



**CONSORTIUM FOR CITIZENS
WITH DISABILITIES**

July 26, 2021

The Honorable Charles Schumer
Majority Leader
United States Senate
Washington, DC 20510

The Honorable Nancy Pelosi
Speaker
United States House of Representatives
Washington, DC 20515

The Honorable Mitch McConnell
Minority Leader
United States Senate
Washington, DC 20510

The Honorable Kevin McCarthy
Minority Leader
United States House of Representatives
Washington, DC 20515

Dear Leader Schumer, Speaker Pelosi, Leader McConnell, and Leader McCarthy:

The undersigned members of the Consortium for Citizens with Disabilities (CCD) and allies write to express our strong support for including long-overdue improvements to the Supplemental Security Income (SSI) program in the pandemic recovery legislation now being considered. CCD is the largest coalition of national organizations working together to advocate for federal public policy that ensures the self-determination, independence, empowerment, integration and inclusion of children and adults with disabilities in all aspects of society.

Supplemental Security Income (SSI) provides critical income assistance to 8 million very low-income people with disabilities and older adults.¹ The maximum SSI benefit for 2021 is just \$794 per month, well below the federal poverty line, but even this extremely modest benefit helps people with disabilities and seniors to maintain housing, purchase food, and meet other basic needs. SSI is a majority-minority program and provides vitally important income support to Black and other people of color with disabilities, including those who are dually eligible for Social Security Disability Insurance (SSDI) and SSI.²

Unfortunately, as President Biden recognized in his campaign platform, SSI has been left to wither on the vine for more than 30 years, and an array of outdated program rules mean that SSI no longer provides the basic economic security that it once did.³ We strongly support inclusion of President

¹ Social Security Administration, SSI Annual Statistical Report (2019), https://www.ssa.gov/policy/docs/statcomps/ssi_asr/2019/ssi_asr19.pdf.

² Social Security Administration, Fact Sheet: African Americans Receiving Social Security Disability Insurance Benefits (2021), <https://www.ssa.gov/news/press/factsheets/ss-customer/aa-dib.pdf>; Social Security Administration, Fact Sheet: Hispanics Receiving Social Security Disability Insurance Benefits (2021), <https://www.ssa.gov/news/press/factsheets/ss-customer/hispanics-dib.pdf>.

³ Biden-Harris Campaign. "The Biden Plan for Full Participation and Equality for People with Disabilities." <https://joebiden.com/disabilities/>

Biden's campaign commitments on SSI, as well as other important updates, in the upcoming relief legislation, to bring this critically important but long-forgotten component of the safety net into the 21st century:

1. Increase the minimum benefit to at least the federal poverty level.

Currently, SSI benefits are a maximum of \$794 per month, and the average benefit in March 2021 was only \$586 per month. By comparison, the federal poverty level for an individual is \$1,073 per month. No one can live on \$794 per month, and increasing the SSI benefit to the federal poverty level would dramatically reduce poverty and hardship for the 8 million people currently relying on SSI benefits, ensuring that people with disabilities and older adults are better able to meet their basic needs.

2. Increase and index resource limits.

The resource or asset limits for SSI are not indexed to inflation and have not been updated since 1989. Currently, single individuals can only have \$2,000 in assets and married couples are only allowed \$3,000. These woefully outdated levels penalize savings and prevent recipients from having even a modest rainy day fund for emergencies--much less saving for the future--further entrenching poverty among people with disabilities and older adults. At a minimum, these outdated limits must be increased to reflect modern costs and indexed for inflation moving forward--if not outright eliminated.

3. Eliminate marriage penalties.

SSI benefits for married couples are cut by a quarter. People on SSI also risk losing their benefits if they marry someone not on SSI, trapping people with disabilities in poverty, and putting marriage equality out of reach. And as mentioned above, married couples face an even lower asset limit than twice that of single individuals. These marriage penalties should be eliminated so that beneficiaries are not forced to choose between maintaining survival benefits and marrying the person they love.

4. Eliminate archaic rules about "in-kind support" from friends and family.

An archaic, stringent rule called "In-Kind Support and Maintenance," or ISM, penalizes SSI beneficiaries if they receive help from loved ones for basics like groceries or a place to stay so they have a roof over their heads. Receipt of such in-kind supports triggers up to a one-third reduction in already meager benefits, driving beneficiaries even deeper into poverty. These rules are extraordinarily complicated for SSA to administer and the agency has proposed under leadership by Democratic- and Republican-appointed Commissioners to eliminate these archaic rules to simplify the SSI program's administration. The current statutory requirements should be eliminated.

