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Supplemental Security Income Overpayments to Medicaid Nursing Home Residents Can Be Reduced. HRD-77-131; B-164031 (4). August 23, 1977. 12 pp. + 2 appendices (3 pp.).

Report to the Congress; by Elmer B. Staats, Comptroller General.

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When recipients of Supplemental Security Income enter nursing homes, their payments should be reduced because Medicaid pays the cost of nursing home care. Findings/Conclusions: In 1975, overpayments of about \$7.6 million were made to SSI recipients in California and Florida because the Social Security Administration (SSA) did not know that the recipients had been admitted to nursing homes. The majority of these overpayments could have been prevented through timely reporting of nursing home admissions. Social Security regulations require the recipient, or person authorized to accept his payments, to report admissions, but only 3% of admissions reviewed by GAO were reported. The regulations do not establish other methods for obtaining the information. Some SSA district offices, on their own initiative, made informal arrangements with nursing homes to report admissions, and with proper encouragement, this was found to be an effective means of obtaining timely reports. Recommendations: The Commissioner of SSA should: require the district offices to provide forms to nursing homes for reporting admissions; and actively work with the nursing homes to obtain timely reports. The Administrator of the Health Care Financing Administration should have the States establish procedures requiring nursing homes participating in the Medicaid program to report admissions of recipients to district offices promptly. (Author./HTW)

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REPORT TO THE CONGRESS

BY THE COMPTROLLER GENERAL
OF THE UNITED STATES



Supplemental Security Income Overpayments To Medicaid Nursing Home Residents Can Be Reduced

Department of Health, Education, and Welfare
Social Security Administration
Health Care Financing Administration

Admission to a nursing home should result in a reduction of Supplemental Security Income benefits because the individual's care is provided under the Medicaid program. Supplemental Security Income overpayments, however, are made because the Social Security Administration is not aware of recipient admissions to nursing homes. In California and Florida these overpayments amounted to \$7.6 million during 1975. Social Security's reliance on recipients to report admissions has not been effective. Nursing homes are a good source of information on admissions, and GAO recommends that they be used to report recipient admissions.



COMPTROLLER GENERAL OF THE UNITED STATES
WASHINGTON, D.C. 20548

B-164031(4)

To the President of the Senate and the
Speaker of the House of Representatives

The Social Security Administration needs more timely reports of Supplemental Security Income recipients' admittance to nursing homes. Accurate reporting information would greatly reduce overpayments made to program recipients. Procedures should be developed to obtain such reports from nursing homes.

We made our review at the request of Senator Birch Bayh. We are sending copies of this report to the Director, Office of Management and Budget; the Secretary of Health, Education, and Welfare; the Commissioner of the Social Security Administration; and the Administrator of the Health Care Financing Administration.


Comptroller General
of the United States

COMPTROLLER GENERAL'S
REPORT TO THE CONGRESS

SUPPLEMENTAL SECURITY INCOME
OVERPAYMENTS TO MEDICAID NURSING
HOME RESIDENTS CAN BE REDUCED
Department of Health, Education,
and Welfare
Social Security Administration
Health Care Financing
Administration

D I G E S T

The Social Security Administration has had many problems in administering the Supplemental Security Income program since it began in January 1974. Social Security estimates, based on its quality assurance data, that it has overpaid Supplemental Security Income recipients about \$600 million annually during the period July 1974 through June 1976. This report is directed at overpayments to such recipients in nursing homes. Under current law, the basic Federal Supplemental Security Income monthly payment for an individual is \$177.80. (See p. 1.)

When a Supplemental Security Income recipient enters a nursing home for an expected stay of a full calendar month or longer, the payments should be reduced to not more than \$25 for each month of residence, because Medicaid pays the cost of nursing home care. The \$25 is for personal and incidental expenses which are not covered by Medicaid. (See p. 3.)

Supplemental Security Income overpayments are being made because Social Security often does not know that recipients have been admitted to nursing homes, and payments over \$25 continue. In California and Florida such overpayments amounted to \$7.6 million during 1975. GAO estimates that the majority of these overpayments could have been prevented through timely reporting of nursing home admissions. (See p. 4.)

Social Security regulations make the recipient, or the person authorized to accept payments on his or her behalf, responsible for reporting nursing home admissions. GAO's

study showed that these individuals reported only 3 percent of admissions. (See p. 6.)

