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**OFFICE OF  
THE INSPECTOR GENERAL**

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**SOCIAL SECURITY ADMINISTRATION**

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**OFFICE OF DISABILITY  
ADJUDICATION AND REVIEW  
DECISION-WRITING PROCESS**

**November 2010**

**A-02-09-19068**

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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.**

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## SOCIAL SECURITY

### **MEMORANDUM**

**Date:** November 17, 2010                              **Refer To:**

**To:** The Commissioner

**From:** Inspector General

**Subject:** Office of Disability Adjudication and Review Decision-Writing Process (A-02-09-19068)

### **OBJECTIVE**

The objective of our review was to determine the impact of the Findings Integrated Templates (FIT) and the Decision Writer Statistical Index (DWSI) initiatives on the timeliness and quality of written decisions.

### **BACKGROUND**

The Office of Disability Adjudication and Review (ODAR) administers the hearings and appeals process for the Social Security Administration (SSA). Applicants have the right to appeal any decision SSA makes on whether they are entitled to Social Security benefits or eligible for Supplemental Security Income payments. If SSA determines an individual no longer meets the requirements for such benefits or payments, or finds that an individual is overpaid, he or she has the right to request a review of SSA's decision. Administrative law judges (ALJ) review evidence presented by applicants and/or medical and vocational experts, including testimony presented at hearings, and make an independent decision to allow or deny the applicants' disability claims.

If an applicant disagrees with an ALJ's decision, he or she may file a request for review with the Appeals Council (AC). The AC will grant a request for review if there appears to be an abuse of discretion by the ALJ, there is an error of law, substantial evidence does not support the ALJ's decision, or there is a broad policy or procedural issue that may affect general public interest.<sup>1</sup> If the AC decides to review a case, it will either decide the case itself or return it to an ALJ for further review.<sup>2</sup>

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<sup>1</sup> 20 C.F.R. §§ 404.970 and 416.1470.

<sup>2</sup> 20 C.F.R. §§ 404.967 and 416.1467.

If the applicant disagrees with the AC's decision, or if the AC decides not to review the applicant's case, he or she can obtain a review by filing a civil suit in a Federal district court.<sup>3</sup> SSA's Office of the General Counsel (OGC) is responsible for processing and handling litigation.

### ***Written Decisions***

ALJs' decisions are written in most cases by Decision Writers (DW) who are generally paralegals or attorneys. ALJs provide instructions to DWs on the content needed in each decision. Per a March 2010 memorandum from the Chief ALJ,<sup>4</sup> ALJs are responsible for providing clear directions on the rationale supporting the resolution of each issue necessary to reach the ultimate decision on the claim. The ALJ's instructions must cite the pertinent evidence or testimony and any observations or comments regarding credibility. DWs are responsible for providing an adequate draft decision that is factually correct; complies with the drafting instructions; is prepared in a timely manner; is persuasive; properly analyzes the legal issue of the claim; has proper spelling, punctuation, and grammar; and includes an adequate rationale for each finding.

FIT was released to all hearing offices in January 2006. FIT was designed to address quality issues in ALJ decisions, notably legal error or poorly articulated rationale. With FIT, a DW does not have to cut and paste from old decisions to prepare the most common types of decisions. FIT provides more than 2,000 templates in 14 categories that cover the majority of decisional outcomes. Each template provides an analytical framework designed to ensure the relevant issues are addressed in a decision.

SSA implemented the DW Productivity Improvement initiative, which was subsequently renamed DWSI, in Fiscal Year (FY) 2007 to improve the timeliness of the draft decisions the ALJs receive from DWs and to assess DW productivity. According to the Commissioner's May 2007 testimony to the Senate Finance Committee summarizing initiatives to eliminate SSA's hearings backlog, DWSI has three parts: (1) advising DWs on how long it should take, on average, to draft decisions; (2) encouraging supervisors to assign work in smaller units more frequently; and (3) publishing a monthly Decision Writer Performance Report by hearing office and region. The Commissioner stated that drafting legally sufficient decisions, absent any special circumstances, should take, on average, 4 hours for fully favorable decisions and 8 hours for partially favorable or unfavorable decisions.<sup>5</sup>

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<sup>3</sup> The Social Security Act § 205(g), 42 U.S.C. § 405(g).

<sup>4</sup> "Message from the Chief Judge on Quality Decisions" from Frank A. Cristaldo to all Hearing Operations Personnel, March 19, 2010.

