

The National Council of Social Security Management Associations, Inc.

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May 11, 2000

**HOUSE SUBCOMMITTEE ON SOCIAL SECURITY
HEARING ON SOCIAL SECURITY REPRESENTATIVE PAYEES**

On May 4th the Social Security Subcommittee of the Committee on Ways and Means held a hearing on “Social Security Representative Payees.” This hearing focused on current eligibility requirements for rep payees; assessing Social Security’s procedures to protect beneficiaries; how and why these procedures sometimes fall short; and ways to better protect beneficiaries in the future.

Rachel Emmons attended the hearing and the following is a summary of the proceedings.

The following members of the Subcommittee were present at the hearing: Clay Shaw (R-FL); Michael Collins (R-GA); Kenny Hulshof (R-MO); and Robert Matsui (D-CA).

The witnesses presenting oral testimony for the hearing were:

First Witness:

Social Security Administration:

The Honorable Susan Daniels, Ph.D., Deputy Commissioner, Disability and Income Security Programs;

accompanied by

Larry Massanari, Regional Commissioner, Philadelphia, Pennsylvania

Second Witness:

Social Security Administration:

The Honorable James G. Huse, Jr., Inspector General, Office of the Inspector General

Panel:

- Nancy Coleman, Chair, Federal Advisory Committee on Representative Payees and Director, Commission on Legal Problems of the Elderly, American Bar Association
- Reginald Glover, Director, Patient Resources, Office of Mental Hygiene, State of New York, on behalf of National Association of Reimbursement Officers
- Ann Sparks, Representative Payee Director, Mental Health Association of York County, York, Pennsylvania
- Diane McComb, Executive Director, Maryland Association of Community Services, Severna Park, Maryland

- Garry Geffert, Staff Attorney, West Virginia Legal Services Plan, Inc., Martinsburg, West Virginia
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The following are items of importance from the testimony of Deputy Commissioner Daniels:

The Honorable Susan Daniels, Ph.D., Deputy Commissioner, Disability and Income Security Programs, Social Security Administration

- History of Representative Payments
 - Thirty years ago, 5.2 percent of the Social Security population were paid through rep payees; since the implementation of SSI this has risen to about 13.3 percent or 6.5 million beneficiaries
 - About 42 percent of the beneficiaries paid through a rep payee are disabled
 - Family members serve as rep payees for about 84 percent of these beneficiaries
 - Rep payees serve a valuable role and perform many tasks including – money management; address social service issues such as finding shelter for the habitually homeless; dealing with medical decisions; and encouraging beneficiaries to seek treatment for substance abuse or mental illness
- Organizational Payees
 - Payees for the remaining 16 percent are friends or institutions of various types, such as government or social service agencies, financial organizations and fee-for-service organizations
 - Currently, about 45,000 organizational rep payees serve approx. 750,000 Social Security and SSI beneficiaries:
 - 855 fee-for-service payees serve almost 60,000 SSA beneficiaries;
 - 1,000 entities (excluding fee-for-service organizations – an organization that serves 100 or more beneficiaries), which are called “volume payees,” serve 250,000 beneficiaries;
 - 360 state mental hospitals serve 80,000 beneficiaries
- SSA Initiatives to Deter Misuse of Benefit by Organizational Payees
 - Triennial onsite reviews of all fee-for-service and volume payees
 - Annual verification of bonding or licensing
 - A 6-month review for all newly appointed fee-for-service payees
 - Random reviews of volume and fee-for-service payees
- Additional Steps
 - SSA continues to monitor for “trigger” events, such as third-party reports of misuse and complaints from vendors of failure to receive payment
 - Looking at tightening up the investigation of potential payees – consistent with the OIG’s suggestion that SSA put more emphasis on the selection of rep payees
 - SSA attorneys are working in conjunction with several U.S. Attorneys’ offices to assist in the prosecution of Social Security program fraud, including rep payee misuse cases
- Legislation

