Congress of the United States Washington, DC 20515

January 14, 2011

Gene L. Dodaro Comptroller General of the United States U.S. Government Accountability Office Washington, D.C. 20548

Dear Mr. Dodaro:

The Social Security Administration (SSA) administers the Supplemental Security Income (SSI) program, which is the nation's largest cash assistance program for the poor. SSI provides financial assistance to people who are 65 or older, blind or disabled, and who have limited income and resources. In 2009 7.5 million recipients were paid about \$40 billion in SSI benefits. Some states also provide a supplement to the federal benefit. SSI has experienced dramatic growth in recent years, and is poised to grow further given current program trends.

An increasing share of SSI benefits is provided to families of children with various types of mental impairments. For example, in recent years, the number of children receiving SSI benefits for mental impairments such as Attention Deficit Hyperactivity Disorder (ADHD) and depression has increased rapidly. Medical research has also shown that the number of children prescribed drugs to treat ADHD or depression, including powerful anti-psychotic drugs, has dramatically increased. Moreover, recent reports in the media and elsewhere have identified potentially alarming practices that some families, in an effort to make their children eligible for SSI benefits and increase their household income, have resorted to medicating their children with powerful psychotropic drugs. Some families are aided by for-profit companies that specialize in helping children become eligible for SSI benefits. Such trends raise numerous concerns, including the potential for fraud or abuse in the program, the extent to which SSA properly monitors the initial and continued eligibility of children with mental impairments, and the implications of placing children on the disability rolls for extended periods of time.

We are requesting the Government Accountability Office (GAO) to examine: (1) trends in the rate of children receiving SSI benefits due to mental impairments such as ADHD, depression, and others and to identify the causes of the trends; (2) policies and procedures SSA has in place to monitor the initial and continued eligibility of this population, including entities that provide assistance to families with children seeking to become eligible; (3) the quality controls and other programs SSA has in place to monitor the effectiveness of initial eligibility determinations and periodic eligibility redeterminations and the effectiveness of these quality controls in terms of providing appropriate, ongoing services; and (4) potential vulnerabilities in these policies and procedures that may contribute to overpayments and negative impacts on program integrity, the federal budget, and most importantly children who may be wrongly placed on psychotropic medications to improve their chances of receiving SSI benefits.

We greatly appreciate your assistance with this request, and look forward to working with your experts on this project.

Sincerely,

GEOFF DAVIS
Member of Congress

SCOTT BROWN United States Senator

RICHARD E. NEAL Member of Congress

GD:mw