

Supporting Statement for Form HA-501
Request for Hearing By Administrative Law Judge
20 CFR 404.929, 404.933, 416.1429, 416.1433, 418.1350, and 422.203
OMB No. 0960-0269

A. Justification

1. Introduction/Authoring Laws and Regulations

Section 205(b)(1) of the *Social Security Act (Act)* states that SSA provides an evidentiary hearing at the reconsideration level of appeal. Upon request by any such individual, or upon request by applicants who show in writing that SSA disadvantaged their rights, the Commissioner shall give such applicant reasonable notice and an opportunity for a hearing with respect to such decision. In addition, if SSA holds a hearing, SSA shall, based on the evidence adduced at the hearing, affirm, modify, or reverse the Commissioner's findings of the fact and such decision.

Section 1869(b) of the *Act* states that any individual, who is dissatisfied with an initial determination regarding Medicare entitlement, benefits, or coverage, is entitled to a reconsideration of that determination. Section 105(a)(2)(B) of *Public Law 103-296 (the Social Security Independence and Program Improvements Act, which established SSA as an independent agency)* stipulates that SSA and the Department of Health and Human Services (HHS) would share responsibility for the Medicare (*Title XVIII*) appeals process. The process provided for under this statute states that SSA would continue to perform the hearings function for determinations made by SSA about Medicare Part A and Part B entitlement. As required by the *Public Law 103-296*, SSA and HHS continued to negotiate transfer of some of the Medicare appeals functions; in 1995, the two agencies signed an agreement, which transferred to the Medicare Appeals Council within HHS the Medicare appellate review functions that the SSA Appeals Council performs. Section 931 of *Public Law 108-173* required transfer of the functions of administrative law judges (ALJs) responsible for hearing appeals under *Title XVIII* of the *Act* from SSA to HHS. However, SSA continues to conduct reconsiderations of initial determinations regarding Medicare entitlement. Additionally, since January 2007, SSA makes the determinations regarding Medicare Part B income-related monthly adjustment amount (IRMAA) required under section 1839(I) of the *Act (Public Law 108-173)*. Consistent with the procedure for Medicare entitlement issues, SSA will conduct reconsiderations of initial determinations as provided in 20 CFR 418.1325 of the *Code*.

20 CFR 404.1713 and 416.1513 of the *Code* mandate that claimant representatives use our electronic services at the times and in the manner we prescribe on matters for which they request direct fee payment. The *Requiring Electronic Filing of Select Appeals by Certain Claimant Representatives* Federal Register Notice mandates claimants' representatives who file a reconsideration request on a client's behalf and request direct fee payment on the matter use the iAppeals Internet application (i561).

2. Description of Collection

When a person applies for Social Security benefits, such as disability, retirement, or survivors' benefits, either online, by phone, or at a Social Security field office, the Social Security Administration (SSA) reviews the application, checks work history, income, or medical records, and makes a decision. When SSA denies claimants', recipients', or beneficiaries' requests for new or continuing benefits, the law entitles those appellants to appeal those decisions by requesting for a reconsideration. SSA mails the claimant, recipient, or beneficiary a Notice of Disapproval or Notice of Change in Benefits, which also provides instructions on how to request consideration using the SSA-561, Request for Reconsideration, to request an appeal. If SSA denies the submitted SSA-561, Request for Reconsideration request, SSA will mail the claimant, recipient or beneficiary a notice that states they have a right to request a hearing before an Administrative Law Judge (ALJ). The notice will provide the reason for denial, and instructions on how to file the HA-501, Request for Hearing by Administrative Law Judge. SSA requires the respondent to submit the HA-501 to SSA within 60-days of receiving the reconsideration denial. Additional general information about SSA's appeals processes can be found at <https://www.ssa.gov/pubs/EN-05-10058.pdf>.

SSA has three levels of administrative review (appeal) described in *20 CFR 404.900* and *416.1400*. The three appeal levels are reconsideration, hearing by an administrative law judge, and Appeals Council review. Claimants who are dissatisfied with SSA's final decision may file an action in Federal district court, as per *20 CFR 404.981* and *416.1481*.