- February 2000 – SSA legislative proposal to Congress that would provide additional safeguards for beneficiaries with rep payees
 - Currently – when any payee has been determined to have misused benefits, SSA can reissue the benefits only where there has been a finding of negligence on the part of SSA
 - In virtually all other cases the individual loses his or her funds unless SSA or the beneficiary can obtain restitution from the rep payee
 - SSA can seek restitution only through civil processes if the rep payee refuses to return the funds
 - Proposal would require SSA to reissue benefit payments (including any respective fees for fee-for-service payees) in all cases when an organizational payee is found to have misused funds, without a either a finding of negligence on SSA’s part or restitution from the organizational payee
 - SSA would continue (through all available avenues of legal recourse) to seek restitution from the former rep payee
 - Require non-governmental fee-for-service organizational payees to be bonded **and** licensed, provided that licensing is available under state or local law – current requirement is bonding **or** licensing
 - Provide that when an organization has been found to have misused an individual’s benefits, the organization shall not qualify for the fee for the months the payee misused the funds
 - Provide that misused benefits (including any respective rep payee fees) would be treated as an overpayment to the representative payee and, therefore, subject to current SSA overpayment recovery authority
- September 1999 – proposal that would extend civil monetary penalty provisions to rep payees that misuse benefits
 - Proposal would allow SSA to impose administrative penalties and assessments against rep payees who make false statements to obtain or retain benefits
- Advisory Committee (AdCom) and Inspector General (OIG) Recommendations Implemented by SSA
 - Development and distribution of a handbook for organizational payees (OIG)
 - Issuing instructions to field offices to screen payees more thoroughly (OIG)
 - Conducting onsite reviews of fee-for-service and volume payees (AdCom/OIG)
 - Developing and distributing a pamphlet for beneficiaries informing them of their rights and responsibilities (OIG)
 - Changing the focus of the current process from accounting to monitoring and compliance (OIG)
 - The following initiatives are in process:
 - Develop an accounting form tailored to organizational payees (AdCom/OIG)
 - Expand SSA’s automated Representative Payment System (OIG)
 - Develop and distribute a handbook for individual payees (AdCom)
 - Instruct field offices to improve controls over retention of supporting documentation of non-responder alerts and accounting forms (OIG)
- Advisory Committee and Inspector General Recommendations Not Implemented

- SSA should require a high level of case management (such as social services) from organizations that collect a fee (fee-for-service payees)
 - SSA believes that **requiring** extra services would discourage the organization from providing the basic payee services that some individuals would not have otherwise
- SSA should only accept a challenge of a beneficiary's capability from those in a position to know
 - SSA agrees that a finding of incapability is a serious matter, and we are wary of spurious allegations, but the policy is to respond to third party reports of beneficiary incapability by conducting an investigation, regardless of the nature of the source – only then can we be assured that the beneficiary receives the full benefit of their funds

The following questions were put forward by the members of the Subcommittee:

Rep. Matsui: How many referrals of misuse are there on an annual basis?

Deputy Commissioner Daniels: I'm not really sure – I'm sure the Inspector General could answer that.

Rep. Matsui: What are the standards for referrals based on misuse?

Deputy Commissioner Daniels: It's more like teamwork with the OIG – we work together if things don't look right.

Rep. Matsui: What about the idea of making a few examples out of people? The notion that there are criminal sanctions might help – but we don't want to scare people off.

Deputy Commissioner Daniels: You're right – it's a balancing act – we want to encourage volunteers.

Regional Commissioner Massanari: If there is any evidence of wrongdoing with organizational payees it is referred to the OIG.

Deputy Commissioner Daniels: (handed information regarding number of annual referrals from staff member) Last year there were 1352 cases referred to the OIG and 313 convictions were obtained.

Rep. Matsui: Thank you for all of your help and efforts.

Rep. Shaw: In my opening statement I made reference to the West Virginia (Aurora) case. I found this very disturbing – Gregory Gamble embezzled over \$223,000 from 123 clients. It's said the Social Security office routinely told beneficiaries that Aurora would be their rep payee.

