
**OFFICE OF
THE INSPECTOR GENERAL**

SOCIAL SECURITY ADMINISTRATION

**THE SOCIAL SECURITY ADMINISTRATION'S
LISTING OF IMPAIRMENTS**

March 2009 A-01-08-18023

AUDIT REPORT



Mission

By conducting independent and objective audits, evaluations and investigations, we inspire public confidence in the integrity and security of SSA's programs and operations and protect them against fraud, waste and abuse. We provide timely, useful and reliable information and advice to Administration officials, Congress and the public.

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- Prevent and detect fraud, waste, and abuse in agency programs and operations.**
- Review and make recommendations regarding existing and proposed legislation and regulations relating to agency programs and operations.**
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- Authority to publish findings and recommendations based on the reviews.**

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SOCIAL SECURITY

MEMORANDUM

Date: March 27, 2009

Refer To:

To: The Commissioner

From: Inspector General

Subject: The Social Security Administration's Listing of Impairments (A-01-08-18023)

OBJECTIVE

Our objective was to assess the Social Security Administration's (SSA) efforts to update the Listing of Impairments (the listings) used to determine whether a person is disabled.

BACKGROUND

SSA first included the listings in its regulations in 1968 to help expedite the processing of disability claims under the Disability Insurance program. The listings have also been used for the Supplemental Security Income program since it began in 1974. The listings for each body system describe impairments that are considered severe enough to prevent an adult from doing any gainful activity or to cause marked and severe functional limitations in a child younger than 18 years old. Most of the listed impairments are permanent or expected to result in death; however, some include a specific statement of duration. For all others, the evidence must show the impairment has lasted or can be expected to last for a continuous period of at least 12 months. (See Appendix B for information about SSA's process for evaluating a disability.)

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

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

The listings help ensure disability determinations have a sound medical basis, claimants receive equal treatment based on specific criteria, and disabled individuals can be readily identified and awarded benefits if appropriate. All disability claimants who are not performing substantial gainful activity (SGA)¹ and have severe impairments are screened against the listings to quickly identify individuals who clearly meet the definition of disability.² If the claim is not allowed based solely on the medical evidence, the Agency makes a disability determination based on the claimant's abilities, age, education and vocational history. Quick identification of obvious cases allows SSA to avoid time-consuming and resource-intensive inquiries into all of the facts of many cases.

¹ SSA recently implemented two initiatives to quickly identify claims that obviously meet SSA's disability standards. The Quick Disability Determination initiative—implemented in August 2006—electronically identifies initial disability claims in which (a) there is a high degree of probability that the claimant is disabled; (b) evidence of the claimant's allegations can be easily and quickly verified; and (c) the case can be processed quickly in the disability determination services. 20 C.F.R. §§ 404.1619 and 416.1019 and SSA, POMS, DI 23022.010. The Compassionate Allowance initiative—implemented in October 2008—quickly identifies diseases and other medical conditions that invariably qualify under the listings based on minimal, but sufficient, objective medical information. SSA, POMS, DI 23022.015.

² 20 C.F.R. §§ 404.1572 and 416.972: SGA means the performance of significant physical and/or mental activities in work for pay or profit, or in work of a type generally performed for pay or profit.

The proportion of initial claims allowed based on the listings have declined through the years. In the early years of the program, about 93 percent of initial allowances were based on listings. This declined to 82 percent in 1983 and 49 percent in 2004,³ and the rate has remained at that level since. As shown in Chart 1, 58 percent of the 1,021,001 initial and reconsideration allowances in Fiscal Year (FY) 2008 met or equaled a listing.⁴

