

**Supporting Statement for
Continuation of Supplemental Security Income Payments for the Temporarily
Institutionalized – Certification of Period and Need to Maintain Home
20 CFR 416.212(b)(1)
OMB No. 0960-0516**

A. Justification

1. Introduction/Authoring Laws and Regulations

When Supplemental Security Income (SSI) recipients: (1) enter a public institution; or (2) enter a private medical treatment facility with Medicaid paying more than 50 percent of expenses, the Social Security Administration (SSA) reduces their SSI payments to a nominal sum. However, if this institutionalization is temporary (defined as a maximum of 3 months), SSA may waive the reduction. Per sections 1611(e)(1)(G)-(H) of the *Social Security Act (Act)* and Section 20 CFR 416.212(b)(1) of the *Code of Federal Regulations*, before SSA can waive the SSI payment reduction, the agency must receive the following documentation: (1) a physician's certification that the SSI recipient will only be institutionalized for a maximum of three months; and (2) certification from the recipient or the recipient's representative payee confirming the recipient needs SSI payments to maintain the living arrangements to which the individual will return post-institutionalization.

2. Description of Collection

SSA collects this information to determine if institutionalized SSI recipients will only be in the institution or medical facility for three months maximum, and if they still need SSI payments. As stated above, the information collection helps establish both that the beneficiary is likely to be only institutionalized for a maximum of three months and that the beneficiary needs SSI payments to maintain the living arrangements to which the individual will return post-institutionalization.

Historically, respondents have contacted us via the phone to initiate this information collection, as is further discussed below. Moving forward, the recipient, the representative payee, the recipient family, or the case worker at the hospital will also have the option of submitting the SSA-186. The SSA-186 offers the convenience of notifying SSA and requesting a need for benefits and obtaining the physician certification on one document. However, recipients will also continue to have the option of notifying SSA and submitting a handwritten letter regarding "need" if the recipient does not wish to complete the form.

Respondents typically know to complete this form as an extension of their awareness of the requirements related to reporting living arrangements; recipients are informed in-person and in writing during their initial claim, redeterminations, and when updates are made to their case file that they are responsible for reporting any changes to their living arrangement to SSA. When a recipient does

report a change in living arrangements, such as in a circumstance when they are temporarily institutionalized, the SSA technician assesses the information being provided to determine if temporary institutionalization (TI) benefits apply or other applicable services.

The TI benefit policy is a long-standing policy, and to facilitate beneficiaries' better understanding of the policy we maintain publications and outreach to the public, hospitals, and institutions. Again, recipients are also told during their initial claim and redeterminations in person and in writing to report any changes to their living arrangements. Additionally, the SSA-186 was created to further streamline the information collection; by collecting the doctor's and beneficiary's certifications on a single, simplified form, SSA believes this will reduce time and confusion associated with complying with this information collection.

Furthermore, as required by *1611(e)(1)(J)* of the Act, SSA is notified when a recipient is hospitalized through data-matching and sharing agreements; specifically, Field Office staff receive monthly D8 alerts through the Title XIX Facility Match which are sent directly to the beneficiaries' Modernized Supplemental Security Income Claims System (MSSICS) file for further development. Upon receipt of the alert, technicians reach out to the recipient, representative payee, or hospital staff to determine the recipient's situation. If temporary benefits apply, technicians move forward with assisting the recipient in obtaining the necessary information. In addition, most hospitals or institutions have social workers or case workers to assist recipients in completing the necessary steps to receive TI benefits.

TI rules require that the recipient contact SSA prior to discharge to be eligible to apply for TI benefits and there is no recourse for retroactively applying for TI benefits after discharge. As documented by the above paragraphs, SSA believes that along with the educational and outreach activities the form may assist in increasing the number of TI recipients.

