OFFICE OF
THE INSPECTOR GENERAL

SOCIAL SECURITY ADMINISTRATION

ADMINISTRATIVE COSTS
CLAIMED BY THE
OHIO DIVISION OF DISABILITY
DETERMINATION

September 2011   A-05-09-19127

AUDIT REPORT
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.
MEMORANDUM

Date: September 16, 2011

To: Nancy A. Berryhill
Regional Commissioner
Chicago

From: Inspector General

Subject: Administrative Costs Claimed by the Ohio Division of Disability Determination
(A-05-09-19127)

For our audit of Federal Fiscal Year (FY) 2008 and 2009 administrative costs claimed by the Ohio Division of Disability Determination (OH-DDD), our objectives were to

1. evaluate OH-DDD’s internal controls over the accounting and reporting of administrative costs;
2. determine whether costs claimed by the OH-DDD were allowable and funds were properly drawn; and
3. assess limited areas of the general security controls environment.

BACKGROUND

Disability determination services (DDS) in each State or other responsible jurisdiction perform disability determinations under the Social Security Administration’s (SSA) Disability Insurance and Supplemental Security Income programs according to Federal regulations. Each DDS is responsible for determining claimants’ disabilities and ensuring adequate evidence is available to support its determinations.

To make proper disability determinations, SSA authorizes each DDS to purchase medical examinations, x rays, and laboratory tests on a consultative basis to supplement evidence obtained from the claimants’ physicians or other treating sources. SSA reimburses the DDS for 100 percent of allowable reported expenditures up to its

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1 The Social Security Act §§ 221 and 1614, 42 U.S.C. §§ 421 and 1382c; see also 20 C.F.R. §§ 404.1601 et seq. and 416.1001 et seq.

2 20 C.F.R. §§ 404.1624 and 416.1024.
approved funding authorization, based on a State Agency Report of Obligations for SSA Disability Programs (Form SSA-4513).³

RESULTS OF REVIEW

We determined that costs claimed by the OH-DDD for the period October 1, 2007 through September 30, 2009 were allowable and properly allocated, and the system of internal controls over the accounting and reporting of administrative costs was effective. In addition, cumulative draws did not exceed cumulative disbursements during our audit period. Finally, our limited review of OH-DGG’s controls over its physical security and personally identifiable information generally showed that controls were in place. (See Appendix C for costs reported on Forms SSA-4513.) However, we found the following issues: (1) untimely cash draws; (2) a missing corrective action plan (CAP); and (3) incomplete or missing steps related to security and safety.

CASH DRAWS

Our review of cash draws for the first quarter of FY 2008 found that staff drew funds for personnel costs in some instances more than 3 days before the day the State would have made a payroll disbursement. The Cash Management Improvement Act of 1990 (CMIA) agreement requires that the State request funds no more than 3 days before it makes a disbursement.⁴ The cash draw situation improved in FY 2009. Our review of cash draws for the first quarter of FY 2009 affirmed that staff drew funds within 3 days.

We relied on representations made in the Single Audit of the State of Ohio for FYs ended June 30, 2008 and June 30, 2009 because the Ohio Rehabilitation Services Commission (OH-RSC) could not provide us with a copy of the CMIA agreement at the time of our review. To ensure the appropriate draw down of funds in accordance with Federal requirements, OH-RSC should continue monitoring its drawdown process and provide a copy of the CMIA agreement to the staff responsible for cash draws.

CORRECTIVE ACTION PLAN

Chicago regional office (RO) staff indicated that OH-DDD submitted DDS Security Checklists for FYs 2008 and 2009 and the FY 2009 CAP. However, OH-DDD did not submit a copy of a FY 2008 CAP or documentation to support that OH-DDD evaluated risks associated with any of its negative responses. SSA policy states any "no" answer made on a DDS Security Checklist requires a CAP or risk assessment.⁵ If a DDS does not submit a CAP as required, the risks may remain unaddressed, which could result in unauthorized access to sensitive SSA information.