Reconsideration is the first level of the administrative appeals process. The reconsideration process also includes the disability hearing:

- Claimants, who disagree with our determination on their initial disability claims or non-medical issues, may request a reconsideration. Claimants may use the SSA-561-U2, Request for Reconsideration (OMB No. 0960-0622) to request a reconsideration. Beneficiaries may use the SSA-561-U2 to request a reconsideration on non-medical issues. Claimants or beneficiaries can find additional information about the reconsideration process and the SSA-561-U2 under OMB No. 0960-0622.
- Beneficiaries are entitled to a reconsideration disability hearing when SSA denies their requests for continuing benefits because SSA determined that their disabilities have ceased, did not exist, or are no longer disabling. Beneficiaries may use the SSA-789, Request for Reconsideration – Disability Cessation – Right to Appear (OMB No. 0960-0349) to request a reconsideration disability hearing. Beneficiaries can find additional information about the reconsideration disability hearing, and the SSA-789, under OMB No. 0960-0349.
- Appeals Council review is the third level of appeals, and the final level of the administrative appeals process. Claimants and beneficiaries who disagree with

their administrative law judges' decisions on disability issues, or non-medical issues, may use the HA-520, Request for Review of Hearing Decision/Order (OMB No. 0960-0277), to request Appeals Council review. Claimants or beneficiaries can find additional information about the HA-520 and Appeals Council review under OMB No. 0960-0277.

Claimants or beneficiaries may request a hearing by an administrative law judge on disability issues and non-medical issues, such as, but not limited to, overpayments, underpayments, and benefit amounts. Claimants or beneficiaries may complete their hearing requests on their own, with the assistance of another person, or with the assistance of a field an SSA field office technician. SSA offers three ways for claimants and beneficiaries to request a hearing by an administrative law judge:

i. Paper Form HA-501:

To request a hearing on a non-medical issue, claimants or beneficiaries complete and submit the paper Form HA-501 to their local SSA field offices. Field office technicians transcribe the information provided on the hearing requests into SSA's internal Modernized Claims System (MCS) or Supplemental Security Income (SSI) Claims System.

To request a hearing on a disability issue, claimants or beneficiaries complete and submit the paper Form HA-501 to their local SSA field offices. Field office technicians transcribe the information provided on the hearing requests into SSA's internal MCS or SSI Claims System. Claimants who are requesting a hearing on an initial disability issue should also complete the paper Form SSA-3441, Disability Report – Appeal (OMB No. 0960-0144), and submit it along with the hearing request. Field office technicians transcribe the information provided on the SSA-3441, Disability Report – Appeal, into SSA's Intranet SSA-3441 in SSA's Electronic Disability Control System (EDCS).

Claimants and beneficiaries may request a paper HA-501 from SSA's 800 number, their local SSA field office, or access <http://www.ssa.gov/forms> and type "HA-501 and SSA-3441" into the search field.

ii. i501:

To request a hearing on a non-medical issue, claimants or beneficiaries complete and submit the i501, the electronic version of the paper Form HA-501. The i501 is available through the iAppeals Non-Medical link at www.ssa.gov. For non-medical appeals, field office technicians transcribe the information provided on the hearings requests into the MCS or SSI Claims System.

To request a hearing on a disability issue, claimants complete and submit the i501 and i3441, the electronic version of the SSA-3441, Disability Report – Appeal. The i501 and i3441 are available through the iAppeals Disability link at www.ssa.gov. Information from the i501 propagates into the MCS or SSI

Claims System, and information from the i3441 propagates into EDCS.

iii. SSA's Internal MCS or SSI Claims System:

For non-medical issues, claimants or beneficiaries may visit their local SSA field offices to request a hearing. During an in-person interview, a field office technician documents the claimant's or beneficiary's hearing request in the MCS or SSI Claims System.

For initial disability determinations, claimants may visit their local SSA field office to file a hearing request. During an in-person interview, a field office technician documents the claimant's or beneficiary's hearing request in the MCS or SSI Claims System. The field office technician also documents the claimant's medical information into the electronic Disability Report – Appeal available in EDCS.

