SOCIAL SECURITY

MEMORANDUM

Date: November 9, 2010 Refer To:

To: The Commissioner

From: Inspector General

Subject: Identifying Requirements for the Disability Case Processing System Based on Findings from Prior Audits (A-44-10-20101)

The attached final report presents the results of our review. Our objective was to identify potential requirements for the Social Security Administration to consider as it develops the new Disability Case Processing System.

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.

Patrick P. O'Carroll, Jr.

Attachment

QUICK RESPONSE EVALUATION

Identifying Requirements for the Disability Case Processing System Based on Findings from Prior Audits

A-44-10-20101

November 2010

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.

Background

OBJECTIVE

Our objective was to identify potential requirements for the Social Security Administration (SSA) to consider as it develops the new Disability Case Processing System (DCPS).

BACKGROUND

Disability determinations under SSA's Disability Insurance and Supplemental Security Income programs are performed by disability determination services (DDS) in each State or other responsible jurisdiction. Such determinations must be performed in accordance with Federal law and underlying regulations.[1] Each DDS is responsible for determining claimants' disabilities and ensuring adequate evidence is available to support its determinations. SSA reimburses the DDSs for 100 percent of allowable reported expenditures incurred in making disability determinations for the Agency, up to their respective approved funding authorization.

The DDS environment consists of 5 systems, customized to 54 DDS software sets that the Agency describes as rigid, outdated, and resource intensive. When SSA makes a policy or system change that affects a system used by a DDS, the Agency must address each of the customized systems individually. This process is costly and results in multiple rollout schedules. In addition, because the environment consists of many individual systems that are built independently, those systems are unable to communicate with each other seamlessly. It is difficult for the Agency to share workloads among its components and gather and analyze management information.

To address these issues, SSA plans to replace the five systems with a common case processing system. DCPS is intended to allow the Agency and the DDSs to leverage the latest in systems architecture, security, and application development technologies and lay the foundation to support future initiatives and improved interfaces with other SSA components. One of DCPS' goals is to incorporate additional functionality, such as decision support tools, improved quality checks, high availability, improved management information, and compatibility with industry standards for electronic medical records.

The Agency plans to include in DCPS a fiscal processing component for the financial-related aspects of case processing (such as paying vendors). DDSs will have the option to use the Federal fiscal process or State processes. However, DCPS will provide the interfaces necessary to support State fiscal processes for States that prefer (or require) that the DDSs use State processes.

[1] The *Social Security Act* §§ 221(a) and 1614(a), 42 U.S.C. §§ 421(a) and 1382c(a); *see also* 20 C.F.R. §§ 404.1601 *et seq.* and 416.1001 *et seq.*

SSA has created the Federal and State business process models for DCPS, and the Agency is identifying the system requirements for the fiscal module. SSA plans to implement DCPS incrementally, starting with beta testing for a small number of users in the summer of 2011.

Results of Review

To support the Agency's effort to identify technical and functional requirements for DCPS, we evaluated prior Office of the Inspector General audit findings related to the DDSs. We identified findings in several areas for which automated controls could be developed.[2] (For a list of the reports we reviewed, see Appendix B.)

CONSULTATIVE EXAMINATIONS AND MEDICAL EVIDENCE OF RECORD

Fee Schedules

The DDS is responsible for ensuring that adequate evidence is available to support its disability determination. The DDS is authorized to pay for medical evidence of record (MER) from claimants' treating sources.[3] In addition, when existing medical evidence is insufficient, not available, or cannot be obtained, the DDS is authorized to arrange and pay for a consultative examination (CE) to obtain the additional information needed.[4] In general, DDSs do not request a CE until every reasonable effort has been made to obtain evidence from the individual's medical sources listed on the application.[5]

SSA reimburses DDSs for the cost of MER and CEs. Each State determines its rates of payment for purchasing MER and CEs. However, rates may not exceed the highest rate paid by Federal or other agencies in the State for the same or similar type of service.[6] DDSs are required to maintain fee schedules and periodically review those schedules to ensure fees do not exceed the maximum payment rates.[7]

In prior audits, we found that some DDSs had paid more for MER and CEs than was allowed by SSA's policy. For example, we found that the Arizona DDS improperly paid

[2] Our objective was not to identify all requirements for DCPS. Rather, our review focused specifically on those prior audit findings for which automated controls could be developed in the new system to prevent the recurrence of previously identified problems.