³ See Appendix B for additional background, scope, and methodology.
⁵ SSA, POMS, DI 39567.410 — Exhibit: DDS Security Checklist (effective April 8, 2011).
In FY 2010, the Agency automated the DDS Security Checklists into a Web-based application, requiring that DDS staff provide comments or document planned corrective actions for any of its negative responses. The RO expects OH-DDD to complete its first online security checklist later this year. The RO should monitor the responses to the DDS Security Checklist to ensure that OH-DDD’s corrective action plan appropriately addresses any risks.

SECURITY AND SAFETY

Our audit identified issues regarding security, safety, and training practices at the OH-DDD, including (1) an incomplete security plan, (2) lack of security awareness training, and (3) undocumented evacuation and fire drills.

Security Plan

OH-DDD’s security plan was not current and did not contain all essential information required by SSA policy. We found parts of the plan were outdated, whereas other information was missing, although available in separate paper files. For example, the organizational chart for OH-DDD listed a director who had departed 2 years earlier. Additionally, OH-DDD did not provide some of the documentation required by Agency policy in the electronic files we reviewed. Table 1 outlines our findings.

<table>
<thead>
<tr>
<th>Security Plan Information Required by Agency Policy</th>
<th>Outdated</th>
<th>Incomplete or Missing Items</th>
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</thead>
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<tr>
<td>Part A – Physical Security Description</td>
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<td>✓</td>
</tr>
<tr>
<td>Part B – DDS Systems Interconnection Access</td>
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<td>✓</td>
</tr>
<tr>
<td>Part C – Systems Security Training</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>Part D – Systems Review/Recertification</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>Part E – Violation Reports and Resolution</td>
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<td>✓</td>
</tr>
<tr>
<td>Part F – Continuity of Operations</td>
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<td>✓</td>
</tr>
<tr>
<td>Part G – Disaster Recovery</td>
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<td>✓</td>
</tr>
<tr>
<td>Part H – Risk Assessment/Exceptions</td>
<td></td>
<td>✓</td>
</tr>
</tbody>
</table>

An outdated or incomplete security plan could result in a longer recovery period following a catastrophic event. To ensure the security plan remains meaningful, the RO should instruct OH-DDD to update its plan timely to meet SSA’s requirements.

Annual Security Awareness Training

OH-DDD staff was not completing annual security awareness training, nor was the RO monitoring OH-DDD’s compliance with the requirement. SSA policy states that management must (1) train personnel at least annually on security awareness and responsibilities in protecting personally identifiable information and maintaining integrity.

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6 SSA, POMS, DI 39567.160 — DDS Security Plan Overview (effective November 8, 2010).
and (2) validate the training. In addition, all employees and contractors must sign an annual statement acknowledging their understanding of security awareness. The DDS should keep the signed statement on file in the DDS for at least 1 year and send a copy to the designated RO component, such as the Center for Disability Programs or the Center for Security and Integrity (CSI).

We reviewed a sample of security awareness training acknowledgement statements for FY 2009 to ensure that the OH-DDD provided training to employees, and found the OH-DDD could only provide 18 of 25 (73 percent) of the forms. When we asked to view signed statements from FY 2010, we found that OH-DDD did not conduct the required annual training that year. Our review of signed statements from FY 2011 indicated OH-DDD generally documented that employees had completed the annual security awareness training.

When we spoke with regional management about this matter, we found that neither the Center for Disability Programs nor CSI at the Chicago RO had requested copies of the forms from any DDS in the Region. According to RO management, it planned to instruct the DDSs in the Region to send the forms to CSI in the future. Had the RO requested the forms, it would have found that OH-DDD did not conduct security awareness training in FY 2010.

The signed statements document that DDS employees and contractors are aware of systems security policies, and would “eliminate an excuse of ignorance” if rules are violated. SSA should instruct OH-DDD to conduct security awareness training annually. In addition, OH-DDD should continue to maintain the signed statements on file for a minimum of 1 year and send copies to the RO CSI. Finally, the RO should work with OH-DDD as well as the other DDSs in the Region to ensure the DDSs send adequate documentation to CSI to validate the training provided to employees and contractors.

**Evacuation and Fire Drills**

OH-DDD staff members informed us they do not maintain records of emergency evacuation schedules or shelter-in-place exercises. They also stated that the last drill of any type conducted was a fire drill in the spring/summer of 2009. SSA policy requires that each DDS office conduct evacuation drills twice annually and document the results. OH-DDD should ensure evacuation and fire drills, as well as shelter-in-place

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7 SSA, POMS, DI 39567.355.C.1 — *DDS Security Awareness and Training Overview* (effective May 16, 2011).

