
**OFFICE OF
THE INSPECTOR GENERAL**

SOCIAL SECURITY ADMINISTRATION

**QUICK DISABILITY
DETERMINATIONS**

May 2007

A-01-07-17035

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.

Authority

The Inspector General Act created independent audit and investigative units, called the Office of Inspector General (OIG). The mission of the OIG, as spelled out in the Act, is to:

- Conduct and supervise independent and objective audits and investigations relating to agency programs and operations.**
- Promote economy, effectiveness, and efficiency within the agency.**
- 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.**
- Keep the agency head and the Congress fully and currently informed of problems in agency programs and operations.**

To ensure objectivity, the IG Act empowers the IG with:

- 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

We strive for continual improvement in SSA's programs, operations and management by proactively seeking new ways to prevent and deter fraud, waste and abuse. We commit to integrity and excellence by supporting an environment that provides a valuable public service while encouraging employee development and retention and fostering diversity and innovation.



SOCIAL SECURITY

MEMORANDUM

Date: May 31, 2007

Refer To:

To: The Commissioner

From: Inspector General

Subject: Quick Disability Determinations (A-01-07-17035)

OBJECTIVE

Our objectives were to (1) determine whether cases selected for Quick Disability Determinations (QDD) were processed within the guidelines established by the Social Security Administration (SSA) and (2) identify any possible improvements to the QDD process.

BACKGROUND

SSA established the QDD process under its new Disability Service Improvement (DSI) initiative in the Boston region to enhance the Agency's current disability determination process.¹ QDD claims are initial disability claims that are electronically-identified by a predictive model as involving a high potential that:

- The claimant is disabled;
- Evidence of the claimant's allegations can be easily and quickly obtained; and
- The case can be processed within 20 calendar days of receipt in the Disability Determination Services (DDS).²

¹ SSA provides monthly benefits to disabled individuals under Title II and Title XVI of the Social Security Act §§ 223 *et seq.* and 1611 *et seq.*, 42 U.S.C. §§ 423 *et seq.* and 1382 *et seq.* The Commissioner of SSA began planning DSI in 2001 after a discussion with the President and first informed the Congress of changes to the disability process in July 2003. DSI is being piloted in SSA's Boston region and applies to disability claims filed beginning August 1, 2006 for residents of Connecticut (CT), Maine (ME), Massachusetts (MA), New Hampshire (NH), Rhode Island (RI), and Vermont (VT). See Appendix B for additional background on DSI.

² SSA, Program Policy Online (PPO), reference: 008302432. If a case cannot be adjudicated to a fully-favorable allowance within 20 days, or if there is an unresolved disagreement between the disability examiner and the medical or psychological expert, the claim is removed from the QDD process.

As the DDS assesses the medical evidence to determine whether the claimant is disabled under the Social Security Act, the SSA field office staff assess the non-medical factors of eligibility, such as evaluating work activity or developing proof of age.³ If a claim is selected for QDD processing, the SSA field office is required to complete all necessary non-medical development as quickly as possible, with a goal of no more than 20 calendar days.⁴

To perform this review, we obtained a file of all initial disability claims selected for QDD processing through October 31, 2006. We analyzed disability determination records, benefit records and electronic disability folder information for these 667 individuals. We also obtained a file of all claims—27,648 in total, including the QDD cases—designated as DSI cases through October 31, 2006 and analyzed disability determination records for these cases. (See Appendix C for additional information on our scope and methodology.)

RESULTS OF REVIEW

We found that SSA generally made medical determinations for claims selected for QDD processing within the standards established for the pilot. Additionally, based on feedback we provided during our review, the Agency is in the process of improving its controls over the development of the non-medical aspects of QDD claims. However, as SSA rolls out QDD beyond the Boston region, it should refine the selection process based on the results of the cases processed during the DSI pilot in Boston.

CASES SELECTED FOR QDD PROCESSING

As of October 31, 2006, about 2.4 percent (667 claims) of all DSI cases had been selected for QDD processing. As shown in Table 1, SSA made 79 percent of medical allowance determinations within the 20-day standard set for the QDD pilot in the Boston region—with an average processing time of 10 days (including quality reviews). However, SSA exceeded the 20-day standard for a portion (16 percent) of medical allowance decisions processed in the first few months of the pilot. Additionally, 5 percent of the claims were not medically allowed.

³ SSA, Program Operations Manual System (POMS), DI 11010.125.