[3] MER includes, but is not limited to, medical history reports, medical opinions, treatment records, copies of laboratory reports, prescriptions, ancillary tests, X rays, operative and pathology reports, consultative reports and other technical information used to document disability claims. SSA, POMS, DI 39545.075.C.4.

[4] A CE is a physical or mental examination or test purchased for an individual at the Agency's request from a treating source or another medical source. 20 C.F.R §§ 404.1519 and 416.919. SSA, POMS, DI 22510.001 A.1.

[5] 20 C.F.R. §§ 404.1517 and 416.917. SSA, POMS, DI 22510.001.A and B.4.

[6] 20 C.F.R. §§ 404.1624 and 416.1024. SSA, POMS, DI 39545.600.A.

[7] SSA, POMS, DI 39545.700.A.

$134,506 for CE fees in excess of the maximum allowable rates.[8] In addition, during an audit of the Arkansas DDS, we determined the DDS paid $191,122 more for MER and CEs than was allowed by SSA's policy.[9]

SSA could ensure that the costs for MER and CEs are paid in accordance with the Agency's policies by establishing controls in DCPS that limit payments to the allowable rates. According to SSA, "DDS case processing/fiscal system should be programmed to ensure that all payments authorized are consistent with the fee schedule or any approved exemptions to the fee schedule. In addition, DDSs will conduct periodic sample checks, when possible, to ensure payments to providers are consistent with the fee schedule."[10] We believe SSA should ensure that DCPS is similarly programmed.

Improper Payments

According to SSA, DDSs should not reimburse providers for missed CE appointments. However, a DDS may request an exemption on a case by case basis in certain instances (for example, if another State agency allows payments for missed CEs).[11]

In prior audits, we found that some States made improper payments for missed CE appointments or made duplicate payments to medical consultants. For example, in our audit of the Alaska DDS, we found the DDS made payments totaling $120,920 for missed CE appointments, and there was no evidence the State obtained an exemption from SSA to allow such payments.[12]

In a prior audit of the California DDS, we found that doctors were improperly paid twice to review medical records. DDS employees misinterpreted existing procedures for processing medical claims. As a result, the DDS improperly reimbursed doctors for $132,520 in disallowed medical costs.[13] In a second audit of the California DDS, we estimated that the DDS overpaid medical consultants $56,376.[14]

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[8] SSA OIG, *Administrative Costs Claimed by the Arizona Disability Determination Services* (*A-09-09-19020*), March 2010.

[9] SSA OIG, *Administrative Costs Claimed by the Arkansas Disability Determination Services* (A-06-05-15077), October 2005.

[10] SSA, POMS, DI 39545.700.C.

[11] SSA, POMS, DI 39545.275.

[12] SSA reimbursed the DDS $120,920 in unallowable costs for FYs 2001 through 2003 SSA OIG, *Administrative Costs Claimed by the Alaska Disability Determination Services* (A-09-05-15025), July 2005.

[13] SSA OIG, *Audit of Administrative Costs at the California Disability Determination Services* (A-09-97-51006), December 1998.

[14] SSA OIG, *Administrative Costs Claimed by the California Disability Determination Services* (A-09-06-16129), July 2007.

We believe DCPS should detect and prevent duplicate and improper payments to medical consultants. The payment history as well as the reimbursed services should be available for viewing by DDS personnel before payment is authorized. In addition, proof of exemption data should be linked to the patient's claim history information and confirmed before authorization for payment is granted. Alerts can be used to notify DDS personnel when payment is being made for a duplicate code for the same patient.