<sup>5</sup> Testimony of Michael J. Astrue, Commissioner of Social Security, before the Senate Finance Committee, May 23, 2007. [http://mwww.ba.ssa.gov/legislation/testimony\\_052307\\_addendum.htm](http://mwww.ba.ssa.gov/legislation/testimony_052307_addendum.htm).

To determine the effectiveness of the FIT and DWSI initiatives, we reviewed decision-writing statistics and surveyed 171 DWs, 131 ALJs, and all 13 administrative appeals judges (AAJ) from the AC. We also interviewed Headquarters-based employees of SSA's OGC.

## RESULTS OF REVIEW

While the average number of decisions drafted by DWs each day had increased slightly since FIT and DWSI were introduced, we were unable to determine whether the recommended decision-writing timeframes established by DWSI were met. ODAR did not measure decision-writing times in its Case Processing and Management System (CPMS)—ODAR's management information system. In terms of quality, FIT helped provide uniformity and consistency in written decisions, and the percentage of remanded cases from the AC was lower after FIT and DWSI were introduced. Still, staff reported FIT did not cover all possible decision-writing scenarios, and some improvements were possible.

## TIMELINESS OF WRITTEN DECISIONS

The number of decisions written in 1 day, on average, increased since the introduction of FIT and DWSI. In FY 2009, DWs drafted 1.31 decisions per day, on average. This increased from the 1.18 decisions written, on average per day in 2005, the year before FIT was introduced.

Fiscal Year	Average Decisions Drafted per DW per Day
2009	1.31
2008	1.24
2007	1.20
2006	1.22
2005	1.18

We attempted to determine whether DWs were meeting the expected decision-writing timeframes established by DWSI and whether there was a change in the time needed to write decisions since FIT and DWSI were introduced. However, we were unable to do so because ODAR's CPMS did not track the time DWs took to write decisions. The only statistic CPMS produced that addressed the timeliness of cases was the number of decisions drafted per DW per day, which is displayed in the previous table. Although ODAR published a monthly Decision Writer Performance Report, as required by DWSI, the Report did not include how long it took DWs, on average, to draft favorable, partially favorable, or unfavorable decisions. As such, we were unable to determine whether decision-writing times had changed since the introduction of FIT and DWSI and whether DWs met the goals established in DWSI.

### **DW Responses on Timeliness**

While we were unable to determine whether changes occurred in decision-writing timeliness, most DWs reported that the time needed to complete decisions had decreased or stayed the same since the introduction of FIT. Only one DW responded that the time needed to draft a fully favorable decision increased, and 10 percent responded that the time needed to draft a partially favorable or unfavorable decision increased.

#### **DW Responses on the Time Needed to Complete a Draft Decision since FIT**

Time Needed to Complete a Draft	Fully Favorable Decisions*	Partially Favorable or Unfavorable Decisions*
Decreased	43% (59)	31% (42)
Stayed the same	34% (47)	36% (49)
Increased	1% (1)	10% (14)
Did not know the impact	22% (30)	23% (32)

\*137 DWs responded to the question in our survey on the time needed to draft a decision.

The numbers in parentheses in the table indicate the number of respondents for each response.

Of the 140 DWs who responded to the questions on whether they were informed of how long it should take to draft decisions, 134 (96 percent) were informed about the guidelines. Of these, 87 (65 percent) DWs reported that they met those guidelines. Sixty-three (47 percent) stated the expected time for drafting a decision established under DWSI was reasonable; 70 (52 percent) stated the expected time was unreasonable. Because of the lack of data on the time to draft decisions, we were unable to independently confirm the percentage of DWs who met the DWSI guidelines.

### **ALJ Responses on Timeliness**

As shown in the following table, almost half the ALJs responded that they did not know the impact FIT had on decision-writing time. Of those who reported it had an impact, most stated the time needed to draft a decision had decreased since the implementation of FIT.

#### **ALJ Responses on the Time Needed to Complete a Draft Decision since FIT**

Time Needed to Complete a Draft	Fully Favorable Decisions*	Partially Favorable or Unfavorable Decision*
Decreased	37% (40)	26% (28)
Stayed the same	17% (18)	22% (24)
Increased	1% (1)	5% (5)
Did not know the impact	45% (49)	47% (51)

\*108 ALJs responded to the question in our survey on the time needed to draft a decision.

The numbers in parentheses in the table indicate the number of respondents for each response.

