

**Supporting Statement for Disability Case Development Information Collections 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 our 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. In accordance with 20 CFR 404.1613, 404.1614, 404.1624, 416.1013, 416.1014, and 416.1024, DDSs generally collect and pay for the evidence on our behalf.

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 or questionnaire concerning their credentials and other pertinent information. 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 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, or 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.

3. Use of Information Technology to Collect the Information

The Electronic Records Express (ERE) screens, OMB # 0960-0753, 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 symptoms, or impairment form at this time, it is not feasible for SSA to develop an electronic version to collect this information. 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 collect and the manner in which we collect it preclude duplication. SSA does not use another collection instrument to obtain similar data.

5. Minimizing Burden on Small Respondents

This collection does not affect small businesses or 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. Because we collect this

information on an as needed basis, 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 conduct this information collection in a manner inconsistent with 5 CFR 1320.5.

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

The 60-day advance Federal Register Notice published on April 11, 2017, at 82 FR 17494, and received no public comments. The 30-day FRN published on June 27, 2017 at 82 FR 29136. If we receive any comments in response to this Notice, we will forward them to OMB.

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

SSA protects and holds confidential the information it collects 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 Burden

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

Modality of Completion	Number of Respondents	Frequency of Response	Average Burden per Response (minutes)	Estimated Total Annual Burden (hours)
CE Paper Submissions	1,400,000	1	30	700,000
CE	296,000	1	10	49,333

Electronic Submissions				
CE Credentials	4,000	1	15	1,000
Totals	1,700,000			750,333

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

Modality of Completion	Number of Respondents	Frequency of Response	Average Burden per Response (minutes)	Estimated Total Annual Burden (hours)
b) CE Appointment Letter	880,000	1	5	73,333
c) CE Claimant's Report to Medical Provider	450,000	1	5	37,500
Totals	1,330,000			110,833

MER:

Modality of Completion	Number of Respondents	Frequency of Response	Average Burden per Response (minutes)	Estimated Total Annual Burden (hours)
Paper Submissions	3,150,000	1	20	1,050,000
Electronic Submissions	9,450,000	1	12	1,890,000
Totals	12,600,000			2,940,000

Pain/Other Symptoms/Impairment Information from Claimants:

Modality of Completion	Number of Respondents	Frequency of Response	Average Burden per Response (minutes)	Estimated Total Annual Burden (hours)
Pain / Other Symptoms / Impairment Information	2,100,000	1	20	700,000

The total burden for this ICR is **4,501,166** hours. This figure represents burden hours, and we did not calculate a separate cost burden.

13. Annual Cost to the Respondents (Other)

This collection does not impose a known cost burden on the respondents.

14. Annual Cost To Federal Government

The estimated annual cost to the Federal Government for this information collection is \$574,000,000. 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 medical exams. The annual cost to the Federal Government for collecting information about pain and other symptoms is included in the DDSs budget.

15. Program Changes or Adjustments to the Information Collection Request

There are no changes to the public reporting burden.

16. Plans for Publication Information Collection Results

SSA will not publish the results of the information collection.

17. Displaying the OMB Approval Expiration Date

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, avoiding Government waste.

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

SSA does not use statistical methods for this information collection.