



Office of the Inspector General
SOCIAL SECURITY ADMINISTRATION

Audit Report

Allegations of Representative
Payees' Misuse of Benefits

A-09-19-50797 September 2023



Office of the Inspector General
SOCIAL SECURITY ADMINISTRATION

MEMORANDUM

Date: September 29, 2023

Refer to: A-09-19-50797

To: Kilolo Kijakazi
Acting Commissioner

From: Gail S. Ennis *Gail S. Ennis*
Inspector General

Subject: Allegations of Representative Payees' Misuse of Benefits

The attached final report presents the results of the Office of Audit's review. The objective was to determine whether the Social Security Administration took appropriate and timely action in response to representative payees' alleged misuse of benefits.

Please provide within 60 days a corrective action plan that addresses each recommendation.

If you wish to discuss the final report, please contact Michelle L. Anderson, Assistant Inspector General for Audit, at Michelle.L.H.Anderson@ssa.gov.

Attachment

Allegations of Representative Payees' Misuse of Benefits

A-09-19-50797



September 2023

Office of Audit Report Summary

Objective

To determine whether the Social Security Administration (SSA) took appropriate and timely action in response to representative payees' alleged misuse of benefits.

Background

SSA appoints representative payees to receive and manage SSA payments for beneficiaries who cannot manage or direct the management of their benefits because of their youth or mental and/or physical impairments. A representative payee may be an individual or an organization.

An allegation of representative payee misuse is any information that raises a suspicion that a representative payee used benefits for a purpose other than for the beneficiary. SSA must immediately investigate an allegation of misuse.

SSA uses the Electronic Representative Payee System (eRPS) to document information related to allegations of misuse.

We identified 16,254 allegations of misuse in pending, recovery, and completed status from October 2017 through September 2020. We randomly sampled 200 allegations for our review.

Results

SSA did not take appropriate and timely action in response to alleged individual and organizational representative payees' misuse of benefits.

- Of our sample of 14,877 pending allegations of misuse, we estimate SSA did not properly or timely investigate 12,050 allegations. As a result, SSA continued paying approximately \$186 million to representative payees who may not have been using the funds for beneficiaries' needs.
- SSA did not recover \$119,730 from 19 representative payees determined to have misused benefits.
- SSA did not properly and timely reissue \$47,035 in misused benefits to 19 beneficiaries, as required.
- SSA did not properly document its investigation of the allegation or reissue benefits to beneficiaries in 23 sample cases. As a result, SSA paid representative payees \$217,928 that was at risk of being misused.

This occurred because SSA did not have such adequate controls as continuous training and system alerts to ensure employees took appropriate and timely action in response to pending, recovery, and completed allegations of misuse of benefits by individual and organizational representative payees.

Recommendations

We made six recommendations for SSA to improve its procedures and controls to ensure appropriate and timely action is taken in response to allegations of misuse by individual and organizational payees. SSA agreed with our recommendations.

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ABBREVIATIONS

DCAR	Division of Central Accounting and Reporting
eRPS	Electronic Representative Payee System
OIG	Office of the Inspector General
POMS	Program Operations Manual System
SSA	Social Security Administration
SSOARS	Social Security Online Accounting and Reporting System
U.S.C.	United States Code

OBJECTIVE

Our objective was to determine whether the Social Security Administration (SSA) took appropriate and timely action in response to representative payees' alleged misuse of benefits.

BACKGROUND

SSA appoints representative payees to receive and manage the payments of beneficiaries who cannot manage or direct the management of their benefits because of youth or mental and/or physical impairments.¹ An individual or organization² must apply to serve as a representative payee.³ SSA selects representative payees based on which individual or organization will best serve the beneficiaries' interests.⁴ SSA produces and stores these applications in its Electronic Representative Payee System (eRPS), a nation-wide database of information about pending, selected, non-selected, and terminated representative payees.⁵

Misuse of Benefits

Misuse occurs when a representative payee uses a beneficiary's payments for a purpose other than for the beneficiary's use and benefit. An allegation of misuse is any information that raises a suspicion of misuse, such as complaints from beneficiaries, representative payee applicants, or third parties; media reports; anonymous tips; or a representative payee's evasive or incorrect statements about the use of benefits. When SSA receives a report of misuse, it documents, investigates, and resolves the allegation in eRPS.⁶ According to SSA, its employees' thorough and timely action on suspected misuse cases can minimize loss and increase the likelihood that misused funds will be fully recovered. Therefore, SSA must immediately investigate an allegation of misuse by a representative payee.