Social Security has no regulations for obtaining information on nursing home admissions. In several instances, Social Security district offices, on their own initiative, had made informal arrangements with nursing homes to report admissions. These nursing homes were an effective source for timely reporting when provided forms to report admissions and when frequent visits were made to the homes to encourage prompt reporting. (See p. 6.)

GAO recommends that the Secretary of Health, Education, and Welfare direct the Commissioner of the Social Security Administration to (1) require the district offices to provide forms to nursing homes for reporting admissions and (2) actively work with the nursing homes to obtain timely reports.

GAO also recommends that the Secretary direct the Administrator of the Health Care Financing Administration to have the States establish procedures requiring nursing homes participating in the Medicaid program to report admissions of recipients to district offices promptly. (See p. 10.)

The Department of Health, Education, and Welfare generally concurred with our conclusions and recommendations. However, the Department commented that nursing homes would report recipient admissions monthly through a State agency rather than directly to Social Security. This procedure would not be acceptable because it would not result in timely reporting of admissions to Social Security. Timely reporting is critical to minimize overpayments which result from failing to implement the reduced payment standard. (See pp. 11 and 4.)

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 <u>ABBREVIATIONS</u> 		
GAO	General Accounting Office	
HEW	Department of Health, Education, and Welfare	
SSA	Social Security Administration	
SSI	Supplemental Security Income	

CHAPTER 1

INTRODUCTION

In August 1975 Senator Birch Bayh requested that we examine the Social Security Administration's (SSA's) management of the Supplemental Security Income (SSI) program to determine ways of reducing SSI overpayments. This is our second report on this subject. 1/

During the period July 1974 through June 1976, SSA estimates, based on its quality assurance data, that it overpaid SSI recipients about \$600 million annually.

SSI PROGRAM

The Social Security Amendments of 1972 (42 U.S.C. 1381 (Supp. II, 1972)) established the SSI program to replace the Federal grant-in-aid programs, administered by the States, which provided assistance to the aged, blind, or disabled people with limited income and resources. SSI is administered by SSA of the Department of Health, Education, and Welfare (HEW) and funded by the Federal Government, except for supplemental benefits paid by the States. State supplementation is mandatory if Federal payments are less than program payments previously administered by the States. Additional supplementation may be provided at the option of the States.

In addition to being aged, blind, or disabled, an individual's eligibility for SSI is subject to certain income and resource limitations. For example, an individual with more than \$1,500 (\$2,250 for a couple) of countable resources is ineligible.

Payment amount is dependent on living arrangements which are generally classified as independent (in own household), in the household of another, and in a nursing home. 2/ Under current law, an eligible individual with no countable income and living independently receives a Federal SSI payment of \$177.80 a month (\$266.70 for a couple).

1/Our first report, entitled "Supplemental Security Income Payment Errors Can Be Reduced," HRD-76-159, Nov. 18, 1976, was also done at Senator Bayh's request.

2/The term nursing home as used in this report refers to a Medicaid (title XIX) skilled nursing or intermediate care facility.

On January 1, 1974, SSA began making SSI payments to about 3 million people converted from State and local programs. By December 1976, about 4.2 million people were receiving SSI benefits. In the program's first 3 years, over \$13.1 billion in Federal funds and about \$3.8 billion of federally administered State supplemental funds were paid to SSI recipients. States administering their own supplemental payments disbursed an additional \$467 million during this period.

SCOPE OF REVIEW

The review was made in California, New York, and Florida, which account for about 28 percent of the Nation's SSI recipients.

We evaluated SSA district office procedures for obtaining reports on SSI recipients who enter nursing homes and the timeliness of such reports. In California and Florida we reviewed SSI and Medicaid payments to nursing home residents identified in a random sample of 1975 Medicaid billings. We also drew a random sample of Medicaid billings from New York City and 15 New York State counties for September and October 1975. This information was not useable, however, because of insufficient centralized information on New York's Medicaid program.

CHAPTER 2

NEED FOR TIMELY REPORTS

ON RECIPIENTS ENTERING NURSING HOMES

In 1975 overpayments of about \$7.6 million were made to Supplemental Security Income recipients in California and Florida because the Social Security Administration did not know the recipients had been admitted to nursing homes.

SSA regulations require the recipient, or his or her authorized representative, to report changes in living arrangements (such as admittance to a nursing home) but do not establish other methods for obtaining such information. Recipients or their authorized representatives have proven to be unreliable in reporting such matters.

Some SSA district offices in California have requested nursing homes to report when SSI recipients are admitted. Where appropriate contact and followup with the nursing home was made by the district office, more timely information on admittance of SSI recipients was obtained. We believe that procedures should be developed to obtain such reports from nursing homes nationally.

