
**OFFICE OF
THE INSPECTOR GENERAL**

SOCIAL SECURITY ADMINISTRATION

**ADMINISTRATIVE COSTS CLAIMED
BY THE OREGON DISABILITY
DETERMINATION SERVICES**

April 2012 A-09-11-11163

AUDIT REPORT



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SOCIAL SECURITY

MEMORANDUM

Date: April 25, 2012

Refer To:

To: Stanley Friendship
Regional Commissioner
Seattle

From: Inspector General

Subject: Administrative Costs Claimed by the Oregon Disability Determination Services
(A-09-11-11163)

OBJECTIVE

Our objectives were to (1) evaluate the Oregon Disability Determination Services' (OR-DDS) internal controls over the accounting and reporting of administrative costs; (2) determine whether costs claimed by OR-DDS were allowable and funds were properly drawn; and (3) assess, on a limited basis, the general security controls environment.

BACKGROUND

The Disability Insurance (DI) program, established under Title II of the *Social Security Act* (Act),¹ 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,² provides payments to financially needy individuals who are aged, blind, and/or disabled.

The Social Security Administration (SSA) implements policies for the development of disability claims under the DI and SSI programs.³ Disability determination services (DDS) in each State or other responsible jurisdiction perform disability determinations under both DI and SSI. A DDS is required to make disability determinations in accordance with Federal law and underlying regulations.⁴ In carrying out its obligation,

¹ *Social Security Act* § 223(a)(1); 42 U.S.C. § 423(a)(1).

² *Social Security Act* §§ 1602 and 1611; 42 U.S.C. §§ 1381a and 1382.

³ SSA, POMS, DI 00115.001 (May 21, 2009).

⁴ *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.*

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.⁵ The DDS withdraws Federal funds through the Department of the Treasury's (Treasury) Automated Standard Application for Payments system to pay for program expenditures. Funds drawn down must comply with Federal regulations⁶ and intergovernmental agreements entered into by Treasury and States under the *Cash Management Improvement Act of 1990*.⁷

An advance or reimbursement for costs under the program must comply with Office of Management and Budget (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 is required to submit a *State Agency Report of Obligations for SSA Disability Programs* (Form SSA-4513) to account for program disbursements and unliquidated obligations.⁸ The Form SSA-4513 reports expenditures and unliquidated obligations for Personnel, Medical, Indirect, and All Other Non-personnel costs.⁹

OR-DDS is a component of the Seniors and People with Disabilities Division within the Oregon Department of Human Services (OR-DHS). As of September 30, 2010, OR-DDS had disbursed administrative costs of \$25.2 million in FY 2009 and \$26.1 million in FY 2010, of which consultative examination (CE) costs were \$5.6 and \$5.8 million, respectively.

RESULTS OF REVIEW

Except for the payment of consultant examinations, OR-DDS had effective internal controls over the accounting and reporting of administrative costs. We found that all other administrative costs OR-DDS claimed were allowable and funds were properly drawn. Finally, OR-DDS had adequate controls over its general security controls environment. Specifically, we found that OR-DDS

⁵ 20 C.F.R. §§ 404.1626 and 416.1026.

⁶ 31 C.F.R. § 205.1 *et seq.*

⁷ Pub. L. No. 101-453, in part amending 31 U.S.C. §§ 3335, 6501, and 6503.

⁸ SSA, POMS, DI 39506.201 and 202 (March 12, 2002). POMS, DI 39506.200 B.4 (March 12, 2002) provides, in part, that "Unliquidated obligations represent obligations for which payment has not yet been made. Unpaid obligations are considered unliquidated whether or not the goods or services have been received."

⁹ *Id.*

- paid an estimated \$5.3 million in medical costs for CEs that exceeded the maximum amount allowed under Federal regulations (see Appendix C),
- needed to improve controls to properly secure its workspace from unauthorized access, and
- did not list 17 new laptop computers in its inventory records.

MEDICAL FEE SCHEDULE

OR-DDS did not establish a fee schedule for payment of medical services in accordance with Federal regulations and SSA policy. We found that OR-DDS developed a fee schedule based on payment rates from the State workers' compensation (WC) program. These rates generally exceeded the payment rates for the Medicare and Medicaid programs and the highest rate paid by other State agencies for the same or similar types of services. According to the Oregon Workers' Compensation Division, the WC rates were developed for private insurance companies and self-insured employers. Other State agencies paid medical providers based on the Medicaid fee schedule. As a result, SSA reimbursed OR-DDS for medical costs in excess of the maximum amount allowable under Federal regulations.