5. Update outdated income disregards

The income rules for SSI beneficiaries have never been updated since the SSI program was established in 1974. Program rules distinguish between earned and unearned income, but because the disregards have been stuck at \$20 (unearned) and \$65 (earned) for nearly 50 years, they have lost virtually all of their value due to inflation, pushing people with disabilities and the lowest income seniors even deeper into poverty. It is long past time to update SSI's income disregards for inflation. This is especially important

for the millions of very low-income Social Security beneficiaries who also receive SSI, as Social Security benefits are considered unearned income.

As President Biden committed during the campaign, disabled people and seniors should not live in poverty in America. These important and long-overdue reforms are urgently needed to ensure that the 8 million people who currently rely on SSI benefits--as well as COVID long-haulers who will turn to SSI for critical income support in the months and years ahead--are able to live in dignity. We stand ready to help you make these long-overdue improvements a reality as we all work together to "build back better."

For more information or to arrange a meeting on this important issue, please contact Bethany Lilly (lilly@TheArc.org).

Sincerely,

2-1-1 HUMBOLDT INFORMATION AND RESOURCE CENTER

A Better Balance

Alliance for Retired Americans

American Academy of Pediatrics

American Association for Psychoanalysis in Clinical Social Work

American Association on Health and Disability

American Council of the Blind

American Foundation for Suicide Prevention

American Network of Community Options & Resources (ANCOR)

American Therapeutic Recreation Association

Anxiety and Depression Association of America

Association of People Supporting Employment First (APSE)

Autism Society of America

Autistic Self Advocacy Network

Bay Area Community Services

CA Council of the Blind

California Alliance for Retired Americans

California Association of Food Banks

California Council of the Blind

CAP OC/ Orange County Food Bank

Caring Across Generations

Center for American Progress

Center for Elder Law & Justice

Center for Law and Social Policy (CLASP)

Center for LGBTQ Economic Advancement & Research (CLEAR)

Charlotte Center for Legal Advocacy

Christopher & Dana Reeve Foundation

Coalition of Labor Union Women, AFL-CIO

Coalition on Human Needs

Communities Actively Living Independent & Free

Community Legal Aid Society, Inc. (Delaware)

Community Legal Services of Philadelphia

Congregation of Our Lady of Charity of the Good Shepherd, U.S. Provinces

Cure SMA
DC KinCare Alliance
Disability Law Center of Alaska
Disability Rights New Jersey
Easterseals
Epilepsy Foundation
Family Voices
First Focus Campaign for CHildren
Global Alliance for Behavioral Health & Social Justice
Greater Hartford Legal Aid
Hispanic Federation
International OCD Foundation
Justice in Aging
Labor Campaign for Single Payer
Lakeshore Foundation
Law Foundation of Silicon Valley
Legal Aid Society of the District of Columbia
Legal Council for Health Justice
Medicare Rights Center
NACBHDD and NARMH
National Advocacy Center of the Sisters of the Good Shepherd
National Alliance on Mental Illness
National Alliance to End Homelessness
National Association of Councils on Developmental Disabilities
National Association of Disability Representatives
National Association of Social Workers (NASW)
National Center for Children in Poverty, Bank Street Graduate School of Education
National Center for Law and Economic Justice
National Committee to Preserve Social Security and Medicare
National Council of Jewish Women
National Council on Aging
National Council on Independent Living
National Disability Institute
National Disability Rights Network (NDRN)
National Down Syndrome Congress
National Federation of Families
National Health Law Program
National Multiple Sclerosis Society
National Organization of Social Security Claimants' Representatives (NOSSCR)
National Resource Center on Domestic Violence
National Women's Law Center
Network of Jewish Human Service Agencies
New Hampshire Legal Assistance
New Haven Legal Assistance Association
Northwest Health Law Advocates
Paralyzed Veterans of America
Project AIR
Psychotherapy Action Network Advocacy

Public Advocacy for Kids (PAK)
Public Justice Center
Resources for Independence, Central Valley
RESULTS
RI International, Inc.
San Francisco Senior & Disability Action
SMART Recovery
Social Security Works
Southwest Women's Law Center
Special Needs Alliance
Spina Bifida Association
TASH
Tenderloin People's Congress
The Arc of the United States
The National Alliance to Advance Adolescent Health
United Spinal Association
United States International Council on Disabilities
US International Council on Disabilities
VetsFirst, a program of United Spinal Association
Virginia Poverty Law Center
Women's Institute for a Secure Retirement
World Institute on Disability
Wounded Warrior Project



