Agency implemented the Medical Evidence Gathering and Analysis Through Health Information Technology (MEGAHIT) prototype. This computer process automatically requests and receives standardized electronic health records. Once received, MEGAHIT analyzes the records and sends an alert to the DDS whether the claim might be an allowance according to SSA's Listings.

In August 2008, SSA began piloting MEGAHIT with Beth Israel Deaconess Medical Center in the Massachusetts DDS. In February 2009, the Agency began piloting MEGAHIT with MedVirginia in the Virginia DDS to obtain information from additional providers through the Nationwide Health Information Network, which connects diverse entities that need to exchange health information. Later, the Agency added the Richmond, Virginia, and Boston, Massachusetts, Hearing Offices to the pilot.

## Electronic Claims Analysis Tool

In 2006, SSA began testing the Electronic Claims Analysis Tool (eCAT) for the DDSs. The eCAT is a Web-based application that assists disability adjudicators in the analysis, documentation, and adjudication of disability claims in accordance with regulations. It also provides links to references, such as pertinent regulations and Social Security rulings, and produces an explanation for the disability determination. In May 2007, two DDSs began piloting eCAT. Later, several other DDSs joined the pilot. In December 2009, SSA's Commissioner announced eCAT's national rollout. In July 2010, the Agency released a new version of eCAT, which contained advanced functionality for the DDSs. It was also the initial release for the hearing offices.<sup>7</sup>

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<sup>6</sup> *Disability Determinations by State Agency Disability Examiners*, 75 F.R. 62676 (October 13, 2010) (to be codified at 20 C.F.R. pts. 404 and 416). See also SSA, POMS, DI 23023.001.

<sup>7</sup> In January 2011, we issued the report, *The Social Security Administration's Electronic Claims Analysis Tool* (A-01-10-11010).

## Recovery Act Initiatives

The *American Recovery and Reinvestment Act of 2009* (ARRA) provided SSA with \$500 million to help address the increasing disability and retirement workloads. With these funds, SSA's disability and retirement operations hired 1,530 new employees in local field offices, teleservice centers, and processing service centers, and 300 new employees in the State DDSs.<sup>8</sup> SSA also reported that ODAR hired 147 new administrative law judges and 1,322 hearing office support staff (including 506 decision writers and 392 other support staff).

Additionally, in FY 2009, the Agency invested about \$13 million in ARRA funds in information technology that included video conference equipment for hearing offices and workstations. The Agency also invested over \$17 million in ARRA funds for health information technology contracts with the health care community to provide electronic health records. Finally, in FY 2010, the Agency invested additional ARRA funds to add 13 new hearing offices (1 was an expansion of a satellite office) and 3 new satellite offices. It plans to add another eight hearings offices in FY 2011.

## Disability Direct

In FY 2010, SSA began implementing Disability Direct.<sup>9</sup> This initiative will increase the number of disability claims and appeals filed online.

- Individuals will be able to access a new online application for disability benefits, which will be easier to use than the current application and will include links, prompts, and other tools to assist them.
- Appointed representatives will be able to register online for services, such as accessing electronic folders for cases pending at the hearing level and uploading evidence to the electronic folders.
- Third parties and medical care providers will be able to provide information electronically to SSA on behalf of individuals filing for disability benefits. SSA is facing some challenges with the implementation of this part of the initiative, such as privacy issues and the authorization for releasing medical records.

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<sup>8</sup> In November 2009, we issued the report, *The Office of Operations' Staffing Plans Under the American Recovery and Reinvestment Act of 2009* (A-09-09-29157).

<sup>9</sup> We are conducting a review, *Controls over Social Security Internet Benefit Applications* (A-09-11-21165).

## **Integrated Disability Process**

The Integrated Disability Process is a Deputy Commissioner initiative that will identify and resolve long-standing disability policy and procedural issues. The overarching goal is to engage all disability components in making the best possible decisions for the Agency by having clear, consistent disability policy and procedures.

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## Scope, Methodology, and Sample Results

To achieve our objective, we:

- Reviewed the *Social Security Act* and Social Security Administration (SSA) regulations, rules, policies, and procedures on disability case processing and routing.
- Reviewed SSA's Performance and Accountability Reports for Fiscal Years 2006 and 2009 and the Office of the Inspector General's report, *Disability Claims Overall Processing Times* (A-01-08-18011), December 2008.
- Obtained data files of all disability decisions made in Calendar Year (CY) 2009. From these files, we identified the latest decision on a claim. We then excluded any decision to remand a claim to a lower adjudicative level. Through this analysis, we identified
  - ✓ 2,838,641 individuals who received initial/reconsideration determinations from the disability determination services (DDS);<sup>1</sup>
  - ✓ 620,007 individuals who received decisions from a hearing office;
  - ✓ 69,897 individuals who received decisions from the Appeals Council (AC); and
  - ✓ 6,041 individuals who received decisions from the Federal Courts.
- Randomly selected 275 sample cases from the DDS population and 100 sample cases from each of the other populations—for a total of 575 cases. For each case, we:
  - ✓ Reviewed records from SSA's systems, such as the DDS and Office of Hearings and Appeals Queries.
  - ✓ Reviewed documents in SSA's electronic disability folder.
  - ✓ Identified the primary diagnosis.
  - ✓ Calculated the number of days from the date of application to the date of denial or the date SSA paid all benefits due at the time of allowance.<sup>2</sup>

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<sup>1</sup> Some of these individuals had a DDS reconsideration determination in 2009, but the initial determination was in 2008.