Regional Commissioner Massanari: That's not quite accurate – a relative would be the first choice – Aurora in reality became a rep payee of last resort.

Rep. Shaw: It's said that complaints from beneficiaries were ignored.

Regional Commissioner Massanari: In 1996 a beneficiary wrote to Aurora and Social Security saying the amount of his first check was incorrect (10% was deducted instead of being capped at \$50.00). There was a copy of the letter in the file – dated July 31, 1996. In August the rep payee was contacted – the paralegal said the situation had been resolved. The beneficiary agreed that the matter had been resolved but stated he wanted to be his own payee. Aurora provided all the conserved funds owed him.

There were no other recorded complaints until early 1999. In late 1998/early 1999, there were complaints from merchants regarding late bills from Aurora. On April 8, 1999, there was a complaint from a local lawyer.

Rep. Shaw: What about removal of a rep payee?

Regional Commissioner Massanari: This is done if there is any indication of misuse. The beneficiary can also appeal the appointment of a rep payee. Aurora was bonded and chartered. The bond and charter were allowed to expire but Aurora continued to be licensed. That is why we are recommending both licensing **and** bonding.

Rep. Shaw: Can felons qualify as payees?

Deputy Commissioner Daniels: Under some circumstances a family member who is a felon may be a rep payee. But people who have misused Social Security funds cannot be rep payees.

Rep. Shaw: Doesn't anyone check to make sure the accounts add up?

Deputy Commissioner Daniels: There is an annual form – details what the money was spent on – if anything looks unusual a review is requested.

Rep. Shaw: Are the accounts audited?

Deputy Commissioner Daniels: Only if we do an onsite review.

Rep. Shaw: Aren't accounts set up as trust accounts – with individual accounts for disbursement?

Deputy Commissioner Daniels: That is all reviewed in onsite reviews.

Regional Commissioner Massanari: That is why we are undertaking a whole review effort incorporating triennial and random reviews. There needs to be a way to track money in and out of the accounts.

Rep. Shaw: Even if you did this by the “sampling” method it would help.

Regional Commissioner Massanari: We are working with the OIG – trying to educate the field people so they are better equipped to do the reviews, but they are not there to do a true financial audit.

Rep. Shaw: Maybe there should be audits.

Regional Commissioner Massanari: That question should be raised with the OIG.

Deputy Commissioner Daniels: We were using licensing or bonding as a proxy. We thought we could rely on the state mechanisms, but that was not enough and there are now several tiers of oversight.

Rep. Shaw: What type of regulations do the states have?

Deputy Commissioner Daniels: There is a wide variety – we need to gather more information. Some are very tight and some are not.

Rep. Shaw: If a rep payee is bonded, does the bonding company perform any sort of audit?

Deputy Commissioner Daniels: I'm not sure, but there is a reasonable expectation that this will occur.

Regional Commissioner Massanari: I believe it would depend on the surety company and the amount of the bond.

Rep. Shaw: Has there been any recovery in the Aurora case?

Regional Commissioner Massanari: It doesn't appear so. Gregory Gamble (Aurora rep payee) has filed for bankruptcy.

Rep. Shaw: Has he been convicted?

Regional Commissioner Massanari: He has pleaded guilty and awaiting sentencing.

Rep. Shaw: Embezzlement – is the debt removed in bankruptcy?

Regional Commissioner Massanari: I'm not sure, but that is why the legislation we have proposed is so important.

Rep. Matsui: I'm not suggesting there are problems with your office. I realize it is difficult situation – you want to be helpful to beneficiaries but you can't reimburse without a finding of negligence on the part of SSA. But I find it hard to believe that in the case of Aurora that there were no complaints from the beneficiaries.