In 2020, on average, 266 recipients received TI benefits per month. In addition during that year, SSA estimates that 64,246 recipients did not qualify for TI benefits. This number includes overpaid and not overpaid cases. For instance, of that number, 31,488¹ were overpaid because it was determined they failed to report their institutionalization timely or failed to meet the requirements for TI eligibility such as not having home expenses that needed to be maintained; their physician expected the recipient to remain in the institution for more than 90 days; or the physician certification was not submitted timely. The remaining roughly 32,758 are individuals who were not overpaid as a result of being denied TI benefits. This is due to them filing on-time but not qualifying for TI benefits, in a non-pay status at the time of applying for TI benefits, or the recipient was in an initial claim status, and when they filed for TI benefits the recipient was in an

¹ The number of overpaid recipients is a representation of all the possible reasons for TI denial based on a data run completed by DCS for calendar year 2020.

institution. In this case, we were able to adjudicate the case without an overpayment being applied.

\$38,953,506.68, which is the sum total of \$17,639,566.44 in overpayments that were incurred during the first month of institutionalization, \$12,419,028.97 among individuals who were institutionalized a second month, and \$8,894,911.27 who were institutionalized for the third month. The number of overpaid individuals declines throughout the calendar year because either the individual leaves the institution or SSA learns about their institutionalization (as discussed previously) and initiates steps to prevent the overpayment from occurring (either by reducing benefits or by supporting the beneficiary with applying for TI benefits). There is the potential to save \$38.9 million in estimated overpayments, if the beneficiary had requested TI benefits and submitted the requisite documentation prior to being discharged from the institution, the overpayment would not have occurred.

As noted previously, in situations when a respondent chooses to conduct this information collection without the use of the SSA-186 form, SSA continues to accept a certification or copy of a certification signed by the recipient's physician, attesting to the period of confinement, coupled with a signed statement or a verbal confirmation from the recipient, or from the representative payee, acting on behalf of the recipient, about the need to maintain a home (the form asks the same questions that are on the SSI Claims System screens that would otherwise be orally read to the respondent).

The respondents are medical providers, and SSI recipients or their representative payees.

3. Use of Information Technology

SSA created a fillable PDF form, the SSA-186, as an alternative to the SSI Claims System screens respondents' responses have historically been recorded into during a phone interview. However, this form does not allow for electronic signature, and as a result respondents must print, sign, and either mail, fax, or hand-deliver to a Field Office the form back to SSA.

Respondents who elect not to complete the SSA-186 must transmit the supporting certifications via mail, fax, or hand-delivery to a Field Office.

SSA then scans and includes the form, or the documents provided by the recipient, in the SSI recipient's electronic folder (entered via the in-office SSI Claims System Intranet screens). This collection does not currently have a fully public-facing Internet version, as we prioritized other information collections for full electronic conversions.

Per the risk assessment our OGC conducted on this form, we are not able to make the signature line on the form fillable at this time. However, we hope to convert

this IC to a submittable PDF within the next 3-6 years to allow the public to utilize eSignature technology and to submit the form to us via the Internet in the future. Unfortunately, we are not able to schedule this one for submittable PDF conversion, yet, but when we do so, we will submit a Change Request to OMB for approval prior to implementation.

4. Why We Cannot Use Duplicate Information

The nature of the information we collect and the manner in which we collect it precludes duplication. SSA does not use another collection instrument to obtain similar data.

5. Minimizing Burden on Small Respondents

This collection does not significantly affect small business or other small entities.

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

If SSA did not collect this information, we would have no means of confirming if institutionalized SSI recipient's payments should continue. In addition, this would not only be a violation of Sections *1611(e)(1)(G)-(H)* of the *Act* and Section *20 CFR 416.212(b)(1)* of the *Code of Federal Regulations*, but it can also lead to recipient's unfair receipt or unfair denial of SSI payments. Since SSA only requests this information on an as needed basis, we cannot collect it less frequently. There are no technical or legal obstacles to 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 June 23, 2021 at 86 FR 33007, and we received no public comments. The 30-day FRN published on September 29, 2021 at 86 FR 54007. If we receive any comments in response to this Notice, we will forward them to OMB.

