

May 13, 2024

Naomi Sipple
OMB Desk Officer and Reports Clearance Officer
Social Security Administration
6401 Security Boulevard
Baltimore, Maryland 21235

Submitted via email

Re: Docket No: SSA-2024-0007
Agency Information Collection Activities: Proposed Request and Comment Request

Dear OMB Desk Officer and Reports Clearance Officer Sipple,

Thank you for allowing us the opportunity to comment on the most effective language for the Request for Waiver of Overpayment Recovery and Request for Change in Overpayment Recovery Rate Forms.

The National Organization of Social Security Claimants' Representatives (NOSSCR) is a specialized bar association of several thousand attorneys and advocates who represent Social Security disability claimants nationwide throughout the adjudicative process. NOSSCR's mission is to advocate for improvements in Social Security disability programs and to ensure that individuals with disabilities applying for Social Security Disability and SSI benefits have access to highly qualified representation and receive fair decisions.

We are grateful that the agency is taking significant steps to improve the overpayment crisis, and we are hopeful that these efforts will generate meaningful change. In response to the questions posed in the information collection, we offer the following:

A. Simplify dropdown menu for explanation of "without fault"

We agree with the agency's suggested move to provide dropdown options for those wishing to explain why they are without fault. The current open-ended box often fails to capture the needed information, and we are optimistic that proper menu options will ease the burden on users and enable the agency to streamline their processing of these cases.

However, we encourage the agency to remove the option "I knew that I was supposed to report the change but chose not to report it." This option is an

admission of fault, and if a person is completing this waiver form, they necessarily do not believe that they are at fault—yet seeing this option might prompt inappropriate selection due to confusion over the wording. We also encourage the agency to add an option stating “I did report the change and SSA took no action” as we know that this is a possible occurrence and the options should reflect that possibility.

B. Eliminate redundant “reason for requesting a waiver” question

As a preliminary matter, we encourage the agency to continue including the administrative waiver screening question, directing those who qualify for administrative waiver to contact the agency directly—this should appropriately screen out those who qualify for administrative waiver, thereby reducing the workload burden on the recipient and the agency.

Beyond that lead-in, we do not think that the “reason for requesting a waiver” question is necessary. Instead, we encourage the agency to include this information in the lead-in instructions, informing requestors of when completion of this form is appropriate (i.e. if you believe the overpayment was not your fault or if you cannot afford to pay the money back, please complete this form). The “reason” itself is already captured via other questions on the form.

C. Combine forms thoughtfully

We are in favor of streamlined processes and do not oppose form combination, so long as SSA’s internal processes ensure that the agency does not skip full reconsideration evaluation when it is directly requested or otherwise appropriate. We also flag that any form combination must portray a “first this and then that” process so that no requester is denied access to full reconsideration prior to waiver consideration.

D. Expand those who can skip the income and expenses questions

Currently, those who are already receiving SSI can skip the income and expenses question, allowing for a more streamlined form completion and processing. We encourage the agency to add language that also screens out those who receive TANF, state funded general assistance, veterans benefits, Extra Help with Medicare Part D, or SNAP benefits. The agency should verify receipt of these benefits via available data exchanges, and thereafter skip the redundant low-income assessment.

E. Streamline ordinary and necessary living expenses inquiries

We encourage the agency to alter the way they ask requestors about ordinary and necessary living expenses, switching to a process that inquires about the portion of resources that individuals have remaining at the end of the month. While many requestors might struggle to accurately account how much they spend on certain items, they are certainly aware of whether or not they are making it to the end of the month with all of their needs met. Similarly, the agency could streamline the question that asks about income, asking for a range of the total monies that requestors receive on a monthly basis, versus a complex line-by-line accounting.

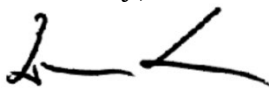
F. Simplify payment rules

We also encourage the agency to take a close look at their complex payment rules that recipients routinely find confusing. Specifically, the agency's stance on the cash value of life insurance policies causes harm for low-income recipients who do not understand that said policies could have a cash value during their lives. These vulnerable individuals think that they are doing the right thing and providing for their families in the event of their deaths, only to be surprised with a lifetime penalty due to a cash value that they did not know existed. They should not be penalized in this way. Similarly, the agency must revisit and revise their stance on temporary institutionalization. Requiring hospitalization should not incur an overpayment. Finally, the agency must work to simplify the return-to-work rules and notices for Title II recipients. When possible, return-to-work should be the goal, and this goal should be incentivized, not punished via a set of opaque accounting rules.

Overpayment cases can be complex. We believe that the agency is drastically underestimating the time and financial burdens of completing these required overpayment forms. While proper completion and processing of these forms is crucial, and we remain committed partners with the agency in assisting individuals with their overpayment claims, we think it important that the agency properly estimates the burden of these complex cases.

We remain grateful that the agency is taking substantial steps to revise and simplify the overpayment process. We are encouraged by the progress that has already been made, and we look forward to the implementation of the promised changes yet to come.

Sincerely,

A handwritten signature in black ink, appearing to read 'David Camp', with a stylized flourish at the end.

David Camp
Chief Executive Officer