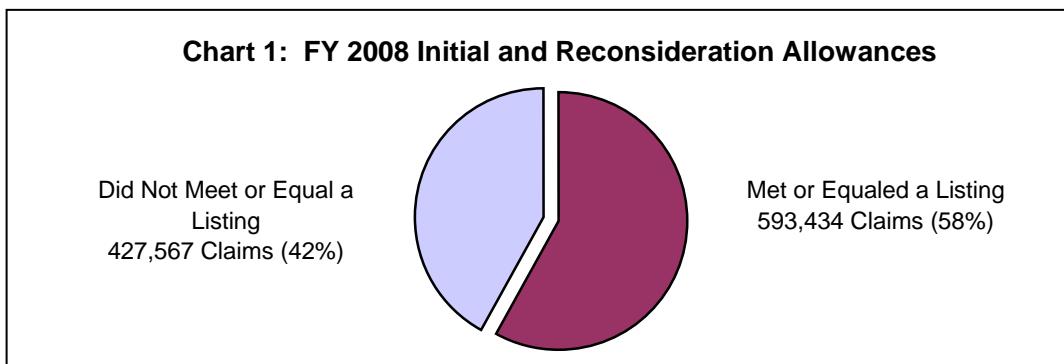
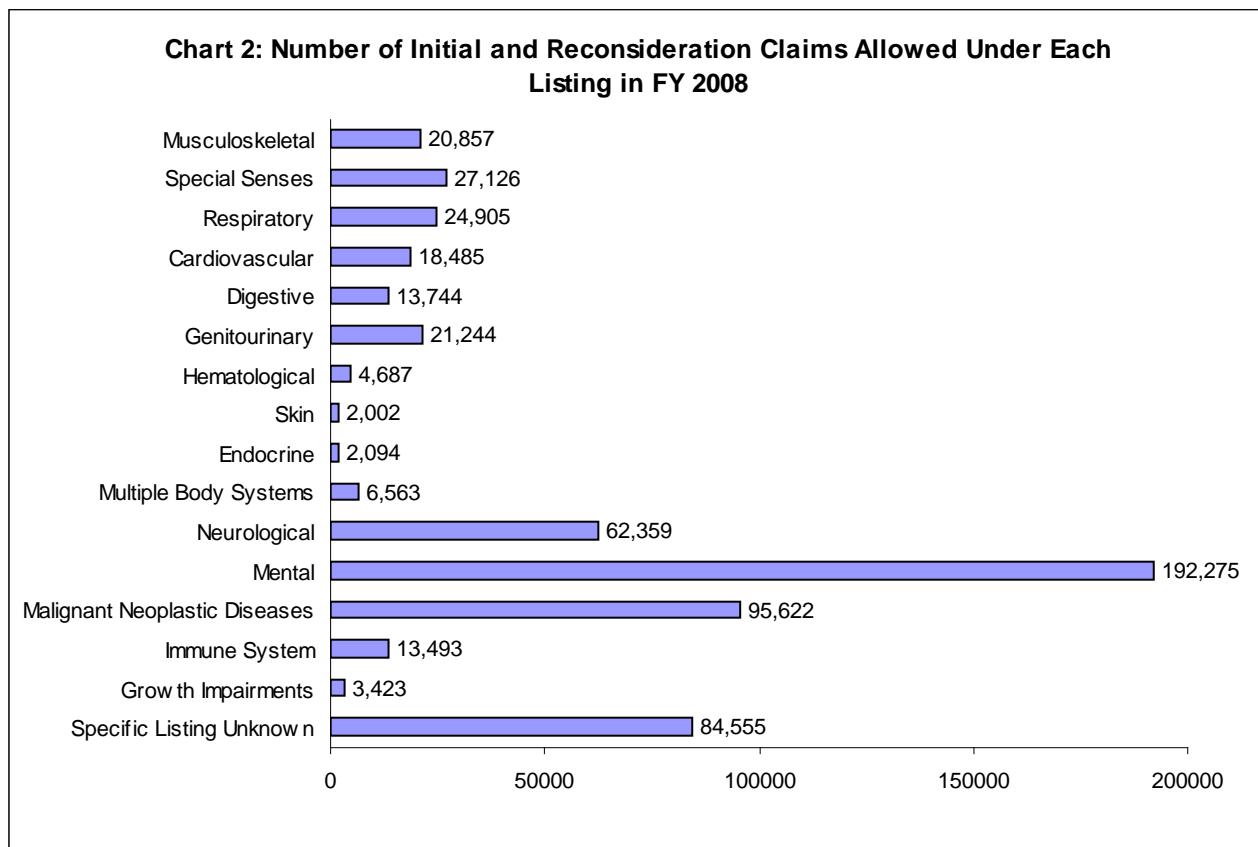


Chart 2 shows that the Mental Disorders body system had the highest percentage of allowances. SSA has not comprehensively revised this body system in 23 years but plans to do so by December 2009.



³ Social Security Advisory Board, *Disability Decision Making: Data and Materials*, p. 67, May 2006.

⁴ The data for Charts 1 and 2 were provided by SSA's Office of Disability Programs in November 2008.

UPDATES TO THE LISTINGS

From 1968 to the mid-1980s, SSA revised the listings for various reasons by adding and/or deleting information/criteria as necessary. The last major update of the listings was made in 1985, when expiration dates ranging from 3 to 8 years were inserted for listing sections. SSA stated that expiration dates were necessary to ensure the Agency periodically reviews (and, if necessary, updates) the listings to consider medical advances in the treatment and evaluation of disabilities and program experience.

By the late 1990s, the Office of the Inspector General (OIG), Government Accountability Office (GAO), and Social Security Advisory Board were expressing concern that SSA was not updating the listings regularly but was simply extending the expiration dates for a number of years before they expired. For example, in 1997, SSA asked the OIG for comments on a regulation package to extend the expiration dates for eight listings. The OIG expressed its concern that blanket extension of listings that have not been reviewed frustrates the purpose of setting expiration dates.