SSA uses the information provided to determine if the individual: (1) filed the request within the prescribed time; (2) is the proper party; and (3) took the steps necessary to obtain the right to a hearing. SSA uses the information to determine: (1) the individual's reason(s) for disagreeing with SSA's prior determinations in the case; (2) if the individual has additional evidence to submit; (3) if the individual wants an oral hearing or a decision on the record; and (4) whether the individual has (or wants to appoint) a representative.

Psychological Cost:

- o **Requirement for the Program:** Form HA-501-US collects basic information SSA needs to process the appeal. Form HA-501-US requests specific identifying information such as: the claimant's name; Social Security number; and contact information; name and contact information for any representative helping the claimant with the appeal; and the reason the claimant disagrees with the determination. In addition, the denial letter places a time constraint on respondents of 60 days to submit the appeal.
- o **Psychological Cost:** The respondent may find the entire process stressful to the point that it may take them longer to complete the appeal process, or they may postpone it, or abandon completing a form.

We understand these psychological costs may cause respondents to delay their completion of the information collection or cause them to abandon the information collection entirely. However, we require completion of this collection to process the appeal. Therefore, we have taken this potential psychological cost into account when calculating our burden in #12 below.

The respondents are Social Security disability applicants and recipients who want to appeal SSA's denial of their request for new or continued benefits for disability and non-medical hearing requests; and Medicare Part B recipients who must pay the Medicare Part B Income-Related Monthly Adjustment Amount.

3. Use of Information Technology to Collect the Information

In accordance with the agency’s Government Paperwork Elimination Act plan, SSA created an Internet version of the Form HA-501, the i501, for disability and non-medical hearing requests, which is part of our iAppeals application. Information from the i501 disability-hearing request automatically propagates into SSA’s internal MCS and SSI Claims System. Technicians transfer information from the i501 non-medical hearing to MCS and the SSI Claims System. SSA also makes the collection instrument available through MCS and the SSI Claims System for respondents who file a hearing request by mail or through a personal interview in a field office. SSA estimates that 96% of the respondents use the i501 to file a hearing request.

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 affect small businesses or other small entities.

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

If we did not use Form HA-501, or the electronic versions (MCS, SSI Claims System, and the i501), the public would have no convenient way to request a hearing. Because we only collect the information once, 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 December 26, 2024, at 89FR 105170 and we received no public comments. The 30-day FRN published on March 11, 2025, at 90 FR 11771. If we receive any comments in response to this Notice, we will forward them to OMB. We did not consult with the public in revision/maintenance of this form.

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),

11. Justification for Sensitive Questions

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

12. Estimates of Public Reporting Burden

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 in a Field Office (minutes)**	Total Annual Opportunity Cost (dollars)***
HA-501; MCS; SSI Claims System	162,904	1	10	27,151	\$22.39*	23**	\$2,006,099***
i501 (Internet iAppeals)	281,819	1	15	70,455	\$22.39*		\$1,577,487***
Totals	444,723			97,606			\$3,583,586***

** We based this figure on the combination of the average DI payments based on SSA's current FY 2025 data (<https://www.ssa.gov/legislation/2024FactSheet.pdf>) and on the average U.S worker's hourly wages, as reported by Bureau of Labor Statistics data (https://www.bls.gov/oes/current/oes_nat.htm).

** We based this figure on the average FY 2025 wait times for field offices, 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.**

In addition, OMB's Office of Information and Regulatory Affairs (OIRA) is requiring SSA to use a rough estimate of a 30-minute, one-way, drive time in our calculations of the time burden for this collection. OIRA based their estimation on a spatial analysis of SSA's current field office locations and the location of the average population centers based on census tract information, which likely represents a 13.97 mile driving distance for one-way travel. We depict this on the chart below:

Total Number of Respondents Who Visit a Field Office	Frequency of Response	Average One-Way Travel Time to a Field Office (minutes)	Estimated Total Travel Time to a Field Office (hours)	Total Annual Opportunity Cost for Travel Time (dollars)****
162,904	1	30	81,452	\$1,823,710****

****We based this dollar amount on the Average Theoretical Hourly Cost Amount in dollars shown on the burden chart above.