Federal regulations require that each State determine the payment rates for medical or other services necessary to make disability determinations. The rates may not exceed the highest rate paid by Federal or other State agencies for the same or similar types of services.¹⁰

SSA policy also requires that each State develop a fee schedule the DDS will use to pay for CEs. In developing a fee schedule, the DDS may use a Federal fee schedule or a fee schedule used by another State agency to purchase similar services. The other State agency could be the DDS parent agency, another agency in the same department or bureau as the DDS, or any other agency in the State—provided similar types of tests and services purchased by the DDS are also purchased by the other agency. If the DDS does not use an existing State fee schedule, the maximum payment rate will be based on the Medicare fee schedule.¹¹

SSA policy further requires that the DDS submit an annual CE oversight report, including a current fee schedule, to SSA within 45 days after the end of the FY.¹² SSA is required to review and forward the report to its Office of Disability Determinations, evaluate the DDS' management of the CE process, and assist the DDS in improving

¹⁰ 20 C.F.R. §§ 404.1624 and 416.1024.

¹¹ SSA, POMS, DI 39545.625 (September 21, 2007).

¹² SSA, POMS, DI 39545.550 (September 21, 2007) and DI 39545.575 (April 20, 2007).

its CE oversight.¹³ For FYs 2009 and 2010, we found that OR-DDS had submitted an annual CE oversight report to SSA, as required. In addition, SSA forwarded the reports to its Office of Disability Determinations but did not identify any instances of noncompliance.

Our review disclosed that Medicare paid the highest rate among Federal or other agencies in the State for the same or similar types of service. For FYs 2009 and 2010, OR-DDS paid \$11.2 million for 43,114 CEs. Based on a random sample of 200 CE payments, we found that, for 180 CEs, OR-DDS paid \$24,627 in excess of the amount allowed under the Medicare fee schedule. Projecting these results to our population of 43,114 CEs, we estimate that OR-DDS paid about \$5.3 million in excess medical costs for 38,803 CEs (see Appendix C).

OR-DDS believed the higher payment rates were necessary because of the scarcity of physicians in Oregon and the physicians' reluctance to accept Medicare rates for their services. However, according to SSA policy, if a DDS has difficulty obtaining specific examinations or tests, it must submit a written waiver request to the SSA regional office. The waiver request should include (1) documentation of the difficulties in obtaining the necessary testing, (2) specific proposed fees with an explanation of how those fees were derived, and (3) an analysis of projected change in annual medical costs.¹⁴ Our review disclosed that OR-DDS did not submit the waiver request to the SSA regional office, as required. SSA should work with OR-DDS to revise its fee schedule and ensure future CE payments do not exceed the highest rate allowable by Federal or other State agencies for the same or similar types of service.

PHYSICAL SECURITY

OR-DDS could improve its physical security controls. Specifically, the (1) janitorial service had access to DDS workspace after regular work hours and (2) ceiling to the computer room was not secured.

Janitorial Service – Non-DDS personnel had unsupervised access to the OR-DDS. The janitorial service cleaned the office after regular work hours and had access to sensitive information, including claimant files and records. OR-DDS believed the risk of unauthorized disclosure was mitigated because the janitorial service conducted background checks on its employees. However, the janitorial staff was not employed by OR-DDS.

SSA policy states that offices should be cleaned during work hours, if possible. If not possible, extra care should be taken to ensure documents containing personally identifiable information are kept secure overnight.

¹³ SSA, POMS, PM 00233.005 (November 14, 2011) and PM 00233.900 (May 23, 2007).

¹⁴ SSA, POMS, DI 39545.625 (September 21, 2007).

Physical safeguards are important to protect the security and confidentiality of sensitive SSA equipment and records. OR-DDS should arrange for janitorial services to be provided during regular work hours. If daytime cleaning is not possible, OR-DDS should ensure all sensitive information is locked after working hours.

Computer Room – OR-DDS believed the ceiling in the computer room was secure. However, the area above the ceiling was open and unobstructed. Therefore, unauthorized individuals could enter the computer room through the false ceiling. There was no intrusion detection system in these open areas or any type of barrier to prevent intrusion through the ceiling opening. OR-DDS stated the office building had noise sensors that would detect intrusions after regular work hours. However, additional controls were necessary to protect the computer room during work hours.

SSA policy states the walls of the computer room should have slab-to-slab construction to prevent unauthorized entry or be secured by a chain link fence, heavy wire mesh, or motion sensor device in the space between the facility's false and true ceiling.

