

**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,

OMB No. 0960-0555

A. Justification

1. Overview

The State disability determination services (DDSs) collect information that the Social Security Administration (SSA) needs to correctly administer its disability program. This information is divided into the Consultative Examination (CE), Medical Evidence of Record (MER), and Pain/Other Symptoms categories. There are three types of CE evidence: a) credentials and medical evidence from CE providers, in which CE providers offer proof of their credentials and provide medical evidence about 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 in which claimants indicate if they intend to keep their CE appointment, and c) CE claimant completion of a form indicating whether they want a copy of the CE report to be sent to their doctor. In the MER category, the DDSs use MER information to determine a claimant's physical and/or mental status, prior to making a disability determination. In the Pain/Other Symptoms category, the DDSs use information about pain/other symptoms to determine how pain/other symptoms affect the claimant's ability to do work-related activities, prior to making a disability determination.

This Information Collection Request is a blanket clearance for the above categories of information collected by the 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* (the Act) and 20 CFR 404.1517-404.1519n, and 416.917-416.919n 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 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 a claimant 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 *20 CFR 404.1613, 404.1614, 404.1624, 416.1013, 416.1014, and 416.1024.*

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. In order to become a CE source, a medical provider 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 Act and 20 CFR 404.1512-404.1515 and 416.912-416.915 mandate that a claimant 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 a claimant 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 sections 221 and 1633 of the Act; *20 CFR 404.1613, 404.1614, 404.1624, and 416.1013, 416.1014 and 416.1024.*

Pain/Other Symptoms:

Sections 223(d)(5)(A) and 1631(e)(1) of the Act provide that claimants must furnish such medical and other evidence as the Commissioner of Social Security may require to prove that they are disabled. *20 CFR 404.1512 and 416.912* specifically state that a claimant is to furnish medical evidence and, if asked, evidence of age, education and training, work experience, daily activities, efforts to work, and any other evidence showing how his or her impairment(s) affects the ability to work. *Sections 205(a) and 1631(d)(1) of the Act* provide the Commissioner with full power and authority to make rules and regulations, establish procedures, and to adopt reasonable and proper rules for the nature and extent of evidence as well as the methods of taking and furnishing the same to evaluate the alleged disability.

2. Overall, SSA uses the information submitted to the DDSs to help determine whether claimants 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, MER, and Pain/Other Symptoms categories. Rather, there are many

different forms that vary by State. Therefore, as we have done with previous submissions for this ICR, we have included samples with this ICR of the types of forms the DDSs use.

3. As a burden-saving exercise, claimants 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. Because there is no one national pain/symptom form at the present time, it is not feasible to develop an electronic version.
4. The nature of the information being collected and the manner in which it is collected 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 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 Federal Register Notice for this collection was published on January 7, 2008, at 73 FR 1253, and SSA has received no public comments. The second Notice was published on April 21, 2008 at 73 FR 21400, and there have been no outside consultations with members of the public.
9. SSA provides payment to medical providers for conducting and documenting CE exams and providing MER, 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. All respondents who are CE providers are private sector. All respondents who are claimants are individuals. All respondents who are MER sources are private sector.

CE:

a. Medical Evidence from CE Providers

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

b. 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.

c. 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:

	Number of Respondents	Frequency of Response	Average Burden Per Response (minutes)	Estimated Annual Burden (hours)
Paper Submissions	2,480,800	1	15 minutes	620,200 hours
C/D (Connect Direct, commercially available software used for electronically transferring medical records)	218,400	1	15 minutes	54,600 hours
ERE	100,800		7 minutes	11,760 hours
Totals	2,800,000	-	-	686,560 hours

CE Credentials:

This information collection involves an estimated total of 3,000 responses. The average response time, based on estimates from the State DDSs, is 15 minutes. Thus, the estimated burden is 750 hours.

Pain/Other Symptoms Information from Claimants:

The estimated number of respondents is 1,000,000. The estimated response time is 15 minutes. Thus, the estimated burden is 250,000 hours.

The total combined burden is 1,803,560 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 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. The annual cost to the Federal government for collecting information about pain/symptoms is indirect in that it is included in the budget for the DDSs for case processing, which is fully funded by the Federal government. It is not broken out separately and, therefore, cannot be estimated.
15. The total burden for this collection has been increased by 250,000 hours. This increase is

due to the inclusion of the pain/other symptoms burden and an increase in the average response time for CE credentials.

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.
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.