Vendor Maintenance

DDSs are required to use qualified medical sources to perform CEs.[15] CE providers must certify that their employees meet the state's certification or licensing requirement.[16] SSA requires that, before using the services of any CE provider, a DDS must review the Department of Health and Human Services, Office of the Inspector General's, Listing of Excluded Individuals/Entities (LEIE) to ensure the provider has not been excluded from participation in Federal programs.[17] Further, the DDS must review the LEIE and check licenses for each provider at least annually.[18]

In audits of the Arkansas, Nebraska, and Utah DDSs, we found the DDS did not review the LEIE to verify the licenses and credentials of contracted medical consultants.[19] There were no controls to ensure that contracted medical staff did not appear on sanctioned lists. Also, in our audit of the Oklahoma DDS, staff stated they were unaware of a requirement to review the LEIE.[20]

DDSs are at risk of contracting with providers who are sanctioned or may be barred from participating in Federal programs when the LEIE is not used. This could affect the integrity of the medical information obtained, which, in turn, could lead to an improper disability determination.

We believe DCPS should verify that medical consultants are not on the LEIE. In addition, DCPS should alert DDS personnel to review a medical consultant's license and sanction status at least annually, in accordance with SSA's policy.

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[15] 20 C.F.R. §§ 404.1519g and 416.919g SSA, POMS, Section DI 39569.300.A.

[16] SSA, POMS, Section DI 39569.300.A.

[17] SSA, POMS, Section DI 39569.300.B.1 and C.

[18] SSA, POMS, Section DI 39569.300.B.1 and B.2.

[19] SSA OIG, *Administrative Costs Claimed by the Arkansas Disability Determination Services* (A-06-05-15077), October 2005; *Administrative Costs Claimed by the Nebraska Disability Determination Services* (A-07-07-17170), June 2008; and *Administrative Cost Claimed by the Utah Disability Determination Services* (A-07-09-19005), March 2009.

[20] SSA OIG, *Administrative Costs Claimed by the Oklahoma Disability Determination Services (A-07-05-15102),* January 2006.

FINANCIAL MANAGEMENT

States may not be reimbursed for expenditures that are not approved by SSA or exceed the amount SSA makes available to the State. SSA requires that State agencies under which DDSs operate file a Form SSA-4513, *State Agency Report of Obligations for Disability Determination Programs*, each quarter.[21] Obligations related to Personnel, Medical, Indirect, and All Other Non-personnel costs must be promptly recorded in the DDSs financial records. Once recorded, obligations should be adjusted, as needed, to reflect the difference between the amount recorded and the actual amount disbursed.

Drawdown is the process whereby a State requests and receives Federal funds. Funds to cover State expenditures are drawn from the Department of the Treasury's Automated Standard Application for Payment (ASAP) system.[22] Each State must enter into a Treasury-State Agreement (TSA) with the Department of the Treasury's Financial Management Services, which outlines the techniques the State will use to draw down funds from the Government. State conformance with the TSA ensures the State does not owe the Government, or is not due from the Government, interest liability on its drawdown. Federal regulations require that State agencies draw down funds only to meet immediate funding needs.[23]

To conduct our administrative cost audits, we request from the DDSs detailed transaction data in support of the amounts they claimed on Forms SSA-4513 and we evaluate the information to determine whether the costs were allowable. We also determine whether Federal funds were properly drawn.

Obtaining Detailed Cost Data from the DDSs

In several prior audits, we had difficulty obtaining the detailed transaction information we needed to conduct our audits. For example, we requested cost data for our audit of the Washington DDS in October 2006, and we received the data in March 2007—5 months after our initial request.[24] In another example, we requested data for our audit of the Tennessee DDS in August 2005. The DDS was unable to provide us with all of the information in support of their costs until January 2006.[25]

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[21] SSA, POMS, DI 39506.202.

[22] ASAP allows organizations receiving Federal funds to draw from accounts pre-authorized by Federal agencies.

[23] 31 C.F.R. § 205.11(b).

[24] SSA OIG, *Administrative Costs Claimed by the Washington Disability Determination Services* (A-09-07-17103), March 2008.

[25] SSA OIG, *Administrative Costs Claimed by the Tennessee Disability Determination Services* (A-04-06-16053), March 2007.