⁴ SSA, PPO, reference: 008302432.

Table 1: Summary of QDD Medical Determinations for Claims Filed through October 31, 2006		
Finding	Cases	Percent
Medically Allowed—20 days or less	527	79.0%
Medically Allowed—more than 20 days	107	16.0%
Not Medically Allowed	33	5.0%
Total	667	100%

Table 2 shows the breakout of the 667 cases selected for QDD processing through October 31, 2006 by SSA program—Disability Insurance (DI) or Supplemental Security Income (SSI)—and by State.

Table 2: Summary of QDD Medical Determinations by State							
State	CT	MA	ME	NH	RI	VT	Total By Program
DI Only							
Allowed	96	171	36	28	40	28	399
Not Allowed	3	10	0	1	3	2	19
SSI Only							
Allowed	20	113	8	10	8	6	165
Not Allowed	2	6	0	2	0	0	10
Both DI and SSI							
Allowed	17	38	0	6	6	3	70
Not Allowed	1	2	0	1	0	0	4
Total By State	139	340	44	48	57	39	667

Terminal Illnesses Cases

Of the 667 cases selected for QDD, 142 had a terminal (TERI) case indicator. SSA or DDS staff may manually indicate a claim is a TERI case if the claimant has an impairment which medical records indicate is untreatable (i.e., the impairment cannot be reversed and is expected to end in death). Cases with a TERI indicator must be handled in an expeditious manner because of their sensitivity.⁵ Of the 142 QDD claims which were also TERI cases, 136 were allowed and 6 were not allowed.⁶

Claim Not Allowed

Although only 5 percent of the 667 cases selected for QDD were not medically allowed, we analyzed these 33 cases further since one of the factors considered when selecting a case for QDD processing is its high potential that the claimant is disabled.

Table 3 summarizes the reasons why these 33 claimants were not allowed benefits.

Table 3: Reasons QDD Cases Not Allowed	
Able to perform past work	7
DI claim only – not disabled at date last insured for disability	6
Impairment(s) caused limitations but was not disabling	7
DI claim only – died during waiting period before decision was made	5
Impairment(s) not expected to remain disabling for 12 months	4
Returned to SSA field office for additional non-medical development	1
Able to perform work other than past employment	2
Impairment did not limit activities	1
Total	33

Based on our review of these cases, it appeared that the claims were appropriately selected for QDD processing, based on information the claimants initially provided to SSA.

COMPARISON OF CASES SELECTED AND NOT SELECTED FOR QDD

From the file of all DSI cases, we isolated the claims not selected for QDD processing that were medically allowed and compared the average DDS processing time to that of cases selected for QDD—based on the most frequently occurring diagnoses in the

⁵ SSA, POMS DI 23020.045.

⁶ Of the six TERI claims not allowed, (a) three claimants died during the waiting period and were not eligible for benefits and (b) SSA determined that three claimants were not disabled.

QDD cases.⁷ The 361 claims selected for the QDD with 1 of the top 10 diagnoses (as shown in Table 4) were adjudicated in 13 days, on average, and those not selected for QDD—with the same diagnoses—were adjudicated in 50 days, on average.

Table 4: Primary Diagnoses of Allowed Cases⁸				
Diagnosis	Cases Selected for QDD		Cases Not Selected for QDD	
	Number of Cases	Average Processing Time	Number of Cases	Average Processing Time
Lung Cancer	104	13 days	128	42 days
Premature – Birth Weight Under 1200 grams	44	5 days	93	35 days
Colon, Rectal or Anal Cancer	35	13 days	55	50 days
Breast Cancer	33	11 days	75	48 days
Chronic Renal Failure	33	20 days	84	49 days
Autistic Disorders	27	19 days	216	67 days
Leukemia	24	12 days	29	39 days
Ovarian Cancer	23	14 days	18	43 days
Liver Cancer	19	11 days	15	40 days
Kidney Cancer	19	15 days	12	39 days
Total	361	13 days	725	50 days

PAYMENTS WERE NOT ALWAYS EXPEDITED

SSA should improve its controls to ensure that non-medical development (such as verification of income or date of birth) of claims selected for QDD is expedited so that beneficiaries are paid quickly after the Agency determines they are disabled.⁹ SSA field

⁷ The Social Security Act § 223(d)(1)(A), 42 U.S.C. § 423(d)(1)(A) defines the term disability for SSA's programs and requires that an individual's inability to work must be related to a medically determinable physical or mental impairment(s). SSA tracks these impairments by codes—in most cases, using the diagnosis codes found in *International Classification of Diseases, Ninth Revision, Clinical Modification* (National Center of Health Statistics and Centers for Medicare and Medicaid Services). SSA, POMS, DI 26510.015.

