



United States
General Accounting Office
Washington, D.C. 20548

Health, Education and Human Services Division

B-261331

May 11, 1995

The Honorable Rick Santorum
United States Senate

Dear Senator Santorum:

This letter responds to several Supplemental Security Income (SSI) issues you raised when we testified on growth in the federal disability programs at a March 1995 Senate hearing of the Special Committee on Aging.¹ Specifically, these issues relate to (1) the nature and extent of SSI outreach activities carried out by the Social Security Administration (SSA), (2) the status of SSI continuing disability reviews (CDR) on disability claims involving interpreter fraud, (3) the function of Referral and Monitoring Agencies (RMA) in overseeing the drug addict and alcoholic population, and (4) the extent that drug addicts and alcoholics are in treatment.

In brief, our work shows that

- most of SSI outreach has been directed by the Congress, and very little of it is targeted to drug addicts and alcoholics;
- the CDRs that SSA conducts on SSI recipients involved with interpreter fraud are yielding a high rate of initial benefit terminations;
- RMAs do not conduct SSI outreach; and
- many addicts are not being monitored, and relatively few are in treatment.

SSI OUTREACH

As early as 1974, when the SSI program began, concerns were raised whether all eligible individuals were participating in the program, particularly the elderly. Over the years, these concerns have persisted and expanded to include many

¹Social Security: Federal Disability Programs Face Major Issues (GAO/T-HEHS-95-97, Mar. 2, 1995).

other groups such as the mentally ill, the homeless, people with acquired immunodeficiency syndrome (AIDS), children, Native Americans, African Americans, Hispanics, and Asians. Because of concerns about underparticipation in the SSI program, SSA and its field offices have conducted many special SSI outreach activities, as well as routine public information initiatives.

The Congress also has taken an active role in SSI outreach. The 1983 Social Security Amendments mandated (on a one-time basis) that those whose Social Security benefits were less than SSI eligibility levels be notified. On a routine basis, the law also mandated that certain elderly and disabled Social Security beneficiaries be notified of benefits available under SSI. In 1989, the Omnibus Budget Reconciliation Act required that SSA establish a permanent outreach program for disabled and blind children.

In recent years, demonstration projects have become the most visible of SSA's outreach efforts for the SSI program. Since fiscal year 1990, the Congress appropriated about \$33 million for SSI outreach, and, thus far, 136 projects have been funded nationwide. Most of the funding for these projects was initiated by the Congress through the appropriation process. For its part, SSA only requested funding of \$3.0 million for outreach in fiscal year 1992. SSA did not request any funding for outreach for fiscal years 1990 and 1991, as well as for fiscal years 1993 through 1996. In fact, in each of these last 4 years, SSA specifically stated in its budget justifications sent to the Congress that it was not requesting funding for SSI outreach.

Enclosure I lists these projects by state and identifies the grantee and the target population.² The most common ethnic groups targeted by these projects are African Americans and Hispanics, and about 25 percent of the projects target children or have a component targeted to children. Nine projects mention drug addicts or alcoholics as one of the target groups. Also, 30 projects target the homeless and 15 target people with AIDS, groups that may have a sizeable addict population.

²The list and our related analysis are based on summaries of each of the projects, which were provided by SSA.

INTERPRETER FRAUD

Reports of fraudulent claims involving interpreters have received considerable notoriety, particularly in two states--California and Washington. Some interpreters have coached SSI applicants on appearing mentally disabled and provided false information on applicants' medical and family histories.

As you know, interpreter fraud was the subject of a joint hearing conducted by the Subcommittee on Oversight and the Subcommittee on Human Resources, Committee on Ways and Means, on February 24, 1994. In a May 1994 report on those hearings, the Subcommittee on Oversight, in coordination with the Subcommittee on Human Resources, made several recommendations to address interpreter fraud.³ These recommendations include that SSA (1) create and maintain a database on translators, (2) train officials in SSA field offices and State Disability Determination Services to recognize and address fraud, and (3) terminate benefits in those cases where benefits were obtained under false pretenses.

SSA has provided these Subcommittees status reports on the implementation of these and other recommendations. Enclosure II is a copy of the most recent report dated February 10, 1995.

