

## **Request for Approval under the “Generic Clearance for the Collection of Routine Customer Feedback” (OMB Control Number: 0960-0788)**

**TITLE OF INFORMATION COLLECTION:** Consultative Examination Satisfaction Survey

### **DESCRIPTION OF ACTIVITY**

**Background:** SSA seeks to obtain information regarding claimant and beneficiary experiences during consultative examinations (CE) performed by CE providers. This information will assist in identifying any issues with CE providers, resulting in our ability to identify and improve the quality of service every claimant and beneficiary receives. We designed this one-page survey to determine customer satisfaction with the quality of consultative examinations (CE) CE providers who conduct examinations for the Social Security Administration (SSA) SSDI and SSI disability programs perform.

**Purpose:** The purpose of this survey is to determine customer satisfaction with the quality of their consultative examination (CE) performed by CE providers who conduct examinations for the Social Security Administration’s (SSA) Social Security Disability Insurance benefits and Supplemental Security Income programs. SSA’s Office of Disability Determinations (ODD) provides broad operational, administrative, and managerial; performance, budget, and technical support to state Disability Determination Services (DDSs) who are responsible for Consultative Examination (CE) oversight of the CE process and CE providers. Feedback on the quality of CE providers is an important part of CE management and oversight of CE providers, and reflects a demonstrated interest and concern in the claimants and beneficiaries assessment of CE providers. This survey will be included in a template library Disability Case Processing maintains. We would also likely update SSA’s Program Operations Manual System to include this survey as an example of a form we can use for assessment of the CE program. Although not required, the DDSs could use this form, if desired, to obtain information about a claimant’s CE consultative examination experience. Each DDS will initiate the survey by mailing it to all SSA claimants and beneficiaries who undergo a CE performed by a CE provider. SSA will mail the survey only after the completion of the examination and after the DDS confirms with the CE provider that the claimant or beneficiary kept their appointment.

### **Description of Actual Survey:**

The one-page survey is comprised of four closed-ended questions and three open-ended questions. All questions allow the claimants and beneficiaries an opportunity to provide additional explanation regarding their CE experience. We estimate the entire survey will take up to 15 minutes to complete. A cover letter explaining the purpose of the survey and instructions for completing and returning the survey, as well as a postage-paid return envelope, will accompany the mailed survey form. The cover letter will also include local office hours and a local contact number for questions.

**Sharing Results of the Survey:** DDSs are required to share the results of the survey with the ODD via their Regional Office only if an egregious event occurred during the consultative examination with the CE provider. SSA will never share survey results outside of the agency.

**Use of Survey Results:** DDSs will use the survey results to improve the customer experience with CE providers. This information will assist in identifying any issues with consultative

examination providers, which will result in improving the quality of service every claimant and beneficiary receives. For example, if a claimant reports on the survey that the CE provider's office was unsanitary, a Medical Professional Relations Officer may make an unannounced onsite visit to the CE provider's office to determine the validity of the complaint. If the complaint were valid, the CE provide will receive counseling, and they will be given an opportunity to resolve the issue. We will not schedule future CEs with the provider until the issue is resolved. If the issue were not resolved, we would remove the CE provider from the panel.

**TYPE OF COLLECTION:** (Check one)

- |   |  |
|---|--|
| <input type="checkbox"/> Customer Comment Card/Complaint Form         | <input checked="" type="checkbox"/> Customer Satisfaction Survey |
| <input type="checkbox"/> Usability Testing (e.g., Website or Software | <input type="checkbox"/> Small Discussion Group                  |
| <input type="checkbox"/> Focus Group                                  | <input type="checkbox"/> Other:_____                             |

**CERTIFICATION:**

I certify the following to be true:

1. The collection is voluntary.
2. The collection is low-burden for respondents and low-cost for the Federal Government.
3. The collection is non-controversial and does not raise issues of concern to other federal agencies.
4. The results are not intended to be disseminated to the public.
5. Information gathered will not be used for the purpose of substantially informing influential policy decisions.
6. The collection is targeted to the solicitation of opinions from respondents who have experience with the program or may have experience with the program in the future.

**Name:** Carless Grays, DCO/ODD Program Analyst, Social Security Administration

To assist review, please provide answers to the following question:

**Personally Identifiable Information:**

1. Is personally identifiable information (PII) collected?  Yes  No
2. If Yes, is the information that will be collected included in records that are subject to the Privacy Act of 1974?  Yes  No
3. If Applicable, has a System or Records Notice been published?  Yes  No  N/A

**Gifts or Payments:**

Is an incentive (e.g., money or reimbursement of expenses, token of appreciation) provided to participants?  Yes  No

## BURDEN HOURS

Category of Respondent	No. of Respondents	Participation Time (minutes)	Burden (hours)
SSA Claimants and Beneficiaries attending CEs	1,444,404	15	361,101

**FEDERAL COST:** The estimated annual cost to the Federal government is \$762,645.31

**If you are conducting a focus group, survey, or plan to employ statistical methods, please provide answers to the following questions:**

### **The selection of your targeted respondents**

1. Do you have a customer list or something similar that defines the universe of potential respondents and do you have a sampling plan for selecting from this universe?  
 Yes       No

If the answer is yes, please provide a description of both below (or attach the sampling plan)? If the answer is no, please provide a description of how you plan to identify your potential group of respondents and how you will select them?

Universe of potential respondents: Potential respondents are any SSA claimant or beneficiary who attended a consultative examination.

### **Administration of the Instrument**

1. How will you collect the information? (Check all that apply)  
 Web-based or other forms of Social Media  
 Telephone  
 In-person  
 Mail  
 Other, Explain
2. Will interviewers or facilitators be used?  Yes  No

**Please make sure that all instruments, instructions, and scripts are submitted with the request.**