

**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) symptoms/impairment/other information.

Category I: CE

There are six types of CE evidence:

- 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;

There are four forms including in this category:

- 1) Range of Motion
 - 2) Muscle Evaluation
 - 3) Arterial Doppler Evaluation with Toe
 - 4) Resting Doppler Evaluation
- b) CE claimant completion of a response form in which claimants indicate whether they intend to keep their CE appointment(s);
 - 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(s);
 - e) CE claimant telehealth agreement call script and letter. DDSs use a call script and a letter to obtain claimants' consent to accept the associated privacy risk, explaining the non-secure technology to claimants, and offering them a telehealth CE as an option. Staff will use the call script and letter for psychiatric and psychological CEs that do not require testing,

and speech and language CEs with and without testing; and

- f) CE reminder email and text message agreement call script and letter. DDSs use a call script and a letter to obtain claimants' consent for us to text or email them reminders regarding scheduled CE appointment(s).

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.

There are seven forms included in this category:

- 1) Cardiac Questionnaire
- 2) Mental Status Questionnaire – Adult
- 3) Mental Status Questionnaire - Child
- 4) Physical Report
- 5) Seizure Questionnaire
- 6) Speech and Language Questionnaire – Child 1-6

7) Speech and Language Questionnaire – Child 6-18

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: Symptoms/Impairment/Other Information

Prior to making a disability determination, DDSs use information about symptoms or impairment(s) to determine how these affect the claimant's ability to perform work-related activities.

There are four forms included in this category:

- 1) Headache Questionnaire
- 2) Request for Third Party Contact
- 3) Seizure Questionnaire
- 4) Seizure Witness Questionnaire

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. 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, DCPS2 simplifies system support and maintenance, improves the speed and quality of the disability process, and reduces the growth

rate of infrastructure costs. With the rollout of DCPS2, DDSs have transitioned from the use of state specific letters in their legacy systems to a set of national standardized letters in DCPS2. As of July 2024, all DDSs have transitioned to DCPS2. We have provided the questionnaires and letters available for use in DCPS2 under this collection. DCPS2 users utilize these questionnaires and letters available in DCPS2 to process all cases. The DCPS2 versions will be updated as soon as possible upon OMB approval.

Respondents to the CEs categories (b), (c), (d), (e), and (f) 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 the claimant's own medical sources, or other individuals from hospitals, other medical facilities, and state and local governments. Respondents to the symptoms and impairment(s) questionnaires are claimants or other individuals who are familiar with the claimant's medical condition(s).

We identified the following psychological costs based on the requirements for this information collection:

- **Psychological Cost #1:**
 - Requirement for the Program: The Disability Case Development Information Collection asks claimants to complete a questionnaire regarding claimants' symptoms or impairments.
 - **Psychological Cost:** The claimant may perceive these questions as invasive, and they may delay responding or feel stress with disclosing personal information about their medical conditions.
- **Psychological Cost #2:**
 - **Requirement for the Program:** The Disability Case Development Information Collects asks the claimants to attend a consultative examination.
 - **Psychological Cost:** The claimant may perceive the examination as invasive, and they may feel stress with having to attend an examination with a medical provider who is unknown to them.

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 full completion of this

collection to receive benefits. Therefore, we have taken this potential psychological cost into account when calculating our burden in #12. The respondents are medical providers, other sources of MER, and disability claimants.

3. Use of Information Technology to Collect the Information

The Electronic Records Express (ERE), 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. In addition requests can be sent electronically through DCPS2. Based on our data, respondents send approximately 97% of CEs and 90% of MER electronically through ERE and DCPCS. This figure does not include evidence received through Medical Evidence Gathering and Analysis Through Health Technology (MEGAHIT).

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 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 February 26, 2026, at 91 FR 9671, and we received no public comments. The 30-day FRN published on April 24, 2026 at 91 FR 22195. 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.

Category I - CE:

a) Medical Evidence and Credentials from CE Providers

Method of Completion	Number of Respondents	Frequency of Response	Average Burden per Response (minutes)	Estimated Total Annual Burden (hours)	Average Theoretical Hourly Cost Amount (dollars)*	Total Annual Opportunity Cost (dollars)**
CE Paper Submissions	81,909	1	30	40,955	\$49.07*	\$2,009,662**
CE Electronic Submissions	2,327,217	1	10	387,870	\$49.07*	\$19,032,781**
CE Credentials	4,000	1	15	1,000	\$49.07*	\$49,070**
Totals	2,413,126			429,825		\$21,091,513**

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

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

Method of Completion	Number of Respondents	Frequency of Response	Average Burden per Response (minutes)	Estimated Total Annual Burden (hours)	Average Theoretical Hourly Cost Amount (dollars)*	Total Annual Opportunity Cost (dollars)**
b) CE	3,065,444	1	5	255,454	\$14.27*	\$3,645,329**

Appointment Letters						
c) CE Claimants' Report to Medical Providers	98,340	1	5	8,195	\$14.27*	\$116,943**
Totals	3,163,784			263,649		\$3,762,272**

