



**MINOR REVISIONS TO THE MEDICAL CONTINUING DISABILITY
REVIEW (MCDR) APPLICATION
1454**

1. Background

The i454 Medical CDR Application is an internet application that allows authorized SSA disability beneficiaries to submit an SSA-454 (Continuing Disability Review Report) to SSA via the Internet. Users will receive an email after submission and can print their SSA-827 and SSA-454. The changes outlined below describe changes to our screens since our last screen package submission. The changes are minor wording changes, formatting/design changes. We are not adding new modalities, removing or adding questions, changing the order of questions or changing the scope of clearance.

2. Summary of Changes

2.1. Status tag on the SSA Landing Page

While the SSA Landing Page is outside the scope of our application, our prior screen package incorrectly showed the 'Action Required' status tag in uppercase letters. As such, we are providing this screen revision in our package:



2.2. Privacy Act Statement Language

The Privacy Act Statement language was changed in May, 2023 by OMB. As such, we are providing this screen revision in our package for compliance.

Continuing Disability Review Report

Privacy Act Statement: Collection and Use of Personal Information

Sections 205(a), 221(i), 223(d), 1614(a), 1631, and 1633(c) of the Social Security Act, as amended, allow us to collect this information. Furnishing us this information is voluntary. However, failing to provide all or part of the information may prevent an accurate and timely decision on any claim filed or result in a denial or loss of benefits.

We will use the information you provide to determine eligibility or continuing eligibility for benefits, and your ability to manage any benefits that you currently receive. We may also share your information for the following purposes, called routine uses:

- To claimants, prospective claimants (other than the data subject), and their authorized representatives or representative payees, to the extent necessary to pursue Social Security claims; to representative payees, when the information pertains to individuals for whom they serve as representative payees, for the purpose of assisting us in administering representative payment responsibilities under the Social Security Act; and to representative payees, for the purpose of assisting them in performing their duties as payees, including receiving and accounting for benefits for individuals for whom they serve as payees; and
- To private medical and vocational consultants, for use in preparing for, or evaluating the results of, consultative medical examinations or vocational assessments which they were engaged to perform by SSA or a State agency, in accordance with sections 221 or 1633 of the Social Security Act.

In addition, we may share this information in accordance with the Privacy Act and other Federal laws. For example, where authorized, we may use and disclose this information in computer matching programs, in which our records are compared with other records to establish or verify a person's eligibility for Federal benefit programs and for repayment of incorrect or delinquent debts under these programs.

A list of additional routine uses is available in our Privacy Act System of Records Notices (SORN) 60-0089, entitled Claims Folders System, as published in the Federal Register (FR) on October 31, 2019, at 84 FR 58422, and 60-0320, entitled Electronic Disability (eDIB) Claim File, as published in the FR on June 4, 2020, at 85 FR 34477. Additional information, and a full listing of all of our SORNs, is available on our website at www.ssa.gov/privacy.

Next

Continuing Disability Review Report

Privacy Act Statement
Collection and Use of Personal Information

Sections 205(a), 221(i), 223(d), 1614(a), 1631(e), and 1633(c) of the Social Security Act, as amended, allow us to collect this information, which we will use to determine eligibility for benefits. Providing this information is voluntary, but not providing all or part of the information may prevent an accurate and timely decision on any claim filed. As law permits, we may use and share the information you submit, including with other Federal agencies, contractors, and others, as outlined in the routine uses within System of Records Notices 60-0089, 60-0103, and 60-0320, available at www.ssa.gov/privacy. The information you submit may also be used in computer matching programs for Federal benefits eligibility and to recoup debts under these programs.

Next

2.3. Instructional Text Modification for Accuracy

On the Instruction page, the sentence, “Please complete as much of the report as you can.” has been removed. This was an instruction from the paper SSA-454 that is not applicable to i454 because the user must complete all required questions before being able to submit their application:

Instructions

The office that reviews your medical conditions will use the information in this report to decide whether you are still disabled. Please complete as much of the report as you can.

