
**OFFICE OF
THE INSPECTOR GENERAL**

SOCIAL SECURITY ADMINISTRATION

**DISABILITY DETERMINATION
SERVICES' USE OF
SOCIAL SECURITY NUMBERS
ON THIRD-PARTY CORRESPONDENCE**

September 2005

A-04-05-15098

AUDIT REPORT



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SOCIAL SECURITY

MEMORANDUM

Date: September 19, 2005

Refer To:

To: The Commissioner

From: Inspector General

Subject: Disability Determination Services' Use of Social Security Numbers on Third-Party Correspondence (A-04-05-15098)

OBJECTIVE

The objective of our review was to determine whether Disability Determination Services (DDS) were complying with the Social Security Administration's (SSA) revised policy limiting the disclosure of Social Security numbers (SSN) to third parties.¹

BACKGROUND

The Disability Insurance (DI) program, established in 1954 under Title II of the *Social Security Act*, provides benefits to disabled wage earners and their families in the event the wage earner becomes disabled. In 1972, Congress enacted the Supplemental Security Income (SSI) program under Title XVI of the *Social Security Act*. The SSI program provides payments to financially needy individuals who are aged, blind or disabled.

SSA is responsible for implementing policies for developing disability claims under the DI and SSI programs. Disability determinations under both DI and SSI are performed by a DDS in each State or other responsible jurisdiction according to Federal regulations.² In carrying out its obligation, each DDS is responsible for determining claimants' disabilities and ensuring adequate evidence is available to support its decisions. Each DDS is authorized to request relevant information from third parties to assist in processing a claimant's disability application. As part of the disability determination process, SSA and its affiliated DDSs request about 15 million medical and other records from third parties, annually. These third parties include, but are not

¹ For the purposes of this report, third parties include any source of information that is used in making a disability determination, other than the claimant, legal representative of a claimant, or parent/guardian of a dependent claimant.

² 20 C.F.R. part 404, subpart Q and part 416, subpart J.

limited to, medical providers; employers; educational sources; and family, friends or neighbors.

Our December 2002 report, *Review of Social Security Administration Controls over the Access, Disclosure and Use of Social Security Numbers by External Entities*, identified instances in which DDS personnel unnecessarily displayed SSNs on documents and questionnaires sent to third parties. In response to this audit, SSA issued Policy Instruction Disability Determination Services Administrators' Letter (DDSAL) 638, effective June 20, 2003, to DDSs advising that SSNs should not be displayed on documents sent to external entities that do not need to know the individual's SSN. SSA then issued Policy Instruction AM-03163, effective September 16, 2003, to DDSs advising that claimants' SSNs should be omitted or redacted when personnel send certain forms to third parties. Neither of these policies, however, specified what third parties had a genuine "need" for the claimant's SSN when the DDSs were requesting information for the disability determination process.

In December 2004, the President signed into law the *Intelligence Reform and Terrorism Prevention Act of 2004* (Act). The Act requires that the Commissioner of Social Security, in consultation with the Secretary of Homeland Security, form an interagency task force to further improve the security of social security cards and numbers.³ In response to this legislation, SSA workgroups are exploring better methods of securing SSNs, including determining whether SSNs should be printed on the millions of notices it mails to the public, annually.

SSA is implementing the electronic disability (eDib) program at all DDSs. When eDib is fully implemented, records related to DI claims will be maintained in a paperless, electronic folder. During the transition to eDib, DDSs will process claims and perform continuing disability reviews in both a paper and electronic environment. In either environment, DDSs can still include or exclude the SSN on correspondence sent to third parties.

See Appendix B for the scope and methodology of our review.

RESULTS OF REVIEW

SSA's recent guidance to DDSs did not specify what third parties "have a need to know" the claimant's SSN. Therefore, each DDS could interpret the guidance as it deemed appropriate. As a result, DDSs inconsistently applied SSA's policy and included the SSN on correspondence to various third parties, many of whom we believe did not need the SSN to locate and provide disability information to the DDSs. Given the prevalence of identity theft and the inherent and recent legislatively mandated responsibility SSA has for ensuring SSN integrity, we believe SSA and its partners must be zealous in securing the privacy and limiting any unnecessary exposure of these numbers.

³ Pub. L. No. 108-458, §7213(b).

Specifically, we believe SSA should set a standard for the rest of Government and private industry.