**CONSORTIUM FOR CITIZENS
WITH DISABILITIES**

October 15, 2021

The Honorable Charles Schumer
Majority Leader
United States Senate
Washington, DC 20510

The Honorable Nancy Pelosi
Speaker
United States House of Representatives
Washington, DC 20515

The Honorable Mitch McConnell
Minority Leader
United States Senate
Washington, DC 20510

The Honorable Kevin McCarthy
Minority Leader
United States House of Representatives
Washington, DC 20515

Dear Leader Schumer, Speaker Pelosi, Leader McConnell, and Leader McCarthy:

The co-chairs of the Consortium for Citizens with Disabilities (CCD) Social Security Task Force write to follow up on our July 26, 2021 and May 12, 2021 letters urging the inclusion of long-overdue improvements to the Supplemental Security Income (SSI) program in the pandemic recovery legislation now being considered. CCD is the largest coalition of national organizations working together to advocate for federal public policy that ensures the self-determination, independence, empowerment, integration and inclusion of children and adults with disabilities in all aspects of society.

We understand that there is currently substantial debate about what will ultimately be in the Build Back Better package, but we believe that it is crucial for SSI improvements to be included. SSI provides critical income assistance to 8 million very low-income people with disabilities and older adults and the benefit amounts and rules of this majority-minority program have not been updated for almost 50 years. We continue to strongly support the inclusion of President Biden's campaign commitments on SSI in Build Back Better, but we understand the cost constraints that Congress is facing.

Some of the President's commitments are very affordable: increasing the income disregards is only \$60 billion over ten years, eliminating the rules prohibiting help from family and friends is only \$31 billion, and updating the resource limits is only \$8 billion. Other smaller changes we have long supported have negligible costs of under \$500 million over ten years (including expanding SSI to the territories, excluding retirement accounts from resources, eliminating dedicated accounts, and other technical changes from the SSI Restoration Act). After decades of

neglect, it is long past time for Congress to pass as many of these changes as possible in the upcoming package.

These important and long-overdue reforms are urgently needed to ensure that the 8 million people who currently rely on SSI benefits--as well as COVID long-haulers who will turn to SSI for critical income support in the months and years ahead--are able to live in dignity. We stand ready to help you make these long-overdue improvements a reality as we all work together to "build back better."

For more information or to arrange a meeting on this important issue, please contact Bethany Lilly (lilly@TheArc.org).

Sincerely,

Stacy Cloyd, National Organization of Social Security Claimants' Representatives
Tracey Gronniger, Justice in Aging
Bethany Lilly, The Arc of the United States
Jeanne Morin, National Association of Disability Representatives



**CONSORTIUM FOR CITIZENS
WITH DISABILITIES**

October 18, 2021

Acting Commissioner
Social Security Administration
6401 Security Boulevard
Baltimore, MD 21235-6401

Submitted via www.regulations.gov

**Re: Response to SSA's Agency Information Collection Activities: Proposed Request, 86
FR 46307 (August 18, 2021), Docket No: SSA-2021-0029**

Dear Acting Commissioner Kilolo Kijakazi:

These comments are submitted on behalf of undersigned members of the Social Security Task Force of the Consortium for Citizens with Disabilities (CCD). CCD is the largest coalition of national organizations working together to advocate for federal public policy that ensures the self-determination, independence, empowerment, integration and inclusion of children and adults with disabilities in all aspects of society. Since 1972, CCD has advocated on behalf of people of all ages with physical and mental disabilities and their families.

We thank you for the opportunity to comment on SSA's accuracy of agency's burden estimate regarding complete SSA-454-BK; its practical utility; ways to enhance its quality, utility, and ways to minimize the burden on respondents.

We agree that the Social Security Administration (SSA) is required by Congress to perform periodic Continuing Disability Reviews (CDR) on recipients of Supplemental Security Income (SSI) or Title II Social Security benefits awarded on the basis of disability. We also are concerned about the considerable burden SSA's current CDR review process, including its use of the SSA-454-BK form, places on claimants and the public. Not only do we think that SSA grossly underestimates that burden (discussed below), but because SSA does not adequately consider the burden each inquiry places on claimants, it seeks some information for which the burden on the claimant far outweighs the utility of the answer. We hope SSA will revise their burden estimate and take steps to reduce the Time Tax¹ this process imposes on claimants. We believe

¹ Annie Lowrey, *The Time Tax*, The Atlantic (July 27, 2021), <https://www.theatlantic.com/politics/archive/2021/07/how-government-learned-waste-your-time-tax/619568/> (describing the often underappreciated time tax imposed on recipients of government programs).

the burden created by the CDR process should receive heightened scrutiny because this is a process that is being imposed exclusively on a population that has already been identified to have severe impairments.