Your Medical Records

You do not need to ask doctors or hospitals for any medical records that you do not already have. With your permission, we will request your records using the information you provide.

What You Need To Complete This Report

- Contact information of someone (other than your doctors) who we can contact about your case.
- Contact information of doctors, hospitals, and clinics you have visited in the last 12 months.
- Any prescription or non-prescription medicines you take or have taken in the last 12 months.
- Contact information of organizations that may have your medical records in the last 12 months. This includes social services, welfare agencies, case workers, attorneys, prisons, worker's compensation, or insurance companies who have paid you disability benefits.
- Information about any education, training, vocational rehabilitation, employment, or support services that may help you join the workforce since your last disability decision of 07/25/2022.

If You Need Help

For help with completing this report, you can contact us at 1-800-772-1213, weekdays from 8:00 am to 7:00 pm. If you are deaf or hard of hearing, call TTY 1-800-325-0778.



Instructions

The office that reviews your medical conditions will use the information in this report to decide whether you are still disabled.

Your Medical Records

You do not need to ask doctors or hospitals for any medical records that you do not already have. With your permission, we will request your records using the information you provide.

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- Contact information of organizations that may have your medical records in the last 12 months. This includes social services, welfare agencies, case workers, attorneys, prisons, worker's compensation, or insurance companies who have paid you disability benefits.
- Information about any education, training, vocational rehabilitation, employment, or support services that may help you join the workforce since your last disability decision of 9/27/2019.

If You Need Help

For help with completing this report, you can contact us at 1-800-772-1213, weekdays from 8:00 am to 7:00 pm. If you are deaf or hard of hearing, call TTY 1-800-325-0778.

2.4. Text Modification to the Other Medical Information Page

To comply with ODP's change in wording, we updated the text on the Other Medical Information page:

Other Medical Information

* Indicates required information

* Does anyone else (other than your medical providers) have medical information about your physical or mental health conditions? Include organizations you have seen in the last 12 months or have future appointments with.

Examples include places like social services agencies, welfare agencies, case workers, attorneys, prisons, workers' compensation, or insurance companies who have paid you disability benefits.

Yes No



Other Medical Information

* Indicates required information

* Within the last 12 months, does anyone else (other than your medical providers) have medical information about your physical or mental health conditions or are you scheduled to see anyone else?

Examples include places like:

- Social services agencies
- Case workers
- Welfare agencies
- Attorneys
- Prisons
- Workers' compensation, or
- Insurance companies who have paid you disability benefits

Yes No

2.5. Previously Omitted Screens from Last Screen Package

The prior screen package neglected to include a warning notice for instances there are propagated items from the user's last review that require their review. As such, we are providing those screenshots:

On the Medicine Page:

Status	Actions	Medicine	Prescribed by
REVIEWED	Review Delete	Atorvastatin	--
NEEDS REVIEW	Review Delete	Benztropine	--
NEW	Review Delete	Tylenol	Smith, John
Add Medicine			
! One or more entries above "NEEDS REVIEW"			
Please review and save the details of those medicines. You must also delete medicines if you have not taken them in the last 12 months. You may do so now or at a later time.			

On the Medical Provider Page:

Status	Actions	Facility or Office	Doctor or Healthcare Professional
REVIEWED	Review Delete	HJ Heinz VA Medical Center	--
NEEDS REVIEW	Review Delete	James VanZandt VA Medical Center	--
NEW	Review Delete	Holy Cross Hospital	--
Add Medical Provider			
! One or more entries above "NEEDS REVIEW"			
Please review and save the details of those providers. You must also delete providers if you have not seen them in the last 12 months. You may do so now or at a later time.			