The computer room housed the servers that store claimants' confidential information and about 40 surplus computers. The lack of adequate physical security safeguards placed sensitive SSA equipment and data at risk. OR-DDS should install a barrier or motion sensor above the computer room ceiling to further deter unauthorized entry.

INVENTORY RECORDS

OR-DDS did not list 17 new laptop computers in its inventory records. In October 2009, OR-DDS received the laptops when desktop computers had been ordered. OR-DDS subsequently received the desktop computers and decided to keep the laptops. However, as of May 2011, the laptops were not listed in OR-DDS' inventory records. OR-DDS should have inventoried the laptops immediately to reduce the risk of theft or loss.

SSA policy states the DDS is responsible for the maintenance and inventory of all equipment acquired—whether purchased through SSA or the State. The equipment inventory must include a description, source of funds used in purchase, inventory or serial number, date purchased, and physical location of the equipment.¹⁵

OR-DDS should maintain a current and accurate inventory list to properly safeguard its assets. During our review, OR-DDS took action to include the laptops in its inventory records. OR-DDS also strengthened its procedures over the receipt and disposal of its equipment.

¹⁵ 20 C.F.R. §§ 404.1628 and 416.1028; see also SSA, POMS, DI 39530.020.B.1 (October 1, 2002).

CONCLUSION AND RECOMMENDATIONS

SSA and OR-DDS needed to improve controls and procedures to ensure it establishes a fee schedule for payment of medical services in accordance with Federal regulations and SSA policy. In addition, OR-DDS needed to improve controls to properly (1) secure its workspace after regular work hours and access to its computer room and (2) list 17 new laptop computers in its inventory records.

We recommend that SSA:

1. Work with OR-DDS to ensure the payments for medical costs do not exceed the maximum amount allowed under Federal regulations.
2. Instruct OR-DDS to arrange for janitorial services during regular work hours. If daytime cleaning is not possible, ensure all sensitive information is secure after work hours.
3. Ensure OR-DDS implements controls to further secure the ceiling in the computer room.

AGENCY COMMENTS

SSA agreed with all our recommendations. For Recommendation 1, OR-DHS believed the OR-DDS had complied with SSA policy and was working with the SSA regional office to review its medical fee schedule. For Recommendations 2 and 3, OR-DHS stated the OR-DDS had taken, or was taking corrective action.

See Appendices D and E for the full text of SSA's and OR-DHS' comments.



Patrick P. O'Carroll, Jr.

Appendices

[APPENDIX A](#) – Acronyms

[APPENDIX B](#) – Scope and Methodology

[APPENDIX C](#) – Sampling Methodology and Results

[APPENDIX D](#) – Social Security Administration Comments

[APPENDIX E](#) – Oregon Department of Human Services Comments

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

Appendix A

Acronyms

Act	<i>Social Security Act</i>
CE	Consultative Examination
C.F.R.	Code of Federal Regulations
DDS	Disability Determination Services
DI	Disability Insurance
Form SSA-4513	<i>State Agency Report of Obligations for SSA Disability Programs</i>
FY	Fiscal Year
OIG	Office of the Inspector General
OMB	Office of Management and Budget
POMS	Program Operations Manual System
OR-DDS	Oregon Disability Determination Services
OR-DHS	Oregon Department of Human Services
Pub. L. No.	Public Law Number
SSA	Social Security Administration
SSI	Supplemental Security Income
Treasury	Department of the Treasury
U.S.C.	United States Code
WC	Workers' Compensation

Scope and Methodology

We reviewed the administrative costs the Oregon Disability Determination Services (OR-DDS) reported to the Social Security Administration (SSA) on its *State Agency Report of Obligations for SSA Disability Programs* (Form SSA-4513) for Federal Fiscal Years (FY) 2009 and 2010. Accordingly, OR-DDS reported the following disbursements and unliquidated obligations on its Form SSA-4513.

Category	FY 2009	FY 2010
Disbursements		
Personnel Costs	\$14,065,118	\$14,974,260
Medical Costs	7,604,373	7,912,596
Indirect Costs	1,225,016	957,249
All Other Non-personnel Costs	2,318,450	2,286,741
Total Disbursements	25,212,957	26,130,846
Unliquidated Obligations	247,180	1,241,145
Total Obligations	\$25,460,137	\$27,371,991