ENTERING A NURSING HOME AFFECTS SSI PAYMENTS

The Social Security Act, as amended (42 U.S.C. 1382--1382f (Supp. V, 1975)), established maximum SSI payment standards based on three living arrangements which are illustrated in the following chart.

<u>Living arrangements</u>	<u>Federal payment standard</u>	<u>Payment standard including optional State supplementation (note a)</u>		
		<u>California</u>	<u>New York</u>	<u>Florida (note b)</u>
Independent Household of	\$177.80	\$276.00	\$228.65	\$177.80
a. other	118.54	220.07	120.05	118.54
Nursing home	25.00	25.00	25.00	25.00

a/Mandatory supplementation payments are made to some of the recipients who were on the State-administered programs at the time SSI became effective. Such payments are made on a case-by-case basis according to the recipient's benefit level under the former programs.

b/Florida pays no optional State supplementation to individuals living independently or in the household of another.

As shown above, entering a nursing home has the greatest impact on the SSI payment amount. When a recipient becomes a nursing home resident, his or her payments should be reduced to not more than \$25 for each calendar month of residence. The reduced payment standard becomes effective with the recipient's first full calendar month of residency in a nursing home. The recipient's benefits are reduced because his room, board, and medical attention are being provided under the Medicaid program; \$25 is for personal and incidental expenses. Consequently, if SSA is not promptly notified of a nursing home admission, substantial overpayments result because the recipient's payment is based on a living arrangement other than in a nursing home.

OVERPAYMENTS TO NURSING HOME RESIDENTS IN 1975

To determine the impact of untimely or nonreporting of nursing home admissions, we reviewed SSI payments to nursing home patients in California and Florida. In each State we used a random sample from monthly Medicaid bills paid for patients in nursing homes during 1975 and identified those patients who had been issued SSI payments for the same month as the bills. We then determined whether this payment was correct, based on residing in a nursing home. The results of our sample and projected SSI overpayments for the two States are shown below.

	<u>California</u>	<u>Florida</u>
Number of 1975 Medicaid billings	765,025	175,137
Billings sampled	581	626
Patients in sample:		
Receiving SSI	191	104
Overpaid SSI	39	23
SSI overpayment cases as a percentage		
of:		
Medicaid billings	6.7	3.7
SSI recipients	20.4	22.1
Average SSI overpayments in the		
sample month	\$138.42	\$81.13
Projected overpayments for SSI		
recipients in nursing homes in		
1975	\$7,100,000	\$500,000

Most of the recipients who were overpaid in the billing month were also overpaid in previous or later months while in the nursing home. On the average, recipients were overpaid for about 7 months.

While some overpayments are unavoidable due to the time required to stop issuance of recipients' checks, a majority of the projected \$7.6 million overpayments for California and Florida could have been prevented through timely reporting of nursing home admissions.

We also used a random sample from New York City and 15 New York State counties for September and October 1975 and found that SSI recipients in nursing homes had been overpaid. However, we were unable to project statewide overpayments because of insufficient centralized information on the State's Medicaid program.

We were unable to project nationwide overpayments because possible differences in the percent of the SSI population entering nursing homes, differences in State supplementation levels, and variances in SSA procedures cause the rate of SSI overpayments to nursing home residents to change from State to State. However, SSA estimates, based on its quality assurance data for the period January through June 1976, that failure to reduce the payment standard for SSI recipients entering nursing homes results in about \$23 million annually in overpayments.

PROCEDURES FOR REPORTING
NURSING HOME RESIDENCE

SSA regulations make the recipient, or the person authorized to accept payments on his or her behalf, responsible for reporting changes which affect SSI payment amount or eligibility (20 C.F.R. 416.705). According to SSA procedures, the recipient is to be advised of this responsibility at the time of initial entitlement to benefits and at least once a year thereafter. The regulations do not establish other methods or procedures for obtaining the information.

We reviewed nursing home admissions in California, New York, and Florida to determine the effectiveness of recipient reporting and the potential for developing alternate sources of information about recipients entering nursing homes. Two SSA district offices were selected in each State to determine when and how the offices obtained information that SSI recipients had entered nursing homes. Our review included 64 of the 71 nursing homes within the selected district offices' jurisdiction and all SSI recipients admitted to these homes in January 1976 ^{1/} who were still patients on April 30, 1976--a total of 69 recipients.