Per OIRA, we include this travel time burden estimate under the 5 *CFR 1320.8(a)(4)*, which requires us to provide “time, effort, or financial resources expended by persons [for]...transmitting, or otherwise disclosing the information,” as well as 5 *CFR 1320.8(b)(3)(iii)* which requires us to estimate “the average burden collection...to the extent practicable.” SSA notes that we do not obtain or maintain any data on travel times to a field office, nor do we have any data which shows that the average respondent drives to a field office, rather than using any other mode of transport. SSA also acknowledges that respondents’ mode of travel and, therefore, travel times vary widely dependent on region, mode of travel, and actual proximity to a field office.

NOTE: We included the total opportunity cost estimate from this chart in our calculations when showing the total time and opportunity cost estimates in the paragraph below.

We calculated the following Learning Cost time burden based on the estimated time and effort we expect respondents will take to learn about this program, its applicability to their circumstances, and to cover any additional research we believe respondents may need to take to understand how to comply with the program requirements (beyond reading the instructions on the collection instrument):

Total Number of Respondents	Frequency of Response	Estimate Learning Cost (minutes)	Estimated Total Annual Burden (hours)	Total Annual Learning Cost (dollars)*****
444,723	1	15	111,181	\$2,489,343*****

*****We based this dollar amount on the Average Theoretical Hourly Cost Amount in dollars shown on the burden chart above.

NOTE: We included the total opportunity cost estimate from this chart in our calculations when showing the total time and opportunity cost estimates in the paragraph below.

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 **10 and 15** minutes accurately shows the average burden per response for learning about the program; receiving notices as needed; reading and understanding instructions; gathering the data and documents needed; answering the questions and completing the information collection instrument; scheduling any necessary appointment or required phone call; consulting with any third parties (as needed); and waiting to speak with SSA employees (as needed). Based on our current management information data, the current burden information we provided is accurate. The total burden for this information collection request is **97,605** burden hours (reflecting SSA management information data), which results in an associated theoretical (not actual) opportunity cost financial burden of **\$7,896,639**. SSA does not charge respondents to complete our applications.

NOTE: The completion of 0960-0269 only requires providing limited information regarding the respondent or beneficiary and the reason for appeal. SSA recognizes that for most appeals, the respondent will also provide updated medical information using Form SSA-3441 (or i3441 Internet screens), Disability Report -Appeal (OMB Control No. 0960-0144). We capture the burden associated with Form SSA-3441, and any other information collections associated with a reconsideration or administrative law judge hearing, under their appropriate OMB Control Numbers [0960-0622 (SSA-561), 0960-0269 (HA-501), and 0960-0144 (SSA-3441)]. We do not show that burden here.

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 annual cost to the Federal Government is approximately \$2,521,948. 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	\$1,661
Distributing, Shipping, and Material Costs for the Form	Distribution + Shipping + Material Cost	\$0*
SSA Employee (e.g., field office, 800	GS-9 employee x # of responses x processing time	\$2,492,672

number, DDS staff) Information Collection and Processing Time		
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	\$27,615
Quantifiable IT Costs	Any additional IT costs	\$0*
Total		\$2,521,948

* 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. It is difficult for us to break down the cost for processing a single form, as field office and State Disability Determination Services staff often help respondents fill out several forms at once, and the time it takes to do so can vary greatly per respondent. As well, because so many employees have a hand in each aspect of our forms, we use an estimated average hourly wage, based on the wage of our average field office employee (GS-9) for these calculations. However, 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 IC in 2022, the burden was 165,051 hours. However, we are currently reporting a burden of 97,605 hours. This change stems a decrease in the number of responses from 663,643 to 444,723. There is no change to the burden time per response. 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 **352,685**, while the burden cited in #12 of the Supporting Statement is **97,606**. This discrepancy is because the ROCIS burden reflects the following components: field office waiting time + a rough estimate of a 30-minute, one-way, drive burden + learning costs. 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 the information collection.

17. Displaying the OMB Approval Expiration Date

For the paper Form HA-501, we will not publish 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.

For the Internet version of form HA-501, i501 (iAppeals), SSA is not requesting an exception to the requirement to display the OMB approval expiration date.

18. Exemption 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.