Additionally, the prior screen package did not include a screen shot of the right side navigation panel showing the success and warning icons for our application sections:

In This Section
 Instructions
 Information about You

The prior screen package did not include a screen shot of the read-only copy of the electronically signed SSA-827 from the receipt page. As such, we are including this screen shot:

Print

Total: 2 sheets of paper

Printer

Microsoft Print to PDF

Copies

1

Layout

Portrait

Landscape

Pages

All

Odd pages only

Even pages only

e.g. 1-5, 8, 11-13

Color

Color

More settings

Print using system dialog... (Ctrl+Shift+P)

3/27/25, 10:35 AM

Continuing Disability Review Online - I-454

Form SSA-827 (06-2024) UF
Discontinues Prior Editions

OMB No. 0960-0622

Whose Records to Be Disclosed

NAME (First, Middle, Last, Suffix)
Cassandra N. King
SSN
111-11-0108
14/1/1992

Birthday (MM/DD/YYYY)

AUTHORIZATION TO DISCLOSE INFORMATION TO THE SOCIAL SECURITY ADMINISTRATION (SSA)

* PLEASE READ THE ENTIRE FORM, BOTH PAGES, BEFORE SIGNING BELOW **

I voluntarily authorize and request disclosure (including paper, oral, and electronic interchange):

OF WHAT:

All my medical records, also education records and other information related to my ability to perform tasks.

1. All records and other information regarding my treatment, hospitalization, and outpatient care for my impairment(s) including, and not limited to:

- Psychological, psychiatric or other mental impairment(s) (excludes "psychotherapy notes" as defined in 45 CFR 164.501)
- Drug abuse, alcohol abuse, or other substance abuse
- Sickle cell anemia
- Diseases or conditions that indicate the presence of a communicable or noncommunicable disease, and tests for or records of HIV/AIDS
- Genetic-related impairments (including genetic test results)

2. Information related to my ability to complete tasks and activities of daily living, and affects my ability to work.

3. Copies of educational tests or evaluations, including Individualized Educational Programs; mental assessments, psychological and speech evaluations, and any other records that can help evaluate function; also teachers' observations and evaluations.

4. Information related to my ability to care for myself and to sign contracts.

FROM WHOM:

All medical sources (hospitals, clinics, labs, physicians, psychologists etc.) including mental health, correctional, addiction treatment, and VA health care.

All educational sources (schools, teachers, record keepers, guidance counselors, etc.)

Social workers/rehabilitation counselors

Child Abuse and Neglect (CAND) reports

Employers/insurance companies, workers' compensation, and other third parties

Others who may know about my condition (family, neighbors, friends, etc.)

TO WHOM:

The Social Security Administration and to the State agency authorized to process my case (usually called "disability determination services"), including contract copy services, and doctors or other professionals consulted during the process. [Also, for international claims, to the U.S. Department of State Foreign Service Post.]

PURPOSE:

For the purpose of determining my impairment(s) and the combined effect of any impairments that by themselves would not meet SSA's definition of disability, and whether I can manage my benefits ONLY.

Determining whether I am capable of managing benefits ONLY (check only if this applies)

EXPIRES WHEN: This authorization is good for 12 months from the date signed (below my signature).

I understand that there are some circumstances in which this information may be reduced to other parties (see page 2 for details).

I may write to SSA and my sources to revoke this authorization at any time (see page 2) or get a copy of material to be decided.

I may also request that SSA not use this information for any purpose other than the purpose for which it was given.

I have read both pages of this form and agree to the disclosures above from the types of sources listed.

PLEASE SIGN HERE: Please sign in the space provided below. If you are signing on behalf of another person, please indicate the specific basis for authority to sign.

Individual, authorizing disclosure - Signature:
Cassandra N. King

Electronically signed by:
Cassandra N. King

Date Signed: 03/27/2025

Street Address: 123 Main Street, 0000

Phone Number (with area code): (410) 555-5555

City: Baltimore

State: MD

ZIP: 21209

WITNESS: I know the person signing this form or am satisfied of this person's identity.

Signature If needed, second witness sign here (e.g., if signed with "X" above)

Phone Number (or Address) Phone Number (or Address)

This general and special authorization to disclose was developed to comply with the provisions regarding disclosure of medical, educational, and other information under P.L. 104-191 (PHEWPA), 45 CFR parts 160 and 164, 42 U.S. Code section 2000e-5, 42 CFR part 2, 38 U.S. Code section 3320, 38 CFR 1.475; 20 U.S. Code section 1232g ("FERPA"); 34 CFR parts 99 and 300; and State law.