## QUALITY OF WRITTEN DECISIONS

ALJ decisions containing legal error or lack of substantial evidence to support findings or conclusions may be remanded by the AC to an ALJ for further proceedings. Believing that well-written decisions should be less likely to be remanded, we reviewed the percentage of cases remanded in FYs 2006 through 2009. The percentage of remanded cases from the AC initially increased after FIT and DWSI were introduced, but decreased in 2008.

Fiscal Year	Number of Request for Review Dispositions	Number Remanded	Remand Percentage <sup>6</sup>
2009	89,066	19,700	22
2008	83,407	18,765	22
2007	87,129	23,121	27
2006	93,538	23,083	25
2005	94,083	22,739	24

Of the 13 AAJs, 11 responded to our survey, and all 11 partly attributed the decline in remand rates to the implementation of FIT. They believed the templates encouraged ALJs and DWs to draft higher quality decisions in accordance with law, regulations, and policy. All the AAJs who responded stated that FIT played a role in providing the key elements of a decision and improved the quality of written decisions.

However, the AAJs who responded stated that other initiatives also played a role in the decreased remand rates. For example, a new initiative encouraged AAJs to correct problematic ALJ decisions at the AC level if no further development at the hearing level was required. In addition, AAJs issued more favorable decisions in conjunction with SSA's Aged Claim initiative.<sup>7</sup>

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<sup>6</sup> The remand percentage rate equals the number of remanded cases divided by the number of request for review dispositions.

<sup>7</sup> The Aged Claim Initiative is discussed in our September 2009 report, *Aged Claims at the Hearing Level* (A-12-08-18071), available at <http://www.socialsecurity.gov/oig/ADOBEPDF/A-12-08-18071.pdf>. The Aged Claim Initiative was a plan to eliminate all cases more than 1,000 days old by the end of FY 2007. In FY 2008, the goal was to eliminate all cases more than 900 days old, and in FY 2009, it was to eliminate all cases more than 850 days old. For FY 2010, the goal was to eliminate all cases that were 825 days old or older.

Of DWs surveyed who responded, 55 percent stated that FIT helped improve the quality of decisions they wrote. The majority of DWs (64 percent) responded that using FIT made it easier to determine the key elements of a decision, such as the date of onset, residual functional capacity,<sup>8</sup> rationale, and past relevant work.

While 77 percent of ALJs also stated FIT helped them provide the key elements of a decision, they were less convinced FIT improved the quality of written decisions. Fifty-eight percent of the ALJs surveyed were neither more nor less satisfied with the quality of decisions drafted by DWs since the implementation of FIT. Some of these ALJs commented that any improvement in decision-writing quality was due to the skill of the DW reviewing the evidence and justifying the decision properly as opposed to the use of FIT. Similarly, 74 percent of ALJs responded that DWSI did not improve the quality of written decisions.

### ***Limitations of FIT***

We interviewed OGC staff at SSA's Headquarters on FIT. The staff we interviewed reported their answers were based on comments on FIT they solicited from regional OGC staff. There was no overall consensus as to whether FIT improved the quality and defensibility of decisions. Some OGC staff believed the use of boilerplate language could make decisions more defensible in jurisdictions that were already inclined to give ALJ decisions deference, but the boilerplate language could also cause a problem. Some FIT templates include language stating what the ALJ must consider or evaluate to reach a decision. If the ALJ did not address all those factors or evidence, the boilerplate language served to highlight the vulnerabilities in the decision.

Of the 11 AAJs who responded to our survey, 5 stated a lack of adequate rationale was the most significant problem with FIT-based decisions. According to one AAJ, many decisions contained a summary of medical evidence and a conclusion regarding the claimant's residual functional capacity without providing a rationale to support the findings. Per the AAJ, ". . . decisions should not rely on 'boilerplate' language to address treating and non-treating source<sup>9</sup> opinions and subjective complaints. Instead, they should cite specific facts and evidence and explain why the ALJ accepted or rejected the evidence."

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<sup>8</sup> Per SSA's Program Operations Manual System (POMS), DI 24510.001, a residual functional capacity assessment is an administrative determination of an individual's capacity to perform work-related physical and mental activities and describes what an individual is able to do, despite functional limitations resulting from a medically determinable impairment(s) and impairment-related symptoms.