Questionnaire responses and accompanying documentation provided by all 52 DDSs identified that 51 (98 percent) of the 52 DDSs provide SSNs to at least 1 of the following third parties: medical providers, employers, educational sources, and friends and/or relatives of the claimant. In addition, many of the DDSs disclosed SSNs to interpreters who assisted claimants who did not speak English or were hearing-impaired. The following table details, by third party, the number of DDSs that disclosed the SSN when requesting or obtaining disability-related information.

Table 1: DDS' Disclosure of SSNs to Third Parties

Third Party	Number of DDSs that Used the Third Party	Number of DDSs that Disclosed the SSN	Percentage of DDSs that Disclosed the SSN (When Third Party was Used)
Medical Providers	52	51	98
Educational Community	51	44	86
Employers	38	32	84
Language Interpreters	45	21	47
Friends/Family/Neighbors	51	14	27

During our review, we identified one DDS that discontinued the practice of releasing SSN information to *any* third-party source. The Vermont DDS stopped using SSNs on third-party correspondence in August 2003. In lieu of SSNs, the DDS used case numbers on correspondence to third parties, including medical sources and employers. The DDS' effort to eliminate SSNs from third-party correspondence was not costly and met little resistance from third parties. We believe the practice employed by the Vermont DDS demonstrates that disability information can be obtained from third parties without disclosing a claimant's SSN.

In March 2005, after we issued our questionnaire, SSA issued a new policy regarding how DDSs should obtain and develop evidence from the education community.⁴ To our concern, the policy specifically instructs DDSs to include the claimant's SSN on certain forms sent to educational sources. This new policy appears contrary to SSA's earlier policy instruction that advised the DDSs to omit or redact the SSN on forms sent to third parties without a need for the number. Further, we believe the new policy is contrary to SSA's efforts to improve SSN security and to comply with provisions of the Act.

⁴ Program Operations Manual System (POMS) DI 22505.028, *Developing Evidence from the Education Community*.

Finally, SSA's eDib program does not always eliminate DDS' disclosure of SSNs on third-party correspondence. The eDib program automatically generates standardized requests for third-party information. Unless suppressed, the program software causes the SSN to be printed on this correspondence. Based on conversations with responsible SSA personnel, we determined the Agency has encouraged DDSs to suppress the SSN on some third-party correspondence. However, on other forms, SSA requires the DDSs to include the SSN.

We recognize the SSN is a key component in SSA's disability determination process and, until recently, using and disclosing a claimant's SSN, when necessary, to facilitate this process was not problematic. However, with the ever-increasing occurrences of identity theft, we believe the status quo is no longer appropriate. Accordingly, we encourage SSA and its partners to consider reducing the frequency with which they disclose SSNs to third parties to gather disability-related information.

MEDICAL PROVIDERS

We found that 51 (98 percent) of the 52 DDSs provided SSNs on written correspondence to physicians, hospitals, psychiatrists, and consultative examination providers. Many of the DDSs explained the SSN was needed on written correspondence to ensure they received information for the correct disability applicant. The DDSs explained that this practice was in compliance with SSA's Policy Instruction DDSAL 638, because the medical providers needed to know the SSNs to ensure accurate record retrieval. Further, other SSA policy instructs DDSs to include the claimant's SSN on information requests sent to medical providers⁵ and to ensure the claimant's SSN is on medical reports received from the providers.⁶

We agree it is imperative that DDSs obtain medical information for the correct person. We also acknowledge that many medical sources use the SSN as a unique patient identifier and therefore already have a claimant's SSN. However, not all medical information used to determine a claimant's disability is obtained from the claimant's treating physician or from prior medical records. In fact, DDSs routinely contract with medical providers to obtain consultative examinations regarding a claimant's current disability. In many cases, these medical providers have not previously treated the claimant and therefore do not know the claimant's SSN. In these situations, the medical providers do not need to know the SSN to correctly identify the claimant or to retrieve medical records. Accordingly, we believe SSA should consider whether DDSs need to include the SSN on letters or forms sent to health care providers who are seeing the claimant for the first time.

⁵ POMS DI 22505.021, *Developing Evidence from Hospitals and Clinics*.

⁶ POMS DI 39542.240, *Consultative Examination Reports – DDS*.

