



Office *of the* Inspector General

SOCIAL SECURITY ADMINISTRATION

Audit Report

Households with Multiple Children
Receiving Supplemental Security
Income Payments Because of Mental
Impairments

A-08-14-14098 / March 2016



Office of the Inspector General

SOCIAL SECURITY ADMINISTRATION

MEMORANDUM

Date: March 2, 2016

Refer To:

To: The Commissioner

From: Inspector General

Subject: Households with Multiple Children Receiving Supplemental Security Income Payments Because of Mental Impairments (A-08-14-14098)

The attached final report presents the results of the Office of Audit's review. The objective was to identify and review households with multiple children receiving Supplemental Security Income payments because of mental impairments.

Please provide within 60 days a corrective action plan that addresses each recommendation. If you wish to discuss the final report, please call me or have your staff contact Steven L. Schaeffer, Assistant Inspector General for Audit, at (410) 965-9700.

A handwritten signature in black ink, appearing to read 'Patrick P. O'Carroll, Jr.' with a stylized flourish at the end.

Patrick P. O'Carroll, Jr.

Attachment

Households with Multiple Children Receiving Supplemental Security Income Payments Because of Mental Impairments

A-08-14-14098



March 2016

Office of Audit Report Summary

Objective

To identify and review households with multiple children receiving Supplemental Security Income (SSI) payments because of mental impairments.

Background

In the 1990s, SSI program eligibility was expanded to include children who had mental impairments. Therefore, the Social Security Administration's (SSA) SSI program experienced significant growth from children who had mental impairments. Since that time, the number of children receiving SSI payments because of mental impairments has continued to rise. In Calendar Year 2013, SSA paid over 1.3 million children over \$10 billion in SSI payments. About 70 percent of these children had mental impairments.

Recent Government Accountability Office (GAO), Social Security Advisory Board, and SSA reviews have identified various issues and concerns pertaining to the childhood disability program.

We reviewed 42 households (193 children) in 4 States that had 4 or more children receiving SSI payments because of a mental impairment.

Findings

Neither we nor SSA could identify all the households with multiple children receiving SSI because of mental impairments. As such, we were unable to satisfy that part of our audit objective. However, our interviews with individuals at selected field offices, State disability determination services (DDS), and Cooperative Disability Investigations Units, and reviews of 42 households (193 children) with 4 or more mentally disabled children, raised some concerns about the potential for individuals to exploit vulnerabilities in program controls. Although our discussions and case reviews raised some program integrity issues, we did not project our results to all households with multiple children receiving SSI. We recognize that more than one child in a household may have legitimate disabilities; however, we believe SSA should consider households with multiple children applying for, or receiving, SSI for mental impairments as high-risk.

To enhance program integrity, we believe field offices should routinely notify DDSs about households that have multiple children receiving SSI payments because of mental impairments, as GAO previously recommended. We determined that field offices did not notify DDSs of other children in the household in 150 (92 percent) of the 163 electronic case files we reviewed. Without such information, DDS' ability to identify potential fraud and abuse is limited. In addition, 84 (44 percent) of the 193 cases we reviewed were overdue for a continuing disability review (CDR). When SSA does not conduct CDRs as scheduled, some children may receive payments for which they are no longer eligible.

Recommendations

We recommend that SSA (1) take steps to ensure field offices notify DDSs about claims in which multiple children are applying for, or receiving, SSI payments because of mental impairments and document such actions; (2) conduct medical CDRs on the children in multi-recipient households we identified; and (3) develop and implement a plan to identify households nationwide in which multiple children are receiving SSI payments because of mental impairments and ensure it conducts medical CDRs timely.

SSA agreed with Recommendation 2 and partially agreed with Recommendations 1 and 3.

TABLE OF CONTENTS

Objective	1
Background	1
Focus on SSA’s Childhood Disability Program	3
Scope and Methodology	4
Results of Review	5
Multiple Children in a Household Receiving SSI Payments Because of Mental Impairments	6
FOs Did Not Routinely Inform DDSs of Households with Multiple Children Receiving SSI Payments	7
SSA Did Not Always Conduct CDRs Timely to Identify Medical Improvements	8
Conclusion and Recommendations	10
Agency Comments and OIG Response	11
Other Matter	12
Appendix A – Scope and Methodology	A-1
Appendix B – Agency Comments	B-1
Appendix C – Office of the Inspector General Response to Agency Comments	C-1
Appendix D – Acknowledgments	D-1

ABBREVIATIONS

ADD	Attention Deficit Disorder
ADHD	Attention-Deficit/Hyperactivity Disorder
CDIU	Cooperative Disability Investigations Unit
CDR	Continuing Disability Review
C.F.R.	Code of Federal Regulations
CY	Calendar Year
DDS	Disability Determination Services
FO	Field Office
GAO	Government Accountability Office
IOM	Institute of Medicine
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
Stat.	United States Statutes at Large
U.S.C.	United States Code

Form

SSA-3820-BK *Disability Report – Child*

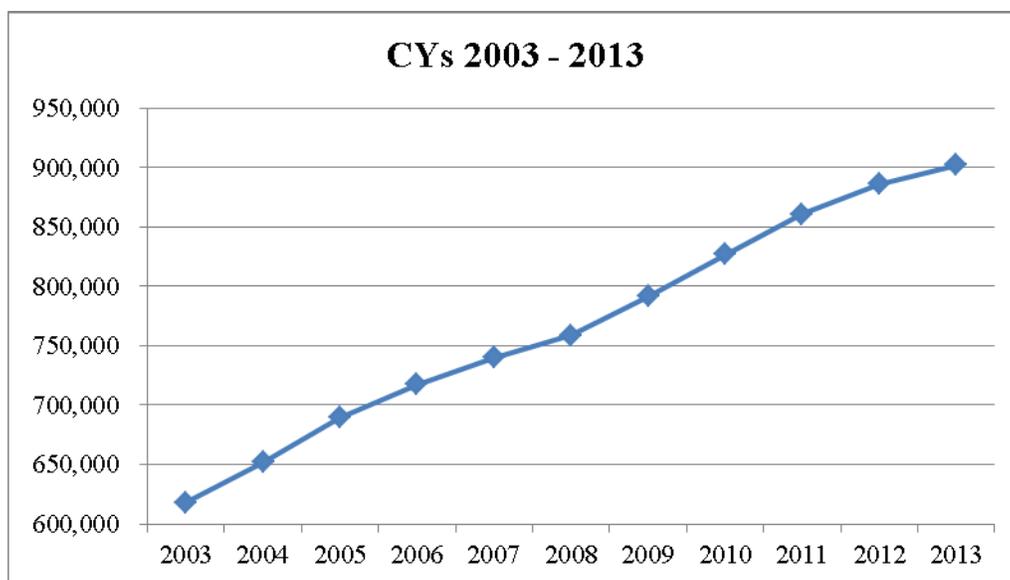
OBJECTIVE

Our objective was to identify and review households with multiple children receiving Supplemental Security Income (SSI) payments because of mental impairments.

