

**SUPPORTING STATEMENT FOR  
CLEARANCE OF INFORMATION COLLECTIONS CONDUCTED BY STATE  
DISABILITY DETERMINATION SERVICES ON BEHALF OF SSA**

20 CFR, Subpart P, 404.1503a, 404.1512, 404.1513, 404.1514 404.1517, 404.1519; 20 CFR Subpart Q, 404.1613, 404.1614, 404.1624; 20 CFR Subpart I, 416.903a, 416.912, 416.913, 416.914, 416.917, 416.919 and 20 CFR Subpart J, 416.1013, 416.1024, 416.1014

OMB No. 0960-0555

**A. Justification**

**1. Overview**

The State Disability Determination Services (DDSs) collect information that SSA needs to correctly administer its disability program. This information is divided into the Consultative Examination (CE) and Medical Evidence of Record (MER) categories. There are four types of CE evidence: a) **source credentialing information from CE providers**, in which CE providers offer proof of their credentials; b) **medical** evidence, where CE provide medical evidence about the claimants, which DDSs then use to make disability determinations when the claimant's own medical sources cannot or will not provide the required information; b) **CE claimant** completion of a response form where claimants indicate if they intend to keep their CE appointment, and c) **CE claimant** completion of a form indicating whether they want the CE report to be sent to their doctor. In the MER category, the DDS use MER information to determine a person's physical and/or mental status prior to making a disability determination.

This Information Collection Request is a blanket clearance for the above categories of information collected by the State DDSs. Below we provide the legal justifications and further descriptions of each category. Please note that because this information is collected by the states, there is no one form for each situation.

**Consultative Examination (CE):**

Sections 205(a), 223(d)(5)(A), 1614(a)(3)(H)(i), and 1631(d)(1) of the *Social Security Act* and sections 20 CFR 404.1517-404.1519n, and 416.917-416.919n of the *Code of Federal Regulations* state that an individual applying for Social Security benefits has the responsibility to furnish medical evidence showing that he or she has an impairment and proving the severity of the impairment. These rules also mandate that if the claimant's own medical sources cannot or will not provide the Social Security Administration (SSA) with sufficient medical evidence to make a disability determination, we may ask the claimant to have one or more physical or mental examinations or tests at our expense.

We may need CEs to provide the medical evidence to determine if an individual claiming

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disability benefits has an impairment that meets the severity and duration requirements of the law. This evidence is generally collected and paid for on our behalf by each of the State disability determination services (DDSs) in accordance with sections *20 CFR 404.1613, 404.1614, 404.1624, 416.1013, 416.1014, and 416.1024* of the Code.

*20 CFR 404.1519a/g/s(b) and 416.919a/g/s(b)* state that SSA will obtain appropriate medical evidence so that a disability claim can be properly adjudicated. SSA first has to solicit this information from the claimant's own medical sources; if it is non-existent or insufficient, SSA must order and pay for a CE and report from a CE source (provider); the DDS must obtain the services of these CE sources, and it is at that time that the potential CE source must complete a form/questionnaire concerning his/her credentials and other pertinent information. This is known as CE source information.

In accordance with *20 CFR 404.1519p(c) and 416.919p(c)*, the DDSs are required to send the claimant a form on which information is collected about whether the claimant wishes the DDS to send a copy of the CE report to his/her own doctor.

**Medical Evidence of Record (MER):**

*Sections 205(a), 223(d)(5)(A), 1614(a)(3)(H)(i), and 1631(d)(1) of the Social Security Act and 20 CFR 404.1512-404.1515 and 416.912-416.915 of the Code of Federal Regulations* mandate that an individual applying for Social Security benefits has the responsibility to furnish medical evidence showing that he or she has an impairment and proving the severity of the impairment. *20 CFR 404.1514 and 416.914* provide that SSA will generally pay the reasonable cost of providing this evidence.

We need medical evidence to determine if an individual claiming disability benefits has an impairment that meets the severity and duration requirements of the law. This evidence is generally collected and paid for on our behalf by each of the DDSs in accordance with §§ 221 and 1633 of the Act; *20 CFR 404.1613, 404.1614, 404.1624, and 416.1013, 416.1014 and 416.1024*.

2. Overall, SSA uses the information submitted to the State DDSs to help determine whether disability applicants are in fact disabled and the degree of impairment their disability poses. **NOTE regarding collection instruments:** Please note there is no one form which is used for the CE and MER categories. Rather, there are many different forms which vary by state. Therefore, as we have done with previous submissions for this ICR, we have included samples of the types of forms the states use with this ICR.
3. As a burden-saving exercise, members of the public applying for disability benefits can provide the information required to DDS employees on the phone. Therefore, that information is not collected electronically. A new electronic initiative developed under the aegis of the Government Paperwork Elimination Act, Electronic Records Express, allows medical providers to send SSA information electronically. Approximately 19% of CEs and 11% of MERs are transmitted electronically.
4. The nature of the information being collected and the manner in which it is collected

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preclude duplication. There is no other collection instrument used by SSA that collects data similar to that collected here.