Also, our analysis of the initial DDS questionnaire responses determined that one DDS had ceased including SSNs on correspondence to medical providers and had begun using an internal case number. DDS representatives told us eliminating the SSN from third-party correspondence required nominal cost and met little resistance from medical providers. We believe this practice demonstrates that other DDSs may be able to discontinue routinely including SSNs on correspondence to medical third-party sources thereby limiting the exposure of claimants' SSNs to potential misuse.

EDUCATIONAL SOURCES

Only one of the DDSs responded that it did not collect information from educational sources when processing disability claims. Of the remaining 51 DDSs, 44 (86 percent) provided SSNs on written correspondence to educational sources, such as schools and teachers.

We do not believe educational sources need a claimant's SSN. The claimant's name and, if necessary, date of birth should be adequate for the educational source to accurately identify the claimant in question. In fact, before our audit, seven DDSs—including two of SSA's larger DDSs—eliminated the SSN from correspondence sent to educational sources. Also, in response to our audit and questionnaire, one DDS developed and issued policy advising its staff not to include SSNs on teacher forms or letters to schools because most schools identify students using the date of birth. Further, an official at this DDS stated the process of eliminating the SSN on correspondence to educational sources required minimal effort and little cost. The DDS official also stated that the change did not hinder the DDS' ability to obtain required information from educational sources. We applaud the proactive measures taken by the DDS.

New SSA Policy Requires the SSN on Forms Sent to Educational Sources

In March 2005, SSA issued a new policy, POMS DI 22505.028, instructing DDSs on obtaining and developing evidence from the education community. The policy explains what forms should be used, what information should be obtained, and from whom it should be obtained. Contrary to SSA's earlier instructions to the DDSs and its ongoing efforts to protect the SSN, this new policy specifically instructs DDSs to include the claimant's SSN on forms sent to educational sources. The forms identified in the policy are listed below.

- Form SSA-827, *Authorization to Release Information to the Social Security Administration*. Federal laws and regulations require that schools have specific authorization from a child's parent, caregiver, or guardian before disclosing information about the individual to a third party. All of SSA's requests for information from the education community must be sent under the cover of a Form SSA-827.

- Form SSA-5665, *Teacher Questionnaire*, requests information directly from teachers or instructors based on their personal observations of an individual's day-to-day functioning in both academic activities and social interactions.
- Form SSA-5666, *Request for Administrative Information*, requests information from administrative personnel that can be obtained from an individual's existing education records. For example, information from psychological and academic testing, speech-language therapy progress notes, and comprehensive evaluations.

We discussed the new policy with SSA to determine its rationale for requiring that DDSs include the claimant's SSN on informational requests sent to the educational sources. The SSA official responsible for developing the policy explained that most schools and other educational institutions need to know a claimant's SSN to ensure that students' records are accurately identified and retrieved efficiently and timely. We understand the information DDSs obtain from educational sources is critical to the claims process and must be properly matched to SSA's claimants. However, we do not believe educational sources routinely need an SSN to accurately identify information related to a student/claimant. This is evident in the fact that, before this policy was issued, seven DDSs eliminated the SSN from correspondence sent to educational sources. Further, in response to our questionnaire, none of the seven DDSs reported this change was met with resistance from the educational community. Accordingly, we encourage SSA to reconsider the appropriateness of this recently issued policy.

FRIENDS AND/OR RELATIVES OF THE CLAIMANT

Fifty-one of the DDSs collected information from a claimant's friends and/or relatives when making disability determinations. Of the 51 DDSs, 14 (27 percent) included the claimant's SSN on correspondence to these third-party sources.

We do not believe friends and/or relatives of a disability claimant have a need to know the claimant's SSN. These third parties, by definition, already have some type of relationship with the claimant. No information other than the name should be necessary to identify the claimant to friends or family. Accordingly, we believe SSA should take measures to ensure DDSs do not disclose claimants' SSNs to friends and/or relatives.

EMPLOYERS

Fourteen of the DDSs responded that they did not send correspondence to a claimant's current or former employers to assist in making a disability determination. However, of the 38 DDSs that did obtain information from employers, 32 (84 percent) included claimants' SSNs on correspondence to those employers.

As with medical sources, we acknowledge employers already have their employees' SSNs. Employers use employees' SSNs for various purposes, including payroll, providing health and other insurance benefits, and reporting wages to SSA. However, six of the DDSs did not provide claimants' SSNs to sources of work information. We believe this practice reduces the risk of fraudulent SSN attainment and misuse.