Once we obtain the detailed transaction information and reconcile it to the amounts reported on the Form SSA-4513, we determine whether the costs were allowable. In prior DDS audits, we found that amounts reported on Forms SSA-4513 did not always accurately reflect the actual amount of disbursements. For example, during an audit of the Alaska DDS, we found that the DDS charged $21,821 in administrative costs to the incorrect fiscal years (FY) because of clerical errors. The DDS and its parent agency, the Alaska Division of Vocational Rehabilitation, did not ensure the purchase orders for goods and services were properly billed to the correct FY.[26]

Drawdowns of Federal Funds

In prior audits, we found situations in which States did not comply with Federal regulations for cash drawdowns. For example, during an audit of the Rhode Island DDS, we found drawdowns exceeded the expenditures that were reported on Forms SSA-4513 for FYs 2003 and 2004 by about $1.2 million. Either the cash was overdrawn or the drawdowns were appropriate, but the costs that were claimed on Forms SSA-4513 were understated.[27]

In addition, during an audit of the West Virginia DDS, we determined that, between FYs 2001 and 2005, the DDS drew about $3.1 million more in SSA funds than the cumulative disbursements the DDS claimed on its Forms SSA-4513. Because of inaccurate reporting of drawdowns and disbursements, the DDS did not accurately calculate and pay interest on the excess Federal funds that were drawn.[28]

Indirect Costs

In addition to reimbursing DDSs for 100 percent of the direct costs associated with making disability determinations, States may charge SSA for indirect costs—such as the costs for accounting and procurement services—based on an approved cost allocation plan. OMB Circular A-87 requires that all DDSs use an approved cost allocation plan for allocating indirect costs.[29]

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[26] SSA OIG, *Administrative Costs Claimed by the Alaska Disability Determination Services* (A-09-05-15025), July 2005.

[27] SSA OIG, *Administrative Costs Claimed by the Rhode Island Determination Services* (A-01-06-15069), December 2007.

[28] SSA OIG, *Administrative Costs Claimed by the West Virginia Disability Determination* Services (A-13-06-16121,) June 2007.

[29] OMB Circular A-87, *Cost Principles for State, Local, and Indian Tribal Governments* (Revised May 10, 2004.

In a prior audit of the Colorado DDS, we found that the DDS' parent agency, the Colorado Department of Human Services, did not submit its cost allocation plan for approval in a timely manner.[30] The DDS allocated indirect costs for FYs 2001 through 2003 based on the outdated FY 2001 indirect cost allocation plan. In addition, we found that—after a new cost allocation plan was established—the Colorado Department of Human Services did not update its software to ensure costs were allocated according to the new indirect cost allocation plan. In a subsequent audit of the Colorado DDS, we found that the Colorado Department of Human Services again charged indirect costs to the DDS based on a cost allocation plan that had not been approved.[31]

In another audit, we found the Texas Department of Assistive and Rehabilitative Services allocated excessive indirect costs of about $2.2 million to the DDS in FY 2007.[32]

Suggested Controls in DCPS

Improper reporting of funds prevents SSA from accurately monitoring State expenditures and unexpended appropriations. We believe DCPS should provide the States—as well as SSA—with immediate access to information about the costs that have been incurred at any point of time. Further, we believe DCPS should generate a Form SSA-4513 that would report disbursements and obligations by reporting items. The system should be able to reconcile disbursements as reported on Form SSA-4513 to the Department of the Treasury's ASAP data. The system should also match each payment to a corresponding obligation.

In addition, DCPS should include controls that limit the drawdowns to the DDS' actual expenditures. This would prevent States from drawing down funds in excess of their actual expenditures and owing the Government interest on any excess. Finally, we believe DCPS should allow each DDS to clearly define which accounts or transaction codes to use to calculate indirect costs. The system should prompt the user to update the indirect cost allocation when necessary. This will ensure the DDS is using appropriate rates when allocating indirect costs to SSA.

SECURITY

SSA and DDS systems must have the proper controls to limit access to claimants' information. Management should control access to all systems to ensure that only personnel who require access to claimant data on DDS systems receive that access and monitor personnel activity so misconduct can be deterred and/or detected. Weak

[30] SSA OIG, *Administrative Costs Claimed by the Colorado Disability Determination Services* (A-15-03-13044), December 2003.