Our sample showed that recipients notified SSA of their admission in only 2 of the 69 cases (3 percent). In 14 of the cases (20 percent), the SSA district office did not know as of May 1, 1976, that the recipient had entered a home. In the remaining 53 cases (77 percent), SSA was informed from another source, as follows:

<u>Source</u>	<u>Number of cases</u>	<u>Percent</u>
Nursing home	<u>a/32</u>	46.4
Relatives	<u>a/12</u>	17.4
Social worker	<u>6</u>	8.7
Other	<u>3</u>	<u>4.3</u>
Total	<u>53</u>	<u>76.8</u>

a/Some of these reports may have been made at the recipient's request.

1/February 1976 admissions to nursing homes in the jurisdiction of one New York district office were included.

We also reviewed these 53 cases to determine the timeliness with which the admission reports were submitted. In 15 cases (28 percent), reports were made within a week of admission; in 17 cases (32 percent), reports were made from 33 to 89 days after admission; and the remaining 21 cases (40 percent) were made between 1 week and 33 days.

In each district office visited, the procedures for obtaining reports on admissions differed. Of the 15 reports made within a week of admission, 11 were made to SSA district offices within California.

Several SSA district offices in California have requested nursing homes to report the admission of SSI recipients because recipients generally do not do so. On their own initiative, several district offices, together with the Los Angeles County Council of Nursing Home Associations, designed a special form to facilitate this reporting. In the two California offices reviewed, this was the procedure followed. Consequently, 48 percent of admissions in our sample from these district offices were reported by the nursing homes. The reports were received an average of 6.6 days after admission.

In one of the district offices in California, nursing homes were contacted at least twice a month to assure that SSI admissions were reported, as well as seeing to any other SSA or SSI benefit problems. Nursing home personnel were very aware of the reporting form and the reporting procedures to be followed. In this district office, 71 percent of the admissions were reported by the nursing homes. The longest lapse between admission and the nursing home's report was 16 days.

Both SSA district offices reviewed in New York had procedures for obtaining information on admissions of SSI recipients to nursing homes, but neither was as effective as California. Nevertheless, 67 percent of admissions reported to the district offices visited in New York were reported by nursing homes. This information, however, was received an average of 33 days after admission.

According to officials of one district office in New York, their procedure is based upon the fact that nursing home personnel know SSI recipients should not receive payments over \$25. Consequently, when nursing home personnel become aware of overpayments they inform the SSA field representatives who visit the larger nursing homes about once a week. Smaller homes, acting for the recipients, return the payments through the mail. One problem with this

procedure is that SSA would become aware of an admittance to a nursing home only if the recipient's payment is forwarded to the nursing home from the recipient's previous address. In this district office, information on 80 percent of admissions was received through this method. However, information on 35 percent of admissions was obtained more than 30 days after admission.

The manager of the other district office in New York stated that its procedure was based upon field representatives visiting nursing homes to assist in dealing with social security or SSI benefit problems. During these visits the field representatives request nursing homes to send SSA a letter upon admission of SSI recipients. From this procedure, information on 40 percent of admissions was received. However, information on only 10 percent of admissions was received within the week of admission, and 20 percent of the admissions reviewed were received over 60 days after admission.

The SSA district offices reviewed in Florida used reports on SSI admissions to nursing homes obtained from State welfare workers. However, the nursing homes report the admission of all Medicaid patients to the State welfare workers; this is done so that the worker can authorize Medicaid payments. Although SSA determines Medicaid eligibility for Florida SSI recipients, the State redetermines Medicaid eligibility for all Medicaid patients admitted to nursing homes. Florida's Department of Health and Rehabilitation Services, which administers the State's Medicaid program, requires its welfare workers to notify SSA when a nursing home admission is an SSI recipient.

The district offices reviewed in Florida had taken steps to obtain reports on SSI recipient admissions directly from the State's nursing homes. Neither office, however, had given priority to making nursing homes a reporting source. Thirty-eight percent of the admissions sampled were reported by State welfare workers an average of 13 days after admission. In only 6 percent of admissions was information obtained from the nursing home.

Field representatives from one district office in Florida occasionally visited nursing homes and provided forms for reporting SSI admissions. A district office official said that not enough emphasis had been placed on this system. Several nursing home administrators said that the district office had not given them the forms.

We talked with the district office managers in New York and Florida about the potential for using a form as used in California, making frequent visits to nursing homes, and having the homes report admissions. District managers generally agreed that such a system would work well. Concern was expressed, however, that some nursing homes may not cooperate.