In August 2000, we found that SSA had not updated some listings in over 10 years and that the Mental Disorders body system—which accounted for the highest percentage of new disability awards—had not had a comprehensive revision since 1985.⁵

In 2002, GAO reported that the listings had not been fully updated to reflect medical and technological advances.

Recent scientific advances in medicine and assistive technology and changes in the nature of work and the types of jobs in our national economy have generally enhanced the potential for people with disabilities to perform work-related activities. Advances in medicine have afforded the scientific community a deeper understanding of and ability to treat disease and injury. Medical advances in treatment (such as organ transplants), therapy, and rehabilitation have reduced the severity of some medical conditions and have allowed individuals to live with greater independence and function in settings such as the workplace.⁶

Since 2000, the OIG and GAO have issued several other reports and made recommendations related to the listings. In general, these reports highlighted the fact that the listings were not up to date, although SSA was working to update them. (See Appendix C for details of these reports.)

⁵ SSA OIG, *Status of the Social Security Administration's Updates to the Medical Listings* (A-01-99-21009), August 2000.

⁶ GAO, *Re-Examining Disability Criteria Needed to Help Ensure Program Integrity* (GAO-02-597), p. 13, August 2002.

METHODOLOGY

To perform this review, we researched issues related to the listings in the Social Security Act; SSA's regulations, policies and procedures; the Federal Register; and prior reports issued by the OIG and the GAO. We also interviewed SSA officials to obtain information to determine the status of updates to the listings. (See Appendix D for additional information on our Scope and Methodology.)

RESULTS OF REVIEW

SSA has made progress in updating its listings, but some listings have not been updated in many years and do not reflect recent medical and technological advances. Therefore, the listings may not be as effective a screening tool as they were in the past.

SSA'S NEW PROCESS FOR UPDATING THE LISTINGS

In 2003, SSA implemented a new process for revising the listings.⁷ This new process was designed to ensure there are continuous updates and monitoring of the listings about every 3 to 4 years. Under this new process, the Agency conducts a case study within 1 year of the newly published listing and determines whether an action is necessary—such as training, formal instructions, or a new regulation. If no action is needed, SSA will continue to monitor the listing, conduct another case study 4 years before the expiration date of the listing and begin the process of updating the listing. (See Appendix E for a flowchart of the entire Listing Revision Business Process.)

Under this new model, SSA has incorporated a feedback loop to allow for increased input. After a regulation is published, SSA solicits questions from Agency components and performs internal and external studies 1 year after the listing is published. An Advance Notice of Proposed Rulemaking (ANPRM) is published in the Federal Register. The Agency solicits comments regarding the ANPRM through outreach efforts to medical experts, advocacy groups, patients, and adjudicators and receives input from SSA Regional staff and Medical Specialists. SSA performs case studies and gathers comments on the proposed listing, and the Office of Management and Budget reviews the ANPRM. SSA then publishes a Notice of Proposed Rulemaking (NPRM) and again seeks input and conducts reviews and case studies before publishing the final regulation.

⁷ Since 2003, SSA has used the new process for all listings updates except revisions to the Malignant Neoplastic Listings in 2004 (which were already in the final rulemaking phase at the time) and revisions to the Vision Loss Rules in 2006 (which codified procedures that had previously been published in a Social Security Ruling).

CONTRACTS WITH THE INSTITUTE OF MEDICINE

In 2004, SSA awarded a contract to the Institute of Medicine (IOM), seeking advice on improving the listings. The IOM recommended that SSA increase the value and utility of the listings by examining and monitoring their performance, evaluating and improving their effectiveness in expediting awards in obvious cases, and making timely changes in response to these evaluations.

In October 2008, SSA contracted with the IOM to establish a Standing Committee of medical experts to advise the Agency in keeping the listings up to date. In FY 2009, SSA plans to form the Standing Committee—consisting of approximately 15 members who will serve a 3-year term and survey literature, look for ideas to improve the listings, hold meetings, and organize workgroups and public sessions. Once the Standing Committee is organized, SSA will form Consensus Study Committees specific for each body system and consisting of members from the Standing Committee and additional experts. The Agency expects to have two to four Consensus Study Committees working at a time.

STATUS OF UPDATES TO THE LISTINGS

In its 2008-2013 Strategic Plan, SSA set a goal to improve the speed and quality of the disability process. One objective of this goal was to regularly update the disability policies and procedures, which include the listings. SSA has developed a schedule to ensure it updates all the listings at least once every 5 years.⁸

As of March 2009, of the 15 body systems (detailed in Table 2),

- 1 had not been updated within 5 years, and the Agency had not published a time frame for issuing a revision (Growth Impairment);⁹
- 6 had not been updated within 5 years, but SSA expected to update them in the next 12 months; and
- 8 had been updated within 5 years.