[31] SSA OIG, *Administrative Costs Claimed by the Colorado Disability Determination Services* (A-07-07-17136), April 2008.

[32] SSA OIG, *Indirect Costs Claimed by the Texas Disability Determination Services* (A-06-08-18092), January 2009.

access controls increase the risk of unauthorized users or authorized users making unauthorized transactions. This, in turn, increases the risk that data and/or programs could be improperly altered or deleted.

SSA's systems' access policy is based on the concepts of least-privilege and need-to-know for controlling systems access.[33] It restricts user access to the minimum necessary to perform his or her job duties. SSA also requires that DDS Security Officers take immediate action to deactivate employee computer access privileges for terminated employees. In prior audits, we found instances of insufficient controls over access to the systems used at the DDS. For example, in an audit of the Kansas DDS, we found that the user accounts for some terminated employees were not deactivated. In addition, we found that some DDS employees had excessive access privileges.[34]

The *Privacy Act of 1974*[35] requires that all Federal agencies ". . . establish appropriate administrative, technical and physical safeguards to insure the security and confidentiality of records and to protect against any anticipated threats or hazards to their security or integrity which could result in substantial harm, embarrassment, inconvenience, or unfairness to any individual on whom information is maintained."[36] By ensuring that DCPS has the proper security and access controls, SSA and DDSs will protect the confidentiality and integrity of disability claimant's personal information.

DCPS should adhere to the most current Information Systems Security Handbook and requirements, as specified in the *Federal Information Security Management Act*.[37] Specifically, DCPS should immediately deactivate the accounts of terminated employees; prompt employees to change their passwords every 30 days; and employ user profiles created specifically for the roles of the personnel who use the system.

VALIDATING DISABILITY DIAGNOSIS CODES

SSA uses a four-digit numeric code to identify the basic medical condition that renders an individual disabled. In a prior audit, we estimated that the payment records for about 1.31 million beneficiaries did not have diagnosis codes that represented the medical condition related to the individuals' disabilities.[38] We believe DCPS should include controls that prevent the system from accepting invalid diagnosis codes.

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[33] SSA Information Systems Security Handbook, Chapter 2, Section 2.1 *System Access Policy.*

[34] SSA OIG, *Audit of the Administrative Costs Claimed by the Kansas Disability Determination Services* (A-07-02-22003), October 2002.

[35] *The Privacy Act of 1974*, Pub. L. No. 93-579, 88 Stat. 1896 (codified as amended at 5 U.S.C. § 552a).

[36] 5 U.S.C. § 552a(e)(10).

[37] *Federal Information Security Management Act of 2002,* 44 U.S.C § 3544.

[38] SSA OIG, *Reliability of Diagnosis Codes Contained in the Social Security Administration's Data Bases (A*-01-99-61001), March 2000.

Matters for Consideration

We identified several potential requirements for SSA to consider as the Agency develops DCPS. We recognize that some of our suggestions may require more in-depth analysis to determine whether they are cost-effective to implement, and that it may be best to implement some requirements in later system updates.

We suggest that DCPS:

- Ensure all payments are consistent with the fee schedule or any approved exemptions to the fee schedule.

- Detect and prevent duplicate and improper payments to medical consultants. The payment history as well as the reimbursed services should be available before payment is authorized. In addition, proof of exemption data should be linked to the patient's claim history information and confirmed before authorization for payment is granted. Alerts can be used to notify management when payment is being made for a duplicate code for the same patient.

- Verify that medical consultants are not on the LEIE and alert DDS personnel to review a medical consultant's license and sanction status at least annually, in accordance with SSA's policy.

- Generate a Form SSA-4513 that would report disbursements, unliquidated obligations, and total obligations by reporting items. The system should be able to reconcile data that would be reported as disbursements on Form SSA-4513 with the Department of the Treasury's ASAP data. The system should also match each payment to a corresponding obligation.

- Provide States with immediate access to information about the costs they have incurred at any point in time. There should also be controls that limit the drawdowns to the DDS' actual expenditures.