<sup>9</sup> Per POMS, DI 22505.001B, a treating source is an individual's own physician, psychologist, or other acceptable medical source who provides or has provided the individual with medical treatment or evaluation, and has or has had an ongoing treatment relationship with the individual. If the individual's relationship with the source is not based on medical need for treatment or evaluation, but solely on the individual's need to obtain a report in support of his or her claim for disability, the medical source will be considered a non-treating source.

Per the DWs and ALJs surveyed, FIT did not cover all issues that arose in drafting decisions. Specifically, FIT did not have templates to address non-disability issues, such as overpayments, windfall offset provisions, common-law marriage, the 5-month waiting period, excess resource cases, or paternity cases. These types of issues had to be written outside FIT.

DWs and ALJs also reported that certain cases required a DW to place inaccurate information in FIT that needed to be corrected later. Some examples follow.

- In the “Later Onset” concurrent claim template, an “expired Date Last Insured [DLI]”<sup>10</sup> option was not available. If an amended onset date falls after the DLI, the DW could not proceed to the next phase of the template without inserting a fictitious date that fell before the DLI. The DW had to remember to make the correction at the end of the process.
- There were instances when the appropriate categories were not available as options, and a DW had to insert a different age or education category for the claimant and correct that information later in the decision-writing process. For example, an individual may be in one age category on the date he or she became disabled but may be in the next age category on the date of the ALJ’s decision.

Of DWs who responded to a question on drafting decisions outside FIT, 76 (54 percent) reported they drafted a percentage of their decisions outside FIT. They reported that the reason they drafted decisions outside FIT was technical or non-disability decisions that did not have an appropriate FIT template. Of these DWs, 57 (75 percent) drafted 5 percent or less of their decisions outside FIT. Further, 5 percent (4) reported that they did not use FIT for 75 to 100 percent of their decisions. Three ALJs reported they used non-FIT templates instead of FIT templates. According to one of these ALJs, “I have my own decision-writing program, most of which I wrote prior to implementation of FIT, which I believe is far superior to FIT.” One DW stated that none of the ALJs in his hearing office used FIT.

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<sup>10</sup> Per POMS, RS 00301.148.A, DLI is the last day in the last quarter when disability insured status is met. According to POMS RS 00301.101.A, to meet insured status, an individual must have the required number of earnings credits, called “quarters of coverage,” on his or her earnings record. For certain benefits, the quarters of coverage must be earned within a specific timeframe. If an individual becomes disabled after the DLI, he or she cannot be entitled to Title II benefits, but still may qualify for Title XVI benefits. Sometimes an individual files a concurrent claim for both Title II and Title XVI benefits, alleging he or she became disabled before the DLI, but the ALJ awards benefits based on a later date of onset—after the DLI.

## **CONCLUSION AND RECOMMENDATIONS**

Although the number of decisions drafted per day per DW, on average, had increased since the implementation of FIT and DWSI, it was not clear whether there was a change in the timeliness of written decisions since CPMS did not track the time needed to draft decisions. While we were unable to determine the impact of FIT and DWSI on the overall timeliness of the decision-writing process, they appeared to have some impact on the quality of written decisions. Still, the staff we surveyed reported some limitations with FIT.

Accordingly, we recommend that SSA:

1. Measure the time DWs take to draft decisions, which would allow ODAR management to measure the impact of initiatives implemented to reduce decision-writing times.
2. Determine whether guidance within FIT could be improved to better guide DWs to include adequate rationales for the conclusion outlined in the decisions they draft.
3. Add more templates to address non-disability issues not currently covered by FIT if it is cost-beneficial to do so.
4. Modify FIT to ensure DWs do not have to enter inaccurate information to make certain cases work within FIT.
5. Encourage DWs and ALJs to use FIT to ensure decisions are consistently drafted.
6. Identify the ALJs who use non-FIT templates and assess whether the templates they created provide any useful lessons on how to improve the FIT process.

## **AGENCY COMMENTS AND OIG RESPONSE**

SSA agreed with five of our six recommendations. However, it disagreed with our first recommendation to measure the time DWs take to draft decisions. We continue to believe it is important to measure the timeliness of the various parts of the hearing process when trying to reduce the time it takes to finalize decisions. While the Commissioner has stated a goal for decision-writing timeliness, the Agency currently has no method to measure whether that goal is achieved. Measuring the decision-writing time will allow ODAR management to determine the effectiveness of efforts to reduce it. For the full text of the Agency comments, please see Appendix C.



Patrick P. O'Carroll, Jr.