⁸ SSA, *Strategic Plan Fiscal Years 2008-2013*, p. 13, September 2008.

⁹ SSA reported that it plans to publish a time frame for revising this body system in spring 2009 *Unified Agenda and Regulatory Plan*.

Table 2: Status of the Listings by Body System

Listing	Effective Date of Last Revision	Years Since Last Revision	Status as of March 2009¹⁰
Growth Impairment	March 16, 1977 ¹¹	31	NPRM expected December 2009
Neurological	January 6, 1986	23	NPRM expected January 2010
Hematological Disorders	January 6, 1986	23	NPRM expected September 2009
Endocrine System	January 6, 1986	23	NPRM expected November 2009
Mental Disorders	August 28, 1985 ¹² (adults) December 12, 1990 (children)	23 18	NPRM expected in September 2009
Respiratory System	October 7, 1993	15	NPRM expected November 2009
Musculoskeletal System	February 19, 2002	6	NPRM expected September 2009
Malignant Neoplastic Diseases	December 15, 2004	4	Final expected in August 2009
Skin Disorders	July 9, 2004	4	ANPRM expected in June 2009
Genitourinary Impairments	September 6, 2005	3	Set to expire September 2013
Impairments that Affect Multiple Body Systems	October 31, 2005	3	Set to expire November 2013
Cardiovascular System	April 13, 2006	2	NPRM expected October 2009
Special Senses and Speech	February 20, 2007 (vision)	2	Final expected in September 2009 (hearing)
Digestive System	December 18, 2007	1	NPRM expected October 2009
Immune System Disorders	June 16, 2008	1	NPRM expected October 2009 (HIV only)

¹⁰ The expected revision dates in the chart were SSA's plan as of March 2009. However, because of the moratorium on Federal regulations imposed on January 20, 2009 and the amount of time that the Office of Management and Budget has to review draft regulations, these dates may change.

¹¹ SSA first published the Growth Impairment listings on March 16, 1977. SSA made minor changes on December 6, 1985 and April 24, 2002 but had not comprehensively updated or revised them since 1977.

¹² Although the Agency has not revised the entire mental body system since issuing the 1985 adult revisions and 1990 child revisions, it did issue extensive revisions to the listings in 2000, effective on September 20, 2000.

As of March 2009, several body systems had not been comprehensively revised in over 15 years, including the Growth Impairment body system—not updated in 31 years, and four body systems (Neurological, Hematological Disorders, Endocrine System, and Mental Disorders for adults) that have not been updated in 23 years.

In January 2008, SSA officials informed GAO the Agency expected to finish updating all listings by mid-2010.¹³ In January 2009, SSA reported it was still on track to meet this goal.

CONCLUSION AND RECOMMENDATIONS

Overall, SSA has made progress in updating the listings and has plans to keep them current. In addition, the Agency has developed a new process for updating the listings. According to SSA, advocate groups are positive about this new process. One advocacy group testified before the House Committee on Ways and Means and applauded SSA's new process for reviewing the current listings.¹⁴ They believe that the public input SSA solicits will help to significantly improve the quality of the final provisions.

To ensure the listings are current, we recommend SSA:

1. Update all listings over 5 years old.
2. Continue to monitor the listings to ensure they reflect medical and technological advances.

AGENCY COMMENTS

SSA agreed with the recommendations (see Appendix F).



Patrick P. O'Carroll, Jr.

¹³ GAO, *Federal Disability Programs, More Strategic Coordination Could Help Overcome Challenges to Needed Transformation* (GAO-08-635), May 2008.

¹⁴ Marty Ford, Co-Chair, Social Security Task Force, Consortium for Citizens with Disabilities, Statement for the Record (U.S. House of Representatives, Committee on Ways and Means, Subcommittee on Social Security, May 17, 2005).

Appendices

APPENDIX A – Acronyms

APPENDIX B – The Social Security Administration’s Process for Evaluating Disability

APPENDIX C – Prior Reports Related to Listings

APPENDIX D – Scope and Methodology

APPENDIX E – Listings Revision Business Process

APPENDIX F – Agency Comments

APPENDIX G – OIG Contacts and Staff Acknowledgments

Appendix A

Acronyms

ANPRM	Advance Notice of Proposed Rulemaking
C.F.R.	Code of Federal Regulations
DDS	Disability Determination Services
FY	Fiscal Year
GAO	Government Accountability Office
IOM	Institute of Medicine
NPRM	Notice of Proposed Rulemaking
ODAR	Office of Disability Adjudication and Review
OIG	Office of the Inspector General
POMS	Program Operations Manual System
RFC	Residual Functional Capacity
RO	Regional Office
SGA	Substantial Gainful Activity
SSA	Social Security Administration

