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**OFFICE OF  
THE INSPECTOR GENERAL**

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**SOCIAL SECURITY ADMINISTRATION**

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**REVIEW OF THE SOCIAL  
SECURITY ADMINISTRATION'S  
COST EFFECTIVENESS  
MEASUREMENT SYSTEM**

February 2002

A-07-00-10028

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**AUDIT REPORT**

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## **Mission**

**We improve SSA programs and operations and protect them against fraud, waste, and abuse by conducting independent and objective audits, evaluations, and investigations. We provide timely, useful, and reliable information and advice to Administration officials, the Congress, and the public.**

## **Authority**

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- Conduct and supervise independent and objective audits and investigations relating to agency programs and operations.**
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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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- Independence to determine what reviews to perform.**
- Access to all information necessary for the reviews.**
- Authority to publish findings and recommendations based on the reviews.**

## **Vision**

**By conducting independent and objective audits, investigations, and evaluations, we are agents of positive change striving for continuous improvement in the Social Security Administration's programs, operations, and management and in our own office.**



## SOCIAL SECURITY

### MEMORANDUM

Date: February 11, 2002

Refer To:

To: Jo Anne B. Barnhart  
Commissioner

From: Inspector General

Subject: Review of the Social Security Administration's Cost Effectiveness Measurement System (A-07-00-10028)

### OBJECTIVE

Our objective was to assess the accuracy and use of the Social Security Administration's (SSA) Cost Effectiveness Measurement System (CEMS) data.

### BACKGROUND

In September 1982, SSA developed CEMS as a tool to measure the operating costs and cost effectiveness of each State Disability Determination Services (DDS). CEMS was also envisioned to provide the basis for establishing formal cost standards for DDSs. In 1997, SSA began revising CEMS to take advantage of technological enhancements and to make the system more user-friendly. SSA spent approximately \$690,000 to revise CEMS, and it was released for production in August 1999. SSA also took responsibility for CEMS maintenance, which was previously performed by an outside contractor at an annual cost of approximately \$300,000. In Fiscal Year (FY) 1999, SSA spent an estimated \$106,000 to maintain CEMS (see Appendix D).

SSA's instructions<sup>1</sup> require DDSs to: (1) input data into CEMS by the 45th day after the close of each quarter; (2) reconcile CEMS and Form SSA-4513 (Report of Obligations) data; and (3) provide CEMS reconciliation documents to the Regional Offices (RO) who, in turn, provide the documents to the CEMS Administrator in SSA's Central Office (see Appendix C).

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<sup>1</sup> SSA, Office of Disability Programs, Office of Systems, CEMS Financial Procedures Handbook, revised December 1994.

## **SCOPE AND METHODOLOGY**

Our audit was designed to review CEMS data for FYs 1999 and 2000, which should have been available by May 2000 and May 2001, respectively. However, as of June 2001, CEMS data for FYs 1999 and 2000 were not available. Therefore, we reviewed the latest CEMS data available, which was for FY 1998.

To achieve our objective we:

- reviewed sections of SSA's Program Operations Manual System (POMS);
- reviewed the CEMS Financial Procedures Handbook, A Guide to Using CEMS 2.0, and the CEMS Data Element Glossary;
- interviewed SSA, Office of Disability (OD) and Office of Information Management staff in Baltimore, Maryland;
- interviewed the 10 SSA RO CEMS Coordinators and obtained information on the reconciliation and use of CEMS data; and
- compared selected FY 1998 CEMS data to the corresponding amounts reported on the Report of Obligations to validate the accuracy of CEMS data (see Appendix A).

Our audit was conducted between September 2000 and July 2001 in Kansas City, Missouri and Baltimore, Maryland. The entity audited was OD under the Deputy Commissioner for Disability and Income Security Programs. Our audit was conducted in accordance with generally accepted government auditing standards.

## **RESULTS OF REVIEW**

Our audit disclosed that CEMS has not achieved its intended purpose of measuring the relative cost effectiveness of each DDS. Our audit also disclosed monetary differences between CEMS and Form SSA-4513 data. Furthermore, CEMS data is not available timely and is not widely used by SSA. Lastly, we found that unauthorized users can access CEMS data.