<https://secureval.ssa.gov/454/454-frontend/ssa827-form>

3/27/25, 10:35 AM

Continuing Disability Review Online - I-454

Form SSA-827 (06-2024) UF

Page 2 of 2

Explanation of Form SSA-827.

"Authorization to Disclose Information to the Social Security Administration (SSA)"

We need your written authorization to help get the information needed to process your claim, and to determine your capability of managing benefits. Laws and regulations require that we get a signed authorization from you before we can release your information to others. We also require specific authorization for the release of information about certain conditions and from educational sources.

You can provide this authorization by signing a form SSA-827. Federal law permits sources with information about you to release that information if you sign a single authorization to release all your information from all your possible sources. We will make copies of it for each source. A covered entity (that is, a source of medical information about you) may not condition treatment, payment, enrollment, or eligibility for benefits on whether you sign this authorization form. A few States, and some individual sources, require that you sign a separate authorization for each source. If you do not sign this form, we will not release your information. In those cases, we may ask you to sign one authorization for each source and we may contact you again if we need you to sign more authorizations.

You have the right to revoke this authorization at any time, except to the extent a source of information has already relied on it to take an action. To revoke this written statement to any Social Security Office, if you do, also send a copy directly to any of your sources that no longer wish to disclose information about you. SSA can tell you if we identified any sources you don't tell us about. SSA may use information disclosed prior to revocation to decide your claim.

It is SSA's policy to provide service to people with limited English proficiency in their native language or preferred mode of communication consistent with Executive Order 13166 (August 11, 2000) and for individuals with Disabilities Education Act. SSA makes every reasonable effort to ensure that the information in the SSA-827 is provided to you in your native or preferred language.

Privacy Act Statement

Collection of Use of Personal Information

Sections 205(a), 223(d), and 1631(d) of the Social Security Act, as amended, allow us to collect this information. Furnishing us this information is voluntary. However, failing to provide all or part of the information may prevent us from making an accurate and timely decision on your claim that could result in a denial or loss of benefits.

We will use the information you provide to determine your eligibility or continuing eligibility of benefits, and your ability to manage any benefits that you currently receive. We may also share the information for the following purposes, called routine uses:

- To State audit agencies for the purpose of: (a) auditing State supplementation payments and Medicaid eligibility considerations; and (b) expenditures of Federal funds by the State in support of the Disability Determination Services; and
- To other Federal agencies, as necessary, to establish or verify information provided by representative payees or representative payee applicants.

In addition, we may share this information in accordance with the Privacy Act and other Federal laws. For example, where authorized by law, we may disclose this information to combat mail fraud programs, in which our records are compared with other records to establish or verify a person's eligibility for Federal benefit programs and for review of incorrect or delinquent debts under these programs.

Paperwork Reduction Act Statement

This information collection meets the requirements of 44 U.S.C. § 3507, as amended by section 2 of the Paperwork Reduction Act of 1995. You do not need to answer these questions if we do not have a valid Office of Management and Budget control number. If you have a question about the burden of this collection, you may contact the Office of Management and Budget, Office of Information and Regulatory Affairs, 725 17th Street NW, Washington, DC 20585, or the Office of the Secretary, Social Security Administration, 4401 Security Blvd., Baltimore, MD 21235-6401.