BACKGROUND

The Social Security Administration (SSA) administers a nation-wide Federal assistance program that provides payments to eligible low-income, disabled individuals, including children, as well as other individuals who are aged or blind.¹ During the 1990s, the SSI program experienced a period of significant growth from children due, in part, to legal developments that expanded program eligibility for children who had mental impairments.² As shown in Figure 1, since that time, the number of children receiving SSI payments because of mental impairments has continued to rise. In Calendar Year (CY) 2013, SSA paid over 1.3 million disabled children over \$10 billion in SSI payments. Over 900,000 (about 70 percent) of these children had mental impairments.

Figure 1: Children Receiving SSI Payments Because of Mental Impairments



Source: SSA, SSI Annual Statistical Report, 2003 – 2013.

¹ *Social Security Act* § 1601, *et seq.*, 42 U.S.C. § 1381, *et seq.*; 20 C.F.R. §§ 416.105 and 416.110.

² Government Accountability Office (GAO), *Supplemental Security Income: Better Management Oversight Needed for Children's Benefits* (GAO-12-497), p. 1, June 26, 2012.

To apply for payments, a child's parent, or an adult responsible for the child's care, generally submits an application to SSA in person, at a local field office (FO), or by telephone.³ After FO personnel process and verify non-medical information on the application, the FO forwards the claim to a disability determination services (DDS)⁴ for a medical evaluation and disability determination. DDS examiners review key medical and non-medical information, such as physician examinations, psychological tests, parent and third-party assessments, and school records. The medical evaluation determines whether the child has a physical or mental impairment, or both, that (1) is severe, (2) meets or medically or functionally equals impairments that are included in SSA's Listing of Impairments,⁵ and (3) meets the duration requirement.⁶ If a child meets these requirements, SSA considers the child disabled for purposes of SSI.⁷ The FO computes the payment amount and initiates payment. In CY 2013, each eligible individual received a \$710 maximum monthly Federal cash payment.⁸

SSA is required by law to conduct continuing disability reviews (CDR) to verify the recipient's continued medical eligibility to receive payments in certain circumstances.⁹ Specifically, the *Personal Responsibility and Work Opportunity Reconciliation Act of 1996*¹⁰ requires that SSA conduct CDRs on all non-permanently disabled children under age 18 at least once every 3 years.¹¹ In cases where medical improvement is not expected, CDRs are scheduled no more than every 5 years and no less than every 7 years.¹² Each year, SSA employs a profiling system that uses data from SSA's records to determine the likelihood a disabled individual will

³ SSA, POMS, GN 00204.003B.2 (June 15, 2015).

⁴ DDSs in each State or other responsible jurisdiction perform disability determinations for the Disability Insurance and SSI programs.

⁵ 20 C.F.R. § 416.924a(b)(1).

⁶ An individual under age 18 meets the duration requirement when their impairment can be expected to result in death or which has lasted or can be expected to last for a continuous period of not less than 12 months. *Social Security Act* § 1614(a)(3)(C)(i), 42 U.S.C. § 1382c(a)(3)(C)(i), and SSA, POMS, DI 25505.025 A. and B. (April 24, 2015).

⁷ *Social Security Act* § 1614(a)(3)(C)(i), 42 U.S.C. § 1382c(a)(3)(C)(i).

⁸ SSA, POMS, SI 02001.020C.8 and C.9 (October 29, 2014). The maximum amount payable to an eligible individual, also referred to as the Federal Benefit Rate, increases with the annual cost-of-living adjustments that apply to Social Security benefits. It was \$721 per month in CY 2014 and increased to \$733 per month in CY 2015.

⁹ SSA conducts two types of reviews to ensure that recipients are eligible for payments—CDRs (medical and work) and redeterminations. Medical CDRs verify claimants' medical eligibility, while work CDRs and SSI redeterminations generally verify their financial eligibility to ensure that the recipient is receiving the right payment amount. 20 C.F.R. §§ 416.204, 416.989, and 416.990. However, age 18 redeterminations also verify claimants' medical eligibility under the adult disability criteria.

¹⁰ *Personal Responsibility and Work Opportunity Reconciliation Act of 1996*, Pub. L. No. 104-193, §§ 211, 212, 110 Stat. 2105 (1996).

¹¹ *Social Security Act* § 1614(a)(3)(H)(ii)(I), 42 U.S.C. § 1382c(a)(3)(H)(ii)(I), and SSA, POMS, DI 13005.020C.4 (January 17, 2013).

¹² SSA, POMS, DI 13005.022A (May 23, 2006).

medically improve. However, according to an SSA Research and Statistics Note, for many child SSI recipients, the age 18 redetermination¹³ is the first time SSA reviews their disability during their tenure in the program.¹⁴

Focus on SSA's Childhood Disability Program

SSA's childhood disability program has been the focus of several audits, studies, and reports. For example, in an October 1995 Report to Congress,¹⁵ the National Commission on Childhood Disability stated that nearly 67 percent of all children receiving SSI payments in 1995 was receiving them because of a mental impairment. The Commission also stated that the number of children receiving SSI tripled between 1989 and 1994, mostly because of a change in regulation¹⁶ and SSA's revision of its mental impairment listings.

In 2012, GAO reported that DDS examiners sometimes lacked key information for cases they reviewed, including school records and information on multiple children in the same household receiving benefits.¹⁷ As such, GAO concluded that the DDSs faced challenges in making eligibility decisions and identifying potential fraud and abuse.¹⁸ GAO also stated that over 400,000 CDRs for children with mental impairments were overdue, with some pending as many as 13 years or longer.¹⁹ GAO further reported that SSA had ceased payments for about 28 percent of CDRs conducted for children under age 18 with a mental impairment, and those with a speech and language delay had a 38-percent initial cessation²⁰ rate in Fiscal Year 2011.²¹

¹³ *Social Security Act* § 1614(a)(3)(H)(iii)(II), 42 U.S.C. § 1382c(a)(3)(H)(iii)(II), states age 18 redeterminations are to be completed either during the 1-year period beginning on the individual's 18th birthday or, in lieu of a CDR, whenever the Commissioner of SSA determines an individual's case is subject to a redetermination.

¹⁴ SSA, Research and Statistics Note No. 2012-04, *Changes in Diagnostic Codes at Age 18*, October 2012.

¹⁵ National Commission on Childhood Disability, *Supplemental Security Income for Children with Disabilities: Report to Congress of the National Commission on Childhood Disability*, October 1995.

¹⁶ The *Social Security Disability Benefits Reform Act of 1984*, Pub. L. No. 98-460, 98 Stat. 1794 (1984).

¹⁷ GAO, *Supplemental Security Income: Better Management Oversight Needed for Children's Benefits* (GAO-12-497), p. 40, June 26, 2012.

¹⁸ *Id.* at p. 40.

¹⁹ *Id.* at p. 31.

²⁰ Initial cessations occur when SSA concludes that, upon completion of a CDR, the claimant no longer meets eligibility standards to continue receiving SSI and therefore starts the process to cease their payments. Claimants may subsequently appeal SSA's cessation decision, which could result in a reversal of the initial cessation. SSA subsequently reported a revised 30-percent cessation rate for speech and language delay due to a reversal of the initial cessation. This rate may change as some appeals may still have been in process at the time the rate was reported.