### **CEMS HAS NOT ACHIEVED ITS INTENDED PURPOSE**

CEMS was developed by SSA as a tool to measure the costs of operating each DDS, and was to be used to develop a methodology for determining the relative cost effectiveness of each DDS. CEMS was envisioned to have a significant impact on the financial management of the disability determination process by providing the basis for establishing formal cost standards for DDS operations. CEMS information was to provide SSA with the information necessary to plan, budget, control, coordinate, and evaluate the disability program.

SSA planned to use CEMS to provide cost data in a format that permitted reasonable comparisons of DDS costs. CEMS was to employ cost modeling techniques that improved the cost standard process and that fairly reflected local conditions in each State. These techniques included case weighting, indexing of medical costs, and a separate subsystem to record detailed medical information. However, OD discontinued these techniques in 1991 because it could not derive a method of indexing costs that all DDSs felt fairly reflected their local conditions.

## **DIFFERENCES EXISTED IN CEMS AND REPORT OF OBLIGATION DATA**

### ***SSA Could Not Explain Data Discrepancies***

For FY 1998, we compared the data on the Form SSA-4513 to the same data reported in CEMS. This comparison identified a difference of approximately \$20 million (see Appendix B). We requested the reconciliation documents for the 52 DDSs<sup>2</sup> from the CEMS Administrator to determine whether there were valid reasons for the \$20 million discrepancy.<sup>3</sup> The CEMS Administrator did not have the reconciliation documents. According to CEMS instructions, the DDS is instructed to provide reconciliation documents to its SSA RO CEMS Coordinator. The RO CEMS Coordinator is then supposed to forward the reconciliation documents to the CEMS Administrator in SSA's Central Office, who is responsible for maintaining the documentation.

Since the CEMS Administrator did not have the reconciliation documents, we contacted the 10 RO CEMS Coordinators for the documents. Five of the 10 RO CEMS Coordinators (Regions 1, 2, 3, 4 and 6) stated that they received and retained the reconciliations from all 28 of their respective DDSs. The remaining 5 RO CEMS Coordinators were unable to provide the reconciliations for the following reasons:

- The Region 5 CEMS Coordinator received reconciliations from only two of the six DDSs in the region;
- The CEMS Coordinators from Regions 8, 9 and 10 did not receive reconciliations from any of their 14 DDSs; and
- The Region 7 CEMS Coordinator received but did not retain the reconciliations from the region's four DDSs.

Without the reconciliation documents from all 52 DDSs, we were unable to determine the reasons for the \$20 million discrepancy. Therefore, we were unable to determine the accuracy of CEMS data for FY 1998.

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<sup>2</sup> There are 54 DDSs; however, the Virgin Islands and Guam DDSs do not use CEMS.

<sup>3</sup> Valid reasons for differences in CEMS and Form SSA-4513 data include, but are not limited to, new obligations/de-obligations, obligated costs not reported on the Report of Obligations, CEMS adjustments for prior quarters, employee costs for "borrowed" and "loaned" personnel, etc.

**CEMS INFORMATION IS NOT AVAILABLE TO USERS TIMELY**

***FYs 1999 and 2000  
CEMS Data Is Not  
Available***

As of June 2001, CEMS data for FYs 1999 and 2000 were not available. The CEMS data for FYs 1999 and 2000 should have been available by May 2000 and May 2001, respectively. The FY 1999 and FY 2000 CEMS data were not available for our review because several DDSs had not entered the required information and CEMS does not allow review of data until all DDSs have completed input.

<b>SSA REGION</b>	<b>DDSs THAT HAD NOT ENTERED ALL FY 1999 DATA INTO CEMS</b>	<b>DDSs THAT HAD NOT ENTERED ALL FY 2000 DATA INTO CEMS</b>
Region 1		Maine New Hampshire Rhode Island
Region 2		New York
Region 3		Delaware
Region 4		Tennessee Kentucky Mississippi
Region 5	Indiana	Indiana Minnesota
Region 6		
Region 7		Missouri
Region 8	Colorado North Dakota South Dakota	Colorado North Dakota South Dakota Utah
Region 9	Arizona	California Nevada Arizona
Region 10		Washington

Even though the redesigned CEMS was placed in production in August 1999 and was installed at 52 DDSs, the system continues to experience problems. OD stated that some of the problems require Office of Systems' (OS) resolution, however, the necessary OS resources were not available. The problems that CEMS continues to face are:

- Part of the CEMS software resides on the individual workstations. Because of the new design of CEMS, each workstation requires a separate installation, program updates must be installed on each workstation, and any additional software or other changes that are made to the workstation can result in the system becoming non-compatible with CEMS. While CEMS has been installed in the 52 DDSs, some programming problems still exist and required updates have not been installed. The above problems require OS' assistance.