# **Appendices**

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[\*\*APPENDIX A\*\*](#) – Acronyms

[\*\*APPENDIX B\*\*](#) – Scope and Methodology

[\*\*APPENDIX C\*\*](#) – Agency Comments

[\*\*APPENDIX D\*\*](#) – OIG Contacts and Staff Acknowledgments

## ***Appendix A***

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### **Acronyms**

AAJ	Administrative Appeals Judge
AC.	Appeals Council
ALJ	Administrative Law Judge
C.F.R	Code of Federal Regulations
CPMS	Case Processing and Management System
DLI	Date Last Insured
DW	Decision Writer
DWSI	Decision Writer Statistical Index
FIT	Findings Integrated Templates
FY	Fiscal Year
ODAR	Office of Disability Adjudication and Review
OIG	Office of the Inspector General
POMS	Program Operations Manual System
SSA	Social Security Administration

# **Scope and Methodology**

To accomplish our objective, we:

- Reviewed applicable sections of the *Social Security Act* as well as the Social Security Administration's (SSA) regulations, rules, policies, and procedures.
- Reviewed the May 23, 2007 testimony provided by the Commissioner of Social Security to the Senate Finance Committee on the initiatives to eliminate the hearings backlog.
- Obtained annual Decision Writer Performance reports, which contained program data from the Office of Disability Adjudication and Review's Case Processing and Management System (CPMS). The CPMS data we obtained were used to measure Decision Writer (DW) productivity in all 141 hearing offices for Fiscal Years 2006 through 2009.
- Developed a survey for DWs. The survey addressed the respondents' assessments of the timeliness and quality of written decisions since the Findings Integrated Templates (FIT) and the Decision Writer Statistical Index (DWSI) initiatives were implemented. In total, we sent surveys to 171 DWs. Over 80 percent of the DWs responded to our survey. Some DWs did not answer every question on the survey.
- Developed a survey for administrative law judges (ALJ). The survey addressed the respondents' assessments of the timeliness and quality of written decisions since the FIT and DWSI initiatives were implemented. In total, we sent surveys to 131 ALJs. Over 80 percent of the ALJs responded to our survey. Some ALJs did not answer every question on the survey.
- Developed a survey for administrative appeals judges (AAJ). The survey addressed the respondents' assessments of the quality of written decisions and impact on remand rates since the FIT and DWSI initiatives were implemented. We sent surveys to all 13 AAJs and 11 (85 percent) responded to our survey. Some AAJs did not answer every question on the survey.
- Met with regional Office of Disability Adjudication and Review personnel to determine the functions of CPMS relevant to decision-writing. We also inquired whether any data relevant to timeliness on the Decision Writer Performance reports were vulnerable to manipulation and whether there was any possibility of unauthorized access to the CPMS database.

- Interviewed staff from SSA's Office of the General Counsel to determine whether FIT helped make written decisions more legally defensible in court.

We conducted our audit in the New York Audit Division between January and April 2010. We found the data used for this audit were sufficiently reliable to meet our objective. The entity audited was the Office of 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 believe the evidence obtained provides a reasonable basis for our findings and conclusions based on our audit objectives.

## **Appendix C**

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### **Agency Comments**



## SOCIAL SECURITY

### MEMORANDUM

Date: October 22, 2010 Refer To: S1J-3

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

From: James A. Winn /s/  
Executive Counselor  
to the Commissioner

Subject: Office of the Inspector General Draft Report, "Office of Disability Adjudication and Review Decision-Writing Process" (A-02-09-19068) -- INFORMATION

Thank you for the opportunity to review the subject draft report. Please see our attached comments.

Please let me know if we can be of further assistance. You may direct staff inquiries to Rebecca Tohero, Acting Director, Audit Management and Liaison Staff, at (410) 966-6975.

Attachment

**COMMENTS ON THE OFFICE OF THE INSPECTOR GENERAL DRAFT REPORT,  
“OFFICE OF DISABILITY ADJUDICATION AND REVIEW DECISION-WRITING  
PROCESS ” (A-02-09-19068)**

We offer the following:

**GENERAL COMMENTS**

The objective of your review was to determine if the Findings Integrated Templates (FIT) and the Decision Writer Statistical Index (DWSI) had an impact on the timeliness and quality of written decisions. While you do not say it, we believe your findings support our view that FIT and DWSI are successful initiatives. You state, “[T]he average number of decisions drafted by DWs each day had increased slightly on average since FIT and DWSI were introduced,” and you present data showing that the number had increased from 1.18 to 1.31 in five years. We do not consider this a “slight” improvement, as you have characterized it; an 11 percent increase in productivity is significant. We expect that trend to continue.

