

**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 five types of CE information collections:

- 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 whether they intend to keep their CE appointment;
- c) CE claimant completion of a form indicating whether they want a copy of the CE report sent to their doctor;
- d) CE claimant burden associated with the time claimants need to travel to and attend their CE appointment; and
- e) One-time CE claimant telehealth CE call script and letter. Due to the current situation with COVID-19, HHS temporarily relaxed enforcement of the HIPAA privacy rules to allow use of popular applications that allow video chats (e.g., FaceTime, Skype) to provide telehealth services without risk of penalty for noncompliance during the emergency period. We are temporarily permitting CE providers to use these video technologies to conduct psychiatric CEs, psychological CEs that do not require testing, and limited speech language CEs if the claimant agrees to accept the associated privacy risk. We created a call script and a letter, explaining the non-secure technology to claimants, and offering them a telehealth CE as an option. Staff will use the call script or letter only during the COVID-19 national health emergency.

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 404.1512, 404.1517-404.1519, 416.912 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 Information**

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 whether 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.**

SSA developed the Disability Case Processing System (DCPS2) to aid DDSs in completing their workloads, and to replace their old processing systems. Among other advantages, SSA expects DCPS2 to simplify system support and maintenance, improve the speed and quality of the disability process, and reduce the growth rate of infrastructure costs. With the rollout of DCPS2, DDSs have incrementally transitioned from the use of state specific letters in their legacy systems to a set of national standardized letters in DCPS2. Today, 49 DDSs have transitioned to DCPS2 and SSA is currently onboarding the remaining three DDSs (California, Alaska, and New York). We have provided the questionnaires and letters available for use in DCPS2 under this collection. The DCPS2 versions of the forms are up to date. DCPS2 users utilize these questionnaires and letters available in DCPS2 to process all cases.

Respondents to the medical appointment notices or CEs categories (b), (c), and (d) are claimants. 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 include treating sources, or other individuals from hospitals, other medical facilities, and state and local governments. Respondents to the pain and other symptoms/impairment(s) questionnaires are claimants or other individuals who are familiar with the claimant's symptoms.

**3. Use of Information Technology to Collect the Information**

The Electronic Records Express (ERE) screens, OMB No. 0960-0753, is the electronic initiative developed under the aegis of the Government Paperwork Elimination Act, which allows medical providers to send SSA information electronically. Based on our data, respondents send approximately 95% of CEs and 65% of MERs electronically through ERE. 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 October 8, 2020 at 85 FR 63630, and we received no public comments. The 30-day FRN published on December 8, 2020 at 85 FR 79064. 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**

Public Reporting Burden charts included in this Supporting Summary do not capture data in the Information Collection Request documentation for ERE, OMB No. 0960-0753, in order to prevent double counting. Please see the burden charts below:

**Category I - CE:**

**a) Medical Evidence and Credentials from CE Providers**

<b>Modality of Completion</b>	<b>Number of Respondents</b>	<b>Frequency of Response</b>	<b>Average Burden per Response (minutes)</b>	<b>Estimated Total Annual Burden (hours)</b>	<b>Average Theoretical Hourly Cost Amount (dollars)*</b>	<b>Total Annual Opportunity Cost (dollars)**</b>
CE Paper Submissions	1,400,000	1	30	700,000	\$40.21*	\$28,147,000**
CE Electronic Submissions	296,000	1	10	49,333	\$40.21*	\$1,983,680**
CE Credentials	4,000	1	15	1,000	\$40.21*	\$40,210**
<b>Totals</b>	<b>1,700,000</b>			<b>750,333</b>		<b>\$30,170,890**</b>

\* We based this figure on average Healthcare Practitioners and Technical Occupations hourly salary, as reported by Bureau of Labor Statistics data (<https://www.bls.gov/oes/current/oes290000.htm>).

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

<b>Modality of Completion</b>	<b>Number of Respondents</b>	<b>Frequency of Response</b>	<b>Average Burden per Response (minutes)</b>	<b>Estimated Total Annual Burden (hours)</b>	<b>Average Theoretical Hourly Cost Amount (dollars)*</b>	<b>Total Annual Opportunity Cost (dollars)**</b>
b) CE Appointment Letters	880,000	1	5	73,333	\$10.73*	\$786,863**
c) CE Claimants' Report to Medical Providers	450,000	1	5	37,500	\$10.73*	\$402,375**
<b>Totals</b>	<b>1,330,000</b>			<b>110,833</b>		<b>\$1,189,238**</b>

\* We based this figure on average DI payments based on SSA's current FY 2020 data (<https://www.ssa.gov/legislation/2020Fact%20Sheet.pdf>).