- While the redesigned CEMS is more user friendly, the system itself is much more complex than its predecessor. Installation and maintenance of CEMS involves a significant time investment on the part of local area network coordinators. In addition, a significant time investment is required by the CEMS Administrator to ensure that systems problems are identified and resolved.

### **CEMS INFORMATION IS NOT WIDELY USED**

CEMS was developed as a tool that SSA could use to measure the cost effectiveness of each State DDS. However, CEMS has not achieved its intended purpose because SSA never developed formal cost standards or methodologies for determining the cost effectiveness of each DDS. Therefore, the usefulness of CEMS management information is limited.

- Six of the 10 RO CEMS Coordinators stated they had not used CEMS data for over 1 year. One Coordinator indicated that CEMS information was used. Three Coordinators indicated that, if the information were timely, it would be used.
- OD staff stated that CEMS data are used for limited purposes, such as estimating the cost of proposed legislation. However, its use is limited because the information is not accurate and some of the information could be obtained from other sources. CEMS information is not used for budget-related purposes and therefore, is not shared with other SSA components, such as the Deputy Commissioner for Finance, Assessment, and Management.

### **UNAUTHORIZED USERS CAN ACCESS CEMS**

We found that DDS' data entry logons, including passwords, are posted on an Intranet site and available to anyone with Intranet access. This site also contains instructions for installing CEMS. The one CEMS safeguard is that once the CEMS information is input and locked by the DDSs, only the CEMS Administrator can alter the information. However, with the passwords available on the Intranet, there is the possibility for unauthorized alteration of CEMS data prior to the data being locked.

- By utilizing the instructions provided on the Intranet site, we successfully installed CEMS. Then, using the passwords at the Intranet site, we accessed both the data entry and analysis applications of CEMS.

### **CONCLUSIONS AND RECOMMENDATIONS**

Our objective was to assess the accuracy and use of CEMS data; however, the reconciliation information needed to assess the accuracy of CEMS data was not available. Although we identified a discrepancy of approximately \$20 million between the FY 1998 CEMS and the Form SSA-4513 data, the unavailability of reconciliation information prevented us from determining whether this discrepancy was valid. As far

as the use of CEMS data, we found that CEMS data are not widely used by SSA and the data are not timely. Furthermore, we found that unauthorized users can access—and possibly alter—CEMS data.

We also found that CEMS has not achieved its intended purpose because SSA was unsuccessful in developing formal cost standards or methodologies for determining the cost effectiveness of each DDS. CEMS could be a valuable management information tool if SSA could design the system to allow for measuring the cost effectiveness of DDSs. Such a system is needed—given the complexity and importance of monitoring DDS performance. However, in its current design, CEMS does not meet its intended purpose and the data are not timely enough to be valuable to the Agency. Therefore, we question whether the monies spent by SSA to maintain CEMS—and the time expended by the DDSs on the labor-intensive input of CEMS data—are justified.

We recommend that SSA perform a cost-benefit analysis to determine whether CEMS should continue based on a comparison of CEMS maintenance, oversight, and input costs to the use of CEMS data. If the cost-benefit analysis supports the continuation of CEMS, take the following actions:

- a) Resolve CEMS program problems and ensure that CEMS is properly installed at all DDSs.
- b) Update the CEMS Financial Handbook Guidelines to correspond with the revised CEMS system and publish the guidelines in the POMS section reserved for CEMS.
- c) Ensure that SSA and DDS staff follows CEMS guidelines.
- d) Remove CEMS passwords and installation instructions from the Intranet site and issue new passwords to authorized users.
- e) Develop formal cost standards or methodologies for determining the cost effectiveness of each DDS.

## **AGENCY COMMENTS**

In response to our draft report, SSA decided to discontinue CEMS. Specifically, SSA stated that a cost benefit analysis would only duplicate the work performed by the auditors and would not support the continuation of CEMS. SSA further stated it is already taking the necessary steps to discontinue the system. (See Appendix E for SSA's comments.)



James G. Huse, Jr.