In our discussion with California nursing home officials, we found no reluctance to cooperate with SSA. The relationship and willingness to cooperate with SSA was extremely good where SSA field representatives made frequent visits to nursing homes, explained the need for information on SSI recipients, and left forms for reporting admissions.

The Health Care Financing Administration of the Department of Health, Education, and Welfare is responsible for developing Medicaid program policies, setting standards, and making sure of compliance with Federal legislation and regulations. ^{1/} The Secretary of HEW, through the Health Care Financing Administration, requires nursing homes to maintain records and report information for the Medicaid program. These records contain the information that SSA would need in reports on SSI admissions. We believe the Secretary should require nursing homes to report the admission of SSI recipients to SSA.

CONCLUSIONS

Overpayments are being made because SSA does not know that SSI recipients have been admitted to nursing homes. Recipients or their authorized representatives have proven to be an unreliable source of such information. SSA should establish other methods for obtaining timely information on SSI recipients entering nursing homes. Improved reporting procedures would reduce overpayments in the SSI program.

Nursing homes are a good source for reporting SSI recipient admissions. Furthermore, they are required to maintain records containing the information SSA would need in reports of SSI admissions. There are, however, no regulations requiring that nursing homes report admissions to SSA. Our review showed that nursing homes were the most effective and reliable source of this information, and can be required to

^{1/}On March 8, 1977, the Secretary of HEW announced that the administrative responsibility for the Medicaid program was transferred from the Social and Rehabilitation Service to a new Health Care Financing Administration.

report admissions with a minimal amount of effort on their part.

Nursing homes were the principal information source in both California and New York. State social workers were a major source in Florida, and they received their information from nursing homes.

Nursing homes proved to be an effective source for timely information when the SSA district office provided forms to nursing homes to report admissions and when district office personnel made frequent visits to the homes to encourage prompt reporting.

RECOMMENDATIONS

We recommend that the Secretary of HEW:

- Direct the Commissioner of the Social Security Administration to establish procedures requiring that SSA district offices provide forms to nursing homes for their use in reporting admissions and to actively work with the nursing homes to obtain timely reports.
- Direct the Administrator of the Health Care Financing Administration to have the States establish procedures requiring nursing homes participating in the Medicaid program to report the admission of SSI recipients to SSA district offices promptly.

CHAPTER 3

AGENCY COMMENTS AND EVALUATION

In a letter dated May 20, 1977, HEW expressed agreement with our report and stated that the timeliness and quality of reporting SSI recipient admissions to nursing homes can and should be improved.

HEW concurred with our recommendation that SSA should establish procedures requiring that district offices provide forms to nursing homes for their use in reporting admissions and to actively work with the nursing homes to obtain timely reports.

SSA has recently revised a form which will gather information from recipients when admitted to or discharged from a nursing home. SSA will supply this form to nursing homes. The mailable forms will be stamped with the address of the local SSA district office.

HEW concurred in principle with our recommendation that the Health Care Financing Administration have the States establish procedures requiring nursing homes participating in the Medicaid program to report the admission of SSI recipients to SSA district offices promptly.

HEW outlined the procedure to be followed by the nursing homes. First, the States will have the nursing homes report all SSI admissions to the "single State agency." Second, the "single State agency" will report such information monthly to the SSI regional office.

We are not sure what HEW intended by this procedure. Our recommendations were aimed at a single objective, that is, to have SSA district offices supply nursing homes with forms which the nursing homes could use to report SSI recipient admissions to district offices. Our first recommendation intended that SSA prepare and distribute the required form through its district offices. Since SSA has no responsibility for nursing home action, our second recommendation was that the Health Care Financing Administration require the nursing homes to use the form.

The procedure outlined by HEW could be interpreted as having nursing homes report SSI recipient admissions directly to the "single State agency" and SSA district offices through use of the self-addressed form. This dual reporting system is not what we intended, and we fail to see that it has any real benefit, unless such information is for some reason

useful to the "single State agency." We would not object to this dual reporting if it did not delay reporting to the district offices.

The procedure outlined by HEW could also be interpreted as having nursing homes only report SSI recipient admissions to the "single State agency," that is, nursing homes would not report admissions directly to district offices. We would find this procedure unacceptable.

As our report illustrates, timely reporting of SSI recipient admissions to district offices is critical to minimizing the amount of overpayments which result from failing to implement the reduced payment standard. Due to the time required to stop issuance of recipients' checks, some overpayments are unavoidable. The majority of overpayments can be avoided, however, if SSA is apprised of admissions as early as possible.