According to SSA, employees have created an annual average of 11,329 misuse allegations in eRPS since 2011. SSA stated the time taken to investigate each allegation varies, ranging from days to years, depending on the factors of the case. These factors include the number of beneficiaries affected, volume of evidence needing review, and representative payee's cooperation as well as whether the allegation involves a criminal investigation. SSA estimated the average direct cost of the misuse workload was approximately \$5.5 million per year. For more information about SSA's process to resolve misuse allegations, see Appendix B.

¹ SSA, *POMS*, GN 00502.020 (March 28, 2023).

² SSA, *POMS*, GN 00501.012 (April 4, 2023).

³ SSA, *POMS*, GN 00502.107.A.1 (May 23, 2023).

⁴ SSA, *POMS*, GN 00503.430 (August 8, 2023) and GN 00502.130.A (May 23, 2023).

⁵ SSA, *POMS*, GN 00502.110 (May 23, 2023).

⁶ SSA records and resolves allegations of misuse in its eRPS Misuse subsystem housed in SSA's eRPS intranet.

Investigating Allegations of Misuse

When SSA receives an allegation, an SSA employee must create a record in eRPS. The record should include the reported initial details of the alleged misuse, such as when it occurred, the amount of funds involved, and the number of beneficiaries affected. As SSA employees investigate the allegation, they must complete a checklist that documents all tasks and actions required to develop the misuse allegation, such as interviewing the complainant, reviewing representative payee information, and contacting the representative payee. SSA employees then update the system with new information as it arises. The eRPS system categorizes an allegation as:

- **Pending** when further investigation is needed;
- **Recovery** when misuse was found and recovery of misused benefits has been initiated; or
- **Completed** when misuse was found and benefits were recovered and reissued, or when misuse was not found to have occurred.

SCOPE AND METHODOLOGY

We identified three populations of allegations of misuse that were recorded in eRPS between October 1, 2017 and September 30, 2020:

- 14,877 allegations classified as pending;
- 111 allegations classified as recovery, each involving organizational or individual representative payees with 15 or more beneficiaries in their care; and
- 1,266 allegations classified as completed, each involving organizational or individual representative payees with 15 or more beneficiaries in their care.

From these populations, we selected random samples of 100 pending, 50 recovery, and 50 completed allegations to review. For more information about our scope, methodology, and sampling results, refer to Appendix A.

RESULTS OF REVIEW

SSA did not take appropriate and timely action in response to alleged individual and organizational representative payees' misuse of benefits.⁷ Of our sample of 14,877 pending allegations, we estimate SSA did not properly or timely complete 12,050 allegations of misuse and continued paying approximately \$186 million to representative payees who were potentially misusing these benefits. We also determined SSA employees did not:

- take appropriate action to recover the misused benefits for 36 of the 50 recovery allegations we sampled;
- reissue misused benefits for 19 of the 50 recovery allegations we sampled; or
- properly document 23 of the 50 completed allegations we sampled.

Investigating Allegations of Misuse

SSA employees did not take appropriate and immediate action, as required, to investigate, or document their investigations for, 81 of the 100 pending allegations in our sample. As of July 2023, SSA had paid these representative payees approximately \$1.2 million for an average of 50 months.⁸ Because the allegations of misuse are unresolved, \$1.2 million remains at risk of misuse by representative payees.

For 45 of the 81 allegations, SSA employees did not take the initial actions required to investigate the allegations. Specifically, we found no evidence SSA employees took action to verify the beneficiaries' and representative payees' identities and contact information or contact the beneficiaries and representative payees, as required. In some instances, representative payees, about whom SSA received allegations of misuse, remained active because SSA did not investigate the allegations. As a result, at the time of our review, these representative payees were still receiving benefits on the beneficiaries' behalf. For example, in March 2020, SSA developed an allegation of misuse of benefits that began in June 2018. However, as of July 2023, SSA employees had not investigated the allegation. From June 2018 through July 2023, SSA paid the representative payee \$44,474.