- Allow each DDS to clearly define which accounts or transaction codes to use to calculate indirect costs. The system should be programmed to prompt the user to update the indirect cost allocation when necessary.

- Adhere to the most current Information Systems Security Handbook and requirements, as specified in the *Federal Information Security Management Act of 2002*. Specifically, DCPS should allow authorized personnel to deactivate the accounts of terminated employees, ensure that users change their passwords at least every 30 days, and employ user profiles created specifically for the roles of the personnel that use the system.

- Include controls that prevent the system from accepting invalid diagnosis codes.

In response to our draft report, SSA stated the Agency will consider our suggestions as it develops functionality for DCPS. Specifically, SSA plans to develop State-specific requirements to ensure that payments for MER and CE are consistent with the fee schedule or approved exemptions to the fee schedule. The Agency will also include safeguards to prevent duplicate and improper payments to medical consultants in its software development plan for DCPS. SSA also indicated it will explore the possibility of linking LEIE with DCPS and consider generating alerts to prevent DDSs from requesting services from unqualified medical sources. Finally, SSA will include requirements for obligation and disbursement accounting in the Agency's DCPS development plan and will consider using automated controls to limit DDS drawdowns to their actual expenditures.

Appendices

Acronyms

ASAP	Automated Standard Application for Payment
CE	Consultative Examination
C.F.R	Code of Federal Regulations
DCPS	Disability Case Processing System
DDS	Disability Determination Services
FY	Fiscal Year
LEIE	Listing of Excluded Individuals/Entities
MER	Medical Evidence of Record
OIG	Office of the Inspector General
POMS	Programs Operations Manual System
Pub. L. No.	Public Law Number
SSA	Social Security Administration
TSA	Treasury-State Agreement
U.S.C.	United States Code

Scope and Methodology

Our objective was to identify potential requirements for the Social Security Administration to consider as the Agency develops the new Disability Case Processing System (DCPS). To accomplish our objective, we reviewed prior disability determination services' audit reports produced by the Office of the Inspector General and identified recommendations and/or issues that should be considered in the development of the new DCPS.

We performed our review from March through May 2010 in Baltimore, Maryland. We conducted our review in accordance with the Council of the Inspectors General on Integrity and Efficiency's *Quality Standards for Inspections*.

State/Jurisdiction	Report
Alabama	September 2002 (A-08-01-11050); February 2008 (A-08-07-17151); February 2010 (A-08-09-29163)
Alaska	July 2005 (A-09-05-15025)
Arizona	August 2001 (A-15-99-51009); March 2005 (A-09-04-14010); March 2010 (A-09-09-19020)
Arkansas	September 1997 (A-07-97-52005); November 1999 (A-77-99-00014); October 2005 (A-06-05-15077)
California	December 1998 (A-09-97-51006); May 2003 (A-09-02-22022); July 2007 (A-09-06-16129)
Colorado	January 1998 (A-07-97-52004); December 2003 (A-15-03-13044); April 2008 (A-07-07-17136)
Connecticut	September 2001 (A-15-00-30016); October 2002 (A-15-02-22040); September 2004 (A-15-03-23041); September 2007 (A-15-07-16034); February 2008 (A-15-07-27176)
Delaware	September 1999 (A-13-98-52015); August 2005 (A-13-05-15011)
District of Columbia	February 2001(A-13-98-91003); August 2004 (A-15-04-14052); November 2005 (A-15-05-30018); March 2008 (A-15-08-18019)
Florida	September 2003 (A-08-03-13006); January 2007 (A-14-06-16023); March 2007 (A-15-06-16127)
Georgia	February 2004 (A-15-01-11021)
Hawaii	September 2003 (A-09-03-13012)
Idaho	May 2007 (A-09-06-16120)
Illinois	August 2003 (A-05-02-22019); May 2007 (A-05-06-16118)
Indiana	June 2006 (A-05-05-15135)
Iowa	June 2005 (A-07-04-14087)
Kansas	October 2002 (A-07-02-22003)
Kentucky	September 2003 (A-08-03-13007); February 2009 (A-08-08-18059)
Louisiana	November 2005 (A-06-05-15032)