# *Appendices*

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**APPENDIX A** – Acronyms

**APPENDIX B** – Comparison of Cost Effectiveness Measurement System and Report of Obligations Data for Fiscal Year 1998

**APPENDIX C** – Overview of the Cost Effectiveness Measurement System Process

**APPENDIX D** – Estimation of the Fiscal Year 1999 Costs to Maintain the Cost Effectiveness Measurement System

**APPENDIX E** – Agency Comments

**APPENDIX F** – OIG Contacts and Staff Acknowledgments

## **Acronyms**

CEMS	Cost Effectiveness Measurement System
DDS	Disability Determination Services
Form SSA-4513	Report of Obligations
FY	Fiscal Year
OD	Office of Disability
OS	Office of Systems
POMS	Program Operations Manual System
RO	Regional Office
SSA	Social Security Administration

# Comparison of Cost Effectiveness Measurement System and Report of Obligations Data for Fiscal Year 1998

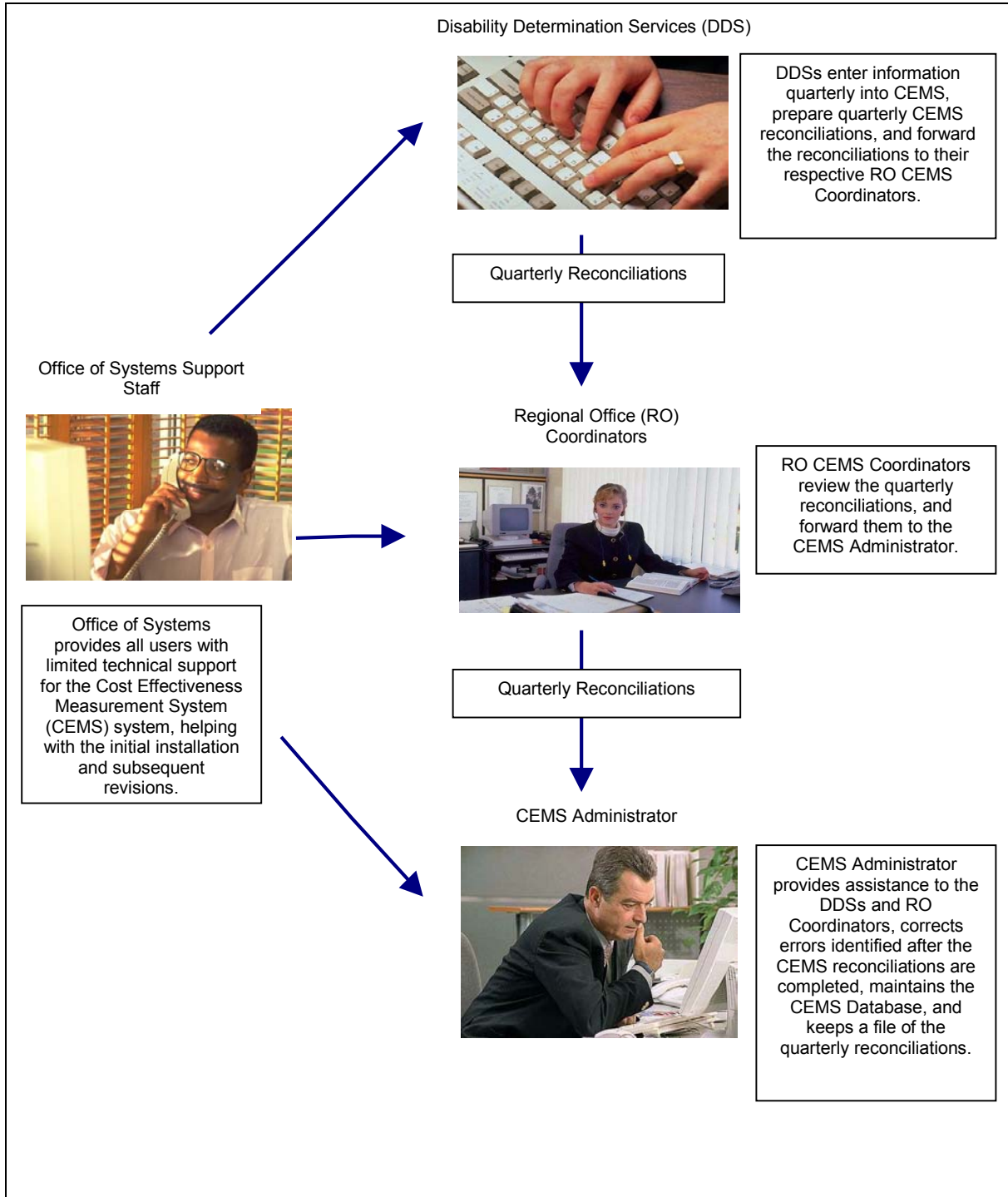
Disability Determination Services	Total Costs from Data Validation Forms	Totals from SSA Form 4513 (Excluding Non Federal Workload and AOP Pilot Project Costs)	Difference - CEMS Data Over (Under) SSA Form 4513	Regional Difference <sup>1</sup>
Connecticut	\$11,917,994	\$12,130,470	\$(212,476)	
Maine	6,179,353	6,348,552	(169,199)	
Massachusetts	26,399,434	25,540,922	858,512	
New Hampshire	3,326,350	3,170,030	156,320	
Rhode Island	6,586,767	5,817,300	769,467	
Vermont	2,312,068	2,310,171	1,897	
<b>Region 1</b>				<b>\$1,404,521</b>
New Jersey	35,535,964	34,584,779	951,185	
New York	138,441,018	135,013,533	3,427,485	
Puerto Rico	12,338,682	12,506,016	(167,334)	
<b>Region 2</b>				<b>\$4,211,336</b>
District of Columbia	3,585,580	3,598,715	(13,135)	
Delaware	3,560,018	3,835,725	(275,707)	
Maryland	17,671,044	17,360,520	310,524	
Pennsylvania	59,768,458	58,648,569	1,119,889	
Virginia	25,399,686	25,378,422	21,264	
West Virginia	15,088,633	15,040,418	48,216	
<b>Region 3</b>				<b>\$1,211,051</b>
Alabama	28,183,657	28,234,731	(51,074)	
Florida	60,044,943	62,201,716	(2,156,773)	
Georgia	44,361,768	42,456,708	1,905,060	
Kentucky	31,169,720	31,679,505	(509,785)	
Mississippi	19,534,184	19,512,394	21,790	
North Carolina	37,336,378	37,428,329	(91,951)	
South Carolina	19,847,026	19,580,816	266,210	
Tennessee	29,937,575	29,570,817	366,758	
<b>Region 4</b>				<b>\$(249,766)</b>