SSA employees had taken preliminary action, such as verifying contact information, to investigate the remaining 36 allegations. However, there was no documentation in eRPS that indicated SSA employees took further action to investigate these allegations. For example, for 29 allegations, SSA employees verified and contacted the beneficiaries but did not attempt to contact the representative payees.

⁷ In December 2021, we referred our sample cases to SSA. As of July 2023, it had taken no corrective action on 135 of the 144 cases we identified needing resolution. The 135 cases in our sample on which SSA has not taken corrective action include 76 pending, 36 recovery, and 23 completed allegations.

⁸ The minimum was 34 months. The maximum was 69 months.

SSA employees did not take appropriate and timely actions to investigate allegations because they were not adequately trained to process allegations, and SSA did not have system alerts to ensure appropriate actions were taken. According to the Office of Operations, SSA provides its entry-level employees two training courses that cover inputting misuse allegations, using eRPS to develop misuse allegations, interviewing and documentation techniques, and obtaining additional evidence. However, employees are not required to take additional training or refresher courses on misuse allegations. Instead of providing periodic mandatory training to all employees involved in misuse allegations, SSA relies on employees to use the *Program Operations Manual System* and user guides to assist them in investigating misuse allegations.

SSA stated when it receives a misuse allegation, eRPS generates an alert to indicate a record of the allegation was created in eRPS. However, eRPS does not create subsequent alerts or notifications to inform SSA employees that further action, investigation, and/or documentation is needed for cases in pending status. As a result, an allegation may remain in pending status indefinitely if an employee does not take action.

An SSA employee stated that one SSA region requests eRPS reports of allegations in its jurisdiction over 365-days-old to assist the region in resolving its allegations of misuse. From 2011 through 2022, this region had only 4 allegations pending for which no decision had been made, while the other 9 regions had an average 5,425 allegations pending.

Recovering Misused Benefits

SSA did not recover \$119,730 in misused benefits in 36 of the 50 recovery allegations in our sample.⁹ As of July 2023, these allegations remained in recovery status for an average of 50 months. Nineteen organizations served as representative payees for 35 of the 36 recovery allegations in our sample.¹⁰ SSA did not take appropriate action to fully recover the misused benefits from these organizations. Additionally, of these 19 organizations:

- 6 had misuse amounts in the Social Security Online Accounting and Reporting System (SSOARS) that did not match those in eRPS;
- 6 did not have a record in SSOARS; and
- 7 were properly recorded but were not recovered.

⁹ These totals are actual dollar amounts not projections.

¹⁰ One recovery allegation had an individual representative payee.

SSA's Division of Central Accounting and Reporting (DCAR) uses SSOARS to track the recovery of benefits organizational representative payees misused. SSA field office employees must fax or email a request to DCAR to establish the debt in SSOARS. Field office employees must then notify the appropriate processing center employees to bill the organizations to recover the misused funds.¹¹ DCAR tracks these recovery balances in SSOARS as they receive further overpayment information, such as repayments, from processing center employees.

There were no system alerts or processes in place to remind field office and processing center employees to take additional actions to recover overpayments established in SSOARS from the 19 organizational representative payees that misused the benefits of 36 beneficiaries in our sample. According to SSA policy, there are no system alerts for debts that require establishment in SSOARS because overpayments resulting from organizational representative payee misuse are not recorded on the payment records. For example, in June 2018, SSA initiated recovery efforts against a representative payee who misused benefits. SSA sent a representative payee a notice to establish and recover the misused funds. However, the representative payee did not respond to the notice, and SSA made no effort to recover the \$12,399 of misused funds.

In addition, for the 19 organizational representative payees, field office employees did not always contact DCAR employees to update SSOARS when benefits needed to be recovered, and DCAR employees did not always update SSOARS with the necessary recovery amounts.

Reissuing Misused Benefits

SSA did not properly and timely reissue \$47,035 in misused benefits, as required, to the estates of 19 of the 50 beneficiaries identified in the recovery allegations in our sample.¹² Additionally, as of July 2023, these misused benefits had been outstanding for an average of 53 months since the Agency initiated recovery from the representative payees.