8 Id., at C.3.

9 Id.

exercises, are tracked and recorded by type and frequency. OH-DDD can use OH-RSC’s Checklist for Fire Emergency Drills and Plans Evaluation and the Checklist for Tornado Emergency Drills and Plans Evaluation to document the results of these exercises.

CONCLUSION AND RECOMMENDATIONS

Overall, OH-DDD had effective internal controls over the accounting and reporting of administrative costs for FYs 2008 and 2009. In addition, OH-DDD had satisfactory controls in place for its physical security and securing personally identifiable information. However, we identified issues with untimely cash draws, a missing corrective action plan, and incomplete or missing steps related to security and safety.

To improve controls over the drawdown of funds, we recommend SSA instruct OH-RSC to:

1. Continue to monitor its drawdown process to ensure it draws funds for OH-DDD in accordance with Federal requirements.
2. Provide a copy of the CMIA agreement to the staff responsible for cash draws.

To address the other issues identified in our report, we recommend SSA instruct OH-DDD to:

3. Update OH-DDD’s security plan to meet SSA requirements.
5. Maintain the signed annual security awareness acknowledgement statements on file for a minimum of 1 year, and send copies to the RO CSI.
6. Create and periodically update a schedule to track the type and frequency of all drills, including evacuation and fire drills and shelter-in-place exercises.

Finally, to improve regional oversight of DDS offices, we recommend SSA:

7. Monitor the responses to the DDS Security Checklist to ensure that OH-DDD’s CAP appropriately addresses any risks.
8. Work with OH-DDD as well as the other DDSs in the Region to ensure that the DDSs send adequate documentation to CSI to validate the training provided to employees and contractors.
AGENCY COMMENTS

SSA and the OH-DDD agreed with our recommendations. The comments from the Agency and the OH-DDD are included in Appendices D and E, respectively.

Patrick P. O'Carroll, Jr.
Appendices

APPENDIX A – Acronyms

APPENDIX B – Background, Scope, and Methodology

APPENDIX C – Schedule of Total Costs Reported on Forms SSA-4513—State Agency Reports of Obligations for SSA Disability Programs

APPENDIX D – Agency Comments

APPENDIX E – Ohio Division of Disability Determination Comments

APPENDIX F – OIG Contacts and Staff Acknowledgments
## Acronyms

<table>
<thead>
<tr>
<th>Acronym</th>
<th>Description</th>
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<tbody>
<tr>
<td>Act</td>
<td><em>Social Security Act</em></td>
</tr>
<tr>
<td>CAP</td>
<td>Corrective Action Plan</td>
</tr>
<tr>
<td>C.F.R.</td>
<td>Code of Federal Regulations</td>
</tr>
<tr>
<td>CMIA</td>
<td><em>Cash Management Improvement Act of 1990</em></td>
</tr>
<tr>
<td>CSI</td>
<td>Center for Security and Integrity</td>
</tr>
<tr>
<td>DDS</td>
<td>Disability Determination Services</td>
</tr>
<tr>
<td>DI</td>
<td>Disability Insurance</td>
</tr>
<tr>
<td>Form SSA-4513</td>
<td><em>State Agency Report of Obligations for SSA Disability Programs</em></td>
</tr>
<tr>
<td>FY</td>
<td>Fiscal Year</td>
</tr>
<tr>
<td>IT</td>
<td>Information Technology</td>
</tr>
<tr>
<td>OH-DDD</td>
<td>Ohio Division of Disability Determination</td>
</tr>
<tr>
<td>OH-RSC</td>
<td>Ohio Rehabilitation Services Commission</td>
</tr>
<tr>
<td>OMB</td>
<td>Office of Management and Budget</td>
</tr>
<tr>
<td>POMS</td>
<td>Program Operations Manual System</td>
</tr>
<tr>
<td>Pub. L. No.</td>
<td>Public Law Number</td>
</tr>
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<td>RO</td>
<td>Regional Office</td>
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<td>SSA</td>
<td>Social Security Administration</td>
</tr>
<tr>
<td>SSI</td>
<td>Supplemental Security Income</td>
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</table>
Background, Scope, and Methodology

BACKGROUND

The Disability Insurance (DI) program, established under Title II of the Social Security Act (Act), provides benefits to wage earners and their families in the event the wage earner becomes disabled. The Supplemental Security Income (SSI) program, established under Title XVI of the Act, provides payments to financially needy individuals who are aged, blind, or disabled.

