

**SUPPORTING STATEMENT FOR
CLEARANCE OF INFORMATION COLLECTIONS CONDUCTED BY
STATE DISABILITY DETERMINATION SERVICES ON BEHALF OF
THE SOCIAL SECURITY ADMINISTRATION**

**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. Introduction/Authoring Laws and Regulations

The State Disability Determination Services (DDSs) collect information the Social Security Administration (SSA) needs to administer its disability program. For the purposes of this information collection request (ICR), we divide this information into three categories: 1) the consultative examination (CE); 2) medical evidence of record (MER); and, 3) pain/other symptoms/impairment.

Category I: CE

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. DDSs then use this evidence 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 if they want a copy of the CE report sent to their doctor.

Sections 205(a), 223(d)(5)(A), 1614(a)(3)(H)(i), and 1631(d)(1) of the *Social Security Act(Act)* and 20 CFR 404.1517-404.1519, and 416.917-416.919 of the *Code of Federal Regulations* state individuals applying for Social Security benefits are responsible for furnishing medical evidence substantiating the existence and severity of their impairment. These rules also mandate if the claimant's medical sources cannot or will not provide 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 we require to determine if a claimant's impairment 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 SSA must obtain appropriate medical evidence to properly adjudicate a disability claim. SSA must first solicit this information from the claimant's medical sources. If the information is non-existent or insufficient, SSA requests a CE for the claimant. SSA pays for the CE, and its subsequent report, from a CE source (provider). The DDSs are responsible for coordinating the activity with the CE sources. To become a CE source, medical providers must complete a form/questionnaire concerning their credentials and other pertinent information. This is known as CE credentials.

In accordance with *20 CFR 404.1519p(c)* and *416.919p(c)*, DDSs are required to send claimants a form asking if claimants wish the DDSs to send a copy of the CE report to claimants' doctors.

Category II: MER

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. 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* of the *Code of Federal Regulations* mandate claimants have the responsibility to furnish medical evidence demonstrating the existence and severity of their impairment. *20 CFR 404.1514* and *416.914* provide SSA will 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* of the *Code of Federal Regulations*.

Category III: Pain/Other Symptoms/Impairment.

Prior to making a disability determination, DDSs use information about pain/other symptoms/impairment to determine how these affect the claimant's ability to perform work-related activities.

Sections *223(d)(5)(A)* and *1631(e)(1)* of the *Act* dictate claimants must furnish medical and other evidence we require to prove they are disabled. *20 CFR 404.1512* and *416.912* specifically state claimants are 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 their impairment(s) affects their 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 adopt reasonable and proper rules for the nature and extent of evidence, as well as the methods of taking and furnishing such evidence to evaluate the alleged disability.

2. Description of Collection

Overall, SSA uses the information submitted to the DDSs to help us determine if claimants are disabled and the degree of impairment their disability poses.

NOTE regarding collection instruments: Please note there is no one form used for the CE, MER, and pain/other symptoms/impairment categories. Rather, the DDSs use many different forms or letters that vary by State. **Therefore, as we have done with previous submissions for this ICR, we have included samples of the types of documents the DDSs use as information collection instruments.**

Respondents for the medical appointment notices or CEs, categories b and c, are individuals. CE category a respondents are medical providers contracted by SSA to provide medical evidence about claimants when claimants do not have a medical provider, or their medical provider is unwilling or unable to provide SSA sufficient medical evidence as stated in the regulations above. MER respondents can be individuals representing the private sector, hospitals or other medical facilities or treating sources; and State and local governments. The respondents for pain/other symptoms/impairment(s) are individuals. DDSs use these types of documents to assist the adjudicator in making disability determinations.

3. Use of Information Technology to Collect the Information

The Electronic Records Express (ERE), the electronic initiative developed under the aegis of the Government Paperwork Elimination Act, allows medical providers to send SSA information electronically. Respondents electronically transmit approximately 95 percent of CEs and 65 percent of MERs.

Because there is no one national pain/other symptom/impairment form at this time, it is not feasible for SSA to develop an electronic version. As a burden-saving exercise, claimants can provide information to DDS employees over the phone. We do not collect this information electronically.

4. Why We Cannot Use Duplicate Information

The nature of the information we are collecting and the manner in which we collect it preclude duplication. There is no other collection instrument SSA uses that collects similar data.

5. Minimizing Burden on Small Respondents

This collection does not affect small businesses or other small entities.

6. Consequence of Not Collecting Information or Collecting It Less Frequently

If SSA did not collect this information, we would not be in compliance with the disability laws and regulations cited above. Moreover, the agency would be

unable to adequately evaluate disability claims. Since we collect the information only as we need it, we cannot collect it less frequently.