⁸ The claimants' alleged impairment(s) is only one of the criteria used by SSA's predictive modeling software for making QDD selections. This chart shows the top 10 primary diagnosis codes for the claimants selected for QDD processing and found to be disabled: 1620, 7650, 1530, 1740, 5850, 2990, 2070, 1830, 1550 and 1890, respectively.

⁹ Even though SSA did not have effective controls to ensure that non-medical development for QDD claims was expedited, the Agency initiated payments within 22 days of transmitting the case to the DDS, on average, for claimants who were medically allowed in fewer than 20 days.

office staff were instructed to complete all non-medical development as soon as QDD claims are transferred to the DDS for the medical decision. Of the 667 cases selected for QDD processing, 16 claimants (or 2.4 percent) were determined to be disabled but had not been paid at the time of our review. These claimants had been waiting up to 5 months after the DDS found them disabled for the Agency to finish the non-medical development and initiate payments. Of these 16 claims:

- 6 were SSI claims that could have been paid as soon as the DDS made its medical decision;
- 8 were DI claims that could have been paid because the waiting period had already passed when the DDS allowed the claim; and
- 2 were DI claims for which the waiting period ended soon after the DDS allowed the claim (in October 2006 and January 2007 respectively).

We referred these cases to the SSA Regional Office on January 18, 2007, and the Agency took immediate action to expedite their completion. Specifically, the day after we referred the cases to the Agency, the Boston Regional Office began preparing instructions for all field offices on identifying and monitoring QDD cases and completing non-medical development quickly. SSA issued interim procedures on February 13, 2007 and formal procedures on March 15, 2007 to make sure payments for QDD claims are not delayed in any Agency component.

SSA SHOULD REFINE THE QDD SELECTION PROCESS

As QDD is expanded beyond the Boston region, the number of cases, workload issues and resources may be a concern for the Agency. SSA should refine the QDD selection process based on the results of the pilot to focus resources on expediting benefits to the greatest number of claimants possible who can immediately receive benefits.

Of the 667 cases selected for QDD processing, 249 (or 37 percent) were claims for SSI benefits—whether SSI only or concurrent DI/SSI. SSI eligibility provides cash assistance and immediate access to medical coverage (generally through Medicaid in most States) to needy individuals who are disabled, blind or aged.¹⁰

The remaining 418 cases selected for QDD were DI claims only. The Social Security Act states that a DI beneficiary is eligible to receive payments after serving a waiting period of 5 consecutive calendar months throughout which he or she has been under a disability (i.e., 5 full months after the date SSA establishes as the onset of his disability).¹¹ DI eligibility generally provides access to medical coverage through Medicare after the beneficiary serves a waiting period of 24 months.¹²

¹⁰ The Social Security Act §§ 1601, et seq., as amended, and 1902(a)(10)(C), 42 U.S.C. §§ 1381, et seq., and 1396a(a)(10)(C).

¹¹ The Social Security Act § 223(a)(1)(E), 42 U.S.C. § 423(a)(1)(E).

¹² The Social Security Act § 226(b), 42 U.S.C. § 426(b).

Table 5 shows the length of time the 418 DI claimants were in their waiting period on the day their claims were selected for QDD—based on the date they alleged their disability began.¹³ Of these 418 claimants, 136 (about 32.5 percent) were early in their waiting period when DDS received their claims. If these 136 claims had not been selected for QDD and had been adjudicated within SSA’s average processing time,¹⁴ these claimants would have been allowed by the first date they were eligible to receive benefits. Additionally, the Agency could have used those QDD resources to expedite cases for SSI claimants or DI claimants at the end of or beyond their waiting period.

Table 5: Waiting Period When Case Selected for QDD		
Waiting Period	Number of Cases	Percent
Waiting Period Not Begun Yet	14	3.4%
In 1 st Month of Waiting Period	47	11.2%
In 2 nd Month of Waiting Period	39	9.3%
In 3 rd Month of Waiting Period	36	8.6%
Subtotal	136	32.5%
In 4 th Month of Waiting Period	42	10.0%
In 5 th Month of Waiting Period	27	6.5%
Waiting Period Completed	213	51.0%
Subtotal	282	67.5%
TOTAL	418	100%

¹³ Of the 418 DI only claims, 399 were medically allowed. For 93 percent of the allowances, SSA established the onset of disability the same date alleged by the claimant or later.