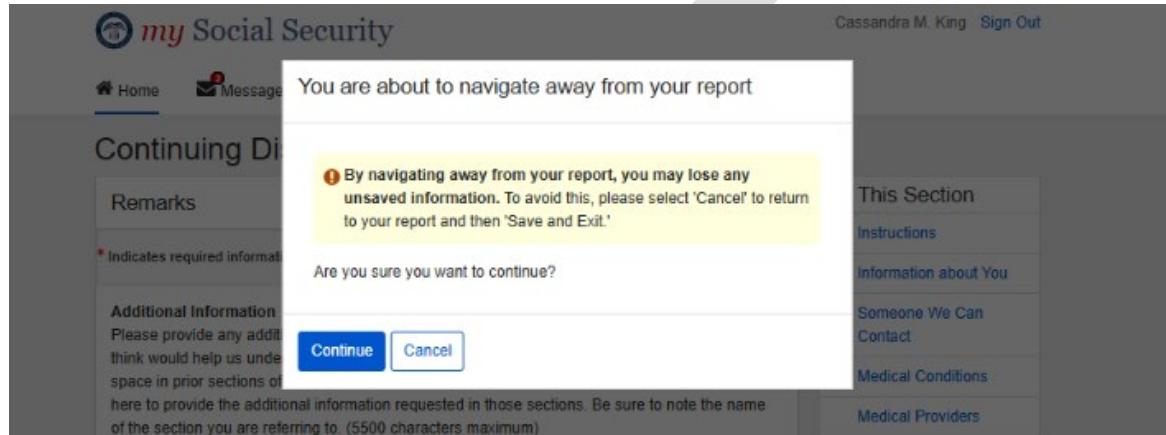
Paperwork Reduction Act Statement

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<https://secureval.ssa.gov/454/454-frontend/ssa827-form>

5

Lastly, there were two dialog boxes that were not included in our previously submitted OMB package when a user happens to select a link from the mySSA header to navigate away from their report and if they select the 'Sign Out' link. This language will be updated once our application updates to UEF 3.0, but until then the language is being kept as below:



The screenshot shows a 'my Social Security' application interface. At the top, there are 'Home' and 'Message' links, and a 'Sign Out' link in the top right. The main content area is titled 'Continuing Di...' (partially visible). On the left, there's a sidebar with 'Remarks' and a note about required fields. The right sidebar lists 'This Section', 'Instructions', 'Information about You', 'Someone We Can Contact', 'Medical Conditions', and 'Medical Providers'. A central dialog box contains the following text:

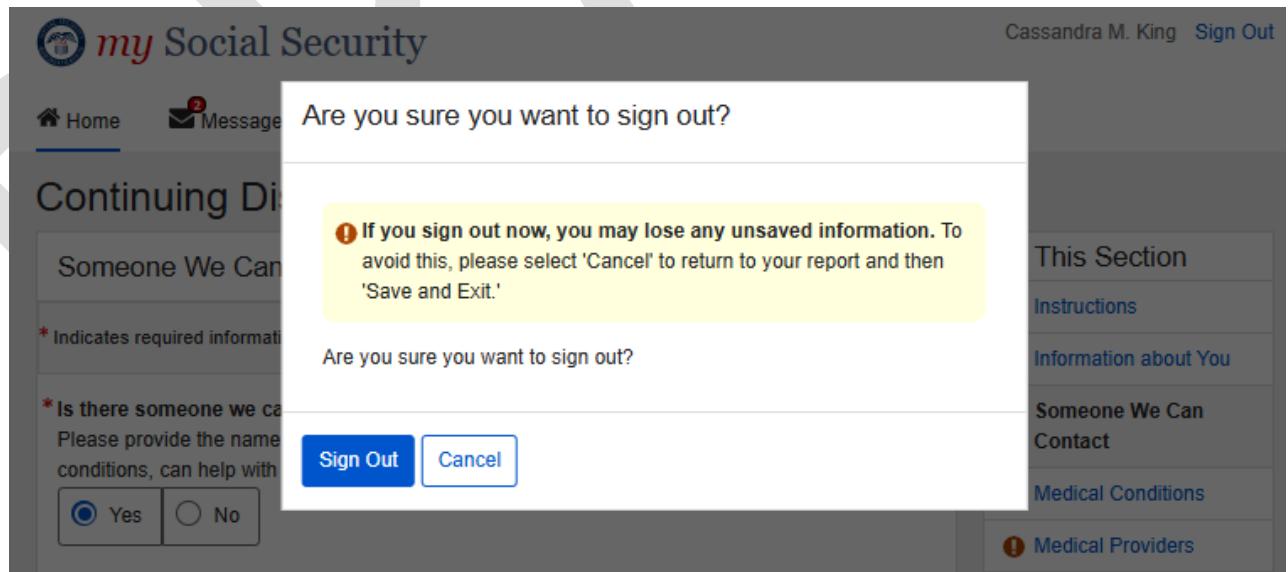
You are about to navigate away from your report