Regional Commissioner Massanari: Gregory Gamble was investigated – he was a Vice President of a local bank, he sat on the board of directors of a senior center, and he was active in his church. I'm shocked that there weren't any indications – even the 1996 letter referred to an incident that just could have been a mistake by a bookkeeper. The accounting forms were coming in on a regular basis, and they didn't suggest any inconsistencies or unacceptable information. The problems started showing up in early 1999 – the forms were not being submitted. Things came to a head – there was a complaint filed by a local attorney. Until early 1999 it appeared that the needs of the beneficiaries were being met.

Deputy Commissioner Daniels: As soon as there was a small body of evidence the field office made calls and the next day Gamble turned himself in.

Rep. Matsui: It is troubling that the Agency gave too much credence to an apparently outstanding citizen rather than to those who were complaining.

Regional Commissioner Massanari: I'm comfortable that the initial screening was done correctly. It may be difficult to tell if someone is cooking the books.

Rep. Shaw: Dr. Daniels, you said the system worked – it really didn't work. It shouldn't be that difficult to trace the money.

Regional Commissioner Massanari: Gamble was also a state beneficiary payee as well as a conservator. We couldn't really trace the flow of the money – it was co-mingled.

Rep. Shaw: Where were the checks deposited?

Regional Commissioner Massanari: We don't keep records of that.

Rep. Shaw: Aren't many of these transactions completed by wire transfers?

Regional Commissioner Massanari: Yes.

Rep. Shaw: You should be able to tell where the money went – and make sure it gets in the right account initially.

Regional Commissioner Massanari: That will be one of the new steps. Six months after set-up we will go in and make sure everything has been done correctly.

Rep. Shaw: Do you use CPAs?

Regional Commissioner Massanari: No, the OIG does.

Rep. Shaw: Are the guidelines written by CPAs?

Deputy Commissioner Daniels: No.

Rep. Shaw: It seems like you need top-level professional advice to set up the standards – trace funds, positive verification with banks. What about bonding requirements – charities, family members.

Deputy Commissioner Daniels: It is not required for charities and family members at this time.

Rep. Shaw: Should there be?

Deputy Commissioner Daniels: We don't want to burden these volunteers with additional costs.

Rep. Shaw: What about the interviews?

Deputy Commissioner Daniels: They are conducted face-to-face in the office.

The following are items of importance from Inspector General Huse's testimony:

The Honorable James G. Huse, Jr., Inspector General, Office of the Inspector General

- Rep payee program – overview
 - Similar background information as contained in Dr. Daniels's testimony
- Early warning signs
 - Over the last several years our audits and investigations revealed early warning signs that may have gone unheeded by the Agency
 - Exist in both the rep payee selection process and during post-selection monitoring process
- Screening and selection of rep payees
 - SSA regulations give preference to family members over friends, third parties, and organizational rep payees
 - SSA interviews prospective rep payees to determine suitability
 - Consists of a review of documents supplied by the rep payee
 - Not an investigation, but rather a means to conduct an SSA records verification
 - SSA generally does not verify the accuracy of the identification and financial information presented, unless it has reason to question the applicant's suitability
 - SSA does verify accuracy of rep payee's income by comparing application information with SSA's records
 - Also verifies with OIG that the prospective rep payee has not been convicted of a felony against Social Security programs
 - For organizational payees, SSA verifies the Employer Identification Number
 - SSA does not perform credit or security background checks on prospective individual or organizational rep payees
 - Believe that the selection process, specifically the suitability determination, should be strengthened – presents the best opportunity to prevent improper benefit payments before issuance
- Rep payee monitoring and oversight activities
 - SSA has some basic safeguards in place to ensure that rep payees do not misuse benefits
 - Required annual accounting report from all rep payees, for each beneficiary under their care
 - In our December 1996 report, *Monitoring Representative Payee Performance: Nonresponding Payees*, we identified problems with rep payees who did not respond
 - Recommended that SSA determine why rep payees did not complete and return these accounting reports and whether SSA staff properly processed systems-generated alerts for rep payees who did not respond
 - In the intervening 3-year period, there were several organizational rep payee fraud cases in which such accounting forms could not be located