INTERPRETERS

DDSs occasionally use interpreters to assist claimants who do not speak English or are hearing-impaired. In fact, 45 of the 52 DDSs responded that they used interpreter services. Of these, 21 (47 percent) provided the claimant's SSN to interpreters. In many cases, these interpreters also had access to other personal information, such as dates of birth and addresses.

We believe the disclosure of SSNs to interpreters entails significant risk because most DDSs do not perform background checks on interpreters or require that the interpreters sign an agreement prohibiting the disclosure of claimants' SSNs or other personal information to unauthorized parties. In response to our audit and questionnaire, one DDS developed and issued policy advising its staff not to provide SSNs to interpreters. Also, with minimal effort, the DDS developed an agreement that must be signed by all interpreters who work for the DDS. This document requires that interpreters agree not to disclose any information regarding disability claimants learned through acting as an interpreter for the DDS. We applaud the proactive measures taken by this DDS.

ELIMINATING THE SSN FROM THIRD-PARTY CORRESPONDENCE

The Vermont DDS did not include claimants' SSNs on correspondence to any third parties. An official from the DDS stated it stopped using SSNs on third-party correspondence in August 2003 after SSA issued policy advising all DDSs to safeguard SSNs. In lieu of SSNs, the DDS used case numbers on correspondence, including requests for information from medical sources and employers. In addition, the Vermont DDS did not disclose SSNs to interpreters yet still required that they sign a statement agreeing to keep all claimant information confidential.

The DDS Director stated that the DDS' efforts to eliminate the SSN from third-party correspondence required minimal work. Although the DDS did not specifically track the conversion costs, the Director believed the costs were insignificant. Also, the Director stated the DDS encountered little resistance to the change.

The practice employed by the Vermont DDS demonstrates that information can be obtained from third parties without disclosing a claimant's SSN. Although we anticipate many DDSs would encounter some challenges in eliminating the SSN from third-party correspondence, we believe SSA should be in the national forefront of establishing policy and practice by limiting SSN use and disclosure.

IMPACT OF ELECTRONIC DISABILITY ON SSN USAGE

DDSs nationwide are implementing SSA's eDib program. When fully implemented, eDib will enable DDSs to maintain DI related documents in a paperless, electronic folder. Until eDib is fully implemented, DDSs will process claims and perform continuing disability reviews in both a paper and electronic environment.

The Vermont DDS, which eliminated the SSN from third-party correspondence in the paper environment, is transitioning its case workload to the eDib environment. As such, some DI cases are being processed using an electronic case folder. The Vermont DDS Director informed us that third-party correspondence automatically generated through eDib included claimants' SSNs. SSA's eDib program generates third-party informational requests, in paper form, that are mailed to various informational sources. The requests also act as a return cover letter. The request letters are electronically imprinted with a bar code, so when third parties return the letters and the requested information to the DDS, the bar code can be used to electronically track and file information at the case level. However, unless it is purposely suppressed, the claimant's SSN is printed under the bar code.

We discussed this matter with responsible SSA officials. The officials informed us that the Agency was aware of the issue and have encouraged DDSs to suppress the number on some notices. However, Agency officials also stated that the SSN will continue to be included on certain forms sent to third parties. For example, when obtaining medical evidence, SSA requires that DDSs include Form SSA-827, *Authorization to Disclose Information to the Social Security Administration*, with each request sent to medical healthcare providers. Although we understand the necessity of form SSA-827, we do not believe the claimant's SSN needs to be disclosed on the form. Accordingly, we believe SSA should assess the viability of eliminating the SSN from form SSA-827 or explore alternatives to displaying the entire SSN on the form.

CONCLUSION AND RECOMMENDATIONS

In our opinion, each time an individual's SSN is divulged, the potential for fraudulent activity increases. In fact, according to a 2002 Government Accountability Office report, SSNs, along with names and birth certificates, are among the three personal identifiers most often sought by identity thieves.⁷ Despite the potential risks associated with providing SSNs to third parties, most DDSs continue this practice. While most DDSs believe some SSN disclosure to third parties is warranted, one DDS proved that information can be collected from third parties—including medical sources—without divulging a claimant's SSN.