5. This collection does not significantly impact small businesses or other small entities.
6. If this information were not collected, SSA would not be in compliance with the disability laws and regulations cited in Item #1 of this supporting statement. Moreover, the Agency would not be able to adequately evaluate disability applications and claims. Since the information is only collected as needed, it cannot be collected less frequently.

There are no technical or legal obstacles that prevent burden reduction.

7. There are no special circumstances that would cause this information collection to be conducted in a manner inconsistent with 5 CFR 1320.5.
8. The advance 60-day Federal Register Notice for this collection was published on January 4, 2007 at 72 FR 357, and no public comments were received. The 30-day Federal Register Notice for this collection was published on March 15, 2007, at 72 FR 12244. We will forward any public comments that we receive in response to the 30-day Notice to OMB.

There have been no outside consultations with members of the public.

9. SSA provides payment to medical providers for conducting and documenting CE exams, as described in Item #1. Payment is not provided to the other respondents.
10. The information requested is protected and held confidential in accordance with 42 U.S.C. 1306, 20 CFR 401 and 402, 5 U.S.C. 552 (Freedom of Information Act), 5 U.S.C. 552a (Privacy Act of 1974), and OMB Circular No. A-130.
11. The information collection does not contain any questions of a sensitive nature.
12. Below are the number of respondents, response time, and burden hours for each category in the DDS collection. **NOTE:** Please note that the total combined burden differs from the number reported in the Federal Register Notices. This discrepancy was due to an inadvertent Agency error. The numbers reported for each sub-category are the same for this supporting statement and the Federal Register Notices.

**CE:**

**a. CE Source Credential Information:**

Number of Respondents: 3,000.

Frequency of Response: 1.

Average Burden Per Response: 15 minutes.

Estimated Annual Burden: 750 hours.

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**b. Medical Evidence from CE Providers**

	<b>Number of Respondents</b>	<b>Frequency of Response</b>	<b>Average Burden Per Response (minutes)</b>	<b>Estimated Annual Burden (hours)</b>
<b>Paper Submissions</b>	1,215,000	1	30 minutes	607,500
<b>ERE Submissions</b>	285,000	1	15 minutes	71,250
<b>Totals</b>	1,500,000	-	-	<b>678,750 hours</b>

**c. Claimants re Appointment Letter:**

Number of Respondents: 750,000.  
 Frequency of Response: 1.  
 Average Burden Per Response: 5 minutes.  
 Estimated Annual Burden: 62,500 hours.

**d. Claimants re Report to Medical Provider**

Number of Respondents: 1,500,000.  
 Frequency of Response: 1.  
 Average Burden Per Response: 5 minutes.  
 Estimated Annual Burden: 125,000 hours.

**MER:**

	<b>Number of Respondents</b>	<b>Frequency of Response</b>	<b>Average Burden Per Response (minutes)</b>	<b>Estimated Annual Burden (hours)</b>
<b>Paper Submissions</b>	2,480,800	1	15 minutes	620,200 hours
<b>C/D (Connect Direct, commercially available software used for electronically transferring medical records)</b>	218,400	1	15 minutes	54,600 hours
<b>ERE</b>	100,800		7 minutes	11,760 hours

<b>Totals</b>	2,800,000	-	-	<b>686,560 hours</b>
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The total combined burden is 1,553,560 hours. The total burden is reflected as burden hours, and no separate cost burden has been calculated.

13. There is no known cost burden to the respondents.
14. The estimated annual cost to the Federal government for this information collection is \$436,000,000. This figure represents the money SSA pays the State DDSs to collect the MER and CE disability information described here and manage the process. This figure also includes the actual compensation paid to medical providers who conduct exams.
15. The total burden for this collection has been reduced by 1,746,637 hours. This reduction is due to: 1) the elimination of pain symptom information, which is now collected by other SSA forms 2) the introduction of new electronic methods of submission which reduce response time.
16. The results of the information collection will not be published.
17. **For paper forms in this collection:** OMB has granted SSA an exemption from the requirement that the expiration date for OMB approval be printed on its program forms. SSA produces millions of public-use forms, many of which have a life cycle longer than that of an OMB approval. SSA does not periodically revise and reprint its public-use forms (e.g. on an annual basis). This exemption was granted so that otherwise useable editions of forms would not be taken out of circulation because the expiration date had been reached. In addition, Government waste has been avoided because stocks of forms will not have to be destroyed and reprinted.  
  
**For electronic/online methods of submission:** We are not requesting an exemption from displaying the OMB number.
18. SSA is not requesting an exception to the certification requirements at 5 CFR 1320.9 and related provisions at 5 CFR 1320.8(b)(3).

**B. Collections employing statistical methods**

Statistical methods are not used for this information collection.