The SSA Advocates Workgroup informed SSA that many of their customers had a hard time creating the documents needed to qualify for Temporary Institutionalization Benefits. Therefore, SSA created the SSA-186 that can be used by recipients, representative payees, and institutions to obtain the statement of need and the physician's certification on one document.

9. Payment of Gifts to Respondents

SSA does not provide payments or gifts to the 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

Please see the burden chart below:

Modality of Completion	Number of Respondents	Frequency of Response	Average Burden Per Response (minutes)	Estimated Total Annual Burden (hours)	Average Theoretical Hourly Cost Amount (dollars)*	Average Wait Time for Teleservice Centers (minutes)**	Total Annual Opportunity Cost (dollars) ***
Statement from other Respondents	26,793	1	15	6,698	\$12.81*	19**	\$194,481***
Physician's Certifications	26,793	1	15	6,698	\$46.52*	0**	\$311,591***
Totals	53,586			13,396			\$506,072***

* We based these figures on the average DI payments based on SSA's current FY 2021 data (<https://www.ssa.gov/legislation/2023factsheet.pdf>), and the average Healthcare Practitioners and Technical Occupations hourly wages, as reported by Bureau of Labor Statistics data (<https://www.bls.gov/oes/current/oes290000.htm>).

** We based this figure on the average FY 2023 wait times for teleservice centers, based on SSA's current management information data.

*** This figure does not represent actual costs that SSA is imposing on recipients of Social Security payments to complete this application; rather, these are theoretical opportunity costs for the additional time respondents will spend to complete the application. **There is no actual charge to respondents to complete the application.**

The total burden for this ICR is **13,396**burden hours (reflecting SSA management information data), which results in an associated theoretical (not actual) opportunity cost financial burden of **\$506,072**. SSA does not charge respondents to complete our applications. We base our burden estimates on current management information data, which includes data from actual interviews, as well as from years of conducting this information collection. Per our management information data, we believe that the 5 minutes accurately shows the average burden per response for reading the instructions, gathering the facts, and answering the questions. Based on our current management information data, the current burden information we provided is accurate.

13. Annual Cost to the Respondents (Other)

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

14. Annual Cost to the Federal Government

The annual cost to the Federal Government is approximately **\$192,721**. This estimate accounts for costs from the following areas:

Description of Cost Factor	Methodology for Estimating Cost	Cost in Dollars*
Designing and Printing the Form	Design Cost + Printing Cost	\$0*
Distributing, Shipping, and Material Costs for the Form	Distribution + Shipping + Material Cost	\$0*
SSA Employee (e.g., field office, 800 number, DDS staff) Information Collection and Processing Time	GS-11 employee x # of responses x processing time	\$189,301
Full-Time Equivalent Costs	Out of pocket costs + Other expenses for providing this service	\$0*
Systems Development, Updating, and Maintenance	GS-9 employee x man hours for development, updating, maintenance	\$3,420
Quantifiable IT Costs	Any additional IT costs	\$0*
Total		\$192,721

* We have inserted a \$0 amount for cost factors that do not apply to this collection.

SSA is unable to break down the costs to the Federal government further than we already have. We have calculated these costs as accurately as possible based on the information we collect for creating, updating, and maintaining these information collections.

15. Program Changes or Adjustments to the Information Collection Request

When we last cleared this collection in 2018, the burden was 5,000 hours. However, we are currently reporting a burden of 13,396 hours. This change stems from a decrease in the number of responses from 60,000 to 53,586, as well as an

increase in burden time per response from 5 to 15 minutes. Although the number of responses changed, SSA did not take any actions to cause this change. These figures represent current Management Information data.

* Note: The total burden reflected in ROCIS is **21,881**, while the burden cited in #12 of the Supporting Statement is **13,396**. This discrepancy is because the ROCIS burden reflects the following components: Teleservice Center waiting time. In contrast, the chart in #12 of the Supporting Statement reflects actual burden.

16. Plans for Publication Information Collection Results

SSA will not publish the results of this information collection.

17. Displaying the OMB Approval Expiration Date

SSA is not requesting an exception to the requirement to display an 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

SSA does not use statistical methods for this information collection.