<sup>1</sup> The difference could represent such items as new obligations/de-obligations, obligated costs not reported on the Form SSA-4513 (Report of Obligations) Cost Effectiveness Measurement System (CEMS) adjustments for prior quarters, employee costs for "borrowed" and "loaned" personnel, etc. Such issues should be addressed in the narratives attached to the CEMS Reconciliations; however, the Social Security Administration (SSA) could not provide the reconciliations.

<b>Disability Determination Services</b>	<b>Total Costs from Data Validation Forms</b>	<b>Totals from SSA Form 4513 (Excluding Non Federal Workload and AOP Pilot Project Costs)</b>	<b>Difference - CEMS Data Over (Under) SSA Form 4513</b>	<b>Regional Difference</b>
Illinois	62,033,920	62,532,675	(498,755)	
Indiana	24,407,163	24,727,373	(320,210)	
Michigan	57,233,873	55,946,442	1,287,431	
Minnesota	16,952,982	16,193,461	759,521	
Ohio	57,993,236	58,085,459	(92,223)	
Wisconsin	19,409,237	18,271,667	1,137,570	
<b>Region 5</b>				<b>\$2,273,334</b>
Arkansas	15,024,703	15,465,516	(440,813)	
Louisiana	30,507,918	30,069,372	438,546	
New Mexico	9,413,859	9,419,605	(5,746)	
Oklahoma	12,840,671	12,880,525	(39,854)	
Texas	81,258,292	77,604,283	3,654,009	
<b>Region 6</b>				<b>\$3,606,142</b>
Iowa	11,437,668	11,431,271	6,397	
Kansas	13,164,714	11,877,523	1,287,191	
Missouri	30,065,501	28,274,386	1,791,115	
Nebraska	5,564,680	5,564,680	(0)	
<b>Region 7</b>				<b>\$3,084,703</b>
Colorado	13,003,090	12,814,572	188,518	
Montana	3,428,753	3,434,660	(5,907)	
North Dakota	1,621,275	1,490,384	130,891	
South Dakota	2,227,807	2,352,957	(125,150)	
Utah	6,417,846	6,530,944	(113,098)	
Wyoming	1,890,196	1,804,360	85,836	
<b>Region 8</b>				<b>\$161,090</b>
Arizona	17,223,035	17,536,440	(313,405)	
California <sup>2</sup>	161,147,442	156,880,555	4,266,887	
Hawaii	4,218,715	4,190,100	28,615	
Nevada	5,843,926	5,833,111	10,815	
<b>Region 9</b>				<b>\$3,992,912</b>
Alaska	4,024,595	4,094,017	(69,422)	
Idaho	3,938,063	3,936,797	1,266	
Oregon <sup>2</sup>	17,545,701	17,545,723	(22)	
Washington	23,819,097	23,272,795	546,302	
<b>Region 10</b>				<b>\$478,124</b>
<b>Totals</b>	<b>\$1,352,184,258</b>	<b>\$1,332,010,811</b>		<b>\$20,173,447</b>