<sup>2</sup> We did not do this calculation in cases such as those where we could not obtain either of these dates. When we could not do the calculation in a case, we replaced it with another case. In total, we replaced one DDS case, two hearing cases, four AC cases, and seven Federal Court cases.

- Used the results of these calculations to determine the average overall time of disability claims.
- Determined the average (1) processing time within each component and (2) processing time of initial disability claims, hearing decisions, and Appeals Council decisions based on SSA's performance measures.

We conducted our audit between September 2010 and January 2011 in Boston, Massachusetts. The entities audited were SSA's field offices, DDSs, and Payment Service Centers under the Deputy Commissioner for Operations; SSA's Disability Quality Branches under the Deputy Commissioner for Quality Performance; and SSA's administrative law judges and AC under the Deputy Commissioner for Disability Adjudication and Review. 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 RESULTS

<b>Table D-1: 2009 Initial Disability Determinations</b>	
Population size	2,838,641
Sample size	275
<b>Overall Claim Time</b>	
Average Overall Claim Time	119 days
Lower Limit	113 days
Upper Limit	125 days

Note: The limits above reflect a 90-percent confidence interval.

<b>Table D-2: 2009 Hearing Office Decisions</b>	
Population size	620,007
Sample size	100
<b>Overall Claim Time</b>	
Average Overall Claim Time	812 days
Lower Limit	768 days
Upper Limit	855 days

Note: The limits above reflect a 90-percent confidence interval.

<b>Table D-3: 2009 Appeals Council Decisions</b>	
Population size	69,897
Sample size	100
<b>Overall Claim Time</b>	
Average Overall Claim Time	1,164 days
Lower Limit	1,094 days
Upper Limit	1,235 days

Note: The limits above reflect a 90-percent confidence interval.

<b>Table D-4: 2009 Federal Courts Decisions</b>	
Population size	6,041
Sample size	100
<b>Overall Claim Time</b>	
Average Overall Claim Time	1,895 days
Lower Limit	1,777 days
Upper Limit	2,012 days

Note: The limits above reflect a 90-percent confidence interval.

## Sample Cases by Body System and Primary Diagnosis

The Social Security Administration’s (SSA) Listing of Impairments describes impairments 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 old. Most of the listed impairments are permanent or expected to result in death; however, some include a specific statement of duration. For all others, the evidence must show the impairment has lasted or can be expected to last for a continuous period of at least 12 months.

The Listings are organized by major body systems—14 for adults (Part A) and 15 for children (Part B), but adult criteria can be applied to children if the disease processes have a similar effect on adults and children (see Table E-1). Altogether, SSA has over 100 listed impairments.

<b>Table E-1: SSA’s Listing of Impairments by Body System</b>	
<b>Adults</b>	<b>Children</b>
	100.00 Growth Impairment
1.00 Musculoskeletal System	101.00 Musculoskeletal System
2.00 Special Senses and Speech	102.00 Special Senses and Speech
3.00 Respiratory System	103.00 Respiratory System
4.00 Cardiovascular System	104.00 Cardiovascular System
5.00 Digestive System	105.00 Digestive System
6.00 Genitourinary Impairments	106.00 Genitourinary Impairments
7.00 Hematological Disorders	107.00 Hematological Disorders
8.00 Skin Disorders	108.00 Skin Disorders
9.00 Endocrine System	109.00 Endocrine System
10.00 Impairments that Affect Multiple Body Systems	110.00 Impairments that Affect Multiple Body Systems
11.00 Neurological	111.00 Neurological
12.00 Mental Disorders	112.00 Mental Disorders
13.00 Malignant Neoplastic Diseases	113.00 Malignant Neoplastic Diseases
14.00 Immune System Disorders	114.00 Immune System Disorders

## Sample Cases by Body System and Primary Diagnosis

To perform this review, we obtained files of all disability decisions made in Calendar Year 2009. From these files, we randomly selected

- 275 individuals who received initial/reconsideration determinations from disability determination services (DDS),
- 100 individuals who received decisions from hearing offices,
- 100 individuals who received decisions from the Appeals Council (AC), and
- 100 individuals who received decisions from the Federal Courts.

Within each of our samples, the majority of claims had a primary diagnosis under the Musculoskeletal System and Mental Disorders body systems, as shown in Table E-2.