SSA did not properly and timely reissue benefits because its employees did not follow established procedures. In addition, SSA employees will not be notified that further action is needed because eRPS does not generate alerts for outstanding reissuance payments. As a result, the beneficiaries may not receive the benefits they are due.

As of August 2021, payments for 16 of the allegations had not been reissued because the beneficiaries were deceased, and SSA employees did not take appropriate action to locate the beneficiaries' estates. For these 16 allegations, we found no evidence in eRPS that SSA employees fully developed the cases for the beneficiaries' estates. SSA employees contacted other representative payees listed in eRPS to locate the estates for three beneficiaries.¹³

¹¹ Field office employees must notify processing center employees to initiate billing because automated bills and alerts cannot be generated when overpayments are established in SSOARS.

¹² These totals are actual dollar amounts not projections.

¹³ Other cases involved SSA contacting the misusing payees.

Documenting Misuse Determinations

SSA employees did not properly document their investigations or reissue benefits in 23 of the 50 completed allegations in our sample. This occurred because SSA employees inappropriately and informally determined the allegations were unfounded. Of these 23 allegations:

- 22 had no supporting documentation, such as ledgers or receipts for the SSA employees' determinations, and
- an SSA employee determined misuse had occurred for 1 but did not reissue the full amount of misused benefits, and the beneficiary was still owed \$1,830.

As a result, as of July 2023, SSA had paid representative payees \$217,928 they may have misused.¹⁴ This includes the \$1,830 SSA had not reissued to one beneficiary, despite the investigation being listed as completed and misuse found.

Employees may immediately and informally consider some misuse allegations to be unfounded if there is an indication the individual making the allegation misunderstands the representative payee's duties. For example, if a beneficiary contacts SSA and says the representative payee is providing money for household expenses and necessary personal needs but reports misuse because the representative payee will not buy a large-screen television, an SSA employee can consider that complaint unfounded. For such unfounded allegations, SSA policy does not require that its employees thoroughly document and retain evidence. When an SSA employee makes an informal determination that an allegation of misuse is unfounded, the employee updates eRPS and closes the allegation as completed.

Unless SSA employees can conclude allegations are unfounded, they must make formal determinations whether misuse occurred. Formal determinations must be prepared and fully developed because—when misuse is found—the Office of the Inspector General and Department of Justice may use this evidence in court.¹⁵

SSA employees informally determined 20 of the 23 sample allegations were unfounded. As a result, these cases were marked as completed in eRPS, and no misuse occurred. These 20 cases, however, included notes from SSA employees indicating they generally conducted a review of evidence, such as ledgers and receipts, and determined the complainant was generally capable of understanding representative payees' responsibilities. This implies SSA employees made formal determinations. Therefore, employees should have prepared and fully developed their formal determinations and documented all evidence they reviewed, as required. Since SSA employees did not maintain documentation for these 20 cases, neither we, nor SSA management, could determine whether SSA staff adequately investigated these allegations.

¹⁴ These are actual dollar amounts not projections.

¹⁵ For formal determinations, SSA employees must document evidence. This includes accounting reports, such as financial records, and bank statements, of the representative payee, representative payee applications, and complainant contacts.

SSA employees formally determined the remaining two misuse allegations were unfounded; however, they did not adequately document the evidence they used to support their determinations.

CONCLUSION

SSA must improve its controls to ensure employees take appropriate and timely action in response to allegations that representative payees misused benefits. Without improved controls, SSA may continue paying representative payees who have improperly used beneficiaries' payments and may not recover and reissue misused funds owed to beneficiaries or to the Agency.

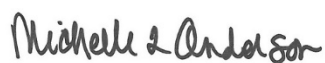
RECOMMENDATIONS

We recommend SSA:

1. Take corrective action for the 135 allegations we identified in all 3 samples of our audit.
2. Based on the results of its actions for our sampled allegations, take corrective action for the remaining population of 14,777 beneficiaries whose allegations were still pending.
3. Provide its employees periodic refresher training to ensure they investigate allegations of misuse thoroughly and in a timely manner.
4. Create controls, such as system alerts and periodic reports in eRPS, to ensure SSA employees fully and timely resolve pending allegations of misuse.
5. Establish a process to periodically follow up on the recovery of organizational payee overpayments established in SSOARS to ensure employees take additional action to recover misused benefits.
6. Update SSA policy in the *Program Operations Manual System* to ensure employees are required to document formal misuse determinations when they review evidence.