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

7. Special Circumstances

There are no special circumstances that would cause SSA to collect this information in a manner inconsistent with 5 CFR 1320.5.

8. Solicitation of Public Comment and Other Consultations with the Public

SSA published the 60-day advance Federal Register Notice on March 25, 2011, at 76 FR 16849, and received no public comments. SSA published the 30-day Federal Register Notice on July 13, 2011 at 76 FR 41320. If we receive any public comments in response to the second Notice, we will forward them to OMB. There have been no outside consultations with members of the public.

9. Payment or Gifts to Respondents

We provide payment to medical providers for conducting and documenting CEs and providing MER, as described in Items #1 and #2 above. We do not provide payment to the other respondents.

10. Assurances of Confidentiality

We protect and hold confidential the information requested we request 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. Justification for Sensitive Questions

The information collection does not contain any questions of a sensitive nature.

12. Estimates of Public Reporting

Below are the number of respondents, response times, and burden hours for each category in the DDS collection. All respondents who are CE providers and MER sources are private sector. All respondents who are claimants are individuals.

CE:

a) Medical Evidence and Credentials from CE Providers

| | Number of Respondents | Frequency of Response | Average Burden Per Response (minutes) | Estimated Annual Burden (hours) |
|-----------------------------|------------------------------|------------------------------|--|--|
| CE Paper Submissions | 100,000 | 1 | 30 | 50,000 |

| | | | | |
|----------------------------------|------------------|---|----|----------------|
| CE Electronic Submissions | 3,500,000 | 1 | 10 | 583,333 |
| CE Credentials | 3,000 | 1 | 15 | 750 |
| Totals | 3,603,000 | - | - | 634,083 |

b) CE Appointment Letter and c) CE Claimant’s Report to Medical Provider

| | Number of Respondents | Frequency of Response | Average Burden Per Response (minutes) | Estimated Annual Burden (hours) |
|--|------------------------------|------------------------------|--|--|
| b) CE Appointment Letter | 2,500,000 | 1 | 5 | 208,333 |
| c) CE Claimant’s Report to Medical Provider | 1,500,000 | 1 | 5 | 125,000 |
| Totals | 4,000,000 | | | 333,333 |

MER:

| | Number of Respondents | Frequency of Response | Average Burden Per Response (minutes) | Estimated Annual Burden (hours) |
|-------------------------------|------------------------------|------------------------------|--|--|
| Paper Submissions | 500,000 | 1 | 20 | 166,667 |
| Electronic Submissions | 5,500,000 | 1 | 12 | 1,100,000 |
| Totals | 6,000,000 | - | - | 1,266,667 |

Pain/Other Symptoms/Impairment Information from Claimants:

The estimated number of respondents is 2,500,000. The estimated response time is 15 minutes. Thus, the estimated burden is 625,000 hours.

The total combined burden for all of the categories described in this document is 2,859,083 hours. We reflect the total burden as burden hours. We did not calculate a separate cost burden.

13. Annual Cost to the Respondents (Other)

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There is no known cost burden to the respondents.

14. Annual Cost to Federal Government

The estimated annual cost to the Federal Government for this information collection is \$550,000,000. This figure represents the funds SSA pays the DDSs to collect the MER and CE disability information described here, and to 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/other 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. Program Changes or Adjustments to the Information Collection Request

There is a burden decrease under Category II MER because we combined the two methods of electronic submissions into one instrument for MER electronic submissions. The burden also decreased under response times for the collection instrument Category I, CE a, medical evidence electronic submission, as a result of medical providers becoming more familiar/quicker with electronic submissions. There is an increase in burden due to the significant increase of Social Security disability applicants, and the inclusion of additional questionnaires under the collection instruments for Category II, MER (treating source questionnaires); and Category III, pain/other symptoms/impairment.

16. Plans for Publication of Results of Information Collection

SSA will not publish the results of the information collection.

17. Request not to Display OMB Expiration Date

For paper forms in this collection: OMB granted SSA an exemption from the requirement to print the OMB expiration date on its program forms. SSA produces millions of public-use forms with life cycles exceeding those of an OMB approval. Since SSA does not periodically revise and reprint its public-use forms (e.g. on an annual basis), OMB granted this exemption so SSA would not have to destroy stocks of otherwise useable forms with expired OMB approval dates, thus avoiding Government waste. **For electronic collections (e.g., ERE):** SSA is not requesting an exception to the requirement to display the OMB approval expiration date.

18. Exceptions to Certification Statement

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 of Information Employing Statistical Methods

We do not use statistical methods for this information collection.