⁷ *Social Security Numbers – Government Benefits from SSN Use but Could Provide Better Safeguards*, GAO-02-352 (May 2002).

Recently issued policy requiring that DDSs include the SSN on information requests to the educational community appears contrary to earlier SSA policy instructing DDSs to eliminate the SSN from correspondence to third parties that do not need the SSN. We do not believe educational sources need a claimant's SSN to provide disability-related information about that individual.

As SSA and the DDSs migrate their DI case workload to eDib, SSN disclosure to third parties is still a concern. Currently, third-party correspondence generated through eDib includes the claimant's SSN unless the DDSs specifically suppress the SSN. Further, as part of the eDib procedures, DDSs are instructed to include form SSA-827 (which includes the claimant's SSN) with each request sent to medical providers.

We recommend that SSA:

1. Clarify existing policy to define what third parties may be provided a claimant's SSN as a part of the DDS's disability determination process. To ensure SSN integrity, we believe the SSN should only be disclosed when it is critical to a third party's ability to adequately respond to the DDS's information request.
2. Evaluate the viability of eliminating a claimant's SSN from the Form SSA-827 or explore alternatives to displaying the entire SSN on the form.
3. Implement policy requiring DDSs to develop and use confidentiality agreements prohibiting language interpreters from disclosing SSNs and other personal information to unauthorized parties.

AGENCY COMMENTS AND OIG RESPONSE

SSA agreed with Recommendations 1 and 2 of our report. However, the Agency disagreed with Recommendation 3. In response to this recommendation, SSA stated its policy requires qualified language interpreters to comply with SSA's requirements to protect confidential information. The Agency further explained that, because DDSs do not always contract directly with language interpreters for interpretive services, it is not practical to implement our recommendation. However, SSA stated it recognizes the importance of protecting confidential information, and as a result of our recommendation, will issue policy that reminds DDSs to inform language interpreters that they are prohibited from disclosing SSNs and other personal information to unauthorized parties. Although, we believe such notification would be best communicated to language interpreters via written confidentiality agreements, SSA's proposed action addresses the intent of our recommendation. Therefore, we consider SSA's response to the recommendation adequate. The full text of SSA's comments is included in Appendix C.



Patrick P. O'Carroll, Jr.

Appendices

APPENDIX A – Acronyms

APPENDIX B – Scope and Methodology

APPENDIX C – Agency Comments

APPENDIX D – OIG Contacts and Staff Acknowledgments

Appendix A

Acronyms

Act	<i>Intelligence Reform and Terrorism Prevention Act of 2004</i>
C.F.R.	Code of Federal Regulations
DDS	Disability Determination Services
DDSAL	Disability Determination Services Administrators' Letter
DI	Disability Insurance
eDib	Electronic Disability
OIG	Office of the Inspector General
POMS	Program Operations Manual System
Pub. L. No.	Public Law Number
SSA	Social Security Administration
SSI	Supplemental Security Income
SSN	Social Security Number

Appendix B

Scope and Methodology

Our review was limited to gaining an understanding of the extent to which Disability Determination Services (DDS) disclosed Social Security numbers (SSN) to third parties. We did not attempt to define the risks associated with SSN disclosure, other than the known risks of identity theft. Additionally, we did not attempt to identify any specific instances of fraudulent activity when DDSs disclosed SSNs to third parties.

To accomplish our objective, we distributed a questionnaire to the Directors of the Centers for Disability in all 10 Social Security Administration (SSA) regions. The Directors then distributed the questionnaire to each DDS in their respective areas of jurisdiction. Each DDS was asked to provide detailed answers, as well as examples of forms and letters used to obtain information from third parties. We reviewed each of the responses from the 52 DDSs. Where necessary, we followed up to determine the extent to which SSNs were included on third-party correspondence DDSs used to obtain information related to disability determinations. We also held discussions with representatives from the Office of Disability and Income Security Programs regarding the impact SSA's electronic disability process has on DDSs' efforts to limit SSN disclosure to third parties. The SSA entity reviewed was the Office of Disability and Income Security Programs. We conducted our audit from November 2004 through April 2005 in accordance with generally accepted government auditing standards.