²¹ GAO, *Supplemental Security Income: Better Management Oversight Needed for Children's Benefits* (GAO-12-497), p. 34, June 26, 2012.

GAO recommended that the Commissioner of Social Security direct the Deputy Commissioner for Operations to ensure that FOs notify their respective DDS offices of those claims in which multiple children within the same household are applying for or receiving SSI payments so examiners will be better able to identify potential fraud or abuse in the program and elevate these cases to the attention of SSA’s fraud investigations unit. SSA agreed with GAO’s recommendation and stated, as resources allow, it will explore ways of modifying policy and systems to provide this notification.

SSA recently completed a 10-year (1998 through 2008) study on the outcome of childhood CDRs.²² SSA found that, after it completed a CDR, it ceased children’s disability payments for about 15 percent with a mental impairment and 22 percent with a speech and language delay impairment. SSA’s study also showed that 49 percent of all disability cessations that occurred during its 10-year study involved children with a mental impairment.²³ SSA’s study did not address multi-recipient households.

In addition, in its *2013 Annual Report of the SSI Program*,²⁴ the Social Security Advisory Board cited concerns about the growth of the children’s disability program and the increased number of children receiving SSI payments because of mental impairments. Finally, SSA was evaluating the childhood SSI disability program with the Institute of Medicine.

Scope and Methodology

We obtained a population of 84,993 allowed childhood disability claims from January 1, 2011 through December 31, 2013 for recipients with a mental impairment primary diagnosis code of attention deficit disorder (ADD) or attention-deficit/hyperactivity disorder (ADHD), speech and language delays, autism, intellectual disability, or mood disorders, as shown in Table 1.

Table 1: Primary Diagnosis of Allowed Childhood Disability Claims in CYs 2011 Through 2013 for the Top Five Mental Impairment Codes

Primary Diagnosis	Total	Percent
ADD/ADHD	31,890	38
Speech and Language Delays	17,973	21
Autism	15,900	19
Intellectual Disability	10,414	12
Mood Disorders	8,816	10
Total	84,993	100

Source: SSA’s Electronic Disability Database.

²² SSA, Office of Retirement and Disability Policy, Office of Research, Evaluation, and Statistics, Research and Statistics Note No. 2015-03 (October 2015).

²³ The 10-year statistics cited excluded low-birth weight children receiving SSI.

²⁴ SSA, Social Security Advisory Board, *2013 Annual Report of the SSI Program* (June 2013).

From this population, we selected Arkansas, Florida, Pennsylvania, and Texas for review based on a combination of factors, including volume of approved childhood mental impairment claims, geographical location, and allowances based on each State's population under age 18. For each State selected, we met with its DDS and the SSA FO that had the highest volume of approvals. We also held discussions with four Cooperative Disability Investigations Units (CDIU) that had investigated allegations regarding households with multiple children receiving SSI.

To identify multi-recipient households, we manually reviewed the remarks field on the Supplemental Security Record and the Representative Payee system and identified 76 households (329 children)²⁵ in the 4 States we selected that had 4 or more children under age 18 with a mental impairment who were in current payment status as of February 2015. We could not determine whether multiple children were in the household if they were not in the remarks field. Furthermore, SSA could not readily determine the number of households where multiple children were receiving SSI payments because of mental impairments. However, for each household we identified, SSA records showed the same address for each child.

Of the 76 households identified, we reviewed 42 (193 children): 21 with 5 or more children and 21 with 4 children. We did not review all the medical evidence in the case files to determine the accuracy of the disability decision or whether fraud was involved. Furthermore, we did not project our findings to other multi-recipient households, and we based our conclusions and recommendations on the 42 households we reviewed. See Appendix A for additional information regarding our scope and methodology.

RESULTS OF REVIEW

Neither we nor SSA could identify all the households with multiple children receiving SSI because of mental impairments. As such, we were unable to satisfy that part of our audit objective. However, our interviews with individuals at selected FOs, State DDSs, and CDIUs, and reviews of 42 households (193 children) with 4 or more mentally disabled children, raised some concerns about the potential for individuals to exploit vulnerabilities in program controls. Although our discussions and case reviews raised some program integrity issues, we did not project our results to all households with multiple children receiving SSI. We recognize that more than one child in a household may have legitimate disabilities; however, we believe SSA should consider households with multiple children applying for, or receiving, SSI for mental impairments as high-risk.

To enhance program integrity, we believe FOs should routinely notify DDSs about households that have multiple children receiving SSI payments because of mental impairments, as GAO previously recommended.²⁶ We determined that FOs did not notify DDSs of other children in

²⁵ SSA awarded SSI payments to some of the children, generally older siblings, outside CYs 2011 through 2013.

²⁶ GAO, *Supplemental Security Income: Better Management Oversight Needed for Children's Benefits* (GAO-12-497), p. 64, June 26, 2012.

the household in 150 (92 percent) of the 163 electronic case files we reviewed.²⁷ Without such information, DDS' ability to identify potential fraud and abuse is limited. In addition, SSA should conduct timely CDRs. For example, 84 (44 percent) of the 193 cases we reviewed were overdue for a CDR. When SSA does not conduct CDRs as scheduled, some children may receive payments for which they are no longer eligible. Most of the FO, DDS, and CDIU staff we interviewed acknowledged the importance of (1) knowing when multiple children applying for, or receiving, SSI payments are in the same household and (2) conducting CDRs timely.

Multiple Children in a Household Receiving SSI Payments Because of Mental Impairments

Personnel from several DDSs and FOs told us they believed childhood mental impairment cases were more subjective than adult cases because children did not generally have an extensive medical or work history to assist in disability determinations. Additionally, FO personnel noted that parents had an incentive to get their children on SSI because of the cash payment. In fact, staff at several FOs, DDSs, and CDIUs told us they believed some parents may have withheld medication, told a child not to speak, or coached a child to “act up” to improve their chances of obtaining SSI payments. Others questioned whether parents should receive cash payments instead of treatment for the child's disability.

Below are examples of situations we identified in the 42 households (193 children) we reviewed. We are making no conclusions as to the accuracy of the disability decisions discussed below.

- Twenty-one households had a child who began receiving SSI payments at age 2 or younger, including one household with four children approved at age 1. Speech and language delay was the primary diagnosis for over 50 percent of these children.
- One household had six children diagnosed with ADD/ADHD.
- One household had five children who applied for SSI on the same day, and SSA subsequently approved all five claims.²⁸

In addition to our review of 42 households, CDIUs provided the following examples illustrating some of the childhood disability cases investigated involving households with multi-recipients.

- One CDIU told us it received a fraud referral for a 13-year-old who alleged, during a consultative examination, that she could not read, write, or count. However, the school reported the child was not a special education student, was doing well in math, and had socialized well with others. The DDS suspected coaching on behalf of the child's aunt, who

²⁷ Thirty (16 percent) of the 193 children had paper files. We limited our review to the available electronic files and did not request paper files from SSA.