The Social Security Administration's Process for Evaluating Disability

The Social Security Administration (SSA) has a five-step sequential process for evaluating disability for adults, which generally follows the definition of disability in the *Social Security Act* and the regulations (Chart B-1). An individual is considered to be disabled under SSA's regulations if he or she is unable to engage in substantial gainful activity (SGA)¹ by reason of a medically determinable physical or mental impairment that can be expected to result in death or has lasted or can be expected to last for a continuous period of not less than 12 months.²

At step one in the process, SSA generally considers whether the claimant is still working. If the claimant is not performing SGA, the claim is sent for a medical determination of disability. When the claim is initially developed, the adjudicator concurrently requests all the evidence needed for consideration at steps two through five of the sequential evaluation process. The adjudication process stops whenever the SSA obtains evidence sufficient to allow the claim or if the claim is a denial after step five.³

At step two, SSA determines whether the claimant's condition is severe.⁴ If a claimant has a medically determinable severe impairment, the Agency applies step three and looks to the listings. If the severity of the impairment meets or medically equals a specific listing, the individual is determined to be disabled.

If the individual's impairment does not meet or medically equal a listing, the Agency looks to steps 4 and 5. At step 4, the Agency determines whether the claimant can

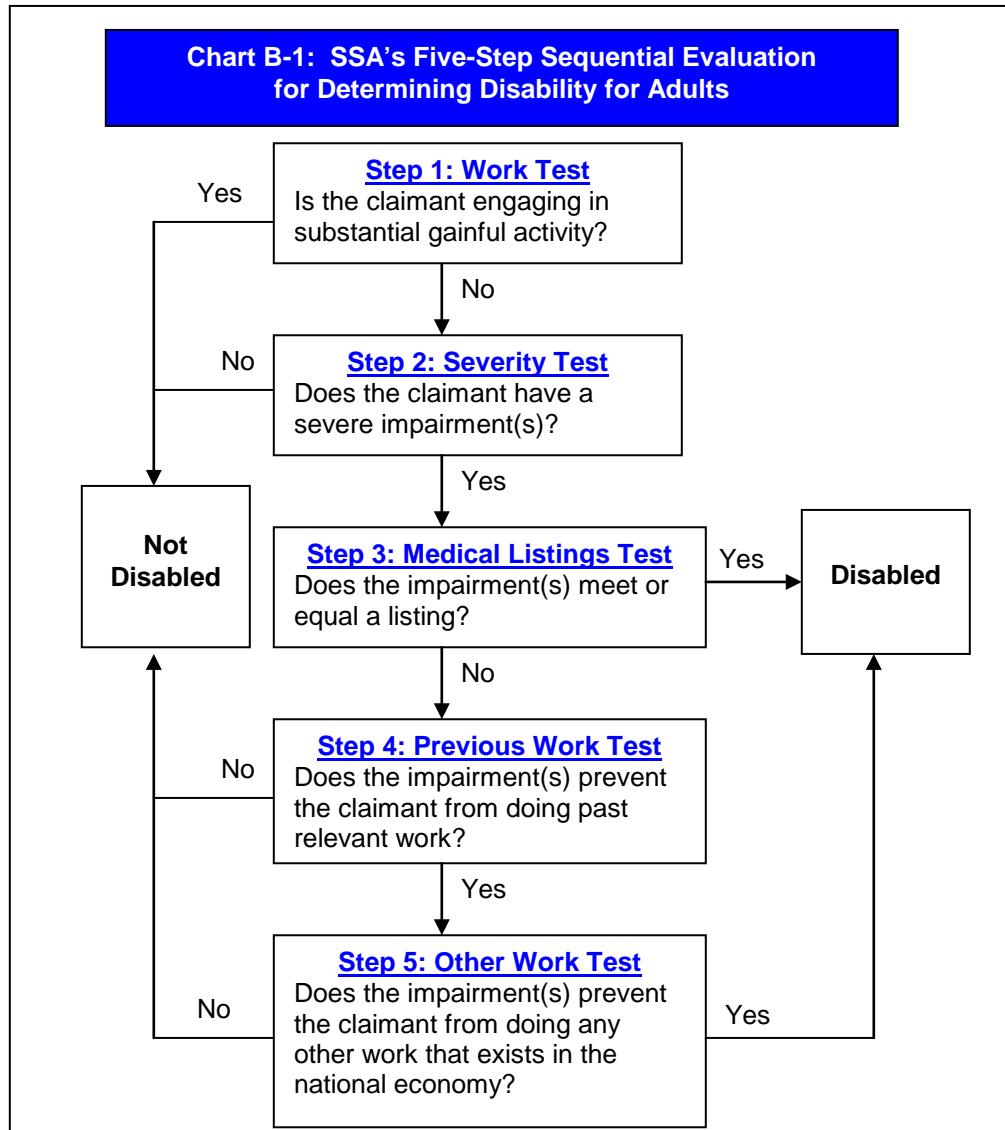
¹ 20 C.F.R. §§ 404.1572 and 416.972: SGA means the performance of significant physical and/or mental activities in work for pay or profit, or in work of a type generally performed for pay or profit. As of 2009, "countable earnings" of employees indicate SGA and "countable income" of the self-employed is "substantial" if the amount averages more than \$980 per month for non-blind individuals or \$1,640 for blind individuals, SSA, Program Operations Manual System (POMS), DI 10501.001.