Body System	DDS Initial Claims		Hearing Office		AC		Federal Courts	
	Cases	Average Days	Cases	Average Days	Cases	Average Days	Cases	Average Days
Musculoskeletal System	58	114	41	762	35	1,193	55	1,951
Mental Disorders	89	133	23	885	35	1,188	19	1,784
All Other Body Systems	128	112	36	821	30	1,103	26	1,856
<b>Total/Average Per Sample</b>	<b>275</b>	<b>119</b>	<b>100</b>	<b>812</b>	<b>100</b>	<b>1,164</b>	<b>100</b>	<b>1,895</b>

Within each of our samples, the most commonly occurring primary impairments were Disorders of Back (under the Musculoskeletal System) and Affective Disorders (under Mental Disorders), as shown in Table E-3.<sup>1</sup>

Primary Impairment	DDS Initial Claims		Hearing Office		AC		Federal Courts	
	Cases		Cases		Cases		Cases	
Disorders of Back	26	10%	24	24%	21	21%	29	29%
Affective Disorders	39	14%	11	11%	16	16%	12	12%
All Others	210	76%	65	65%	63	63%	59	59%
<b>Total</b>	<b>275</b>	<b>100%</b>	<b>100</b>	<b>100%</b>	<b>100</b>	<b>100%</b>	<b>100</b>	<b>100%</b>

<sup>1</sup> Affective disorders are psychiatric diseases with multiple aspects, including biological, behavioral, social, and psychological factors. Major depressive disorder, bipolar disorders, and anxiety disorders are the most common affective disorders.

## Sample Hearing Office Cases with and Without Reconsideration Determinations

In most cases, an individual who disagrees with the Social Security Administration’s (SSA) determination on his or her initial disability claim may request up to three levels of administrative review: (1) reconsideration by the disability determination services (DDS), (2) hearing by an administrative law judge, and (3) review by the Appeals Council. However, the reconsideration step is eliminated for DDSs participating in the Disability Redesign Prototype (Alabama, Alaska, California—Los Angeles North and Los Angeles West Branches, Colorado, Louisiana, Michigan, Missouri, New Hampshire, New York, and Pennsylvania).

Of the 100 hearing office cases we sampled, 65 had reconsideration determinations on the disability claims and 35 did not.<sup>1</sup> The cases with reconsiderations took 842 days, on average, to complete through the hearing level while cases without reconsiderations took 755 days, on average, to complete through the hearing level. Although, it took 87 days longer, on average, to complete cases with reconsiderations than it did to complete cases without reconsiderations, SSA allowed both groups of cases at a similar rate, as shown in the table below.

Decisions on Hearing Office Cases						
Decision	Cases with Reconsiderations		Cases without Reconsiderations		Total	
Allow	44	68%	25	71%	69	69%
Deny	13	20%	6	17%	19	19%
Dismiss	7	11%	3	9%	10	10%
Withdraw	1	1%	1	3%	2	2%
<b>Total</b>	<b>65</b>	<b>100%</b>	<b>35</b>	<b>100%</b>	<b>100</b>	<b>100%</b>

<sup>1</sup> According to the latest data available from SSA, about 68 percent of hearing office cases had reconsideration determinations on disability claims that were filed in Calendar Year 2006 and 32 percent did not.

## Agency Comments



## SOCIAL SECURITY

### MEMORANDUM

Date: May 16, 2011 Refer To: S1J-3

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

From: Dean S. Landis /s/  
Deputy Chief of Staff

Subject: Office of the Inspector General Draft Report, "Overall Disability Claim Times for 2009"  
(A-01-10-10168)--INFORMATION

Thank you for the opportunity to review the draft report. Attached is our response to the report.

Please let me know if we can be of further assistance. You may direct staff inquiries to Frances Cord, Director, Audit Management and Liaison Staff, at (410) 966-5787.

Attachment

**COMMENTS ON THE OFFICE OF THE INSPECTOR GENERAL DRAFT REPORT,  
“OVERALL DISABILITY CLAIM TIMES FOR 2009” (A-01-10-10168)**

Your study confirms that we continue to improve the speed of our disability processes. We have achieved successes despite unprecedented growth in the number of disability claims received.

We offer the following comment on a specific section of your report.

**Page 10, Conclusion**

“While our measure tracks the time it takes a person to go through the entire disability process, SSA’s measures track the time it takes a person to go through specific segments of the process for the purpose of managing the workloads within each component. According to SSA, it would take significant time and resources to redesign the various systems involved in calculating processing times based on our measure. Therefore, although this information will help SSA officials and the Congress make decisions about the disability programs, the Agency informed us that its Office of Systems does not plan to pursue system changes to implement our suggested measure.”

**Comment**

We appreciate that you used a different technique in compiling your data. However, our measures are equally sound, so we choose not to alter our techniques. Your approach would not yield better information.

[SSA provided additional comments that were technical in nature, which we incorporated in the report where appropriate.]

## OIG Contacts and Staff Acknowledgments

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For additional copies of this report, please visit our Website 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-01-10-10168.

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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.

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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.

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

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