I. SSA Underestimates the Burden Related to Completing the SSA-454

SSA grossly underestimates the burden that responding to SSA-454-BK places on claimants and the public when it suggests the average burden is 60 minutes. Anecdotally, we believe that if you consider the complete time burden spent by the claimant and third parties to review SSA-454-BK, collect documentation, complete and transmit this form, it would take an average of 15-20 hours. This would include:

- times spent by the claimant receiving and reviewing the letter;
- time spent by assisters (neighbors, family, community assisters and sometimes SSA claims representatives) helping the claimant understand the SSA-454-BK form, and the steps required to respond (particularly in cases where SSA knows the claimant has intellectual, cognitive, behavioral or language deficits);
- time spent to collect information or documentation needed to complete the form;
- time spent by medical, behavioral health, and other providers furnishing documentation and or fielding specific questions necessary to complete the form;
- time spent securing assistance from advocates or lawyers;
- time spent to actually complete form;
- and the time required to transmit the SSA-454-BK to SSA.

Everyone undergoing a CDR, by definition, has already been found to have a severe condition that is disabling for at least a year, if not terminal. In many cases, the impairments that prevent beneficiaries from working also prevent them from accurately completing the SSA-454-BK (either on paper or online). In addition, disability beneficiaries are often older and have lower income, less stable housing, and less education than the general population, providing additional challenges when they need to fill out the SSA-454-BK and submit supporting documents like medical records. For children undergoing CDRs, the burden on families and service providers is substantial – adults must take time off of work and children must take time out of school for medical appointments in response to the form.

Just completing the SSA-454-BK form is burdensome in and of itself. It is 15 pages long and requires multiple stamps to be mailed back to SSA. It requires beneficiaries to write short essays in response to questions, report all the medication they take and all of the medical treatment and providers they attend, and all of their daily activities. For adults and children with disabilities, this is usually a huge amount of information. The SSA-454-BK form asks for detailed summaries of the medical treatment received over the last 12 months, including the dates of first and last appointments, information that the individual themselves is unlikely to know in the detailed required to respond, and necessitating assistance from health care professionals and other service providers. While it would be challenging and time-consuming for anyone to fill out, many of those who will need to fill it out have disabilities that will add additional complexity.

It is hard to give a precise estimate of what the real burden of completing an SSA-454 is because so many people completing it are doing so unassisted. Community Legal Services (“CLS”) of Philadelphia, one of the few organizations in Pennsylvania that provides free legal representation to Title II and Title XVI beneficiaries undergoing CDRs, estimates that it takes a minimum of 1.5 hours of attorney or paralegal time with the client (so 3 hours total) to just fill out the form, if all the underlying information has already been collected. Because CLS completes these forms regularly, this three hour estimate reflects a process that is uniquely efficient due to their familiarity and expertise with the SSA-454-BK form. It no doubt takes other assisters who are less familiar with this form, and certainly unrepresented claimants, far longer.

CLS’s three-hour estimate does not include the additional time the claimant already spent compiling information and reviewing the form beforehand. It does not account for the time the claimant spends receiving and trying to read the forms, or the time of friends, relative, case workers, and other assisters who they reach out to help them read the forms if they do not understand due to literacy or limited English proficient status. Many claimants report calling SSA to get assistance from claims representatives understanding these forms, which often includes getting through long-wait times on the phone. It also does not account for the time claimants and their community assisters spend collecting information to complete the form, or the staff time from medical offices who field questions about what medication has been prescribed, what tests were given, and the dates of first and last appointments.

Most claimants are unassisted and have huge challenges completing these forms due to symptoms of their impairments including poor memory, poor concentration or other limitations. It is often most challenging for clients to remember specific details about their medical treatment called for by the form (date of first or last appointment and each test performed) which is concerning because it is the most important part of the forms showing continued disability.