²⁸ Parents may file for multiple children on the same day for various reasons, including a change in financial means or upon learning about the SSI program.

was her legal guardian. Because of the investigation, the DDS ceased SSI payments for three other children in the household and denied the 13-year-old at the initial application level.

- One CDIU told us about a household with 12 children who were receiving SSI because of mental impairments. The CDIU initiated a CDR on three children whose school records revealed they were not in special education or their individualized education plans did not show significant problems. Because of the investigation, the DDS determined these three children were no longer disabled.

FOs Did Not Routinely Inform DDSs of Households with Multiple Children Receiving SSI Payments

Our case analysis and DDS interviews determined that FOs did not routinely inform DDSs of multi-recipient households. For example, FOs did not notify DDSs of other children in the household in 150 (92 percent) of the 163 electronic case files we reviewed.²⁹ In 2012, GAO reported that FOs “. . . do not consistently notify DDS examiners when an applicant’s siblings are already receiving SSI benefits, nor are they always made aware of concurrent sibling applications.”³⁰ Without such information, the DDS’ ability to identify potential fraud and abuse is limited.

Based on prior case experience, SSA reminded FO staff that households could have multiple disabled individuals and to consider such situations as a possible high-risk factor for fraud or similar fault. However, SSA instructed FO staff not to notify DDSs of every occurrence of multiple applicants, beneficiaries, or recipients in a household. Instead, the instructions required that FO staff notify DDSs of multi-recipient households only if they suspect fraud.³¹

DDS staff we interviewed requested that FOs notify the DDS of all multi-recipient households. In addition, they requested that SSA add additional questions to Form SSA-3820-BK, *Disability Report – Child*, to capture information about multiple recipients in a household during the application process. Such information should include the names, Social Security numbers, and alleged impairment or diagnosis of others in the household. When the DDS is aware of multi-recipient households, it can take several actions to help alleviate potential fraud and abuse in the SSI childhood disability program, as noted below.

- The DDS could assign the same examiner to all cases in a household. This allows a consistent review of allegations, documentation, and treating sources among various household members, which could highlight multiple household members with similar allegations and documentation.

²⁹ We could not determine from our case file review whether the DDSs took any additional steps when FOs advised the DDSs of multi-recipient households.

³⁰ GAO, *Supplemental Security Income: Better Management Oversight Needed for Children’s Benefits* (GAO-12-497), p. 28, June 26, 2012.

³¹ SSA, Administrative Message AM-13094 REV, January 16, 2014.

- The examiner could schedule same-day consultative examinations with the same provider for multiple children in the household. This practice (1) deters parents/guardians from substituting a more impaired child for consultative examination appointments and (2) assists the parent/guardian because all children can have their consultative examination scheduled on the same day.
- The DDS can initiate CDRs on other household members, if needed.

We believe SSA should take steps to ensure FOs notify DDSs about claims in which multiple children are applying for, or receiving, SSI payments because of mental impairments. SSA could also work with DDSs to establish a cadre of trained examiners who would evaluate claims involving multi-recipient households to identify potential fraud or abuse. Most of the FO, DDS, and CDIU personnel we interviewed acknowledged the importance of knowing when multiple children applying for, or receiving, SSI payments are in the same household.

Several DDSs also told us they had difficulty obtaining information from schools. Some DDSs stated that teachers, and even school systems, did not always provide school information for various reasons, including time constraints, pressure from parents, and potential liability. DDSs also reported difficulty in obtaining school information in the summer because teachers may not be available. While the DDSs do not consider any single piece of evidence in isolation,³² DDSs rely heavily on school information because they believe teachers provide objective opinions on how the child functions at school. One DDS believed school information was the most credible source of evidence in childhood mental impairment claims. GAO also reported that DDSs had obstacles in obtaining school information.³³

SSA Did Not Always Conduct CDRs Timely to Identify Medical Improvements

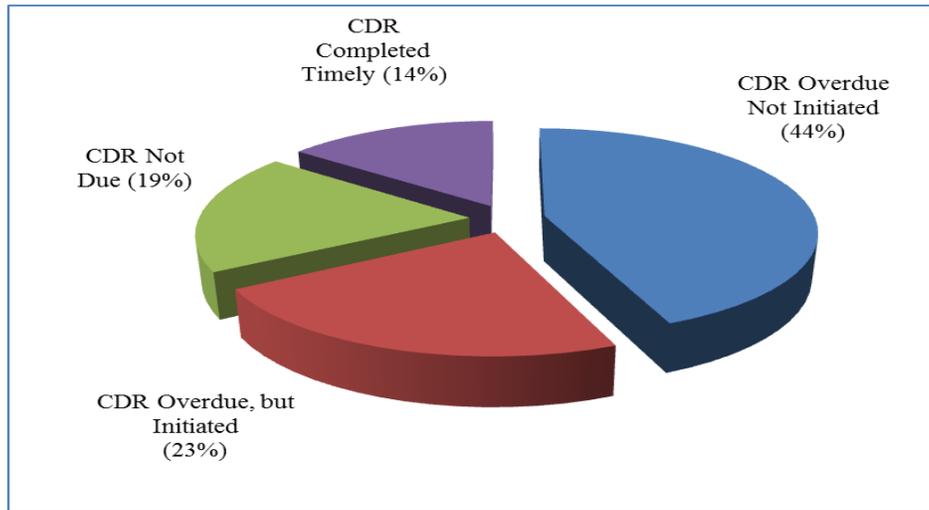
Although SSA is required by law to conduct CDRs to verify continued medical eligibility,³⁴ we determined it did not always conduct CDRs timely. For example, as of April 2015, 84 (44 percent) of the 193 children we reviewed were overdue for a CDR, as shown in Figure 2. In addition, the Agency had initiated another 44 (23 percent) CDRs that were overdue.

³² 20 C.F.R. § 416.924a and SSA, POMS, DI 25205.030B.6 (February 14, 2007).

³³ GAO, *Supplemental Security Income: Better Management Oversight Needed for Children's Benefits* (GAO-12-497), p. 26, June 26, 2012.

³⁴ *Social Security Act* § 1614(a)(3), 42 U.S.C. § 1382c(a)(3); 20 C.F.R. § 416.989 and *Personal Responsibility and Work Opportunity Reconciliation Act of 1996*, Pub. L. No. 104-193, §§ 211, 212, 110 Stat. 2105, 2188 - 2194 (1996).

Figure 2: Status of CDRs for the 193 Children



Source: OIG analysis.

As shown in Table 2, 13 (16 percent) of the 84 children were overdue for CDRs 5 years or longer, including 1 that was 9 years overdue. Another 27 (32 percent) children were 2 to 5 years overdue for CDRs. SSA assigned most of these children a medical CDR of 3 years or less because they had non-permanent disabilities.

Table 2: Children with an Overdue CDR

Number of Years Overdue	Number of Occurrences	Percent
More than 5	13	16
2 to 5	27	32
Less than 2	44	52
Total	84	100

Source: OIG analysis.