**d) Travel time to and completion of CE**

<b>Modality of Completion</b>	<b>Number of Respondents</b>	<b>Frequency of Response</b>	<b>Average Burden per Response (minutes)</b>	<b>Estimated Total Annual Burden (hours)</b>	<b>Average Theoretical Hourly Cost Amount (dollars)*</b>	<b>Total Annual Opportunity Cost (dollars)**</b>
Claimants travel time to and completion of CE	3,421,352	1	60	3,421,352	\$10.73*	\$36,711,107**

\* We based this figure on average DI payments based on SSA's current FY 2020 data (<https://www.ssa.gov/legislation/2020Fact%20Sheet.pdf>).

**e) CE Claimant Telehealth CE Call Script/Letter**

<b>Modality of Completion</b>	<b>Number of Respondents</b>	<b>Frequency of Response</b>	<b>Average Burden per Response (minutes)</b>	<b>Estimated Total Annual Burden (hours)</b>	<b>Average Theoretical Hourly Cost Amount (dollars)*</b>	<b>Total Annual Opportunity Cost (dollars)**</b>
CE Claimant	60,408	1	5	5,034	\$10.73*	\$54,015**

Telehealth Call Script/Letter						
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\* We based this figure on average DI payments based on SSA's current FY 2020 data (<https://www.ssa.gov/legislation/2020Fact%20Sheet.pdf>).

**Category II - MER:**

<b>Modality of Completion</b>	<b>Number of Respondents</b>	<b>Frequency of Response</b>	<b>Average Burden per Response (minutes)</b>	<b>Estimated Total Annual Burden (hours)</b>	<b>Average Theoretical Hourly Cost Amount (dollars)*</b>	<b>Total Annual Opportunity Cost (dollars)**</b>
Paper Submissions	3,150,000	1	20	1,050,000	\$40.21*	\$42,220,500**
Electronic Submissions	9,450,000	1	12	1,890,000	\$40.21*	\$75,996,900**
<b>Totals</b>	<b>12,600,000</b>			<b>2,940,000</b>		<b>\$118,217,400**</b>

\* We based this figure on average Healthcare Practitioners and Technical Occupations hourly salary, as reported by Bureau of Labor Statistics data (<https://www.bls.gov/oes/current/oes290000.htm>).

**Category III - Pain/Other Symptoms/Impairment Information:**

<b>Modality of Completion</b>	<b>Number of Respondents</b>	<b>Frequency of Response</b>	<b>Average Burden per Response (minutes)</b>	<b>Estimated Total Annual Burden (hours)</b>	<b>Average Theoretical Hourly Cost Amount (dollars)*</b>	<b>Total Annual Opportunity Cost (dollars)**</b>
Pain/Other Symptoms/ Impairment Information	2,100,000	1	20	700,000	\$18.23*	\$12,761,000**

\* We based this figure on averaging both the average DI payments based on SSA's current FY 2020 data (<https://www.ssa.gov/legislation/2020Fact%20Sheet.pdf>), and 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](https://www.bls.gov/oes/current/oes_nat.htm)).

**Grand Totals:**

<b>Modality of Completion</b>	<b>Number of Respondents</b>	<b>Frequency of Response</b>	<b>Average Burden per Response (minutes)</b>	<b>Estimated Total Annual Burden (hours)</b>	<b>Average Theoretical Hourly Cost Amount (dollars)*</b>	<b>Total Annual Opportunity Cost (dollars)**</b>
<b>Totals</b>	<b>21,211,760</b>			<b>7,927,552</b>		<b>\$199,103,650**</b>

\*\* 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 forms. **There is no actual charge to respondents to complete the forms.**

The total burden for this information collection request is **7,927,552** hours (reflecting SSA management information data), which results in associated theoretical (not actual) opportunity cost financial burden of **\$199,103,650**.

Note: Because medical sources are compensated for the provision of MER or the performance of a consultative examination by SSA via the DDS, the time-burdens associated with conducting examinations is largely not captured in this section, but instead reflect costs to the government in section 14.

**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 \$574,000,000. This estimate accounts for costs from the following areas:

<b>Description of Cost Factor</b>	<b>Methodology for Estimating Cost</b>	<b>Cost in Dollars*</b>
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	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	\$574,000,000



	collecting information about pain and other symptoms is included in the DDSs budget.	
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	\$0*
Quantifiable IT Costs	Any additional IT costs	\$0*
Total		\$574,000,000

\* 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. First, since we work with almost every US citizen, we often do bulk mailings, and cannot track the cost for a single mailing. In addition, 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 2019, the burden was 4,501,999 hours. However, we are currently reporting a burden of 7,927,552 hours. This change stems from the addition of burden for travel time to and completion of CE. In addition, an increase in the number of responses for the CE Claimant Telehealth CE Call Script/Letter from 10,000 to 60,408. 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.

**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.