State/Jurisdiction	Report
Maine	September 1997 (A-01-97-82005); November 2005 (A-01-05-15026)
Maryland	June 1997 (A-13-96-25000); February 2007 (A-13-06-16029)
Massachusetts	July 2004 (A-01-04-14032); August 2009 (A-01-09-19035
Michigan	August 1998 (A-05-96-51095); May 2004 (A-05-03-13036); September 2009 (A-05-08-18017)
Minnesota	September 2004 (A-05-04-14036)
Mississippi	May 2007 (A-08-06-16125)
Missouri	May 1999 (A-07-97-51006); July 2007 (A-07-06-16098)
Montana	July 2004 (A-07-04-14016)
Nebraska	June 2008 (A-07-07-17170)
Nevada	August 2004 (A-09-04-14009)
New Hampshire	May 2005 (A-01-05-15012)
New Jersey	June 1997 (A-02-95-00002); August 2007 (A-02-06-16043)
New Mexico	October 2003 (A-06-03-13016); September 2008 (A-06-08-18034); September 2009 (A-06-09-19122)
New York	September 2004 (A-02-04-24017); June 2003 (A-15-00-20053); June 2007 (A-02-07-17046)
North Carolina	May 2006 (A-04-05-15040)
North Dakota	September 2002 (A-15-02-12036)
Ohio	September 1999 (A-13-98-51007); May 2005 (A-05-04-14028)
Oklahoma	January 2006 (A-07-05-15102)
Oregon	February 2001 (A-15-99-52021); June 2005 (A-09-05-15001)
Pennsylvania	August 2005 (A-15-04-14080); March 2009 (A-15-09-19021)
Puerto Rico	February 2003 (A-06-02-22072); September 2004 (A-06-04-34035); March 2007 (A-06-06-16117)
Rhode Island	December 2007 (A-01-06-15069)
South Carolina	October 2004 (A-04-04-14053)
South Dakota	February 2005 (A-15-03-13060)
Tennessee	March 1998 (A-04-96-54001); March 2007 (A-04-06-16053)
Texas	March 2004 (A-15-02-12051); March 2006 (A-06-06-16008); January 2009 (A-06-08-18092)
Utah	March 2009 (A-07-09-19005)
Vermont	October 2006 (A-01-06-16041)
Virginia	May 2006 (A-13-05-15134)
Washington	September 2003 (A-15-02-12025); March 2008 (A-09-07-17103)
West Virginia	December 2003 (A-07-03-23072); July 2007 (A-13-06-16121)
Wisconsin	July 2003 (A-01-03-23081, Limited Distribution); August 2003 (A-01-03-23090); November 2005 (A-05-05-15013)
Wyoming	July 2004 (A-07-04-14051)

Other Related Reports

- *Access to Social Security Administration Data Provided by Disability Determination Services Positional Profiles* (A-14-07-17024, Limited Distribution), September 2007.

- *Assessing the Application Controls for the Social Security Administration's Modernized Claims System and National Disability Determination Services System* (A-15-07-17155), April 2008.

- *Compliance with Disability Determination Services Security Review Requirements* (A-05-07-17082), February 2008.

- *Congressional Response Report: Reinstatement of the Reconsideration Step in the Michigan Disability Determination Services* (A-01-10-20153), April 2010.

- *Contract with I. Levy and Associates for Development and Implementation of the Electronic Folder Interface at Disability Determination Services* (A-07-07-17104), September 2007.

- *Contract for the Migration of I. Levy Software at Disability Determination Services* (A-07-07-17033, Limited Distribution), May 2007.

- *Congressional Response Report: Disability Determination Services Medical Consultant Assessments* (A-01-10-11007), May 2010.

- *Disability Determination Services' Budget Execution and Reporting of Limitation on Administrative Expense Funds* (A-15-99-52001), November 2001.

- *Disability Determination Services' Claims Processing Performance* (A-07-03-13054), August 2004.

- *Congressional Response Report: Disability Determination Services Disability Decisions (A-15-08-28114), August 2008.*

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