<sup>2</sup> The total costs from SSA Forms 4513 for the States of California and Oregon do not reflect any adjustments that were identified during recent SSA, Office of the Inspector General audits of their Disability Determination Services' administrative costs.

# Overview of the Cost Effectiveness Measurement System Process



## Estimate of the Fiscal Year 1999 Costs to Maintain the Cost Effectiveness Measurement System

<b>COST EFFECTIVENESS MEASUREMENT SYSTEM MAINTENANCE COSTS</b>		
<b>Entity</b>	<b>Explanation of Cost Estimation</b>	<b>Cost Estimate</b>
Disability Determination Services (DDS)	The June 8, 2000 Federal Register provided the results of a Social Security Administration (SSA) survey of DDSs related to CEMS. According to the survey, CEMS input required 6 hours of DDS staff time, quarterly. This approximates to 1,248 DDS staff hours (52 DDSs times 4 quarters times 6 hours). Based on these hours, the survey estimated DDS input costs of \$25,985 annually.	\$25,985
Regional Office (RO) Cost Effectiveness Measurement System (CEMS) Coordinators	One RO CEMS Coordinator estimated that he spent 2 hours each quarter per DDS to perform his duties. This equates to a total estimated annual burden of 416 hours for all 52 DDSs (52 DDSs times 2 hours times 4 quarters). Using the 1999 General Schedule \$25.78 hourly wage for a Grade 13 (the grade of the RO CEMS Coordinator we contacted), we calculated estimated costs of \$10,724 (\$25.78 times 416 hours).	10,724
CEMS Administrator	According to the current CEMS Administrator, he spends as much as 50 percent of his time on CEMS-related activities. Using the 1999 General Schedule annual salary for a Grade 13 position, we calculated estimated costs of \$26,896 (\$53,792 times 50 percent).	26,896
Office of Systems (OS) Support	According to OS, it spent 1,256 hours on CEMS-related activities during Fiscal Year (FY) 1999. OS also provided the average annual salary of its employees. Using this information, we estimated an average hourly rate of \$33.75 for OS employees and an estimated annual cost of \$42,390.  NOTE: In the OS cost estimate, we did not use the 10,438 hours OS spent on developing and improving the CEMS during FY 1999 since it is not a recurring expenditure.	42,390
<b>Total Estimated Cost</b>		<b>\$105,995</b>

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**Agency Comments**



## SOCIAL SECURITY

MEMORANDUM

30257-24-677

January 9, 2002

Refer To: S1J-3

To: James G. Huse  
Inspector General

Larry Dye  
Chief of Staff

A handwritten signature in cursive script, appearing to read "Larry Dye".

Subject Office of the Inspector General Draft (OIG) Report: "Review of Social Security Administration's Cost Effectiveness Measurement System" (A-07-00-10028)—INFORMATION

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

Please let us know if we may be of further assistance. Staff questions may be referred to Trudy Williams at extension 50380.

Attachment:  
SSA Response



COMMENTS ON THE OFFICE OF THE INSPECTOR GENERAL (OIG) DRAFT REPORT,  
“REVIEW OF THE SOCIAL SECURITY ADMINISTRATION’S COST EFFECTIVENESS  
MEASUREMENT SYSTEM” (A-07-00-10028)

Thank you for the opportunity to review and comment on this draft report. Our comments on the report recommendations are detailed below.