² *Social Security Act*, Title II, § 223(d)(1)(A), 42 U.S.C. § 423(d)(1)(A) and Title 16, § 1614(a)(3)(A), 42 U.S.C. § 1382c(a)(3)(A). 20 C.F.R. §§ 404.1520 and 416.920.

³ If the claimant disagrees with the Agency's initial disability determination, he or she can file an appeal within 60 days from the date of notice of the determination. In most cases, there are four levels of appeal, including a (1) reconsideration by the disability determination services, (2) hearing by an administrative law judge, (3) review by the Appeals Council and (4) review by the Federal Courts.

⁴ 20 C.F.R. §§ 404.1521 and 416.921: An impairment or combination of impairments is not severe if it does not significantly limit an individual's physical or mental ability to do basic work activities.

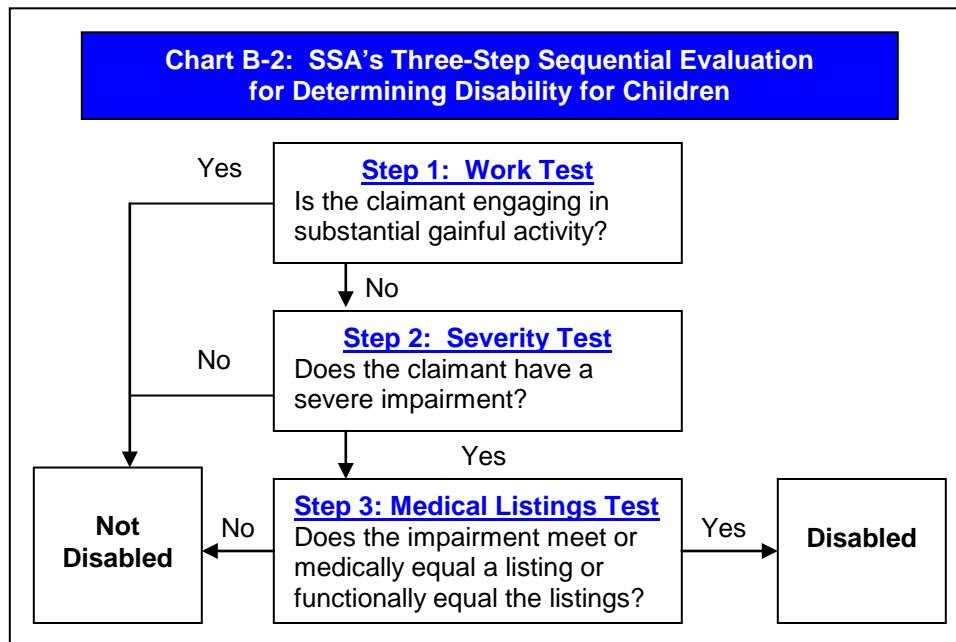
perform past relevant work, considering his or her residual functional capacity (RFC)⁵ and the physical and mental demands of the work he or she did. If the claimant can perform past relevant work, then the claim is denied. If the claimant cannot perform past relevant work, then at step 5, the Agency determines whether the claimant can perform any other work, considering his or her RFC, age, education, and past work experience. If the claimant cannot perform any other work, then SSA finds him or her disabled.⁶



⁵ 20 C.F.R. §§ 404.1545 and 416.945: An individual's impairment(s), and any related symptoms, such as pain, may cause physical and mental limitations that affect what he or she can do in a work setting. The residual functional capacity is the most the individual can still do despite these limitations. SSA assesses residual functional capacity based on all the relevant evidence in the case record.

⁶ 20 C.F.R. §§ 404.1594(f) and 416.994(b)(5): SSA has another sequential process for evaluating whether a disabled beneficiary's disability continues, which includes a step for considering the listings.

As shown in Chart B-2, SSA has a similar sequential process with three steps for evaluating disability for children.⁷ Steps one and two are the same as for adults. At step three for children, SSA determines whether the impairment(s) meets or medically equals a listing or functionally equals the listings.



⁷ 20 C.F.R. § 416.924.

Prior Reports Related to the Listings

The Office of the Inspector General (OIG) and Government Accountability Office (GAO) have issued several reports related to the listings.