The Social Security Administration (SSA) is responsible for implementing policies for the development of disability claims under the DI and SSI programs. Disability determinations under both the DI and SSI programs are performed by disability determination services (DDS) in each State, Puerto Rico, and the District of Columbia. Such determinations are required to be performed in accordance with Federal law and underlying regulation. In carrying out its obligation, each DDS is responsible for determining claimants’ disabilities and ensuring adequate evidence is available to support its determinations. To assist in making proper disability determinations, each DDS is authorized to purchase medical examinations, x rays, and laboratory tests on a consultative basis to supplement evidence obtained from the claimants’ physicians or other treating sources.

SSA reimburses the DDS for 100 percent of allowable reported expenditures up to its approved funding authorization. The DDS withdraws Federal funds through the Department of the Treasury’s Automated Standard Application for Payments System to pay for program expenditures. Funds drawn down must comply with Federal regulations and intergovernmental agreements entered into by the Department of the Treasury and States under the Cash Management Improvement Act of 1990. An advance or reimbursement for costs under the program must comply with the Office of Management and Budget’s (OMB) Circular A-87, Cost Principles for State, Local, and Indian Tribal Governments. At the end of each quarter of the Fiscal Year (FY), each DDS submits a State Agency Report of Obligations for SSA Disability Programs (Form SSA-4513) to account for program disbursements and unliquidated obligations.

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1 The Social Security Act §§ 221 and 1614, 42 U.S.C. §§ 421 and 1382c; see also 20 C.F.R. §§ 404.1601 et seq. and 416.1001 et seq.

2 31 C.F.R. § 205.

SCOPE

To accomplish our objectives, we reviewed the administrative costs Ohio Division of Disability Determination (OH-DDD) reported on its Forms SSA-4513 for FYs 2008 and 2009. For the periods reviewed, we obtained evidence to evaluate recorded financial transactions and determine whether they were allowable under OMB Circular A-87 and appropriate, as defined by SSA’s Program Operations Manual System (POMS).

We also:

- Reviewed applicable Federal laws, regulations, and pertinent parts of SSA’s POMS and other instructions pertaining to administrative costs incurred by OH-DDD and draw down of SSA funds.
- Interviewed staff at OH-DDD and SSA’s Chicago regional office.
- Evaluated and tested internal controls regarding accounting and financial reporting and cash management activities.
- Verified the reconciliation of official State accounting records to the administrative costs reported by OH-DDD on Forms SSA-4513 for FYs 2008 and 2009.
- Examined the administrative expenditures (Personnel, Medical, and All Other Non-personnel costs) incurred and claimed by OH-DDD for FYs 2008 and 2009 on Forms SSA-4513.
- Examined the indirect costs claimed by OH-DDD for FYs 2008 and 2009 and the corresponding indirect cost rate agreements.
- Compared the amount of SSA funds drawn to support program operations to the allowable expenditures reported on Forms SSA-4513.
- Conducted limited general control testing, which encompassed reviewing the physical access security at the DDS.
- Reviewed policies and procedures related to personally identifiable information to determine whether the DDS had controls in place to protect these data.

The electronic data used in our audit were sufficiently reliable to achieve our audit objectives. We assessed the reliability of the electronic data by reconciling them with the costs claimed on the Forms SSA-4513. We also conducted detailed audit testing on selected data elements in the electronic data files.

We performed our audit at the OH-DDD in Columbus, Ohio, and the Office of Audit in Chicago, Illinois, from September 2010 through July 2011. We conducted our 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 believe the evidence obtained provides a reasonable basis for our findings and conclusions based on our audit objectives.
METHODOLOGY

Our sampling methodology encompassed the three general areas of costs as reported on Forms SSA-4513: (1) Personnel, (2) Medical, and (3) All Other Non-personnel costs. We obtained computerized data from OH-DDD for FYs 2008 and 2009 for use in statistical sampling.