By navigating away from your report, you may lose any unsaved information. To avoid this, please select 'Cancel' to return to your report and then 'Save and Exit.'

Are you sure you want to continue?

Continue **Cancel**

Below the dialog, there's a note: 'Please provide any additional information you think would help us understand the space in prior sections of this report. You can also click here to provide the additional information requested in those sections. Be sure to note the name of the section you are referring to. (5500 characters maximum)'



The screenshot shows the same 'my Social Security' application interface. The main content area is titled 'Continuing Di...' (partially visible). The right sidebar is identical to the previous screenshot. A central dialog box contains the following text:

Are you sure you want to sign out?

If you sign out now, you may lose any unsaved information. To avoid this, please select 'Cancel' to return to your report and then 'Save and Exit.'

Are you sure you want to sign out?

Sign Out **Cancel**

Below the dialog, there's a note: 'Please provide the name of the section you are referring to. (5500 characters maximum)' and a radio button group for 'Yes' and 'No'.

2.6. Correction to Character Count Maximum for the Remarks page

The prior screen package included a screenshot showing a maximum character count of 6000 for the Remarks page. The correct maximum allowed is 5500.

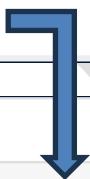
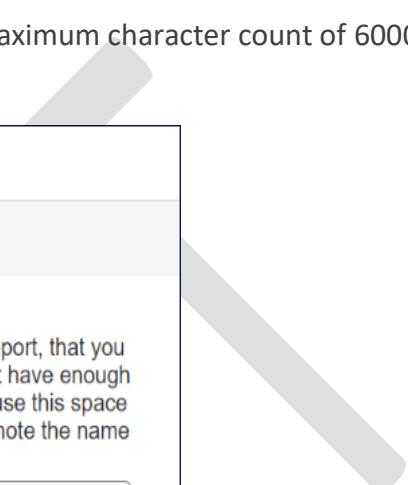
Remarks

* Indicates required information

Additional Information

Please provide any additional information you did not give in earlier parts of this report, that you think would help us understand your disability and how it affects you. If you did not have enough space in prior sections of this report to provide the requested information, please use this space here to provide the additional information requested in those sections. Be sure to note the name of the section you are referring to. (6000 characters maximum)

Characters remaining: 6000



Remarks

* Indicates required information

Additional Information

Please provide any additional information you did not give in earlier parts of this report, that you think would help us understand your disability and how it affects you. If you did not have enough space in prior sections of this report to provide the requested information, please use this space here to provide the additional information requested in those sections. Be sure to note the name of the section you are referring to. (5500 characters maximum)

Characters remaining: 5500

2.7. Inclusion of Header on the Receipt page

The prior screen package did not include the header “Information You Submitted” on the Receipt pop-up. To be consistent with production, we are including this change in our new screen package.

<p>✓ Your information was received on June 8, 2022 at 08:30:04 PM Eastern Time.</p> <p>PERMISSION TO RELEASE RECORDS</p> <p>Do you agree to electronically sign your permission to release records to SSA?: I agree to electronically sign the release form.</p> <p>INFORMATION ABOUT YOU</p>	<p>✓ Your information was received on December 20, 2022 at 9:16:30 AM Eastern Standard Time.</p> <p>Information You Submitted</p> <p>PERMISSION TO RELEASE RECORDS</p> <p>Do you agree to electronically sign your permission to release records to SSA?: I agree to electronically sign the release form.</p> <p>INFORMATION ABOUT YOU</p>
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