In August 2000, we issued our report, *Status of the Social Security Administration's Updates to the Medical Listings* (A-01-99-21009). In this report, we stated that the Social Security Administration (SSA) had not updated some listings in over 10 years. We also found that the Mental Disorders body system, which accounted for the highest percentage of new disability awards, had not had a comprehensive revision since 1985. We recommended that SSA establish a performance measure for its initiative to update the listings, with a specific timetable for each of the planned phases. While SSA agreed to keep a focus on updating the listings, the Agency did not believe that it should be accomplished through the establishment of a performance measure.

In August 2002, GAO issued a report titled, *SSA and VA Disability Programs, Re-Examination of Disability Criteria Needed to Help Ensure Program Integrity* (GAO-02-597). GAO found the length of time SSA took to revise the medical criteria could undermine the purpose of an update, the updates had not fully captured the benefits afforded by advances in treatment, and SSA had not incorporated labor market changes. GAO recommended that SSA use its annual performance plan to delineate strategies for, and progress in, periodically updating the listings and that SSA study and report to Congress the effect that a comprehensive consideration of medical treatment and assistive technologies would have on SSA disability programs' eligibility criteria and benefit package.

In January 2007, GAO issued a report titled, *High Risk Series, An Update* (GAO-07-310). GAO found that SSA's disability program was based on definitions and concepts that originated over 50 years ago, despite scientific advances that reduced the severity of some medical conditions and allowed individuals to live with greater independence and function in work settings. Although SSA had made some progress toward improving its disability program, significant challenges remained.

In December 2007, GAO issued a report titled, *Social Security Disability, Better Planning, Management, and Evaluation Could Help Address Backlogs* (GAO-08-40). This report discussed the hearings backlog reduction plan, which focused on updating SSA's medical eligibility criteria, expediting cases for which eligibility was more clear-cut, improving the electronic processing system, and focusing heavily on clearing the backlog at the hearings level through a number of targeted actions. The Commissioner informed GAO that as part of the effort to expedite cases, the listings would be updated so that disability categories were better defined.

In May 2008, GAO issued a report titled, *Federal Disability Programs, More Strategic Coordination Could Help Overcome Challenges to Needed Transformation* (GAO-08-635). GAO found that SSA had implemented a new process for updating its eligibility criteria, using an outreach-based model to update the listings and incorporate feedback from multiple parties, including medical experts and disability examiners. GAO also found that SSA had made changes to one-half of its 14 body systems to reflect medical advances. SSA officials informed GAO that the Agency expected to finish updating the remaining seven body systems by mid-2010.

Scope and Methodology

To accomplish our objective, we:

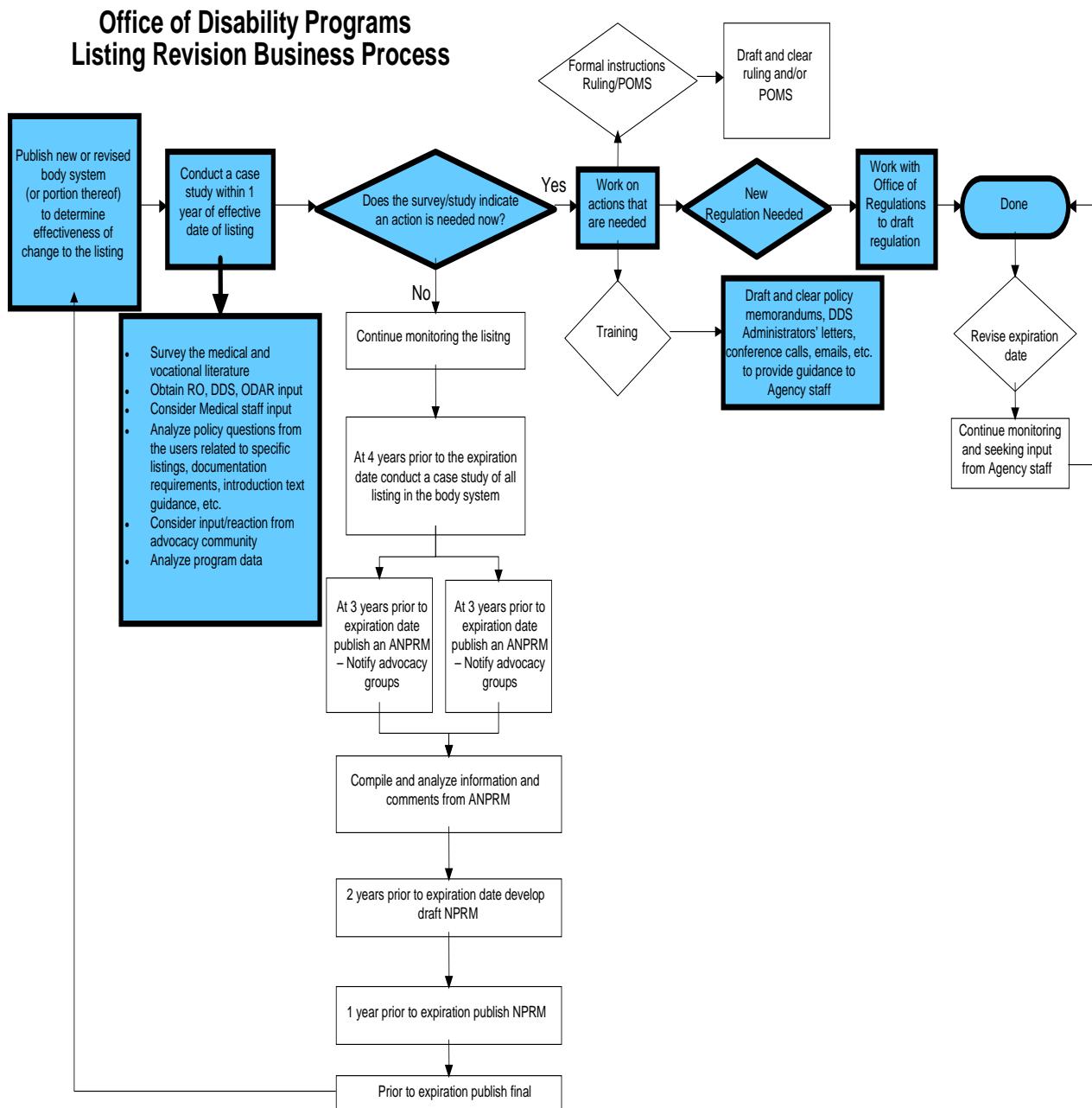
- Researched the *Social Security Act* and the Social Security Administration's (SSA) regulations, policies, and procedures related to the listings.
- Researched the Federal Register to identify updates to the listings.
- Researched prior reports issued by the Office of the Inspector General and Government Accountability Office related to the listings.
- Interviewed SSA officials to obtain information on the status of the listings.

We performed our review from October 2008 through February 2009 in Boston, Massachusetts. The entity reviewed was the Office of Disability Programs under the Deputy Commissioner for Retirement and Disability Policy. 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 E

Listings Revision Business Process

The Social Security Administration implemented a new process for updating the listings. See the flowchart below for details (and Appendix A for acronyms).



Appendix F

Agency Comments



SOCIAL SECURITY

MEMORANDUM

Date: March 25, 2009 **Refer To:** S1J-3

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

From: James A. Winn /s/
Chief of Staff

Subject: Office of the Inspector General (OIG) Draft Report, "The Social Security Administration's Listing of Impairments" (A-01-08-18023)

Thank you for the opportunity to review and comment on the draft report. We appreciate OIG's efforts in conducting this review. Our response to the report findings and recommendations is attached.

Please let me know if we can be of further assistance. You may direct staff inquiries to Ms. Candace Skurnik, Director, Audit Management and Liaison Staff, at (410) 965-4636.

Attachment:
SSA Response

COMMENTS ON THE OFFICE OF THE INSPECTOR GENERAL (OIG) DRAFT REPORT, “THE SOCIAL SECURITY ADMINISTRATION’S LISTING OF IMPAIRMENTS” (A-01-08-18023)

In general, we agree with the report and recommendations and provide responses to the specific recommendations below. We are committed to updating the Listing of Impairments (the listings) at timely intervals. Our new process includes continuous updates and monitoring every 3 to 4 years. These efforts are underway with a goal of updating all of the listings by mid-2010.

Recommendation 1

Update all listings over 5 years old.

Comment

We agree. We have made unprecedented progress in updating the listings over the last 5 years. Not only did we update eight body system listings, we also introduced a Quick Disability Determination process and a Compassionate Allowance initiative to identify and process very quickly claims that have an extremely high potential for an allowance. We also published an Advance Notice of Proposed Rulemaking and hosted outreach conferences for body system listings that still require updating. Comprehensive updates to these listings are well under way.

Of equal importance is the new business process we developed to make sure that our listings stay up to date. This business process seeks input from internal and external stakeholders and is being praised by the disability advocacy community.

Recommendation 2

Continue to monitor the listings to ensure they reflect medical and technological advances.

Comment

We agree. See our response to recommendation #1.

Appendix G

OIG Contacts and Staff Acknowledgments

OIG Contacts

Judith Oliveira, Director, Boston Audit Division

David Mazzola, Audit Manager

Phillip Hanvy, Acting Audit Manager

Acknowledgments

In addition to those named above:

Katie Greenwood, Auditor

For additional copies of this report, please visit our web site at
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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.