With respect to the CDRs that SSA is conducting on SSI recipients involved with interpreter fraud, the most recent data available indicate that these reviews are yielding a high rate of initial benefit terminations. As of April 26, 1995, 386 reviews have been completed in California, resulting in 207 initial benefit terminations. These terminations, of course, are subject to challenge, and thus far about 60 percent have been appealed. In Washington, SSA plans to do about 400 CDRs but none have been completed yet. The cases involved are currently under the jurisdiction of the U.S. Attorney and an intergovernmental task force, of which SSA is a member. The CDRs will begin once a decision is made on which cases the U.S. Attorney will prosecute. In this regard, according to SSA, the U.S. Attorney has given assurances that the cases will be released as soon as possible.

³Report on Reforms to Address Supplemental Security Income Fraud and Abuse Involving Middlemen, Subcommittee on Oversight of the Committee on Ways and Means, House of Representatives, May 12, 1994.

While SSA is pursuing benefit terminations in these two states, there may be similar fraud occurring elsewhere. To help obtain an understanding of the extent of this problem, SSA is currently developing an automated nationwide database on interpreters, including those suspected of fraud. This initiative is expected to be complete in 1996.

In addition to the activities discussed above, we are currently developing information for another requester on the extent of interpreter fraud in the SSI program and the nature and extent of federal and state activities to prevent and deter such fraud. We expect this work to be completed in a few months, and we will provide you a copy of our report at that time.

THE ROLE OF RMAS

If a substance abuser receives disability benefits, SSA can classify the individual as a drug addict or alcoholic, commonly referred to as a DA&A (drug addict and alcoholic). Under the law, these individuals can receive SSI and/or Disability Insurance (DI) program benefits only under two conditions. First, they must participate in a treatment program for their addiction, and second, they must receive their benefits through a third party or representative payee. Addicts subject to these conditions are those whose addiction is material to the finding of disability. This means that these addicts would not qualify for disability if their addiction ended. Conversely, those addicts who qualify for disability independent of their addiction are not subject to these provisions.

The Social Security Independence and Program Improvements Act of 1994 expanded the treatment and representative payee requirements to include DI beneficiaries, effective March 1995. Before this act, these requirements applied only to SSI recipients. As of January 31, 1995, about 104,000 SSI addicts were receiving benefits subject to the treatment and payee requirements.⁴ Enclosure III provides the number of addicts receiving benefits by state.

⁴In addition to the 104,000 addicts receiving benefits, about 16,000 addicts subject to the payee and treatment requirements have had their benefits suspended or terminated. Common reasons for this payment status are that these addicts (1) have excess income/resources, (2) are inmates in a public institution, and (3) refused treatment.

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Within this framework, SSA has contracted with RMAs, which are state government or private organizations. Their basic responsibilities are to (1) assess the treatment required for the beneficiary's addiction, (2) refer the beneficiary to treatment, (3) monitor his or her compliance, and (4) report compliance status to SSA. RMAs do not conduct SSI outreach activities. Currently, SSA has RMAs in all states, except Oregon, and the District of Columbia. In 1993, SSA had RMAs in only 18 states.

ADDICTS IN TREATMENT

As of January 31, 1995, only 1 in 6 addicts, or about 17,000 of the 104,000 SSI addicts receiving benefits, were in required treatment. The main reason for the relatively low rate of addicts in treatment is that RMA funding has not kept pace with the increase in addicts subject to monitoring. Currently, RMA budgeted capacity is 40,000 cases, which is less than 40 percent of the addicts on the rolls. Also, as of January 1, 1995, the RMAs had 62,703 cases on hand, 35,521 of which were backlogged. The remaining cases were in the process of being referred (10,470) and in treatment (16,712).

On January 12, 1995, SSA issued a request for proposal for RMA monitoring for fiscal years 1996 through 1998. RMA capacity on the basis of projected caseload growth will increase substantially, to 184,000 in 1996; 240,000 in 1997; and 305,000 in 1998. Much of this growth is attributed to the expansion of the treatment and payee requirements for DI beneficiaries. SSA's current plans provide that contract awards will be completed by September of this year.


The funding for RMA monitoring is increasing significantly. From fiscal years 1990 through 1993, RMA funding was relatively stable, averaging close to \$4.0 million per year. In 1994, funding increased to \$20 million, and, in 1995, to an estimated \$148 million. For fiscal year 1996, the administration's budget request provides \$196 million for RMAs.