AGENCY COMMENTS

SSA agreed with our recommendations. The Agency's comments are included in Appendix C.



Michelle L. Anderson
Assistant Inspector General for Audit

APPENDICES

Appendix A – SCOPE, METHODOLOGY, AND SAMPLING RESULTS

From the Social Security Administration’s (SSA) Electronic Representative Payee System (eRPS), we identified 16,254 allegations of misuse recorded between October 1, 2017 and September 30, 2020. Using this information, we identified allegations in 3 statuses: 14,877 pending, 111 recovery, and 1,266 completed. From these populations, we selected random samples of 100, 50, and 50 beneficiaries, respectively.

To accomplish our objective, we:

- reviewed the applicable sections of the *Social Security Act*, the *Code of Federal Regulations*, the U.S. Code, and SSA’s *Program Operations Manual System*;
- corresponded with SSA employees from the Offices of Operations and Systems;
- reviewed queries from eRPS, the Master Beneficiary Record, the Payment History Update System, or the Supplemental Security Record for each sample item; and
- reviewed SSA’s Evidence Portal, Paperless, and Online Retrieval Systems to determine the actions SSA had taken.

We assessed the significance of internal controls necessary to satisfy the audit objective. This included an assessment of the five internal control components, including control environment, risk assessment, control activities, information and communication, and monitoring. In addition, we reviewed the principles of internal controls associated with the audit objective. We identified the following component and principles as significant to the audit objective.

- Component 3: Control Activities
 - a. Principle 10: Design control activities
 - b. Principle 12: Implement control activities

We assessed the reliability of the computer-processed data from eRPS by performing electronic testing and reviewing existing information about the data and the system that produced them. We also traced a statistically random sample of data to source documents. We determined the data were sufficiently reliable for the purposes of this report.

We conducted our audit work from March 2021 to August 2023. The entities audited were the Offices of the Deputy Commissioners for Operations and Systems. We conducted this performance audit 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.

Sampling

To conduct this review, we used a simple random sample statistical approach. This is a standard statistical approach used to create a sample from a population completely at random. As a result, each sample item had an equal chance of being selected throughout the sampling process, and the selection of one item had no impact on the selection of other items. Therefore, we were guaranteed to choose a sample that represented the population, absent human biases, and ensured statistically valid conclusions of, and projections to, the entire population under review. Our sampling approach for this review ensures that our reported projections are statistically sound and defensible.

Misuse Allegations in Pending Status

Table A-1: Population and Sample Size

Description	Beneficiaries
Population Size	14,877
Sample Size	100

For 81 of 100 pending allegations of misuse in our sample, SSA did not take appropriate and immediate action, as required, to investigate or document its investigations and continued paying these 81 representative payees \$1,250,455. Projecting our sample results to the population of 14,877 allegations, we estimate SSA did not properly or timely complete 12,050 allegations of misuse and continued paying approximately \$186 million to representative payees who were potentially misusing these benefits.

Table A-2: Potentially Misused Benefits not Properly Investigated

Description	Beneficiaries	Payments
Sample Results	81	\$1,250,455
Point Estimate	12,050	\$186,030,254
Projection – Lower Limit	10,921	\$135,210,732
Projection – Upper Limit	12,967	\$236,849,777

Note: All statistical projections are at the 90-percent confidence level.

Misuse Allegations in Recovery Status

Table A-3: Population and Sample Size

Description	Beneficiaries
Population Size	111
Sample Size	50

SSA did not recover misused benefits totaling \$119,730 for 36 of 50 allegations in our sample of cases in recovery status. In addition, for 19 of the 50 sample cases, SSA did not properly and timely reissue \$47,035 of misused benefits, as required.¹

Misuse Allegations in Completed Status

Table A-4: Population and Sample Size

Description	Beneficiaries
Population Size	1,266
Sample Size	50

For 23 of 50 sampled allegations in completed status, SSA paid representative payees \$217,928 that were at risk of being potentially misused. Of these 23 cases, 22 had no documentation supporting the determinations made by the SSA employees, and SSA correctly determined that misuse occurred but did not reissue the full amount of misused benefits for 1.²

¹ Totals are based on actual dollar amounts not projections.