* We based this figure on average DI payments based on SSA's FY 2024 data (<https://www.ssa.gov/legislation/2024FactSheet.pdf>).

d) Travel time to and completion of CE

Method of Completion	Number of Respondents	Frequency of Response	Average Burden per Response (minutes)	Estimated Total Annual Burden (hours)	Average Theoretical Hourly Cost Amount (dollars)*	Total Annual Opportunity Cost (dollars)**
Claimants travel time to and completion of CE	1,687,077	1	60	1,687,077	\$14.27*	\$24,074,589**

* We based this figure on average DI payments based on SSA's current FY 2024 data (<https://www.ssa.gov/legislation/2024FactSheet.pdf>).

e) CE Claimant Telehealth CE Call Script/Letter

Method of Completion	Number of Respondents	Frequency of Response	Average Burden per Response (minutes)	Estimated Total Annual Burden (hours)	Average Theoretical Hourly Cost Amount (dollars)*	Total Annual Opportunity Cost (dollars)**
CE Claimant Telehealth Call Script/Letter	165,000	1	5	13,750	\$14.27*	\$196,213**

* We based this figure on average DI payments based on SSA's current FY 2024 data (<https://www.ssa.gov/legislation/2024FactSheet.pdf>).

f) CE Claimant Text and Email CE Reminder Call Script/Letter

Method of	Number of	Frequency	Average	Estimated	Average	Total Annual
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Completion	Respondents	of Response	Burden per Response (minutes)	Total Annual Burden (hours)	Theoretical Hourly Cost Amount (dollars)*	Opportunity Cost (dollars)**
CE Claimant Text and Email Reminder Call Script/Letter	1,175,536	1	4	78,369	\$14.27*	\$1,118,326**

* We based this figure on average DI payments, as reported in SSA's FY2024 data (<https://www.ssa.gov/legislation/2024FactSheet.pdf>).

Category II - MER:

Method of Completion	Number of Respondents	Frequency of Response	Average Burden per Response (minutes)	Estimated Total Annual Burden (hours)	Average Theoretical Hourly Cost Amount (dollars)*	Total Annual Opportunity Cost (dollars)**
Paper Submissions	1,444,747	1	20	481,582	\$49.07*	\$23,631,228**
Electronic Submissions	12,659,061	1	12	2,531,812	\$49.07*	\$124,236,015**
Totals	14,103,808			3,013,394		\$147,867,243**

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

Category III - Symptoms/Impairment/Other Information:

Method of Completion	Number of Respondents	Frequency of Response	Average Burden per Response (minutes)	Estimated Total Annual Burden (hours)	Average Theoretical Hourly Cost Amount (dollars)*	Total Annual Opportunity Cost (dollars)**
Seizure Questionnaire - Adult	54,372	1	20	18,124	\$14.27*	\$258,629**
Seizure Witness Questionnaire	8,765	1	20	2,922	\$32.66*	\$95,422**

- Adult						
Headache Questionnaire - Adult	50,839	1	20	16,946	\$14.27*	\$241,824**
Request for Third Party	126,577	1	5	10,548	\$14.27*	\$150,520**
Totals	240,553			48,540		\$746,395**

*We based these figures on average DI hourly wages for single students based on SSA's current FY 2026 data ([Effect of COLA on Average Social Security Benefits](#)), and the average U.S. worker's hourly wages, as reported by Bureau of Labor Statistics ([Occupational Employment and Wage Statistics](#))

Grand Total

Method of Completion	Number of Respondents	Frequency of Response	Average Burden per Response (minutes)	Estimated Total Annual Burden (hours)	Average Theoretical Hourly Cost Amount (dollars)*	Total Annual Opportunity Cost (dollars)**
Totals	22,948,884			5,534,604		\$199,509,884**

** These figures do 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.**

Note: We did not include a travel time burden estimate for this information collection as respondents either submit these electronically to us, or mail them to us.

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)***
21,773,348	1	5	1,814,445	\$73,804,658***

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***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 **4, 5, 10,12, 15, 20, 30, and 60** 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 ICR is **48,540** burden hours (reflecting SSA management information data), which results in an associated theoretical (not actual) opportunity cost financial burden of **\$273,314,542**. SSA does not charge respondents to complete our applications.

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 **\$509,676,288**. 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	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 collecting information about symptoms and impairments is	\$509,672,868

	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	\$3,420
Quantifiable IT Costs	Any additional IT costs	\$0*
Total		\$509,676,288

* 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 2023, the burden was 4,501,999 hours. However, we are currently reporting a burden of 5,534,604 hours. This change stems from the removal of several forms, the addition of other forms, the revisions to forms, and addition of further CE information collections. In addition, we have also updated our Disability Case Processing System, all of which affected the total burden for this information collection. These figures represent current Management Information data.

* Note: The total burden reflected in ROCIS is 5,709,811, while the burden cited in #12 of the Supporting Statement is 5,534,604. This discrepancy is because the ROCIS burden also reflects 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

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.