CDRs are also costly to beneficiaries, who often need to pay for medical records or appointments with doctors and other providers to fill out the forms (and any transportation required to get to and from these appointments). Although some states require medical records to be provided free to Social Security disability claimants, this does not extend to beneficiaries undergoing CDRs. Beneficiaries may need to hire representatives to assist them in completing the CDR paperwork.

II. Proposals on minimizing the burden on Respondents

We believe SSA could and should reduce the burden for claimants who need to complete form SSA-454.

A. Ensure the SSA-454-BK is as accessible as possible.

The SSA-454-BK form is being sent exclusively to claimants who have already been adjudicated to have a severe disability, and thus, it is paramount that SSA take steps to ensure that the SSA-454-BK is as accessible as possible. Some recommendations to improve this form include, SSA ensuring that the form written in as clear and concise language as possible and analyzing the form for literacy level. We also recommend SSA make this form available in multiple languages. SSA collects information about literacy and limited-English proficiency status as part of its disability adjudications. SSA is aware that many of its claimants who have been found eligible for SSA benefits are limited English proficient, or lack literacy, and are not able to read these critical forms. Because the ability to respond to this form could lead to a cessation of benefits, it essential that SSA provide these in a language the claimant can read, whenever possible. For claimants that SSA is aware are illiterate, they should also be doing telephonic outreach.

B. Streamline the SSA-454-BK by eliminating unnecessary questions.

We recommend SSA take steps to reduce the burden on claimants by truncating and streamlining the SSA-454-BK. Specific consideration should be paid to the utility to each piece of information solicited as well as the burden it places on the claimant. Although detailed medical information is no doubt useful to evaluating ongoing disability claims, some of this information is not absolutely necessary to adjudicating the claim but may place a large burden on the responder. We recommend removing any questions that are not absolutely necessary to initiate a CDR review, or including modifiers to make clear that this information is not required if it is not known. Some specific examples include, but are not limited to:

Section 4: One of the longer sections of the form, Section 4, where the form asks for details about Medical Treatment, should be streamlined and truncated. We speculate that SSA is requesting information about recent medical treatment in order to solicit medical records, but Section 4 requests far more information than is necessary to complete this task.

First, we recommend significantly streamlining this section. Instead of asking for medical information in response to the same question three separate times in 4(C), 4(D), and 4(E) (“Tell us who may have medical records covering the last 12 months about any of your physical or mental conditions(s) . . .”), we recommend including only one question seeking treatment information stating: “Have you gone to see any doctors, psychiatrists, nurse practitioners, therapists, physical therapists, or other medical professionals in the last 12 months?” followed by a check box for yes or no. In a second question, ask, if yes, where? Under the “if yes, where,” we recommend SSA provide a few lines asking for the name of the institution, address and telephone number. This will allow SSA to get the necessary information it needs regarding recent treatment in a much more streamlined fashion. It will also significantly reduce the overall length of the form.

Whether SSA takes our recommendation to reformat and streamline Section 4, we recommend SSA remove the request for the claimant to identify the first, last, and next appointment with each provider throughout the form. *See* SSA-454-BK at 5, 6, 8, 10. We find that most claimants

do not know their scheduled appointments with this level of detail. Many claimants get upset when they do not know this information, and some get deterred and stop completing the form (leading to cessation of eligible individuals) when facing these obstacles. Others spend a significant amount of time contacting medical offices or pouring through their medical records to try to find these dates, creating additional burden. Although knowing dates of treatment may be helpful to SSA in making targeted medical requests, it is not necessary. Most medical record requests only require the name of the institution. Thus, any benefit garnered by getting responses to these specific questions is outweighed by the burden it puts on the claimant.

We also request SSA either remove, or add the modifier “(if known)” after all questions soliciting the name of the healthcare professional that provided treatment in Section 4. We find that many claimants do not know the name of who treated them, sometimes because providers serve them as a team, or the claimant cannot recall their name(s). Many claimants experience stress when they realize they cannot provide this information and in some cases may stop completing the form. In other cases, they may spend a significant amount of time collecting this information. We find that this level of details is not required for medical records requests; thus, the burden caused to claimants outweighs its utility to SSA.

We recommend revising the question about hospital and emergency room visits (*see* Section 4(D)) to say the following: “Have you been treated at a hospital, an emergency room, or urgent care in the past twelve months?” followed by a yes/no check box. Following this question, “if yes, where?” followed by lines asking for the name and address of the institution. At the end of each line there should be check box for – “overnight stay.”