Personnel Costs

We sampled 50 employee salary items from 1 randomly selected pay period in FY 2009. We tested regular and overtime payroll and hours for each individual selected. We verified that approved time records were maintained and supported the hours worked. We tested payroll records to ensure OH-DDD correctly paid employees and adequately documented these payments. We also tested benefit calculations.

In addition, we sampled 50 medical consultant costs from FY 2009. We determined whether sampled costs were reimbursed properly and ensured the selected medical consultants were licensed.

Medical Costs

We sampled 100 medical evidence and consultative examination records (50 items from each FY) using a proportional random sample. We determined whether sampled costs were properly reimbursed.

All Other Non-Personnel Costs

We stratified all other non-personnel costs into eight categories: (1) Occupancy, (2) Contracted Costs, (3) New Electronic Data Processing Equipment/Upgrades, (4) Communications, (5) Applicant Travel, (6) DDS Travel, (7) Supplies, and (8) Miscellaneous. We selected a stratified random sample of 50 items from each FY based on the percentage of costs in each category (excluding the rent portion of Occupancy) to total costs. We also performed a 100-percent review of the rent portion of Occupancy expenditures.
Appendix C

Schedule of Total Costs Reported on Forms SSA-4513—State Agency Reports of Obligations for SSA Disability Programs

Ohio Division of Disability Determination

<table>
<thead>
<tr>
<th>REPORTING ITEMS</th>
<th>DISBURSEMENTS</th>
<th>UNLIQUIDATED OBLIGATIONS</th>
<th>TOTAL OBLIGATIONS</th>
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</thead>
<tbody>
<tr>
<td>Personnel</td>
<td>$83,936,889</td>
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<tr>
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<tr>
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<tr>
<td>All Other</td>
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FY 2008

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<td>Medical</td>
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<td>Indirect</td>
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<td>All Other</td>
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<td><strong>TOTAL</strong></td>
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FY 2009

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</tr>
</tbody>
</table>
DATE: August 31, 2011
TO: Inspector General
FROM: Regional Commissioner
Chicago
SUBJECT: Audit # 22009036- Request Draft Report Comments (A-05-09-19127) -- REPLY

Thank you for the opportunity to comment on the subject draft report “Administrative Costs Claimed by the Ohio Division of Disability Determination” (A-05-09-19127). We have completed our review, and are pleased to concur with your assessment that the DDS’ internal controls over administrative cost accounting and reporting are effective. We agree with the findings contained in the draft report, and have no additional comments.

In addition, I want to acknowledge your staff for its efforts in conducting such a comprehensive review under sometimes challenging circumstances. The audit team worked closely with staff from both the Regional Office and the Ohio DDS, and we truly appreciate the open lines of communication.

If members of your staff have any questions, they may contact Chris Wood, Management and Operations Support, Financial Management Team, at 312-575-4145.

/s/
Mark Moskop for
Nancy A. Berryhill
September 2, 2011

Mr. Deborah Kinsey
Audit Manager
SSA/OIG
Chicago Audit Division

Dear Ms. Kinsey,

In response to your draft audit (A-05-09-19127) dated August 11, 2011, the Ohio Division of Disability Determination concurs with your findings.

We will take the appropriate steps to ensure that we are in compliance with all policies and procedures as outlined in your recommendations.

We wish to thank the audit team for their professionalism and assistance to help us address these issues.

Please do not hesitate to contact me if you need any additional information.

Sincerely,

Erik Williamson
Deputy Director for Disability Determination
Ohio Rehabilitation Services Commission
400 E. Campus View Blvd
Columbus, OH 43035
Appendix F

OIG Contacts and Staff Acknowledgments

OIG Contacts

Walter Bayer, Director, Chicago Audit Division
Deborah Kinsey, Audit Manager, Chicago Office

Acknowledgments

In addition to those named above:

Elizabeth Ochoa, Senior Auditor
Nichole Bazemore, Auditor
Linda Smid, Auditor
Wai Ho Yung, Auditor

For additional copies of this report, please visit our Website at 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-05-09-19127.
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