¹⁴ For the period October through December 2006, SSA processed disability claims in the Boston region in 97 days, on average. SSA’s goal for average processing time for initial disability claims in Fiscal Year 2007 is 93 days. SSA, *Performance Plan for FY 2007*, p. 7, February 2006.

CONCLUSION AND RECOMMENDATIONS

Although SSA is in the early stages of implementing the QDD process, claims selected for QDD processing were completed sooner than those claims completed through SSA's normal (non-QDD) process. However, as SSA expands QDD beyond the Boston region in the coming years, workload issues and resources may be a concern. The Agency should fine-tune the QDD process and the predictive model used to select QDD cases based on the results of the cases processed during the pilot in Boston.

Therefore, we recommend SSA:

1. Ensure that non-medical aspects of QDD claims processing are expedited.
2. Consider refining the QDD selection process in the future—prior to rolling it out to another region—to focus on SSI claims and DI claims at the end of or beyond the statutorily required waiting period.

AGENCY COMMENTS AND OIG RESPONSE

SSA agreed with Recommendation 1 but did not concur with Recommendation 2 due to the cost of systems reprogramming. (See Appendix D for SSA's comments.)

We understand that the Agency has limited resources and, according to the Agency, it would be costly to reprogram the QDD predictive model at this time. However, SSA should consider making the changes necessary to implement our recommendation when future programming changes are made. We believe individuals who will immediately benefit from expediting processing (those with SSI claims and DI claims at the end of or beyond the statutorily required waiting period) should receive priority over individuals who might benefit from receiving an allowance determination prior to their eligibility for benefits.



Patrick P. O'Carroll, Jr.

Appendices

APPENDIX A – Acronyms

APPENDIX B – Disability Service Improvement

APPENDIX C – Scope and Methodology

APPENDIX D – Agency Comments

APPENDIX E – OIG Contacts and Staff Acknowledgments

Acronyms

ALJ	Administrative Law Judge
CFR	Code of Federal Regulations
CT	Connecticut
DDS	Disability Determination Services
DI	Disability Insurance
DSI	Disability Service Improvement
FedRO	Federal Reviewing Official
NH	New Hampshire
MA	Massachusetts
ME	Maine
POMS	Program Operations Manual System
PPO	Program Policy Online
QDD	Quick Disability Determinations
RI	Rhode Island
SSA	Social Security Administration
SSI	Supplemental Security Income
U.S.C.	United States Code
VT	Vermont

Disability Service Improvement

The Commissioner of the Social Security Administration (SSA) began working on improvements to the Agency's disability determination process in 2001 after a discussion with the President. On September 25, 2003, the Commissioner presented a new approach to disability determination to the Congress.¹ The final regulations for the Disability Service Improvement (DSI) process were published March 31, 2006.²

The final DSI regulations provide for:

- A quick disability determination process for those who are obviously disabled. Favorable decisions would be made in such cases within 20 days after the claim is received by the State disability determination agency.
- A new Medical-Vocational Expert System to enhance the expertise needed to make accurate and timely decisions—composed of a Medical-Vocational Expert Unit and a national network of medical, psychological and vocational experts who meet qualification standards established by the Commissioner.
- A new position—the Federal Reviewing Official (FedRO)—that will review State agency determinations upon the request of the claimant. This will eliminate the reconsideration step of the current appeals process.
- Retention of the right to request a *de novo* hearing and decision from an Administrative Law Judge (ALJ) if the claimant disagrees with the decision of the FedRO.
- Closing the record after the ALJ issues a decision, with provision for certain good cause exceptions to this rule.
- A new body—the Decision Review Board—to review and correct decisional errors and ensure consistent adjudication at all levels of the disability determination process. The current Appeals Council will be phased out.

The Agency's goals for DSI are to:

- Make the right decision as early in the process as possible;
- Provide for consistent decision-making nationally and at all adjudicative steps;
- Improve documentation through clearly articulated determinations and decisions;

¹ The Commissioner also briefed the Congress on the Agency's disability programs on September 30, 2004, September 27, 2005, March 14, 2006, June 15, 2006, and February 14, 2007.

² 20 C.F.R. § 405 *et seq.*

- Ensure that decisions are legally sustainable and follow SSA's policy; and
- Strengthen quality review mechanisms at all adjudicative steps.