Appendix C

Agency Comments



SOCIAL SECURITY

MEMORANDUM

34295-24-1338

Refer To: S1J-3

Date: September 6, 2005

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

From: Larry W. Dye /s/
Chief of Staff

Subject: Office of the Inspector General (OIG) Draft Report, "Disability Determination Services' Use of Social Security Numbers on Third-Party Correspondence" (A-04-05-15098)—INFORMATION

We appreciate OIG's efforts in conducting this review. Our comments on the draft report's recommendations are attached.

Please let me know if you have any questions. Staff inquiries may be directed to Candace Skurnik, Director, Audit Management and Liaison Staff, at extension 54636.

Attachment:
SSA Response

COMMENTS ON THE OFFICE OF THE INSPECTOR GENERAL (OIG) DRAFT REPORT, "DISABILITY DETERMINATION SERVICES' USE OF SOCIAL SECURITY NUMBERS ON THIRD-PARTY CORRESPONDENCE" (A-04-05-15098)

Thank you for the opportunity to review and comment on the draft report. Over the years, SSA has worked diligently to refine our own internal processes and has actively participated in interagency workgroups to ensure that the Social Security number (SSN) is only disclosed when there is an absolute business need. We appreciate OIG's efforts in identifying areas where potential weaknesses exist and we found this report helpful in providing recommendations that will assist us in taking the steps necessary to protect the integrity of the SSN for the adjudication of our disability claims.

We agree that the Vermont Disability Determination Services (DDS) practice appears to be an effective means of protecting the SSN for disability claimants. If necessary in the coming months, we will obtain additional information on their experiences with the elimination of the SSN on correspondence and other claims-related material.

Regarding the finding that the eDib program does not always eliminate the DDS' disclosure of SSNs on third-party correspondence, it is true that DDSs are encouraged to suppress the SSN on some third-party correspondence and that we require the DDSs to include the SSN on some forms. As we continue to develop the system, we will explore options for a systems change that would display only the last four digits on third-party correspondence. In rare cases, when the entire SSN must be on the third-party correspondence, DDS personnel would have an optional mechanism for manually typing in the entire SSN. However, it will take some time to get software changes in place.

Our responses to the specific recommendations are provided below.

Recommendation 1

The Social Security Administration (SSA) should clarify existing policy to define what third parties may be provided a claimant's SSN as a part of the DDS's disability determination process. To ensure SSN integrity, we believe the SSN should only be disclosed when it is critical to a third party's ability to adequately respond to the DDS's information request.

Response

We agree. A claimant's SSN should only be disclosed when it is critical to a third party's ability to adequately respond to a DDS's information request. We will review and, to the extent necessary, clarify our existing policy to more clearly define which third parties should be provided a claimant's full or partial SSN as part of the DDS evidence collection process.

Recommendation 2

SSA should evaluate the viability of eliminating a claimant's SSN from the form SSA-827 or explore alternatives to displaying the entire SSN on the form.

Response

We agree. We will evaluate the viability of either eliminating a claimant's full SSN from the SSA-827 (Authorization to Disclose Information to SSA) or, alternatively, displaying only the last four digits of the SSN. We note that because some medical records are stored by SSN, the DDSs will need to ensure they provide third parties with enough identifying information to distinguish between individuals with common names.

Recommendation 3

Implement policy requiring DDSs to develop and use confidentiality agreements prohibiting language interpreters from disclosing SSNs and other personal information to unauthorized parties.

Response

We disagree. Our Program and Operations Manual System (POMS) Disability Instruction (DI) 23040 contains comprehensive DDS instructions regarding the use of language interpreters. Additionally, SSA requires all "qualified interpreters" to agree to comply with disclosure and confidentiality of information requirements. There are various sources for obtaining interpreters, including the SSA nationwide Telephone Interpreter Services (TIS), State-contracted services and DDS and field office employees. Since there is no one source for interpreters, it is not feasible to implement the recommendation, particularly when the DDS uses the SSA TIS service or a State-administered service to which it does not have direct connection. We will, however, include instructions in POMS reminding the DDS to inform interpreters that they are prohibited from disclosing the SSN and other personal information to unauthorized parties.

Appendix D

OIG Contacts and Staff Acknowledgments

OIG Contacts

Kimberly A. Byrd, Director, (205) 801-1605

Frank Nagy, Audit Manager, (404) 562-5552

Acknowledgments

In addition to those named above:

Mike Leibrecht, Senior Auditor

Valerie Ledbetter, Auditor

Kim Beauchamp, Writer/Editor

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