- Extremely pleased that SSA is proposing to conduct Quick Response check when rep payees do not return these forms
- In our September 1999 report, *Nonresponder Representative Payee Alerts for Supplemental Security Income Recipients*, we found that the field offices lacked supporting documentation for when rep payees fail to return the annual accounting form
 - Resulted in an inability identify the reasons that rep payees had not completed forms as required
 - Recommended that SSA instruct field offices to improve controls over the retention of supporting documentation and obtain forms from rep payees
 - SSA disagreed with this recommendation and stated that field offices are required to send these documents to an outside storage facility
 - We believe retention of these documents, and their ability to be easily retrieved, is essential to the identification, and ultimate prosecution, of rep payees for fraud or misuse
 - Is consistent with SSA's written policy (Program Operations Manual System states that payee accounting reports must be retrievable in the event that the form must be reviewed for a misuse or fraud allegation)
- On-site reviews of rep payees
 - Visits with the rep payee or the administrators of such organizations
 - Consist of an examination of the relevant accounting records
 - Interview with beneficiaries are conducted to determine if their needs are being met
 - Problems – May not identify rep payee abuses until after the fraud has occurred and many beneficiaries are incapable of communicating problems due to their disabilities
 - State institutions are reviewed once every three years
 - SSA may conduct an on-site review if a problem with a payee is brought to its attention
 - In our March 1997 roll-up report, we made several recommendations to improve the efficiency and effectiveness of SSA's rep payee monitoring program
 - Recommendations for SSA to conduct periodic reviews of selected rep payees and to change the focus of the current process from accounting to monitoring and compliance
 - In our September 1999 report, *The Social Security Administration's Procedures to identify Representative Payees Who Are Deceased*, we reported that benefit payments were sometimes made to deceased rep payees
 - In some cases, SSA could not be sure that the funds were ever used on behalf of the beneficiaries for which they were intended
 - Also reported that SSA does not ensure that new rep payees are selected when former rep payees have died
 - In July 1998, from a review of SSA's Death Master File, we estimated that 2,091 deceased rep payees received about \$17 million in Social Security and SSI payments
 - Recommended that SSA:

- Conduct routine computer matches to ensure that deceased rep payees are promptly identified
 - Select new rep payees in a more timely manner
 - SSA agreed with our assessments and plans to implement our recommendations
- Fraud cases highlight program vulnerabilities
 - While the vast majority of rep payees are honest, trustworthy people, several recent cases have demonstrated that key controls could have prevented major fraud cases
 - No case better exemplifies this point than the Aurora Foundation case
 - Although Aurora had been a fee-for-service rep payee since 1995, SSA had not yet performed an on-site review
 - At the time of our investigation, SSA had notified Aurora, by mail, of a pending review based on complaints
 - Our investigation revealed that the head of the Aurora Foundation, Gregory Gamble, had embezzled over \$300,000 between April 1995 and May 1999
 - Asked SSA to retrieve all of the financial accounting forms submitted by Aurora – SSA was only able to secure 12 of the forms submitted by the Aurora Foundation during its final year of operation
 - Reflects a lack of program oversight on behalf of SSA
 - Unclear whether the remaining forms were submitted and misplaced, or never submitted in the first place
 - Continue to believe that SSA needs to conduct regular inspections and reviews of organizational rep payees – especially those rep payees who do not submit the required forms
 - Another case – Ivy’s Social Services, Incorporated (Ivy’s) a fee-for-service rep payee located in Phoenix, Arizona and Denver, Colorado
 - SSA Field Office (FO) received approximately 45 complaints of funds being mismanaged
 - Upon receiving this information from the FO, my office promptly opened an investigation
 - Investigation revealed – Ivy’s was an organizational rep payee for 330 individuals from March 1996 to May 1997
 - During this time the head of Ivy’s spent approximately \$274,000 of the beneficiaries’ money to make personal purchases
 - In May 1999, the head of Ivy’s was sentenced to 18 months imprisonment, and ordered to pay full restitution of \$274,000 to SSA
 - Additionally, significant abuses by individual rep payees who are not affiliated with an organization
 - Ms. Jean Bote acted as professional guardian and rep payee for approx. 20 recipients of Social Security benefits (several beneficiaries were elderly veterans with mental disabilities)
 - In response to a complaint received by the Veterans Affairs Inspector General, my office opened an investigation
 - Determined that she misused over \$200,000 in SSA and VA benefits for her own personal gain