DSI applies to disability claims filed beginning August 1, 2006 for residents of the Boston region (Maine, New Hampshire, Vermont, Massachusetts, Rhode Island, and Connecticut).³ After full implementation in the Boston region, SSA plans to monitor the changes and collect management information before implementing DSI in a second region.

³ SSA, Program Policy Online (PPO), reference 788309977.

Scope and Methodology

To accomplish our objective, we:

- Reviewed applicable sections of the Social Security Act and Social Security Administration (SSA) regulations, rules, policies, and procedures.
- Reviewed the Commissioner's testimony before the Subcommittee on Social Security of the House Committee on Ways and Means on June 15, 2006 on the Disability Service Improvement (DSI) process.
- Reviewed the Disability Determination Services (DDS) Performance Management Report showing the average time from DDS receipt of a case to the DDS clearance.
- Obtained a file of all 667 claims selected for Quick Disability Determination (QDD) processing between August 1, 2006 and October 31, 2006.
 1. For each of the cases selected for QDD processing, we:
 - a) Reviewed SSA's systems, including the Disability Determination Services Query, the Master Beneficiary Record, the Supplemental Security Record, the Disability Control File, and the electronic disability folder.
 - b) Calculated the number of days it took the Agency to complete the medical determination (including quality reviews) after the claim was selected for QDD processing.
 - c) Calculated the number of days it took the Agency to complete all actions to initiate payments—for claimants who were medically allowed—after the claim was selected for QDD processing.
 2. For each of the 418 claims for DI benefits only, we obtained the alleged onset date at time of application and the claim was selected for QDD processing. From these dates, we determined how far into the waiting period each case was when it was selected for QDD. Additionally, we determined—for the 397 DI only claims that were medically allowed—whether the disability onset date established by SSA differed from the date alleged by the claimant.
- Obtained a file of all claims designated as DSI cases between August 1, 2006 and October 31, 2006. After removing duplicate Social Security numbers and the 667 cases selected for QDD processing, there were 26,981 claims not selected for QDD. From this file, we isolated the 7,307 claims that were medically allowed as of February 1, 2007. For each of these 7,307 cases, we:

1. Reviewed SSA's systems, including the Disability Determination Services Query, the Master Beneficiary Record, the Supplemental Security Record, the Disability Control File, and the electronic disability folder.
2. Calculated the number of days it took the State Agency to complete the medical determination after the claim was transferred to the DDS.

We conducted our audit between January and February 2007 in Boston, Massachusetts. The entities audited were the Office of Disability Programs under the Deputy Commissioner for Disability and Income Security Programs and the Office of Disability Determinations under the Deputy Commissioner for Operations. We conducted our audit in accordance with generally accepted government auditing standards.

Agency Comments



SOCIAL SECURITY

MEMORANDUM

Date: May 8, 2007

Refer To: S1J-3

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

From: David V. Foster /s/
Chief of Staff

Subject: Office of the Inspector General (OIG) Draft Report, "Quick Disability Determinations" (A-01-07-17035)—INFORMATION

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

Please let me know if we can be of further assistance. Staff inquiries may be directed to Ms. 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, "QUICK DISABILITY DETERMINATIONS" (A-01-07-17035)

Thank you for the opportunity to review and comment on the draft report. Our responses to the specific recommendations are provided below.

Recommendation 1

The Social Security Administration (SSA) should ensure that non-medical aspects of Quick Disability Determinations (QDD) claims processing are expedited.

Comment

We agree. As with any new process, we need to continually reinforce the initial training. So, as noted in the draft report (page 6, first full paragraph), "SSA issued interim procedures on February 13, 2007 and formal procedures on March 15, 2007 to make sure payments for QDD claims are not delayed in any Agency component."

In addition, the Boston region has developed a Workload Action Control system to make it easier to identify and take timely action on these cases. It appears to be working well to solve the issue raised.

Recommendation 2

SSA should consider refining the QDD selection process in the future, prior to rolling it out to another region, to focus on Supplemental Security Income claims and Disability claims at the end of, or beyond, the statutorily required waiting period.

Comment

We disagree. We have seriously considered this recommendation, and for the reasons stated below, we will not implement it at this time:

The predictive model is run through the Electronic Disability Collect System, not the Modernized Supplemental Security Income Claims System or the Modernized Claims System. Accordingly, it cannot tell whether a case is Title II or Title XVI or if a waiting period applies. To change this would require costly systems reprogramming.