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Should you or your staff have any additional questions or issues you would like us to pursue regarding this letter, please call me on (202) 512-7215.

Sincerely yours,

A handwritten signature in cursive script that reads "Jane L. Ross".

Jane L. Ross
Director, Income Security Issues

Enclosures - 3

SSI OUTREACH PROJECTS, 1990-1994
(GRANTEES AND TARGET POPULATIONS)¹

Alabama	<p>Top of Alabama Regional Council of Governments elderly and disabled in five northern county regions</p> <p>Love Center, Inc. homeless, aged, and disabled in seven counties</p> <p>Lee-Russell Council of Governments elderly, frail, minority aged in east central Alabama</p> <p>Mobile Mental Health Center, Inc. adult mentally ill in Mobile metropolitan area</p>
Alaska	<p>Northwest Regional Primary Care Association Hispanic and other medically and socially underserved populations such as migrant and seasonal farm workers, HIV/AIDS patients, and the homeless</p>
Arizona	<p>Arizona Department of Economic Security, Aging and Adult Administration Native Americans and Hispanics</p> <p>Arizona Department of Economic Security disabled children and blind and disabled adults throughout the state, including isolated Native Americans</p>
Arkansas	<p>Division of Services for the Blind elderly, blind, and disabled African Americans in southeast Arkansas</p> <p>Philander Smith College elderly and disabled African Americans in three counties</p>
California	<p>Orange County Community Consortium, Inc. Cambodian, Vietnamese, and Laotian refugee communities of Orange County</p>

¹This enclosure contains 151 projects, which is 15 more than the 136 projects funded by SSA. The additional projects represent those situations where projects were implemented in more than one state. Also, some grantees are listed more than once because they received more than one grant award.

ENCLOSURE I

ENCLOSURE I

California
(continued)

National Coalition of Hispanic Health and Human Service
Organizations
urban Mexican/Central Americans in Los Angeles

Outreach and Escort, Inc.
African American, Asian American, Hispanic, and Native
American elderly and disabled as well as the deaf in
Santa Clara County

AIDS Project Los Angeles
HIV-positive population, particularly intravenous drug
users and their children, members of minority and
ethnic groups, as well as the gay community in Los
Angeles

Altamed Health Services Corporation
Hispanic aged, blind, and disabled in Los Angeles

Asian Rehabilitation Services, Inc.
disabled Asian Pacific individuals in
Los Angeles

Asociacion Nacional Pro Personas Mayores
Hispanics and other low-income aged and disabled adults
in Los Angeles and San Diego

Doheny Eye Institute
blind and visually impaired in Los Angeles

Southern Indian Health Council, Inc.
rural elderly and disabled Native Americans living both
on and off Indian reservations in east San Diego
County

Alameda County Social Services Agency
cross-cultural disabled and elderly Southeast Asians in
Oakland

Altamed Health Service Corporation
Hispanic adults and children with disabilities in east
and south central Los Angeles

County of Butte
work with DDS staff in screening for potential SSI
eligibility

Emergency Housing Consortium
disabled, blind, and elderly homeless

ENCLOSURE I

ENCLOSURE I

California
(continued)

Orange County Social Services Agency
disabled adults especially the mentally ill residing in
Orange County

Outreach and Escort, Inc.
works with two local medical institutions in determining
SSI eligibility for its patients

Sacramento Regional Foundation
special education students entering high school, ages
14-22, in each public school district throughout
Sacramento County

San Francisco General Hospital
screens individuals for SSI eligibility who receive
general assistance from the city

Colorado

Asian/Pacific Center for Human Development
aged, blind, and disabled Asians and Pacific Islanders
in the Denver metropolitan area

City and County of Denver
minority aged

Connecticut

National Coalition of Hispanic Health and Human Services
Organizations
urban Puerto Ricans in New Haven

Spanish American Development Agency, Inc.
aged and disabled Hispanic and other
minorities in Bridgeport

Windham Area Community Action Program, Inc.
disabled children in two rural counties

Delaware

Delaware State College
elderly and disabled African Americans

Florida

Florida Department of Health and Rehabilitation Services
mentally ill persons, including African Americans,
Hispanics, and the homeless in St. Petersburg, Tampa,
and Fort Myers