To accomplish our objective, we

- reviewed Office of Management and Budget Circular A-87, *Cost Principles for State, Local, and Indian Tribal Governments*; the Code of Federal Regulations; and SSA's Program Operations Manual System;
- reviewed OR-DDS' policies and procedures related to Personnel, Medical, Indirect, and All Other Non-personnel costs;
- interviewed employees from SSA, OR-DDS, Oregon Department of Human Services (OR-DHS), and Oregon Workers' Compensation Division;
- reconciled the amount of Federal funds drawn to support program operations to the allowable expenditures;
- examined the administrative costs incurred and claimed by OR-DDS for Personnel, Medical, and All Other Non-personnel costs during FYs 2009 and 2010;
- reconciled the accounting records to the administrative costs reported by OR-DHS on its Form SSA-4513 for FYs 2009 and 2010;
- selected a random sample of Personnel, Medical, and All Other Non-personnel costs;

- verified indirect costs for FYs 2009 and 2010 based on the approved indirect cost allocation plan;
- performed a physical inventory of equipment that SSA provided to the OR-DDS; and
- conducted a limited examination of OR-DDS' general security controls environment.

We determined 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 or comparing them with the costs claimed on the Form SSA-4513. We also conducted detailed audit testing on selected data elements from the electronic files.

We performed audit work at OR-DHS and OR-DDS in Salem, Oregon. We also performed audit work at the Office of Audit in Richmond, California. We conducted our fieldwork between May 2011 and February 2012.

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.

Sampling Methodology and Results

Our sampling methodology included the three general areas of costs reported on the *State Agency Report of Obligations for SSA Disability Programs* (Form SSA-4513): (1) Personnel, (2) Medical, and (3) All Other Non-personnel costs. We obtained computerized data from the Oregon Disability Determination Services (OR-DDS) for Federal Fiscal Years (FY) 2009 and 2010 for statistical sampling.

Personnel Costs

We randomly selected 1 pay period in FY 2010 and reviewed a random sample of 50 personnel transactions. We tested payroll records to ensure OR-DDS accurately paid its employees and adequately supported these payments.

Medical Costs

We selected 100 medical cost items for review. Using a stratified random sample, we selected 50 medical payment records from each FY. We distributed the sample items between medical evidence of record and consultative examination payments based on the proportional distribution of the total medical costs for each year.

In addition, we reviewed a random sample of 200 consultative examination payments to determine whether the payment rates exceeded the highest rate paid by Federal or other State agencies for the same or similar types of services. Based on our random sample, we determined OR-DDS paid \$24,627 in medical costs for 180 consultative examinations in excess of the amount allowed under the Medicare fee schedule. Projecting these results to our population of 43,114 consultative examinations, we estimate that OR-DDS paid about \$5.3 million in excess medical costs for 38,803 consultative examinations during FYs 2009 and 2010.

All Other Non-personnel Costs

We reviewed 100 All Other Non-personnel cost items. Using a stratified random sample, we selected 50 payment records for each FY. Before selecting the sample items, we sorted the transactions into the following categories: (1) contracted costs, (2) electronic data processing maintenance, (3) equipment purchases, (4) communication, (5) applicant travel, (6) OR-DDS travel, (7) supplies, (8) occupancy, and (9) miscellaneous. We then distributed the sample items between categories based on the proportional distribution of the total non-personnel costs for each year. We reviewed all transactions for contracted costs, equipment purchases, and occupancy costs for each year.

The following tables provide the details of our sample results and statistical projections.

Table C-1 – Population and Sample Size

Description	Number of Payments
Population Size	43,114
Sample Size	200

Table C-2 – Payments for Consultative Examinations in Excess of Medicare Rates

Description	Number of Payments	Amount Paid in Excess of Medicare Rates
Sample Results	180	\$24,627
Point Estimate	38,803	\$5,308,754
Projection - Lower Limit	36,997	\$4,674,581
Projection - Upper Limit	40,211	\$5,942,927

Note: All statistical projections are at the 90-percent confidence level.

Appendix D

Social Security Administration Comments

April 12, 2012

MEMORANDUM

TO: Inspector General
Office of the Inspector General

FROM: Regional Commissioner
Seattle Region

SUBJECT: Administrative Costs Claimed by the Oregon Disability Determination Services
(A-09-11-11163)—REPLY

This responds to the draft report of the Office of the Inspector General (OIG) audit of the Oregon Disability Determination Services' (OR-DDS) Administrative Costs (A-09-11-11163). Comments on the four recommendations are provided below:

Recommendation 1: Work with OR-DDS to ensure the payments for medical costs do not exceed the maximum amount allowed under Federal regulations.

Response: We concur. Staff from the Region's Center for Disability will be onsite in the OR-DDS during the week of April 16 to review and assist in revising the fee schedule to ensure full compliance with the Federal regulations.

Recommendation 2: Instruct OR-DDS to arrange for janitorial services during regular work hours. If daytime cleaning is not possible, ensure all sensitive information is secure after work hours.