The onset date, which determines when the 5-month waiting period begins, is an allegation at the beginning of the process. It isn't until the actual disability determination is done that the exact onset date is determined. Until then, we cannot know where the claimant is in terms of satisfying the 5-month waiting period.

There are public policy benefits to making a determination as early in the process as possible, regardless of cash benefit status. Examples include: resolving claimant anxiety; having an SSA determination for purposes of other public or private benefits; and, allowing individuals

to notify private entities, such as landlords, loan companies, and health insurance providers, that they will have an income in the near future, thus possibly avoiding eviction or postponing collection activities.

OIG Contacts and Staff Acknowledgments

OIG Contacts

Judith Oliveira, Director, Boston Audit Division, (617) 565-1765

David Mazzola, Audit Manager, (617) 565-1807

Acknowledgments

In addition to those named above:

Phillip Hanvy, Senior Program Analyst

For additional copies of this report, please visit our web site at www.socialsecurity.gov/oig or contact the Office of the Inspector General's Public Affairs Specialist at (410) 965-3218. Refer to Common Identification Number A-01-07-17035.

DISTRIBUTION SCHEDULE

Commissioner of Social Security
Office of Management and Budget, Income Maintenance Branch
Chairman and Ranking Member, Committee on Ways and Means
Chief of Staff, Committee on Ways and Means
Chairman and Ranking Minority Member, Subcommittee on Social Security
Majority and Minority Staff Director, Subcommittee on Social Security
Chairman and Ranking Minority Member, Subcommittee on Human Resources
Chairman and Ranking Minority Member, Committee on Budget, House of Representatives
Chairman and Ranking Minority Member, Committee on Government Reform and Oversight
Chairman and Ranking Minority Member, Committee on Governmental Affairs
Chairman and Ranking Minority Member, Committee on Appropriations, House of Representatives
Chairman and Ranking Minority, Subcommittee on Labor, Health and Human Services, Education and Related Agencies, Committee on Appropriations, House of Representatives
Chairman and Ranking Minority Member, Committee on Appropriations, U.S. Senate
Chairman and Ranking Minority Member, Subcommittee on Labor, Health and Human Services, Education and Related Agencies, Committee on Appropriations, U.S. Senate
Chairman and Ranking Minority Member, Committee on Finance
Chairman and Ranking Minority Member, Subcommittee on Social Security and Family Policy
Chairman and Ranking Minority Member, Senate Special Committee on Aging
Social Security Advisory Board

Overview of the Office of the Inspector General

The Office of the Inspector General (OIG) is comprised of our Office of Investigations (OI), Office of Audit (OA), Office of the Chief Counsel to the Inspector General (OCCIG), and Office of Resource Management (ORM). To ensure compliance with policies and procedures, internal controls, and professional standards, we also have a comprehensive Professional Responsibility and Quality Assurance program.

Office of Audit

OA conducts and/or supervises financial and performance audits of the Social Security Administration's (SSA) programs and operations and makes recommendations to ensure program objectives are achieved effectively and efficiently. Financial audits assess whether SSA's financial statements fairly present SSA's financial position, results of operations, and cash flow. Performance audits review the economy, efficiency, and effectiveness of SSA's programs and operations. OA also conducts short-term management and program evaluations and projects on issues of concern to SSA, Congress, and the general public.

Office of Investigations

OI conducts and coordinates investigative activity related to fraud, waste, abuse, and mismanagement in SSA programs and operations. This includes wrongdoing by applicants, beneficiaries, contractors, third parties, or SSA employees performing their official duties. This office serves as OIG liaison to the Department of Justice on all matters relating to the investigations of SSA programs and personnel. OI also conducts joint investigations with other Federal, State, and local law enforcement agencies.

Office of the Chief Counsel to the Inspector General

OCCIG provides independent legal advice and counsel to the IG on various matters, including statutes, regulations, legislation, and policy directives. OCCIG also advises the IG on investigative procedures and techniques, as well as on legal implications and conclusions to be drawn from audit and investigative material. Finally, OCCIG administers the Civil Monetary Penalty program.

Office of Resource Management

ORM supports OIG by providing information resource management and systems security. ORM also coordinates OIG's budget, procurement, telecommunications, facilities, and human resources. In addition, ORM is the focal point for OIG's strategic planning function and the development and implementation of performance measures required by the Government Performance and Results Act of 1993.