Health Crisis Network
African American, Hispanic, and Haitian and Creole
individuals who have AIDs or are HIV positive in Miami

National Coalition of Hispanic Health
and Human Services Organizations
urban Cubans in Miami

ENCLOSURE I

ENCLOSURE I

Florida
(continued)

Florida A&M University
disabled African Americans in Tallahassee

American Association of Retired Persons
assist the aged and disabled in central Florida

Florida Department of Elder Affairs
screen aged clients for SSI in Bay, Holmes, and Palm
Beach Counties

Georgia

CBRA Management Services, Inc.
elderly and the homeless who may be mentally ill or have
AIDS, particularly African American population in four
counties

Hawaii

Hawaii Centers for Independent Living
homeless, elderly, and disabled living on five
remote islands

Idaho

Green Thumb
aged, minority, homeless, and disabled adults

Community Health Clinics, Inc.
disabled adults and children, the homeless, and at-risk
homeless population in rural and urban sites in
southwest Idaho

Illinois

Southwest Illinois Area Agency on Aging
frail or homebound elderly and disabled individuals,
primarily African Americans, in east St. Louis,
Centreville, Canteen, and St. Clair County

Travelers and Immigrants Aid
homeless population in metropolitan Chicago, especially
African American and Hispanic males

Mental Health Association of Illinois
homeless and substance abusers

Catholic Charities of the Archdiocese of Chicago
Hispanic individuals in southwest Chicago

City of Chicago Mayor's Office for People With
Disabilities
elderly and disabled living in poverty areas of Chicago

St. Mary's Hospital of East St. Louis, Inc.
disabled adults and children, predominantly African
Americans, in east St. Louis

Indiana

Central Indiana Council on Aging
elderly Hispanic and African American women in urban
Indianapolis

Central Indiana Council on Aging
Social Security beneficiaries in Indianapolis

Hamilton Center, Inc.
mentally disabled adults and children in six counties

Iowa

West Central Development Corporation
frail elderly rural population in 10 counties in Iowa

Kirkwood Community College
elderly and disabled adults, African Americans, and
other minority groups, homeless, HIV-positive,
chronically mentally ill adults, and disabled
children in seven counties of east central Iowa

Kansas

National Parent Network on Disabilities
disabled youth aged 16-22 in transition from school to
work in Kansas City

Kentucky

Home Missioners of America
rural aged, blind, and disabled in northeastern
Appalachia

Douglas Cherokee Economic Authority
aged, blind, and disabled in southeast Appalachian
counties

Bethany House Christian Services Center
isolated blind and disabled children and adults and the
aged in northeast Kentucky

Community Action Council for Lexington-Fayette, Bourbon,
Harrison and Nicholas Counties
elderly in eight Kentucky counties

Louisiana

New Orleans Legal Assistance Corporation
disabled and elderly in public projects housing one-
third of New Orleans' urban poor

Grambling State University
elderly and disabled rural African Americans in isolated
areas of northern Louisiana

New Orleans/AIDS Task Force
AIDS/HIV individuals in the New Orleans area

Louisiana
(continued)

NO/AIDS Task Force
HIV-infected individuals especially minorities, women,
and children, intravenous drug users and the homeless
in New Orleans metropolitan area

Maine

City of Portland, Department of Health and Human
Services
homeless, mentally ill, and substance abusers

Maryland

Mental Health Law Project
disabled children aged 0-3

Association for Retarded Citizens/Frederick County, Inc.
students with developmental disabilities, aged 18-21, in
urban, suburban, and rural regions of Maryland

University of Maryland Medical System, Inc.
homeless in Baltimore

Maryland Department of Health and Mental Hygiene
HIV-infected adults within six HIV/AIDS primary care
clinics, including drug counseling, in greater
Baltimore and the Maryland suburbs of Washington, D.C.