According to our interviews with FO, DDS, and CDIU staff, SSA may not conduct a CDR on some children until they reach age 18. This is significant given that about 7 of every 10 children we reviewed began receiving SSI payments before age 7. Furthermore, according to two DDSs, about 30 percent of CDRs they conducted for childhood mental impairments resulted in initial cessation of SSI payments. In addition, 1 CDIU told us that SSA ceased payments on 5 (42 percent) of 12 children in 1 household after CDRs showed the children were not disabled. Most of the FO, DDS, and CDIU personnel we interviewed acknowledged the importance of conducting CDRs timely.

Prior reviews also determined that SSA did not complete childhood CDRs timely.³⁵ For example, our September 2011 report concluded that SSA did not complete 79 percent of childhood CDRs timely.³⁶ In June 2012, GAO also reported that SSA had a significant backlog of childhood CDRs, with some cases exceeding their scheduled date by 13 years or longer.³⁷

We acknowledge that SSA believes it is more cost-effective to conduct adult Social Security disability CDRs than childhood SSI CDRs.³⁸ However, when SSA does not conduct childhood CDRs timely, some children may receive payments for which they are no longer eligible. As such, we believe SSA should develop and implement a plan to identify households nationwide in which multiple children are receiving SSI payments because of mental impairments and ensure it conducts medical CDRs timely.

CONCLUSION AND RECOMMENDATIONS

Reports of disability fraud and abuse adversely affect public confidence in SSA's stewardship of Agency programs. Given the potential for individuals to exploit vulnerabilities in Agency controls, we believe SSA would benefit by taking additional steps to enhance program integrity.

We recommend that SSA:

1. Take steps, including necessary policy and systems changes, to ensure FOs notify DDSs about claims in which multiple children are applying for, or receiving, SSI payments because of mental impairments and document such actions.
2. Conduct medical CDRs on the children in multi-recipient households we identified. We will provide these cases separately. If SSA identifies any potential fraud or abuse through these reviews, the Agency should refer the cases to OIG.
3. Develop and implement a plan to identify households nationwide in which multiple children are receiving SSI payments because of mental impairments and ensure it conducts medical CDRs timely.

³⁵ SSA OIG, *Follow-up: Childhood Continuing Disability Reviews and Age 18 Redeterminations* (A-01-11-11118), p. 7, September 23, 2011; and GAO, *Supplemental Security Income: Better Management Oversight Needed for Children's Benefits* (GAO-12-497), p. 28, June 26, 2012.

³⁶ SSA OIG, *Follow-up: Childhood Continuing Disability Reviews and Age 18 Redeterminations* (A-01-11-11118), p. 7, September 23, 2011.

³⁷ GAO, *Supplemental Security Income: Better Management Oversight Needed for Children's Benefits* (GAO-12-497), p. 31, June 26, 2012.

³⁸ *Id.* at p. 33.

AGENCY COMMENTS AND OIG RESPONSE

SSA partially agreed with Recommendation 1 stating that its current policy covers all claims and is not limited to the population identified in this audit. SSA also stated that policy alerts technicians to case characteristics that may indicate a potential for fraud—including, but not limited to, cases in which multiple children in the same household are applying for or receiving SSI payments. In evaluating all cases, SSA stated its current policy requires that the FO alert the DDS if it suspects potential fraud.

We continue to believe FOs should routinely notify DDSs about households that have multiple children receiving SSI payments because of mental impairments, as GAO previously recommended. We determined that FOs did not notify DDSs of other children in the household in 150 (92 percent) of the 163 electronic case files we reviewed. In addition, DDS staff we interviewed requested that FOs notify the DDS of all multi-recipient households. Without such information, DDS' ability to identify potential fraud and abuse is limited. Furthermore, while SSA stated its current policy requires that FOs alert DDSs if they suspect potential fraud, we believe FO personnel have limited information to do so because they primarily document non-medical factors regarding entitlement.

SSA agreed with Recommendation 2. We are pleased that SSA acknowledges the value of conducting medical CDRs on the cases we identified. We recognize that conducting such reviews is contingent on the availability of supporting funding and resources.

SSA partially agreed with Recommendation 3. SSA stated it relied on predictive modeling to analyze case characteristics and prioritize CDRs that are most likely to have medical improvements so the Agency uses its limited resources on the CDRs with the best rate of return. SSA also stated its models rely on data from all disability cases, including childhood SSI cases. In addition, SSA stated we presented no evidence that our cohort would produce a better return on investment than CDRs being completed, so there is no reason to pursue such a plan at this time.

We continue to believe the evidence and case examples presented in our report are sufficient to support that households with multiple children receiving SSI because of mental impairments are high-risk cases. In fact, based on prior case experience, SSA reminded FO staff that households could have multiple disabled individuals and to consider such situations as a possible high-risk factor for fraud or similar fault. However, because SSA does not routinely collect information on the number of households with multiple children receiving SSI because of mental impairments, the Agency does not include such cases in its CDR predictive modeling plan. We believe SSA should identify households nationwide with multiple children receiving SSI for mental impairments. In addition, we encourage SSA to study these multi-recipient households and determine whether it should include such cases in its CDR predictive modeling plan. We are pleased that SSA expects to eliminate the CDR backlog of children receiving SSI payments in Fiscal Year 2017.

SSA also provided general comments, and we responded to the Agency's remarks. The full text of SSA's comments is in Appendix B and our response is in Appendix C.

OTHER MATTER

Although SSA caps the Title II³⁹ family maximum monthly benefit to retired and disabled workers, it does not cap monthly SSI payments to multi-recipient households.⁴⁰ SSA capped the Title II family maximum monthly benefit at \$4,850 for CY 2014.⁴¹ However, in CY 2014, the average monthly Title II family benefit for a disabled worker, a spouse, and one or more children was \$1,976. In contrast, households with four or more children receiving SSI exceeded the average Title II family benefit by over \$900 per month.⁴² For example, we identified one household (father and eight children) that received over \$6,400 per month, about \$77,000 in total, in SSI payments in CY 2014. Furthermore, the State's median annual income was about \$58,000 for a household of seven or more persons.

Some FO and DDS personnel questioned whether each child in a household should receive the full monthly SSI payment when they receive support from other sources, such as State supplemental payments, Medicaid,⁴³ food stamps,⁴⁴ and housing. Personnel also questioned whether a child needs an SSI payment once they start school and receive needed services through the school system. Furthermore, Medicaid generally covers medical costs.

³⁹ SSA administers the Old-Age, Survivors and Disability Insurance program under Title II of the *Social Security Act*. Title II provides monthly benefits to retired and disabled workers, including their dependents and survivors. *Social Security Act*, § 201 *et seq.*, 42 U.S.C. § 401 *et seq.*

⁴⁰ Each eligible SSI recipient received a maximum monthly Federal cash payment of \$721 in CY 2014. SSA, POMS, SI 02001.020C.8 (October 29, 2014).

⁴¹ SSA, POMS, RS 00615.770C.33 (November 5, 2015).

⁴² We calculated SSI payments for households with four children by multiplying the CY 2014 maximum monthly Federal cash payment of \$721 ($\$721 \times 4 = \$2,884$).