We further recommend SSA revise and consolidate their questions about medical testing. Right now the SSA-454-BK asks claimants to report testing in multiple places. We recommend keeping the check boxes where claimants can indicate what sort of testing they have had or have scheduled, but think asking it multiple times can be overwhelming for claimants. Instead, we recommend including it only one time on the form. We recommend removing the solicitation for the dates of these tests, because many claimants struggle with that information, and instead use that space to ask “where test occurred (if known).”

We think removing questions about the dates of testing, would be an important improvement. As noted above, many claimants are not aware of this information. When confronted by these questions claimants experience anxiety, sometimes stop completing the form, or spend considerable time trying to learn it. While treatment dates have some utility, we do not believe having these testing dates is particularly important to SSA’s reviewing efforts and their utility is outweighed by the burden they put on claimants. We recommend you remove the sentence “Please give the dates for past and future tests” from the instructions (See, p. 6), or at a minimum, include the modifier “(if known).” We would further add the same modifier, “(if known)” after the phrase “Date of Test(s)” so it is clear that claimants do not need to provide that information if that question is not removed.

Section 5: For Section 5, we understand the need to know what medications that claimants are taking. Many claimants are unaware of which doctors prescribe certain medications, or their use. Some claimants spend considerable time trying to collect this information, but this information is easily gleaned from medical records and is not necessary for records request. We recommend adding the modifier “(if known)” after “If Prescribed Give Name of Doctor” and “Reason for Medicine.”

Section 9: We understand that information about daily activities, solicited in Section 9, is essential to understanding ongoing disability. That said, we recommend revising this section. First, we recommend SSA remove question 9(A), because essay questions are very burdensome for claimants to complete. We also think that question 9(A) is unnecessary because it is duplicative of 9(C). We recommend keeping the check box responses to “Do you ever have difficulty doing any of the following” in 9(C) but find them under-inclusive. We recommend adding a box for “Sometimes” to accommodate those claimants who have intermittent problems completing activities of daily living.

We further think you should add a 9(D) where you ask “Do you ever need or get help doing any of the following” and include the same list of activities, followed by check boxes: Yes, No, or Sometimes. We find claimants frequently report they do not need have difficulty completing certain tasks, even if they require assistance to do them, if that assistance is already in place (i.e., I don’t difficulty cooking because my partner does all the cooking). In order to ensure SSA is capturing complete Daily Activity information, this additional question may be helpful.

C. We recommend SSA revisit and improve processes related to ensuring that claimants diaried for CDR reviews receive the proper paperwork regarding their review.

Many claimants report that they do not receive CDR paperwork in a timely manner, or at all. SSA sometimes sends these forms to an incorrect address because the claimant has moved or SSA has not properly updated the address in its numerous databases. This causes considerable problems, because if someone does not respond to the SSA-454-BK, it can lead to benefit cessation.

CLS clients have reported that SSA does not always receive and process the SSA-454-BK when the claimant sends them in. Some claimants will send in forms repeatedly, and others will have their benefits terminated because they do not realize SSA did not receive their SSA-454-BK. Other client-facing agencies including Benefits Data Trust have also identified receipt of the form as a common pain point.² The fact that beneficiaries do not receive the CDR forms is also supported by SSA data that shows 40,000 beneficiaries are terminated from SSI each year because their “whereabouts [are] unknown: (e.g. returned mail) or because the “failed to

² Keith Barnes, Benefits Data Trust Comment in Opposition to the SSA’s Rules Regarding the Frequency and Notice of Continuing Disability Review (Feb. 2, 3030) at 2, <https://www.regulations.gov/comment/SSA-2018-0026-124466>.

furnish [a CDR] report.”³ We recommend SSA revisit and improve processes related to ensuring that claimants identified for CDR reviews receive their proper paperwork.

Thank you for the opportunity to comment on these proposed regulations.

Respectfully submitted,

American Association on Health and Disability and Lakeshore Foundation
Association of People Supporting Employment First (APSE)
Epilepsy Foundation
Justice in Aging
Lakeshore Foundation
National Association of Disability Representatives (NADR)
National Committee to Preserve Social Security and Medicare
National Council on Independent Living
National Down Syndrome Congress
National Organization of Social Security Claimants' Representatives
The Arc of the United States
United Spinal

³ SSI Annual Statistical Report, 2018: Suspension, Terminations, and Duration of Eligibility. *Social Security Administration Research, Statistics, and Policy Analysis*, https://www.ssa.gov/policy/docs/statcomps/ssi_asr/2018/sect11.html#table77