Response: We concur. The DDS is in the process of instituting a clean desk policy. We anticipate full implementation of the policy by April 30, 2012.

Recommendation 3: Ensure OR-DDS implements controls to further secure the ceiling in the computer room.

Response: The DDS requested and received approval from the Seattle Regional Office for funding to install motion sensors to identify any intrusion through the ceiling. The motion sensors are tied to the existing security monitoring system, and installation was completed on March 30, 2012.

We appreciate the opportunity to comment on the draft audit recommendations. If your staff has any questions regarding our comments, please contact Don Larsen, Disability Program Administrator in the Center for Disability, at telephone number 206-615-2651.

Stanley C. Friendship

Appendix E

Oregon Department of Human Services Comments



Oregon

John A. Kitzhaber, MD, Governor

Department of Human Services
Aging & People with Disabilities
Developmental Disabilities
500 Summer St. NE, E-02
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April 11, 2012

Patrick P. O'Carroll, Jr.
Inspector General
Social Security Administration
Baltimore, MD 21235-0001

RE: Draft Report Number A-09-11-11163

Dear Mr. O'Carroll:

Thank you for the opportunity to respond to the draft audit report entitled, *Administrative Costs Claimed by the Oregon Disability Determination Services (A-09-11-11163)*. We have addressed the specific findings in the order they appear in the draft report.

The Oregon Department of Human Services (DHS), Disability Determination Services (DDS), would first like to provide the following additional information in regards to the finding that the *"DDS did not establish a fee schedule for payment of medical services in accordance with Federal regulations and Social Security Administration (SSA) policy."*

We feel the DDS complies with POMS DI 39545.625.B.1 and uses an existing state fee schedule that does not exceed the payment rates for other state agencies purchasing the same or similar types of services. Seventeen years ago, the DDS established our current consultative examination (CE) fee schedule based on the Workers' Compensation fee schedule used by other state agencies for payment of similar services. The DDS relied on the Oregon Administrative Rules (OARs) to support compliance with SSA policy.

As mentioned in the report, the DDS has routinely submitted an annual Oversight Report to the SSA Seattle regional office per POMS DI 39545.700. The DDS has also submitted to the Regional Office any updates to its payment rates for medical services as changes occurred. At no time did the SSA Seattle Regional Office

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direct the DDS to revise or change the CE fee schedule. It is our belief that the Oregon DDS CE rate schedule remains in compliance with SSA policy.

The Oregon Department of Human Services, Disability Determination Services, continues to be committed to controlling medical costs. The DDS has contacted the SSA Seattle Regional Office to begin the process of reviewing and possibly revising the fee schedule to align the consultative examination rates more closely to those of the other DDSs that have the same challenges in recruiting consultative examination providers.

We have the following responses in regards to the Physical Security findings in the report:

Janitorial Service

- Renegotiating the contract for the janitorial service to complete their work during regular business hours is not possible because staff who work with Mt. Angel Janitorial Services have other jobs during the day, and the janitorial service is not able to add additional staff at this time. As a result, the DDS is in the process of instituting a clean desk policy. We anticipate full implementation of the policy by April 30, 2012.

Computer Room

- The DDS worked with DHS facilities management to secure the computer room ceiling through installation of motion sensors to prevent intrusion through the ceiling. The DDS requested and received approval from the SSA Seattle Regional Office for the proposal and funding requirements. The installation of motion sensors, which are tied to the existing security monitoring system, was completed on March 30, 2012.

Inventory Records

- As mentioned in the report, the DDS did not list 17 new laptop computers in its inventory records. DDS staff will enforce the existing inventory policy and immediately put new equipment on the inventory list. The 17 laptops in question were added to the DDS inventory on May 3, 2011.

Thank you for the opportunity to comment on the draft report. If you or your staff have any questions regarding these comments, please contact Mary Gabriel, DDS Program Director, Oregon DDS at (503) 986-4809.

Sincerely,

Patricia E. Baxter
Chief Operating Officer

cc: Mary Gabriel, Oregon DDS
Erinn Kelley-Siel, Director

Appendix F

OIG Contacts and Staff Acknowledgments

OIG Contacts

James J. Klein, Director, San Francisco Audit Division

Jack H. Trudel, Audit Manager

Acknowledgments

In addition to those named above:

Daniel Hoy, Senior Auditor

For additional copies of this report, please visit our Website at <http://oig.ssa.gov/> or contact the Office of the Inspector General's Public Affairs Staff at (410) 965-4518. Refer to Common Identification Number A-09-11-11163.

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