⁴³ Medicaid is a jointly funded, Federal-State health insurance program for the low-income and needy. It covers children, the aged, blind, and/or disabled, and others who are eligible to receive federally assisted income maintenance payments. States are required to cover certain mandatory benefits and can choose to provide other optional benefits through the Medicaid program.

⁴⁴ *The Food Stamp Act of 1964* created the food stamp program, which is currently known as the Supplemental Nutrition Assistance Program. This program is the largest nutrition assistance program administered by the U. S. Department of Agriculture.

Our August 2012 report⁴⁵ recommended that SSA consider the viability of a legislative proposal to extend payment limits in effect only for married couples to other multi-recipient households. SSA agreed to continue working with the Congress and the Administration to develop and support legislation that strikes the appropriate balance between fiscal and policy considerations.⁴⁶ According to SSA's workgroup on SSI simplification, a proposal to change payment computations in multi-recipient households is still in its early stages as of the date of this report. As such, we believe SSA should continue its efforts to develop and support legislation to impose payment limits for multi-recipient SSI households.



Steven L. Schaeffer, JD, CPA, CGFM, CGMA
Assistant Inspector General for Audit

⁴⁵ SSA OIG, *Supplemental Security Income Payments to Multi-recipient Households* (A-06-09-29149), August 2012.

⁴⁶ Id. at p. 9.

APPENDICES

Appendix A – SCOPE AND METHODOLOGY

To accomplish our objective, we:

- Reviewed pertinent sections of the Social Security Administration’s (SSA) policies and procedures, applicable laws, and regulations.
- Obtained a population of 84,993 allowed childhood disability claims from January 1, 2011 through December 31, 2013 for recipients with a mental impairment primary diagnosis code of
 - attention deficit or attention-deficit/hyperactivity disorder,
 - speech and language delays,
 - autism,
 - intellectual disability, or
 - mood disorders.
- Selected approved claims from Arkansas, Florida, Pennsylvania, and Texas based on a combination of factors, including volume of approved childhood mental impairment claims, geographic location, and allowances based on each State’s population under age 18.
- Identified 76 households (329 children) in the selected States with 4 or more children under age 18 receiving Supplemental Security Income (SSI) payments because of a mental impairment as of February 2015. For each household identified, SSA records showed the same address for each child. We did not verify that the children or representative payee were living in the same household. We identified these households by manually reviewing the remarks field on the Supplemental Security Record and the Representative Payee system for additional household members. We could not determine whether multiple children were in the household if they were not in the remarks field. Furthermore, SSA could not readily determine the number of households where multiple children were receiving SSI payments because of mental impairments.
 - We reviewed the available electronic case files for 42 of these households (193 children).¹ We reviewed 21 (100 percent) households with 5 or more children and 21 households (38 percent) with 4 children from the 4 States. Specifically, we reviewed 5 households with 4 children in Florida, Pennsylvania, and Texas and 6 households with 4 children in Arkansas, which accounted for the 21 households with 4 children from the 4 States. We reviewed a different number of households for Arkansas because it had a smaller number of cases.
 - We did not review all the medical evidence in the case files to determine whether fraud was involved.

¹ Thirty (16 percent) of the 193 children had paper files. We limited our review to the available electronic files and did not request paper files from SSA.

- Interviewed staff in the field office in each of the selected States that had a high volume of allowances during our audit period.
- Interviewed disability determination services employees in the selected States.
- Interviewed staff at four Cooperative Disability Investigations Units (CDIU)—Atlanta, Dallas, Los Angeles, and Oakland. We based our selection on CDIUs that had the most experience with households involving multiple children.
- Interviewed SSA’s workgroup on SSI simplification.
- Interviewed staff from SSA’s San Francisco Regional Anti-Fraud Committee.
- Interviewed three child neuropsychologists regarding childhood mental impairments.
- Interviewed employees of the Institute of Medicine regarding their study on childhood disability.
- Followed up on relevant recommendations made in prior Government Accountability Office (GAO)² and Office of the Inspector General (OIG)³ reports.

Our audit scope was limited to households we were able to manually identify that had four or more children under age 18 receiving SSI because of a mental impairment as of February 2015. Our review of internal controls was limited to gaining an understanding of information contained in the Supplemental Security Record and eView. We conducted our audit at the Office of Audit field office in Birmingham, Alabama. We determined the computer-processed data were sufficiently reliable for our intended use. We conducted tests to determine the completeness and accuracy of the data. These tests allowed us to assess the reliability of the data and achieve our audit objective.

The SSA entities audited were the Office of Disability Operations within the Office of Central Operations and the Office of Disability Determinations under the Office of the Deputy Commissioner for Operations. We conducted this audit from January through October 2015 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 objective. We believe the evidence obtained provides a reasonable basis for our findings and conclusions based on our audit objective.

² GAO, *Supplemental Security Income: Better Management Oversight Needed for Children’s Benefits* (GAO-12-497), June 26, 2012.

³ SSA OIG, *Supplemental Security Income Payments to Multi-recipient Households* (A-06-06-29149), August 2012.

Appendix B – AGENCY COMMENTS



SOCIAL SECURITY

MEMORANDUM

Date: January 27, 2015 Refer To: SIJ-3

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

From: Frank Cristaudo
Executive Counselor to the Commissioner

Subject: Office of the Inspector General Draft Report, "Households with Multiple Children Receiving Supplemental Security Income Payments Because of Mental Impairments" (A-08-14-14098)--
INFORMATION

Thank you for the opportunity to review the draft report. Please see our attached comments.

Please let me know if we can be of further assistance. You may direct staff inquiries to Gary S. Hatcher at (410) 965-0680.

Attachment

**COMMENTS ON THE OFFICE OF THE INSPECTOR GENERAL DRAFT REPORT,
“HOUSEHOLDS WITH MULTIPLE CHILDREN RECEIVING SUPPLEMENTAL
SECURITY INCOME PAYMENTS BECAUSE OF MENTAL IMPAIRMENTS”
(A-08-14-14098)**

General Comments

Thank you for the opportunity to comment on the subject report.

We are committed to combatting fraud. Our longstanding policy has been, and continues to be, to ensure the Field Offices (FOs) and the Disability Determination Services (DDSs) have the information needed to identify potential fraud. Part of this process is alerting them to factors in cases to look for potential fraud. These factors include, but are not limited to, cases in which members of a claimant’s family or household are also receiving disability benefits. We do not limit our review by the applicant type, or the reported impairment. For example, we look at factors such as frequent reapplication, and evidence of unreported work. These factors by themselves do not constitute potential fraud. Rather, our policy requires field office employees to exercise judgment and utilize their expertise in reviewing the complete record, interviewing claimants and family members to identify potential fraud, and alert the DDS when they determine a possible Fraud or Similar Fault (FSF) situation exists. Our current policy provides detailed guidance to all technicians on how to identify, develop, and document possible fraud or similar fault situations in all types of claims.