The procedure outlined by HEW for reporting admissions only monthly would probably result in at least one month's overpayment in every case. In addition, it would make reporting admissions more untimely in those areas where, as pointed out in the report (see p. 7), district offices and nursing homes have reached agreements on their own, which provide that nursing homes report admissions directly to district offices.

We believe HEW should implement the procedure according to our recommendations and require that nursing homes report SSI recipient admissions directly to SSA district offices. We believe this procedure is the most effective and simplest means for reducing the number of SSI overpayments which result from failing to implement the reduced payment standard.



DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE
OFFICE OF THE SECRETARY
WASHINGTON, D.C. 20201

MAY 20 1977

Mr. Gregory J. Ahart
Director, Human Resources
Division
United States General
Accounting Office
Washington, D.C. 20548

Dear Mr. Ahart:

The Secretary asked that I respond to your request for our comments on your draft report entitled, "Supplemental Security Income Overpayments to Medicaid Nursing Home Residents Can [e] Reduced." The enclosed comments represent the tentative position of the Department and are subject to reevaluation when the final version of this report is received.

We appreciate the opportunity to comment on this draft report before its publication.

Sincerely yours,

A handwritten signature in black ink that reads "Thomas D. Morris".

Thomas D. Morris
Inspector General

Enclosure

COMMENTS OF THE DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE ON THE
GAO DRAFT REPORT ENTITLED, "SUPPLEMENTAL SECURITY OVERPAYMENTS TO
MEDICAID NURSING HOME RESIDENTS CAN BE REDUCED," DATED MARCH 11, 1977

GAO Recommendation

That the Social Security Administration establish procedures requiring its district offices to provide forms to nursing homes for their use in reporting admissions, and to actively work with the nursing homes to obtain timely reports.

Department Comment

We concur with this recommendation and are in agreement with the GAO that the timeliness and quality of reporting information can and should be improved.

Form SSA-8150, "Reporting Events--SSI," recently revised and now being printed, provides for the reporting of any event affecting eligibility or payments and contains specific questions concerning admissions to and discharges from nursing homes and other institutions. This form covers a wider range of circumstances than the model form included in GAO's report and, thus, should be more effective as an information gathering mechanism. The district offices will be required to supply these forms with instructions for completing them to institutions in their service areas.

The use of this form on a national basis together with the instruction and training to be provided to district and Regional office personnel should lead to significant improvement in quality and timeliness of reporting.

GAO Recommendation

That the Secretary, HEW, direct the Administrator of the Health Care Financing Administration (HCFA) to have the States establish procedures requiring nursing homes participating in the Medicaid program to report the admission of Supplemental Security Income (SSI) recipients to the Social Security Administration district offices in a timely manner.

Department Comment

We concur in principle with the GAO recommendation and will require the States under the provisions of 45 CFR 250.21 to have all nursing homes participating in the Medicaid program report all SSI admissions to the single State agency.

Under the provisions of 45 CFR 205.60(a)(2), HCFA will require the single State agency to report monthly such information to the SSI Regional Office.

PRINCIPAL OFFICIALS OF THE DEPARTMENT OF
HEALTH, EDUCATION, AND WELFARE
RESPONSIBLE FOR ADMINISTERING
ACTIVITIES DISCUSSED IN THIS REPORT

	<u>Tenure of office</u>	
	<u>From</u>	<u>To</u>
SECRETARY OF HEALTH, EDUCATION, AND WELFARE:		
Joseph A. Califano, Jr.	Jan. 1977	Present
David Mathews	Aug. 1975	Jan. 1977
Caspar W. Weinberger	Feb. 1973	Aug. 1975
COMMISSIONER OF SOCIAL SECURITY:		
James B. Cardwell	Sept. 1973	Present
ADMINISTRATOR, HEALTH CARE FINANCING ADMINISTRATION:		
Don I. Wortman (acting)	Mar. 1977	Present
ADMINISTRATOR, SOCIAL AND REHABILITATION SERVICE:		
Don I. Wortman (acting)	Jan. 1977	a/Mar. 1977
Robert Fulton	June 1976	Jan. 1977
Don I. Wortman (acting)	Jan. 1976	June 1976
John A. Svahn (acting)	June 1975	Jan. 1976
James S. Dwight, Jr.	June 1973	June 1975

a/The administrative responsibility for the Medicaid program was transferred from the Social and Rehabilitation Service to a new Health Care Financing Administration on March 8, 1977.