Recommendations

Perform a cost-benefit analysis (CBA) to determine whether the Cost Effectiveness Measurement System (CEMS) should continue based on a comparison of CEMS maintenance, oversight, and input costs to the use of CEMS data.

If the cost-benefit analysis supports the continuation of CEMS, take the following actions:

a) Resolve CEMS program problems and ensure that CEMS is properly installed at all Disability Determination Services (DDSs); b) update the CEMS Financial Handbook Guidelines to correspond with the revised CEMS system and publish the guidelines in the Program Operations Manual System (POMS) section reserved for CEMS; c) ensure that SSA and DDS staff follow CEMS guidelines; d) remove CEMS passwords and installation instructions from the Intranet site and issue new passwords to authorized users; and e) develop formal cost standards or methodologies for determining the cost effectiveness of each DDS.

Comment

We believe that a CBA would only duplicate the work the auditors have already done and would not support the continuation of CEMS. We believe that the audit findings are sufficient enough to support a case for discontinuation of CEMS, and we are already taking the necessary steps to discontinue the system.

We will begin exploring alternatives to CEMS for more cost-effective methods to accomplish the original goals of CEMS.

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## **OIG Contacts and Staff Acknowledgments**

### **OIG Contacts**

Rona Rustigian, Director, Disability Program Audit Division (617) 565-1819

Mark Bailey, Deputy Director, Disability Program Audit Division (816) 936-5591

### **Staff Acknowledgments**

In addition to those named above:

Ronald Bussell, Lead Auditor

Kenneth Bennett, Auditor

Richard Reed, Auditor

Cheryl Robinson, Writer-Editor

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Ranking Minority Member, Subcommittee on Social Security and Family Policy	1
Chairman, Senate Special Committee on Aging	1
Ranking Minority Member, Senate Special Committee on Aging	1
Vice Chairman, Subcommittee on Government Management Information and Technology	1
President, National Council of Social Security Management Associations, Incorporated	1
Treasurer, National Council of Social Security Management Associations, Incorporated	1
Social Security Advisory Board	1
AFGE General Committee	9
President, Federal Managers Association	1
Regional Public Affairs Officer	1
<b>Total</b>	<b>97</b>

# **Overview of the Office of the Inspector General**

## **Office of Audit**

The Office of Audit (OA) conducts comprehensive financial and performance audits of the Social Security Administration's (SSA) programs and makes recommendations to ensure that program objectives are achieved effectively and efficiently. Financial audits, required by the Chief Financial Officers Act of 1990, assess whether SSA's financial statements fairly present the Agency's financial position, results of operations, and cash flow. Performance audits review the economy, efficiency, and effectiveness of SSA's programs. OA also conducts short-term management and program evaluations focused on issues of concern to SSA, Congress, and the general public. Evaluations often focus on identifying and recommending ways to prevent and minimize program fraud and inefficiency.

## **Office of Executive Operations**

The Office of Executive Operations (OEO) provides four functions for the Office of the Inspector General (OIG) – administrative support, strategic planning, quality assurance, and public affairs. OEO supports the OIG components by providing information resources management; systems security; and the coordination of budget, procurement, telecommunications, facilities and equipment, and human resources. In addition, this Office coordinates and is responsible for the OIG's strategic planning function and the development and implementation of performance measures required by the Government Performance and Results Act. The quality assurance division performs internal reviews to ensure that OIG offices nationwide hold themselves to the same rigorous standards that we expect from the Agency. This division also conducts employee investigations within OIG. The public affairs team communicates OIG's planned and current activities and the results to the Commissioner and Congress, as well as other entities.

## **Office of Investigations**

The Office of Investigations (OI) conducts and coordinates investigative activity related to fraud, waste, abuse, and mismanagement of SSA programs and operations. This includes wrongdoing by applicants, beneficiaries, contractors, physicians, interpreters, representative payees, third parties, and by SSA employees in the performance of their duties. OI also conducts joint investigations with other Federal, State, and local law enforcement agencies.

## **Counsel to the Inspector General**

The Counsel to the Inspector General provides legal advice and counsel to the Inspector General on various matters, including: 1) statutes, regulations, legislation, and policy directives governing the administration of SSA's programs; 2) investigative procedures and techniques; and 3) legal implications and conclusions to be drawn from audit and investigative material produced by the OIG. The Counsel's office also administers the civil monetary penalty program.