We offer the following:

- The methodology used for this audit relies on an incomplete review of a non-generalizable sample of cases and anecdotal reports from a few selected offices. Within the non-representative sample, OIG failed to find any cases confirming wrongdoing or situations where children should be ineligible for payments, or situations where agency rules were not followed, or for which fraud was suspected.
- OIG cites anecdotal evidence from a partial review of 193 child cases selected from the over 1.3 million children currently receiving SSI benefits and two cases from the Cooperative Disability Investigations Unit (CDIU). Our longstanding policy instructs technicians on factors that may contribute to increased risk of wrongdoing, and our technicians consider these factors on all cases. This guidance is not limited to one particular applicant group or impairment. The report fails to provide sufficient data or analysis to support the adoption of special procedures for a particular segment of the population.
- OIG mentions “case reviews” under its Scope and Methodology, but failed to review the medical evidence. We reviewed 25 cases that OIG identified, including a review of the medical evidence, and our results did not indicate potential fraud. As part of the agency exploration into fraud analytics, we are looking into cases in which there is more than one child entitled to SSI in the household. While we are still early in this pilot project, we have found no cases that involved fraud.

We are dedicated to keeping in-step with changes in medicine, health care delivery, technology, and the vocational field and we rely on evidence to inform our policy decisions. For example, we regularly consult with industry experts, such as the Institute of Medicine (IOM), to obtain objective review of data that can inform adjustments in our policies. During the course of this audit, we notified OIG that we engaged IOM to provide us with information to evaluate children with mental disorders in the SSI disability program. Specifically, we asked IOM to: (1) compare the national trends in the number of children with mental disorders under age 18 with the trends in the number of children receiving SSI on the basis of mental disorders and describe the possible factors that may contribute to any differences between the two groups; and (2) identify current professional standards of pediatric and adolescent mental health care and identify the kinds of care documented or reported to be received by children in the SSI childhood disability population. We provided OIG a copy of the IOM's Report, "*Mental Disorders and Disabilities Among Low-Income Children*," released by IOM on September 9, 2015.

In order to understand the focus population of this audit, we believe it is important to recognize the following key points made by IOM:

1. IOM found that information about trends in the rates of mental disorders, and the disability associated with mental disorders among children in the United States is limited. Therefore, it is difficult to compare these trends to trends in the number of allowances for children receiving SSI benefits because of a mental disorder. Information about the severity, comorbidities, treatment, outcomes, and other characteristics (including race and ethnicity) of children receiving SSI benefits is also limited. However, the IOM report indicates that the proportion of children receiving SSI benefits due to mental impairments gradually decreased from 54.38 percent in 2004 to 49.51 percent in 2013. In addition, for the same period the number and percentage of children receiving SSI benefits for all other disorders exceeded the number and percentage of children who received SSI disability benefits based on a mental disorder.
2. While the number of new children allowed SSI benefits for mental disorders fluctuated from year to year between 2004 and 2013, during the overall 10-year period the percentage of children approved for SSI benefits based on a mental disorder decreased. IOM further notes that the allowance rate has dropped essentially due to the increase in the number of claims filed; however, the number of allowances among all children did not vary substantially over the same period.
3. After considering child poverty, IOM noted that the increase in the percentage of low-income children receiving SSI benefits for mental disorders (from 1.88 percent in 2004 to 2.09 percent in 2013) is consistent and proportionate to the trend in the frequency of mental disorders among children in the general population.
4. The IOM report found that the trend in child poverty was a major factor affecting trends observed in the SSI program for children with mental disorders. During the study period, more children with mental health disorders became financially eligible for the program when poverty rates increased.

5. Better data about diagnoses, comorbidities, severity of impairment, and treatment, with a focus on trends in these characteristics is necessary to inform improvements to the SSI program for children. We are committed to working with stakeholders to consider expansion of data collection and analysis to obtain critical information about SSI allowances for children and adults with mental disorders.
6. Important policy issues identified during this study, but outside the scope of the committee's task statement, include improving methods for evaluating impairments and disability in children, effects of SSI children's benefits on family income and work, and state-to-state variations within the SSI program. Further investigation of these topics, and building on the findings and conclusions in the report could provide expert policy advice about improving the SSI program for children.

While the IOM report did not focus exclusively on households with multiple children receiving SSI because of mental impairments, IOM concluded that trends in the SSI program for disability in children with mental disorders is consistent with the trends in the environment. Further, the IOM research shows that most children who receive SSI benefits have severe impairments and come from an impoverished household. We are currently evaluating IOM's input, and have a series of projects with the IOM focusing on children in the SSI program. In addition to the work noted above on children with mental disorders, IOM will deliver a report in 2016 on children with speech and language disorders, and a future task order focusing on improving health outcomes among children receiving SSI benefits because of mental, speech, and language disorders. These projects will identify opportunities for the agency to enhance our policies for children with disabilities.

Finally, apart from comments about childhood impairments, OIG's report also notes that medical Continuing Disability Reviews (CDRs) for children receiving SSI were not conducted timely during the past few years. The number of CDRs we perform each year is based on the program integrity funding allocated by Congress to perform these reviews for that year. In previous years, we did not receive adequate program integrity funding to complete all reviews timely, which contributed to a backlog of CDRs. However, we are rebuilding our capacity for processing more CDRs and in fact, we processed more childhood CDRs this year through the first week of August than in any year in our history. We remain committed to completing CDRs for all children receiving SSI benefits. Contingent on appropriate resources and secure program integrity funding, we plan to eliminate the CDR backlog for children receiving SSI by fiscal year (FY) 2017.

Response to Recommendations

Recommendation 1

Take steps, including necessary policy and systems changes, to ensure FOs notify DDSs about claims in which multiple children are applying for, or receiving, SSI payments because of mental impairments and document such actions.

Response

We partially agree. Current policy covers all claims and is not limited to the population identified in this audit. Our policy is broader and more comprehensive, and as noted in our general comments, our longstanding policy has been, and continues to be, to ensure FOs and DDSs have the information needed to identify potential fraud. Our current policy alerts technicians to case characteristics that may indicate a potential for fraud – including, but not limited to cases in which multiple children in the same household are applying for or receiving SSI benefits. However, the factors we evaluate are not limited to cases in which members of a claimant’s family or household are also receiving disability benefits—including cases with mental impairments. In evaluating all cases, our current policy requires the FO to alert the DDS if they suspect potential fraud.

Our policy has been in place for many years. In response to a June 2012, Government Accountability Office recommendation, we released an Administrative Message in October 2013, and revised it in January 2014, to clarify the policy and provide a reminder to the FOs on the proper use of the Electronic Disability Collect System flags to document possible fraud or similar fault referrals for the DDS. In addition, if the DDS reviews the claims file and it indicates potential fraud, our policy requires the DDS to submit a fraud referral to OIG’s Office of Investigations (OI) by completing an electronic form 8551 (Referral of Potential Violation). Our CDIU and OI fully investigate all fraud referrals.

Recommendation 2

Conduct medical CDRs on the children in multi-recipient households we identified. We will provide these cases separately. If SSA identifies any potential fraud or abuse through these reviews, the Agency should refer the cases to OIG.