University of Maryland Medical System
chronic mental illness in Baltimore

Massachusetts

Families USA Foundation
disabled children, adults, and elderly in two counties
in western Massachusetts

Families USA Foundation
elderly

Vietnam Veterans Workshop, Inc.
homeless disabled veterans in Boston

Families USA Foundation
screen aged and/or disabled clients at Area Agencies on
Aging

Noddle's Island Multi-Service Agency
HIV/AIDS, mentally ill, and substance abuse disorders in
greater Boston area

Latino Health Institute, Inc.
Latinos with limited English proficiency and/or low
education and literacy who are blind or disabled

Massachusetts (continued)	Vietnam Veterans Workshop homeless veterans or those in danger of becoming homeless throughout Massachusetts
Michigan	Human Development Commission aged and some disabled individuals in four counties in Michigan's "thumb" area National Urban League, Inc. aged and disabled urban African Americans in Detroit
Minnesota	American Bar Association Fund for Justice and Education elderly in rural areas in Central Minnesota Minneapolis Children's Medical Center disabled children who are patients of the Medical Center Minneapolis Children's Hospital disabled children who are patients of the Children's Medical Center or Hospital in Minneapolis
Mississippi	WE Care Community Services, Inc. poor, aged, and disabled African American adults in two rural counties in Mississippi Catholic Social and Community Services, Inc. aged, and some disabled in six southern counties of Mississippi Rust College isolated, rural elderly African Americans in northern Mississippi, primarily in Marshall County WE Care Community Services, Inc. elderly, disabled, and blind African Americans in five rural counties Foundation for Disability Resources, Inc. high school students who receive special education services in seven school districts in Lee, Lafayette, Union, and Pontotoc counties
Missouri	National Parent Network on Disabilities disabled youth aged 16-22 in transition from school to work Central Kansas City Mental Health Services individuals with mental health problems, including substance abusers, in Kansas City

ENCLOSURE I

ENCLOSURE I

Montana Green Thumb
aged, minority, homeless, and disabled adults

Nebraska Community Alliance, Inc.
mentally ill adults, including the homeless, in Omaha

New Jersey St. Joseph's School for the Blind
blind children and young adults aged 0-24

 CASA P.R.A.C., Inc.
disabled and aged Hispanics in Cumberland County

 National Urban League, Inc.
aged and disabled urban African Americans in Jersey City

 CASA P.R.A.C., Inc.
aged, disabled, homeless, HIV/AIDS, and substance abuse
Hispanic individuals in Cumberland County

 New Jersey Housing and Mortgage Finance Agency
screen low-income housing certifications for SSI
eligibles in Trenton

New Mexico University of New Mexico
aged and disabled Hispanics and Native Americans in
Albuquerque and surrounding areas.

 Association for Retarded Citizens of New Mexico
Hispanic and Native American children with disabilities

New York American Bar Association Fund for Justice and Education
elderly in urban and rural areas in central Monroe
County

 Chinese-American Planning Council
Chinese Americans in New York City

 Medical Referral Association, Inc.
immigrants and non-English speaking persons in Brooklyn

 MFY Legal Services, Inc.
Hispanic and Chinese populations, including the
homeless, mentally ill, retarded, and elderly in
Manhattan

 Neighborhood Legal Services
Hispanic and African American special education
students, aged 14-21, in Buffalo

New York
(continued)

New York State Department of Social Services
works with DDS to identify potential applicants at the
Bellevue Hospital in New York City

New York State Office for the Aging
screen for SSI and other benefits in three locations

North Carolina

Mental Health Law Project
disabled children aged 0-3

Church of the Redeemer
African Americans in Greensboro and the surrounding area
of Guilford County

Lumbee Regional Development Association
Native American elderly and disabled in three rural
counties

Episcopal Servant Center, Inc.
African Americans in Greensboro, Burlington, and High
Point

Metropolitan Low Income Housing and Community
Development, Inc.
African American low-income persons, including the
homeless, aged, developmentally delayed or disabled
school aged children, and HIV/AIDS patients in four
counties

Wake County Mental Health/Developmental
Disabilities/Substance Abuse
determining SSI eligibility on patients discharged from
mental health centers in Raleigh

Ohio

National Urban League, Inc.
African American elderly and disabled in Youngstown

Cincinnati Health Network, Inc.
disabled population, including individuals with AIDS and
the homeless in Cincinnati

Senior Citizens' Center of the Greater Dayton Area
frail and severely mentally ill elderly in Dayton and
surrounding counties including rural and urban ethnic
populations

Cincinnati Health Network, Inc.
homeless including treatment for substance abuse in
Cincinnati

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