² Totals are based on actual dollar amounts not projections.

Appendix B – THE AGENCY’S MISUSE ALLEGATION PROCESS

Determinations of Misuse

A Social Security Administration (SSA) employee’s analysis of a misuse allegation can result in three outcomes: (1) a formal determination that misuse was found, (2) a formal determination that misuse was not found, or (3) an informal determination the allegation was unfounded.

Formal Determination: Misuse Found

After SSA determines misuse has occurred, SSA employees generally must take further action to: (1) appoint a new representative payee, (2) recover misused benefits from the representative payee, and (3) reissue benefits to the beneficiary.

When SSA determines misuse occurred, it sends the representative payee a notice that explains how SSA reached its determination and states the representative payee must return the misused benefits. If the payee does not dispute SSA’s misuse determination, SSA will establish an overpayment and send the representative payee a notice to return the funds.

In addition to establishing the overpayment, SSA must immediately reissue benefits to beneficiaries without waiting for recovery from the representative payees if the payee that committed the misuse is an organization or an individual serving 15 or more beneficiaries. If the beneficiary is deceased, any funds the payee misused when the beneficiary was alive become the property of the beneficiary’s estate. SSA employees must reissue the misused funds to anyone who can provide evidence of their legal qualification to receive the funds.¹

Such evidence may include documentation the individual was appointed by a court to be the deceased beneficiary’s legal representative or proof of authority to collect assets of the deceased. If a person qualified to receive the deceased beneficiary’s misused funds does not come forward, SSA employees must attempt to locate the deceased beneficiary’s estate and document their efforts.

While this reissuance occurs, SSA must initiate the recovery of misused funds from the representative payee. For organizational payees, debt-recovery processing is completed through SSA’s Division of Central Accounting and Reporting (DCAR). Information concerning the status of recovery efforts is stored in the Social Security Online Accounting and Reporting System (SSOARS). When establishing an overpayment to be recovered, SSA field office employees must fax or email a request to DCAR to establish the overpayment debt in SSOARS. The employee must then notify the appropriate processing center employees to bill the misusing payee. For individual representative payees serving 14 or fewer beneficiaries, the debt recovery processing is completed through Electronic Representative Payee System (eRPS) and SSA’s normal debt recovery processes.

¹ SSA, POMS, GN 02301.035.D (November 1, 2018).

Formal Determination: Misuse Not Found

Evidence provided for an allegation of misuse may lead to an SSA employee determining the representative payee properly used benefits for the beneficiary and did not misuse those benefits. This determination is based on the issues and facts of the case, including such evidence as any home or site visits SSA employees completed to investigate the case. SSA employees use eRPS to document the allegation, document the outcome of an investigation, and store evidence.

When an SSA employee makes a formal determination of misuse not found, the employee must notify the beneficiary and representative payee that no misuse occurred. When SSA sends this notification, it provides the beneficiary or new representative payee, if one has been selected, 30 days to request a review of this misuse determination. If a review of SSA's determination is not requested, the case is considered complete.

Informal Determination: Unfounded Allegation

Some misuse allegations may immediately and informally be considered unfounded if the allegation indicates the individual making the allegation misunderstands the representative payee's duties. For example, if a beneficiary contacts SSA and says their representative payee is providing money for their household expenses and necessary personal needs but would like to report the representative payee for misuse because she will not buy him a large-screen television, an SSA employee can simply consider that complaint unfounded. For such unfounded allegations, SSA policy does not require that its employees thoroughly document and retain evidence. When SSA makes this informal determination and updates eRPS, it will automatically close and consider the allegation completed.

Appendix C – AGENCY COMMENTS



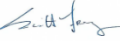
SOCIAL SECURITY

MEMORANDUM

Date: September 21, 2023

Refer To: TQA-1

To: Gail S. Ennis
Inspector General

From: Scott Frey 
Chief of Staff

Subject: Office of the Inspector General Draft Report, "Allegations of Representative Payees' Misuse of Benefits" (A-09-19-50797) - INFORMATION

Thank you for the opportunity to review the draft report. We agree with the recommendations.

Please let me know if I can be of further assistance. You may direct staff inquiries to Trae Sommer at (410) 965-9102.



Mission:

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