Response

We agree. We will conduct medical CDRs on the cases identified and as noted in our general comments, with adequate and sustained funding we expect to complete the CDR backlog of SSI children cases by FY 2017. Please note that we conducted over 220,000 SSI childhood CDRs in FY 2015, so it is likely we already completed CDRs on some of the cases identified in this report.

Recommendation 3

Develop and implement a plan to identify households nationwide in which multiple children are receiving SSI payments because of mental impairments and ensure it conducts medical CDRs timely.

Response

We partially agree. We rely on a predictive model to analyze case characteristics and prioritize CDRs that are most likely to have medical improvements in order to use our limited resources on

the CDRs with the best rate of return. Our models, which we developed and refined over many years, rely on data from all disability cases, including childhood SSI cases. OIG presented no evidence that their cohort would produce a better return on investment than CDRs currently completed, so there is no compelling reason to specifically focus CDRs on children receiving SSI due to mental impairments in households with multiple children receiving SSI benefits.

We do agree, however, that all children receiving SSI should receive CDRs timely and we are committed to taking necessary action to ensure this happens. Finally, as noted in our general comments, contingent on adequate and sustained program integrity funding to complete the necessary CDRs, we expect to eliminate the CDR backlog of children receiving SSI benefits in FY 2017.

Appendix C – OFFICE OF THE INSPECTOR GENERAL RESPONSE TO AGENCY COMMENTS

The following includes the full text of our response to the Social Security Administration’s (SSA) comments, as shown in Appendix B.

We acknowledge SSA’s commitment to combatting fraud. However, we do not believe field offices (FO) and the disability determination services (DDS) have all of the information needed to identify potential fraud. For example, we determined that FOs did not notify DDSs of other children in the household in 150 (92 percent) of the 163 electronic case files we reviewed. Without such information, DDS’ ability to identify potential fraud and abuse is limited. In addition, DDS staff we interviewed requested that FOs notify the DDS of all multi-recipient households. Furthermore, while SSA stated its current policy requires that FOs alert DDSs if they suspect potential fraud, we believe FO personnel have limited information to do so because they primarily document non-medical factors regarding entitlement.

Our review focused on households with 4 or more children with a mental impairment in 4 States, not the 1.3 million children currently on the Supplemental Security Income (SSI) roles. We did not design our review to determine the accuracy of disability decisions or whether fraud was involved. We also did not project our findings to other multi-recipient households. We based our conclusions and recommendations on the households we reviewed and discussions with knowledgeable individuals at selected FOs, State DDSs, and Cooperative Disability Investigations Units (CDIU). Virtually all of these individuals raised concerns about the potential for individuals to exploit vulnerabilities in program controls and considered households with multiple children applying for, or receiving, SSI for mental impairments as high-risk.

Because SSA could not readily determine the number of households with multiple children receiving SSI because of mental impairments, our review was limited to those households we identified by manually reviewing the remarks field on the Supplemental Security Record and the Representative Payee system. In addition, we did not assess the evidence in the case files for accuracy or completeness. As such, our report made no conclusions on the accuracy of disability decisions or the completeness of the disability documentation. While we appreciate that SSA reviewed 25 cases, SSA did not share its review methodology, and we did not have an opportunity to test its results. In our opinion, a post-award file review, assuming the file is adequately documented, is not a satisfactory substitution for a review by DDS examiners who are communicating with all parties and can observe behaviors and question assertions. As such, we would not expect SSA to find any misrepresentation or evidence of “coaching” in its limited file review.

We contacted the Institute of Medicine (IOM) and reviewed its report. However, the IOM report did not address households with multiple children receiving SSI because of mental impairments. As such, there is no basis to compare our findings with the IOM report. Because the IOM report did not address multi-recipient households, we would not expect IOM to suggest program policy change. In addition, we are not aware of SSA or other research organization conducting research on households with multiple children on SSI because of a mental impairment.

We continue to believe the evidence and case examples presented in our report is sufficient to support that households with multiple children receiving SSI because of mental impairments are high-risk cases. For example, we believe a prudent person should question a household (father and eight children) that received over \$6,400 per month, about \$77,000 in total, in SSI payments in a year. In addition, we do not consider discussions with numerous knowledgeable and experienced individuals at multiple FOs, DDSs, and CDIUs and a Government Accountability Office report to be anecdotal evidence. In fact, based on prior case experience, SSA reminded FO staff to consider households with multiple disabled individuals as a possible high-risk factor for fraud or similar fault. As such, we believe SSA should take steps to ensure FOs notify DDSs about claims in which multiple children are applying for, or receiving, SSI payments because of mental impairments and document such actions. Without such information, DDS' ability to identify potential fraud and abuse is limited.

Although we are pleased that SSA acknowledges the value of conducting medical continuing disability reviews (CDR) on the cases we identified, we also believe SSA should identify households nationwide with multiple children receiving SSI for mental impairments. In addition, we encourage SSA to study these multi-recipient households and assess whether it should include such cases in its CDR predictive modeling plan. We are pleased that SSA expects to eliminate the CDR backlog of children receiving SSI benefits in Fiscal Year 2017.

Appendix D – ACKNOWLEDGMENTS

Theresa Roberts, Director, Atlanta Audit Division

Jeff Pounds, Audit Manager

Kathy Youngblood-Yawn, Senior Auditor

Janet Matlock, Senior Auditor

Shelley Guimond, Program Analyst

Luis Ramirez, Audit Data Specialist

Kimberly Beauchamp, Writer-Editor

MISSION

By conducting independent and objective audits, evaluations, and investigations, the Office of the Inspector General (OIG) inspires public confidence in the integrity and security of the Social Security Administration's (SSA) programs and operations and protects them against fraud, waste, and abuse. We provide timely, useful, and reliable information and advice to Administration officials, Congress, and the public.

CONNECT WITH US

The OIG Website (<http://oig.ssa.gov/>) gives you access to a wealth of information about OIG. On our Website, you can report fraud as well as find the following.

- OIG news
- audit reports
- investigative summaries
- Semiannual Reports to Congress
- fraud advisories
- press releases
- congressional testimony
- an interactive blog, "[Beyond The Numbers](#)" where we welcome your comments

In addition, we provide these avenues of communication through our social media channels.



[Watch us on YouTube](#)



[Like us on Facebook](#)



[Follow us on Twitter](#)



[Subscribe to our RSS feeds or email updates](#)

OBTAIN COPIES OF AUDIT REPORTS

To obtain copies of our reports, visit our Website at <http://oig.ssa.gov/audits-and-investigations/audit-reports/all>. For notification of newly released reports, sign up for e-updates at <http://oig.ssa.gov/e-updates>.

REPORT FRAUD, WASTE, AND ABUSE

To report fraud, waste, and abuse, contact the Office of the Inspector General via

Website: <http://oig.ssa.gov/report-fraud-waste-or-abuse>

Mail: Social Security Fraud Hotline
P.O. Box 17785
Baltimore, Maryland 21235

FAX: 410-597-0118

Telephone: 1-800-269-0271 from 10:00 a.m. to 4:00 p.m. Eastern Standard Time

TTY: 1-866-501-2101 for the deaf or hard of hearing