In addition, and as we explain below, we already comply with many of your recommendations. Several of them deal with making improvements to FIT -- which we do routinely. We also invest in applications that look toward next-generation technologies to build on our success with FIT.

**RESPONSES TO RECOMMENDATIONS**

**Recommendation 1**

“Measure the time DWs take to draft decisions, which would allow ODAR management to measure the impact of initiatives implemented to reduce decision-writing times.”

**Response**

We disagree. We designed DWSI to compile performance data at an aggregate level, not by individual decision writer (DW). DWSI provides managers with important data, and they use it to measure overall productivity and the effectiveness of our initiatives. It is a valuable tool as is, and we have no need to modify it to produce individual DW information.

**Recommendation 2**

“Determine whether guidance within FIT could be improved to better guide DWs to include adequate rationales for the conclusion outlined in the decisions they draft.”

**Response**

We agree and will continually update and improve FIT. For example, in our July 2010 release, we provided a template to help DWs when they draft decisions involving overpayments. In addition, we assist DWs by making FIT template guidance available on the FIT website. We

also use a dedicated mailbox to answer questions, address comments, and consider suggestions on how to improve the FIT process.

### **Recommendation 3**

“Add more templates to address non-disability issues not currently covered by FIT if it is cost-beneficial to do so.”

#### Response

We agree and will continue efforts similar to those described under recommendation 2 above. In addition, we are currently evaluating potential options for non-disability template(s) for future releases.

### **Recommendation 4**

“Modify FIT to ensure DWs do not have to enter inaccurate information to make certain cases work within FIT.”

#### Response

We agree. We continually review FIT processes and work to identify opportunities for improvements. Where we identify possible enhancements in the future, we will make them to the extent we have the resources available.

#### Comment

This recommendation relates to the “Limitation of FIT” issues you discuss on pages 6 and 7. You state, “DWs and ALJs also reported that certain cases required a DW to place inaccurate information in FIT that needed to be corrected later.” You provide two examples on page 7.

The first example reads:

- In the “Later Onset” concurrent claim template, an “expired Date Last Insured [DLI]” option was not available. If an amended onset date falls after the DLI, the DW could not proceed to the next phase of the template without inserting a fictitious date that fell before the DLI. The DW had to remember to make the correction at the end of the process.

#### Response

We modified the FIT template and corrected this in an August 2010 FIT release.

The second example reads:

- There were instances when the appropriate categories were not available as options, and a DW had to insert a different age or education category for the claimant and correct that information later in the decision-writing process. For example, an individual may be in one age category on the date he or she became disabled but may be in the next age category on the date of the ALJ's decision.

Response

We are currently reviewing this issue.

**Recommendation 5**

“Encourage DWs and ALJs to use FIT to ensure decisions are consistently drafted.”

Response

We agree and already encourage administrative law judges (ALJ), attorney adjudicators, and DWs to use FIT to draft decisions. For example, our Chief ALJ issued a memorandum to that group on September 29, 2010 and stated that “FIT dismissal templates are excellent tools that help prepare legally sufficient dismissal orders by propagating the required case information into the order and prompting the author for the necessary rationale.” In addition, we provide a FIT user guide and other information via the Intranet. We train new DWs and ALJs on how to use FIT and provide videos-on-demand via the Office of Learning’s website. Finally, we operated FIT booths at all of the annual national judicial education programs and used that time to encourage ALJs to use FIT.

**Recommendation 6**

“Identify the ALJs who use non-FIT templates and assess whether the templates they created provide any useful lessons on how to improve the FIT process.”

Response

We agree. You provided us the names of the three ALJs you mentioned on page 7. We are reviewing their methods to determine if they have wider application to FIT processes. We will continue to solicit input from all FIT users via the techniques we describe above.

**FINAL COMMENT**

While we agree with most of your recommendations, we consider all six closed for tracking purposes. As our responses indicate, we are already complying with most of your suggestions, and we will always be looking to improve our processes.

## ***Appendix D***

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# **OIG Contacts and Staff Acknowledgments**

### ***OIG Contacts***

Tim Nee, Director, New York Audit Division

Christine Hauss, Audit Manager

### ***Acknowledgments***

In addition to those named above:

Charles Zaepfel, IT Specialist

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-02-09-19068.

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### **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.