- Ms. Bote was sentenced to 37 months incarceration and 3-years supervised release, also ordered to make restitution totaling \$200,000 to the five victims – prior to sentencing Ms. Bote presented the probation office with a \$200,000 check in anticipation of the restitution ordered
- Since Fiscal Year 1998, our office has opened 1,352 rep payee investigations, which have led to 313 convictions and identified over \$7,500,000 in fraud losses
 - Vast majority of these investigations have involved individual rep payees acting on behalf of one individual, as opposed to organizational rep payees responsible for multiple individuals
- Working together with the Agency to find common sense solutions
 - Identify and recommend appropriate improvements to the program
 - Provide support to SSA staff during on-site reviews of selected rep payees
 - Conduct periodic audits of the program, including Agency adherence to program policies and procedures
 - Evaluate, on an ongoing basis, the need for revised policies and procedures
 - Also believe that with additional Civil Monetary Penalty (CMP) authority, SSA can make sure that rep payees who abuse the system are punished, even when they are not prosecuted
 - CMP program has been valuable both in preventing fraud from occurring, and in recovering monies stolen from SSA – however, there are currently limitations to pursuing CMPs in the rep payee program
 - SSA legislative proposal that would counter organizational and individual rep payee abuses
 - Submitted to Congress in February 2000
 - Would require, among other things, that organizational rep payees be licensed and bonded
 - Also seeks to expand the CMP program to address the improper conversion of benefits by rep payees

The following questions were put forward by the members of the Subcommittee:

Rep. Shaw: What happens with deceased rep payees? How are they cashing the checks?

Inspector General Huse: Much of this occurs by electronic fund transfer – it is then dispersed by a spouse or other family members.

Rep. Shaw: Can't you crosscheck?

Inspector General Huse: SSA maintains a master death file. This should be matched against the rep payee file. This is audit work – I have made recommendations to the Agency.

Rep. Shaw: Dr. Daniels indicated a procedure field personnel go through.

Inspector General Huse: I have made suggestions for strengthening this. I have offered auditors and expertise from my office to the Agency.

Rep. Shaw: Have they been responsive?

Inspector General Huse: Yes.

Rep. Shaw: Is an overall review necessary?

Inspector General Huse: I have made numerous suggestions that have not been put into effect. This is a workload that is deferred. The Agency does not have a performance measure in place – there is not much compliance incentive.

Rep. Shaw: What about overseas beneficiaries?

Inspector General Huse: There is a series of reviews that are performed country by country.

Rep. Shaw: We're probably paying a lot of dead people – we should require people to come in.

Inspector General Huse: That is basically what happens – through sampling.

Rep. Shaw: Is that sufficient?

Inspector General Huse: It works.

Rep. Matsui: Did you review the file on Aurora?

Inspector General Huse: I am very familiar with the file.

Rep. Matsui: Is it correct that there were only a few complaints? It seems there had to have been more.

Inspector General Huse: The use of the annual accounting form – only 12 were found in the file – obviously many were missing. There was a search warrant for Gamble's office – forms were found still in the envelopes, never opened and never returned.

Rep. Matsui: It just doesn't smell right, \$250,000 over 4 years. People don't understand, or care, what they are doing.

Inspector General Huse: That is why we need a performance measure.

Rep. Matsui: There should be accountability in the field offices. Should they have done a better job? Were they negligent?

Inspector General Huse: This is a business process that needs to be fixed. Are you suggesting that we need a different focus?

Rep. Matsui: Yes – we don't want to be snowed by a little fix. There needs to be accountability – maybe letters in personnel files – mistakes were made and people got hurt. I want honesty – a better job should have been done – should we hold the Social Security office responsible?

Inspector General Huse: It is felt that it is more important to get benefits out the door. There is a long way to go.

Rep. Matsui: What about the accountability of the folks administering these programs?

Inspector General Huse: Are you referring to disciplinary actions? The record is there – we don't propose administrative or disciplinary actions.

Rep. Matsui: I'm troubled by your comments – something needs to be done.

Inspector General Huse: I can only make recommendations to the Commissioner and the Agency.

Rep. Shaw: There were less than 20 forms in the file – should have been over 100 – aren't they required? Wasn't this a red flag that the system had failed?

Inspector General Huse: The system fails because it's not followed – this is a workload that is set aside.

Rep. Shaw: I wish we could call the previous panel back. I would like to ask them some additional questions. (SSA officials left the hearing immediately after their testimony.)

Inspector General Huse: The records indicate that the system was not followed.

Rep. Matsui: I would like to find out who made the mistakes and hold them accountable. There had to have been more complaints.

Inspector General Huse: My concern is that we need the process to function in a preventative manner.

Rep. Matsui: If you hold people accountable others will get the message and won't do the same thing – that's prevention.

Inspector General Huse: Because of recent events – attention is being paid now.

The final panel was composed of witnesses who gave testimony focusing on: recommendations by the Federal Advisory Committee regarding SSA's Representative Payment program; support for the legislative amendments proposed by SSA to improve oversight of rep payees; rep payee practices in the state of Maryland; and support of Representative Bob Wise's legislation (H.R. 3666) to amend Titles II and XVI of the Social Security Act. H.R. 3666 would permit social security beneficiaries to recover any benefits which have been misappropriated by a rep payee without proving that SSA was negligent in overseeing the representative payee – it also provides retroactive relief.

Panel:

- Nancy Coleman, Chair, Federal Advisory Committee on Representative Payees and Director, Commission on legal Problems of the Elderly, American Bar Association
- Reginald Glover, Director, Patient Resources, Office of Mental Hygiene, State of New York, on behalf of National Association of Reimbursement Officers
- Ann Sparks, Representative Payee Director, Mental Health Association of York County, York, Pennsylvania
- Diane McComb, Executive Director, Maryland Association of Community Services, Severna Park, Maryland
- Garry Geffert, Staff Attorney, West Virginia Legal Services Plan, Inc., Martinsburg, West Virginia

The following questions were put forward by the members of the Subcommittee:

Rep. Matsui: The SSA office – were they knowledgeable about the complaints?

Garry Geffert: Many of the complaints were oral – no records were kept – therefore a pattern never emerged.

Rep. Shaw: The form that the IG referred to – less than 12 in the file. Have you learned anything here today that will help your case?

Garry Geffert: The fact that there were only 12 forms.

Rep. Shaw: Are you concerned about what is being hidden?

Garry Geffert: There is no discovery process in this type of proceeding, and they say they can't tell me what's going on because of the criminal case. I am concerned about my Privacy Act request – that is information about my clients and they are entitled to it. I have received no response to written requests.

Rep. Shaw: Aren't there statutory requirements (regarding filing of the annual forms by Gary Gamble)?

Nancy Coleman: Yes.

Rep. Shaw: Gamble should have filed the reports?

Nancy Coleman: Yes.

Rep. Shaw: How many reports?

Inspector General Huse: (answered the question from the audience) Initially only 12 – after we obtained the search warrant an additional 20 were found. We also found unopened envelopes (containing the reports) in Gamble's files.

Rep. Shaw: Isn't anyone monitoring if the reports come back? I will submit a question to Dr. Daniels – regarding the letters – sent out, followed up, etc.

[The members were called for a vote which ended the proceedings.]

Copies of the witnesses' written statements are available. Please contact us if you have any questions or would like copies.

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